

Stand UP for SENIORS CARE

FACT SHEET #2

Privatization and Contracting Out

Ownership matters: the rise of private care in B.C.

Prior to their election in 2001, the BC Liberals pledged in their “new era” document to “work with non-profit societies to build and operate an additional 5,000 new intermediate and long-term care beds by 2006.”

Gordon Campbell also went on record saying, “I favour not-for-profit because when you deal with not-for-profit in communities, you are actually building communities as well as health care...you provide a quality

of care and quality of facility that I think is significantly better.”

Once in office, however, the Campbell government closed beds and passed legislation that facilitated privatization and contracting out in long-term care, including the work of resident care aides, licensed practical nurses and recreation aides.

The truth is...

Under the B.C. Liberal government, the number of private, for-profit seniors’ facilities in B.C. has virtually exploded.

In its first term, the Campbell government closed 2,400 long-term care beds – most of them in not-for-profit facilities – and passed legislation to facilitate privatization and contracting out in both direct care and support services.

The majority of new, long-term care facilities in B.C. built since 2002 are private, for-profit companies.

Direct resident care (RCAs, LPNs, RNs) has been contracted out to private operators in 39 long-term care facilities. Support services like dietary, cleaning and laundry have been contracted out in 107 facilities.

Despite research showing the important connection between continuity of staff and quality care, a number of private, for-profit facilities in B.C. have used the legislation to abruptly terminate contracts, fire staff, and engage a new subcontractor with a newly hired workforce.

Some have flipped contracts two, three and even four times.

There is now overwhelming evidence from more than 20 years of research in the U.S. confirming that the quality of care in for-profit facilities is lower than in non-profit facilities. Private operators make money by keeping staffing levels and wages low, which in turn leads to high staff turnover.

Recent studies in B.C. back up that evidence.

- One study found that residents in for-profit facilities had a significantly higher risk of being hospitalized for such care-related reasons as dehydration, pneumonia and falls.
- A second study found that staffing levels for front-line care was considerably lower in for-profit facilities.
- And a third, in the Fraser Health Authority, found higher rates of substantiated complaints in for-profit facilities.

OUR SOLUTIONS

- Require long-term care operators who receive public funds to provide workers with successorship rights in the event a contract is transferred to a new contractor.
- Increase the capacity of B.C.’s Ministry of Health, or an agency such as B.C. Housing, to support non-profit societies to design, finance and build new care facilities.

