



STRETCHED to

A flurry of controversy surrounding deteriorating conditions in some of the province's seniors' homes has shone a light on just how difficult it is for nursing staff to meet the needs of residents in their care.

FOR years, HEU members have spoken out about the impact of understaffing, heavy workloads, and higher patient acuity on their working and caring conditions.

In 2005, two focus groups comprised of care aides gave their union a frank assessment about what needed to change if care was to improve.

A top priority was support for staff to be able to report problems and advocate on behalf of their residents, without fear of reprisal.

And they zeroed in on low-staffing levels as a major cause for a host of other problems affecting residents, including lack of time to turn people, which increases the incidents of bed sores, and not enough time to monitor fluid intake or feed those requiring extra assistance with meals.

The focus group also reported that diapers were used more often to cut down on the time it takes to assist some elderly individuals to use the bathroom, and that they were strapped for time to mobilize people. Concerns were expressed about a shortage of rehab staff to work with residents recovering from strokes or falls.

Two years later, it would appear little has changed. If anything, things have gotten worse.

A focus group of care aides and licensed practical nurses held in Nanaimo in mid-October echoed many of these same issues.

A major theme that emerged throughout the session was how inadequate funding and an overall scarcity of resources impact resident care and essential service staffing levels.

Examples include not replacing workers who call in sick, banning overtime, regularly shuffling staff to other work areas, or only replacing part of a shift.

Other issues cited during the group's discussion included outdated or incomplete treatment plans, poor communication, care aide exclusion from nursing team meetings or shift "report", fear of management reprisal for speaking out, and crushing workloads.

As well, members pointed to the dramatic changes they've seen in the profile of patients now being admitted into residential care: the acuity levels are higher, many have multiple diagnoses requiring multi-level care, and there are increased numbers of patients with

dementia and unpredictable behaviours. There's also a growing trend of younger residents who are dealing with a range of physical and mental conditions.

Many caregivers have seen a marked increase in residents who have violent or aggressive dementia.

Yet, they say, there have been no staff increases, and in too many cases, there have been decreases. Some workers feel they don't have the additional training or education needed to meet the challenges that come with an increasingly complex resident population.

One care aide described a resident who has a two-person care plan in place and is known to be violent. With staff shortages, the care aide usually works alone with that resident. Her manager told her not to bother bathing the resident due to her aggressive nature.

"I can't *not* bathe her," she said. "But then [the resident] punched me in the face."

While employers seem preoccupied by their financial bottom line, members noted that at the end of the day, the people affected the most are the residents and patients they serve.

"If we're working short-staffed, residents don't get baths, don't get dressed. They're in their pyjamas, in bed, for dinner," said another care aide.

And if the bath team is working short, a care aide may get pulled in to assist, but that leaves a gap in the dining room without enough staff to feed the residents.

Members also say there are never enough supplies. They have to cope with equipment shortages such as slings and mechanical lifts. Some items are locked up

or not re-stocked. And some equipment is not being properly maintained or sterilized.

And with the introduction of "integrated job descriptions," where more duties – like laundry, bed-making and dietary chores – are being shifted to front-line caregivers, there's even less time for direct nursing care.

What the research says

Numerous research studies – undertaken primarily in the United States – now show that staffing levels and inadequately trained staff are major contributors to undiagnosed dysphagia and poor oral health, resident deterioration, hospitalization, malnutrition and dehydration.

Here in B.C., a 2006 review of 34 research articles from Canada, the United States, England, Australia, New Zealand and Hong Kong – prepared for the Ministry of Health's Nursing Directorate – establishes a clear link between inadequate direct care staffing and higher rates of adverse outcomes for residents.

And they not only concur that staffing levels make a crucial difference to quality of care, but that all levels of





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direct care staffing – registered nurses, licensed practical nurses and care aides – contribute to quality care.

Several studies included in the research revealed that when you look at such quality of life indicators as frequency of meaningful activities, quality of socialization and opportunities for choice, residents in higher-staffed care facilities spend less time in bed, experience more social engagement and consume more food and fluids.

Where staffing levels are inadequate, residents are more likely to suffer from falls, fractures, infections, weight loss, dehydration, pressure ulcers, incontinence, agitated behaviour and more frequent hospitalization.

Taken as a whole, these research studies suggest that in order to improve quality of care and avoid adverse

outcomes, residents need more than four hours of direct care per day. Many facilities in B.C. are still striving to provide the 2.8 hours per resident per day recommended by most health authorities.

According to the research, it takes eight minutes to provide one episode of toileting assistance, seven to 11 minutes to assist a resident with activities of daily living, and about 18 minutes for group feeding when there is one care aide to three residents.

However, chronic under-staffing often prevents workers from providing this level of personal care.

As one long-time care aide explains, “When we’re short-staffed, we have to prioritize what



doesn’t get done.”

“It’s hard to leave work undone,” added an LPN, who’s worked in health care for 17 years. “It’s the kind of people we are. We are caregivers. We’re working with people, not objects.”

PATTY GIBSON AND BRENDA WHITEHALL

Medical officers in B.C.’s five health regions have the authority to inspect care homes and investigate complaints.

Every senior has the right to safe, quality care

Anyone who believes a resident’s health, safety or dignity is at risk – or who has general concerns about the quality of care in a seniors’ home – can lay a complaint with the licensing officer responsible for monitoring the facility’s operations.

B.C.’s *Community Care and Assisted Living Act* and *Adult Care Regulations* set out clear standards of care to protect and respect long-term care residents.

This legislation also gives medical officers in B.C.’s five health regions the authority to inspect care homes and investigate complaints. And if they discover problems, they are able to take action to protect residents.

Depending on the situation, the officer can impose a fine, place conditions on a license, suspend it or cancel it altogether.

All complaints must be investigated, and every complaint, even if it is easily resolved, must be documented in the health authority’s file for that facility.

Filing a licensing complaint

The easiest way to make a complaint is to phone the health authority licensing office. The type and scope of the investigation will depend on the nature of the complaint and

level of risk to residents. Licensing officers are required to act without bias and will maintain a high level of discretion throughout the process.

B.C.’s legislation also provides legal protection for anyone laying a complaint. Under section 22 of the *Act*, facility operators are prohibited from taking any action “against its

employee or agent” for reporting a problem, as long as the complaint is made in good faith. And it is illegal for a facility operator to “alter, interrupt or discontinue, or threaten to alter, interrupt or discontinue, the service of a person in care as a result of a report or a suggested or stated intention to make the report.”

To contact a licensing officer, call the health authority where the facility is located and ask to speak to a licensing officer in the Community Care Licensing Program.

To obtain a copy of the *Act* or *Regulations* for long-term care facilities, go to: www.publications.gov.bc.ca/ or call Crown Publications at 1-800-663-6105.

Standards of care

Provincial legislation sets out standards for care that among other things include the right to a safe, clean environment; freedom from neglect, emotional, financial, physical or sexual abuse; courteous, respectful treatment; an individual care plan in place that provides for nutritional and oral care, as well as recreational and leisure activities.

Residents also have the right to privacy and confidentiality; to designate a contact person (or advocate), and the freedom to

express concerns about services, programs or treatment without fear of reprisal.

And it is the legal responsibility of all licensed facilities to report any regulation infractions to the resident’s contact person, the primary health care provider, the medical health officer and the facility’s funder. A log must also be maintained of all minor

accidents and illnesses that do not require medical attention and are not considered “reportable incidents”, as well as all unexpected events involving residents.

Reportable incidents include aggressive or violent behaviour between residents; attempted suicides; disease outbreaks; emergency restraints that are not approved; emotional abuse, neglect, verbal harassment, or confinement; falls, and unexpected illness or medication errors that require emergency care or hospitalization.

Examples of neglect include leaving a resident in a soiled diaper for a long period of time; the inappropriate use of restraints; rushed meals without eating assistance; failure to monitor liquid intake for sufficient hydration; failure to provide assistance with grooming and dressing, and a lack of social and recreational opportunities.

Need an advocate?

The BC Seniors Advocacy Network has trained advocates in each health authority. To contact an advocate in your area, or to get general assistance on how to proceed with a concern, contact the BC Seniors Advocacy Network at 604-684-8171.