

# Stand UP for Seniors Care

## MEMBER CAMPAIGN GUIDE

HEU's Stand UP for Seniors Care Campaign is underway. With the provincial election just around the corner (May 12) and public-sector bargaining only a year away, the union has launched a campaign aimed at improving members' working and caring conditions.

This member campaign guide provides information on how you can get involved and work with others, both at your facility and in your community. It also includes resources and materials to assist your efforts.

Although some activities suggested here are geared toward the provincial election, this campaign will continue beyond Election Day. We encourage you to get involved; to build networks with other members, health care workers and community groups, and to keep informed by visiting our campaign website <[www.standupforseniorscare.ca](http://www.standupforseniorscare.ca)>.

### **CAMPAIGN GOALS:**

- Expose government's mismanagement of seniors' care.
- Make the link between staffing levels and quality care.
- Network with other groups, coalitions and unions advocating for better seniors' care.
- Support HEU members to speak out on seniors' care.

### **GENERAL DEMANDS:**

- Build more not-for-profit, long-term care beds.
- Improve access to home support.
- Increase staffing levels in long-term care.
- Put seniors before profit.
- Enforceable standards and an independent, provincial advocate for seniors.

### **BACKGROUND:**

- About 20,000 HEU members work in seniors' care including care aides and LPNs, activity and recreation aides, dietary, housekeeping and laundry.
- In recent years, our members have become increasingly vocal about the challenges they face in delivering care – low-staffing, heavy workloads, not enough time to provide the level and quality of care seniors need and deserve.
- At the same time, bed and facility closures, privatization and contracting out, cuts in home support, inadequate staffing levels, and chronic under-funding have all contributed to a growing crisis in seniors' care.
- In 2008, B.C.'s Ombudsman launched a province-wide, systemic investigation into seniors' care. HEU has made a formal submission to that investigation and many of our members have contacted the Ombudsman directly with their concerns.

- HEU members on Vancouver Island created a Workload Tool to assess the actual hours they were able to provide direct care. Since then, a workload tool kit has been developed, piloted, and is now available for others to use (*see resources*).
- At HEU's biennial convention in November 2008, delegates gave their full support for a campaign on seniors' care issues that would link with other unions, seniors' organizations, families and communities.

### **SUGGESTED CAMPAIGN ACTIVITIES:**

The following activities are ideas only. You know your work site and your community best, so please adapt any of the ideas that spark your interest to your own situation – and if you have other ideas, let us know and we'll pass them along to others.

Nothing is written in stone, and everything is possible. Deciding to do even a small activity that brings your co-workers and/or other health care workers together at your site can be an important building block for future action.

We encourage you to check out what others may be doing in your community on seniors' care issues. For example, is there a local health care coalition or seniors' group in your area? Do they have events planned that you could join or support?

We also ask that you contact your HEU servicing representative to assist you in planning campaign activities, or to get more information on what others may be doing in your region or in other parts of the province.

The following are potential activities for your consideration and inspiration:

- **Prior to the official election period** (April 15 – May 12) meet with your MLA, regardless of the party they represent. All politicians need to hear the stories and experiences – direct from the frontline – of those who are delivering seniors' care.
- **During the election period** attend “all-candidates meetings” in your community and ask questions (*samples attached*). Or consider working with others to host an all-candidates meeting on seniors' care issues.

**IMPORTANT NOTE:** HEU is very interested to know what's happening with election activities at the local level. If you are planning an election event, please contact **Margi Blamey** at 1-800-663-5813 for any assistance and to keep in touch.

- Help keep seniors' care issues in the public eye by writing letters to your local newspaper or calling into local talk shows.
- Raise awareness by making a presentation to any or all of the following: your district labour council, an HEU local meeting in the facilities sector, a community group, your municipal council, etc.

- Put up a display table at a local market, recreation centre, library, mall or any place in your community that seems like a good place to reach out to members of the public, who may be interested and concerned about seniors' care.
- As part of any public outreach you are doing, consider starting a petition that can be presented to government after the election (*petition included*).
- As a group, or individually, write a letter to the B.C. Ombudsman's investigation into seniors' care about your concerns – by fax: 250-387-0198 or by mail: Office of the Ombudsman at P.O. Box 9039, Stn. Prov. Gov't., Victoria, B.C. V8W 9A5.
- Work with another group to hold a public forum on seniors' care issues.

## **RESOURCES AND MATERIALS:**

- **Campaign website** at <[www.standupforseniorscare.ca](http://www.standupforseniorscare.ca)>. This website has an ACT NOW online letter to government, our TV ads that ran in the pre-election period, fact sheets, documents, and more.
- **Member network**  
This is an online network for HEU members who work with seniors to share their stories, ideas and comments. If you haven't signed up already go to: [HEUseniorscare@lists.cupe.ca](mailto:HEUseniorscare@lists.cupe.ca) and follow the prompts.
- **BC Health Coalition**  
This province-wide coalition is also running a campaign on seniors' care. Check out their website at [www.bchealthcoalition.ca](http://www.bchealthcoalition.ca) for more information and to send a letter to the Premier.
- **HEU's submission to B.C.'s Ombudsman**  
A brief summary, with recommendations, of a comprehensive research document submitted to the B.C. Ombudsman's systemic investigation into seniors' care provides a full picture of the problems and our solutions for improved care. View the full report at [www.heu.org](http://www.heu.org) in the Stand UP for Seniors Care campaign section.
- **Fact sheets**  
Fact sheets on seniors' care issues for background information and to handout to others. If you make copies of this material for distribution to members of the public, please let us know how many copies you distributed. Send this information to <[standupforseniorscare@heu.org](mailto:standupforseniorscare@heu.org)>. We need this information to file our election disclosure statement after the May 12 election in B.C. If you or your HEU local has any questions about this, you can email [standupforseniorscare@heu.org](mailto:standupforseniorscare@heu.org) or contact **Margi Blamey** at 1-800-663-5813.
- **Tips for Lobbying your MLA**  
A checklist of steps you can take to ensure an effective lobby.

- **How to organize an All-Candidates Meeting**  
Information to help you plan an all-candidates meeting in your community.
- **Questions for candidates**  
Sample questions you can raise with candidates individually and at all-candidates meetings.
- **Petition on seniors' care**  
Want to start a petition for better care in your community? Sign up people at your facility, at community meetings, and just about any place where you gather. Petitions will be presented to government after the election.
- **How to prepare an effective presentation**  
Tips to assist you in preparing a presentation on seniors' care issues.
- **Sample letter to local newspapers**  
A letter you can use as a guide to write to your own local newspaper.
- **Buttons, stickers, T-shirts**  
Order form. Please note that T-shirts cost \$10 each, and must be ordered in groups of five or more.
- **Workload tool kit**  
Information on the union's workload tool kit for members. For copies of the kit, contact your HEU servicing representative.

# Quality of care in B.C.'s residential care facilities

## SUMMARY AND RECOMMENDATIONS

### *HEU's Report to the Office of the Ombudsman on Seniors' Care*

THE FOLLOWING IS A SUMMARY of the Hospital Employees' Union (HEU) Report to the Office of the Ombudsman on Seniors' Care, which was presented to B.C.'s Ombudsman, Kim Carter, in December 2008.

#### *Role of the Ombudsman*

B.C.'s Ombudsman receives inquiries and complaints about the practices and services provided by public agencies. Under that mandate, the Ombudsman can conduct impartial and confidential investigations to determine if a public agency is being fair to the people it serves.

Last August, the Ombudsman began an investigation into problems with seniors' care, including residential and assisted living facilities, and home support services. The Ombudsman is examining the following issues: access to services, standards of care in facilities, and monitoring and enforcement of standards. The investigation is also looking at how information about seniors' care services is provided to the public and to those who are affected by decisions.

#### *Changes in residential care*

The needs of residents living in B.C.'s residential care facilities (RCFs) have changed a great deal since the 1970s. Today, residents are often sicker – more likely to have dementia – and many have a number of chronic diseases that need to be treated with a range of medications.

Health authorities now admit more patients with sub-acute and palliative care needs into residential care. But health authorities are not providing care facilities with a funding increase for the special staff and equipment needed to deliver these services.

#### *Staffing and quality of care*

All levels of direct care staffing – registered nurses (RNs), licensed practical nurses (LPNs) and residential care aides (RCAs) – contribute to quality care.

There is substantial evidence linking higher levels of direct care staffing to improved outcomes for residents. And there's clear evidence of a link between inadequate direct care staffing and higher rates of poor outcomes for residents.

Abuse prevention and improved staffing levels in long-term care settings are also directly linked. For example, research shows that residents in higher-staffed care facilities spent less time in bed, experienced more social engagement, and consumed more food and fluids.

Despite residents' greater care needs, the actual hours of care in B.C. facilities haven't improved since 2001. B.C. staffing levels in care facilities range from 2.3 to 3.4 hours per day per resident (hprd).

These levels are far below the minimum 4.1 hprd recommended by experts and researchers. They also point to significant differences in staffing levels within B.C.'s licensed residential care facilities, despite the fact that all of these facilities are now expected to provide services for residents with complex needs.

In the short-term, HEU recommends that 3.2 hours be established as a **minimum** staffing level – provided that the 3.2 hprd is the minimum and not the average, and that:

- it is fully funded and mandated in regulations, and
- it includes only direct care (care aides, licensed practical nurses and registered nurses) with additional funding for activities and rehabilitation.

HEU's longer term goal is to achieve the minimum of 4.1 hours of personal and nursing staff per resident per day with the understanding that this level should be indexed to rise with resident care needs.

### *Work and organizational factors affecting quality of care*

Residential care facilities need to have clear organizational policies that foster a positive and respectful work environment, encourage staff input and provide opportunities for personal growth and professional development.

### *Provincial educational standards and continuing professional development*

One strength of B.C.'s health care system is the extensive training required for qualification as an RCA/CHW (community health worker). This is being endangered by the lack of regulation of RCA/CHW curriculum content, hours of training, and instructors' qualifications. There's also a concern that private educational institutions are not offering strong training programs. There should be an independent body to monitor the implementation of new curriculum and training standards in all institutions.

### *Private ownership – quality of care, lower staffing levels*

Since 2001, the vast majority of bed closures have been in the not-for-profit sector. New residential care and assisted living bed openings have primarily been in the for-profit sector.

There's now considerable evidence of poor quality care in the for-profit sector. Research shows that private-for-profit ownership greatly influences staffing levels. High staff turnover, which is related to low-staffing levels and poor wages, has been linked to decreased quality care in large for-profit facilities.

A Canadian study found that compared with non-profit facilities, residents living in for-profit RCFs had a significantly higher risk of being hospitalized for dehydration, pneumonia, falls and fractures. In British Columbia, staffing levels for front-line care was considerably lower in for-profit facilities, despite the same government funding being applied.

More recently, researchers have identified the high risks associated with contracting out and privatization in poor economic times as private companies are filing bankruptcy and/ or closing facilities.

### *Contracting out leads to poor resident health*

In 2001, *Bill 29* resulted in the layoff of more than 9,000 HEU members, and disrupted the lives of many more frail seniors living in residential care facilities. In 2003, *Bill 94* allowed services that were not part of a health authority to contract out the work of resident care attendants, licensed practical nurses and recreation aides. Today, care is contracted out in 39 facilities, or 14 per cent, of all RCFs. And 107 facilities, or 37 per cent, of all RCFs have contracted out support services (i.e. dietary, laundry and/or cleaning services).

Care aides and licensed practical nurses are the primary care providers for seniors in RCFs, so the continuity and strength of those relationships are highly important to residents' quality of life. Continuity was destroyed with contracting out, which also reduced the standards of cleaning and food services, and resulted in high turnover rates and short-staffing.

As long as *Bill 94* is in place, contracting out in this sector will continue. To ensure continuity of care, the work force needs to be stabilized. Union successorship rights would protect workers when an employer decides to terminate a commercial contract.

### *Improving access and quality of care in B.C.'s residential care facilities*

Reducing the number of residential care facilities means that B.C. – along with New Brunswick – now has the **lowest** number of residential care beds in Canada. More than 2,500 – mostly non-profit – long-term care beds were closed between 2002 and 2004, with additional closures since that time.

Today, most new services are assisted or supportive living which provide much lower levels of care. At the same time, access to home support services has been reduced. Together, these changes make it more difficult for frail seniors, particularly those on limited income, to access quality services that are affordable and appropriate for their needs.

The B.C. Auditor's 2008 review of *B.C.'s Home and Community Care Services* concluded that the Ministry of Health has badly managed the home and community care system.

### *Revisiting resident-centred "relational" models of care*

The resident-centred model empowers staff to care for residents in a flexible manner which best meets their needs.

In the early-1990s, the Ministry of Health suggested they'd adopt such an approach. However, by 2000, the system still had not changed. To implement a resident-centred "relational" model of care, we need:

- higher staff-to-resident ratios;
- enhanced leadership skills among Directors of Care;

- formal involvement of front-line care staff in decision-making, and
- increased team work and communication with co-workers.

### *New models of care: integrated interdisciplinary care and primary care*

As the complexity of residents' care needs increases, residential care would benefit from better integration with primary care. B.C. research has found that RCFs attached to a hospital had significantly lower hospitalization rates for pneumonia, urinary tract infections, falls, anaemia, and pressure ulcers than other residential care facilities.

### *Need for improved oversight of residential care*

In B.C., residential care facilities are treated differently depending on the legislation they fall under (either the 2002 *Community Care and Assisted Living Act* or the *Hospital Act*). Facilities covered by the *Hospital Act* do not have to meet minimum staffing levels or training requirements. Currently, Ministry of Health licensing inspectors monitor 20 risk factors to determine if facilities are providing quality care. None of these risk factors consider the risk of *inadequate* levels of staff.

It's difficult for seniors and their families to know if a facility has a history of licensing violations because the Ministry of Health does not provide online information on the risk status of facilities (low, medium, high). The Ministry also does not provide information on a facility's history of serious incidents.

### *Strengthening legislation to protect residents in B.C.'s RCFs*

Long-term care must be recognized as an essential health service, and become a national priority. The provincial government must address five major areas:

- provision and funding of adequate nurse and personal care staffing levels in RCFs;
- regulation of education and continuing professional development of health care workers;
- improvements in the work environment and culture;
- transparency, responsibility and accountability, and
- inspection and enforcement of regulations.

To improve quality of care and increase transparency and accountability, the government must:

- establish minimum staffing levels for direct care staffing, activities and rehabilitation;
- make information available, upon admission, to residents and their family members on how to contact a Licensing Officer and file a complaint;
- require facilities to daily post accurate staffing ratios for all types of care and support staff. These should be submitted for inspection on a regular basis (i.e. quarterly);
- report publicly on staff turnover and retention rates;
- recognize the role of family councils as advocates and their right to access facility documents process;

- mandate the provincial curriculum and training standards for the Health Care Assistant Program as the minimum standard to work as a care aide in a licensed residential care or assisted living facility;
- ensure that employers are providing continuing education and training that supports and empowers staff;
- undertake unannounced inspections at all facilities at least once a year;
- post annual inspection reports in facilities and on the health authority website, and
- solicit staff input on work environment issues through a confidential process.

*see recommendations next page*

## *Report recommendations*

1. As a first step, establish as a **minimum**, 3.2 hours per resident per day (hprd) of direct nurse and personal care staffing provided that:

- the 3.2 hprd is the minimum and not the average;
- it is fully funded and mandated in regulations, and
- it includes only direct care (care aides, licensed practical nurses and registered nurses) with additional funding for activities and rehabilitation.

Over time, the goal is to achieve the minimum of 4.1 hours of personal and nursing care staffing per resident per day indicated in the research, including the requirement that this level should be indexed to raise with resident care needs.

2. Develop an effective, provincial level system of interventions and strategies that support a more positive work environment for staff so that in turn, they can provide residents with the quality of care they require, including:

- staff participation and engagement in decision-making;
- a substantive philosophy of relational care, and concrete policies and procedures to support this philosophy of care, and
- increased professional development opportunities, specifically for front-line care staff (i.e. in mental health, dementia, and palliative care).

3. Develop an independent body at the provincial level to monitor and ensure the implementation of the new curriculum and training standards in all institutions offering the RCA/CHW programs.

4. To ensure that B.C. can meet the needs of its population, the provincial government should re-evaluate the target of building 5,000 additional not-for-profit, licensed residential care beds by 2006, and factor in the additional beds needed to 2009 and beyond.

5. Increase the capacity in the provincial Ministry of Health, or an agency such as B.C. Housing, to support non-profit societies to design, finance and build new RCFs.

6. To ensure continuity of care, the provincial government should require employers in RCFs, who receive public funds, to provide the staff with successorship rights when they're terminating a commercial contract and transferring to a new contractor.

7. To increase transparency, responsibility and accountability, the legislation should be redrafted to focus more clearly and forcefully on issues related to quality of care, including the points outlined in the section *Strengthening legislation to protect residents in B.C.'s RCFs*.

# Stand UP for SENIORS CARE

## FACT SHEET #1

### Staffing and Quality of Care

#### Without adequate staffing, care suffers

The care needs of seniors living in B.C.'s residential care facilities are on the rise. Today, residents who enter care are often sicker, more likely to have some form of dementia, and many have chronic diseases that need to be treated with a range of medications.

Since 2002, only those with complex care needs are eligible for admission to residential care. But even though seniors with complex and/or palliative care needs are coming into the province's long-term care facilities, health authorities are not providing the funding required for appropriate staffing levels.

This includes all levels of direct care staffing – registered nurses (RNs), licensed practical nurses (LPNs), and resident care aides (RCAs) – who play critical roles in providing residents with quality care.

#### The truth is...

Numerous research studies clearly show that inadequate staffing levels contribute to resident deterioration, malnutrition, dehydration, undiagnosed dysphagia, and hospitalization.

In B.C., a comprehensive review of national and international research – 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 it shows that residents in higher-staffed facilities spent less time in bed, experienced more social engagement, and consumed more food and fluids.

But despite the evidence, the actual hours of direct care in B.C.'s long-term care facilities hasn't improved since 2001.

A recent survey by B.C. Care Providers found that facilities provide an average of 2.6 hours with staffing levels varying from 2.1 to 3.2 hours. In a *Freedom of Information* request, HEU found that in 2008, the average worked hours of direct nursing and personal care in Fraser Health Authority facilities was 2.7 hours per day.

A comprehensive national study commissioned by the U.S. Congress has found that minimum staffing levels of 4.1 hours per resident per day are required to prevent such adverse outcomes such as falls, infections, weight loss, pressure ulcers, dehydration and hospitalization. A 2004 U.S. study goes further. It recommends 4.5 hours to improve quality care.

Alberta, Manitoba, Ontario, New Brunswick and Nova Scotia have all committed to boosting funding for front-line staffing to deal with rising care needs and acuity levels.

#### OUR SOLUTIONS

- In the short-term, HEU recommends that 3.2 hours per resident per day be established as a **minimum** staffing level requirement provided it is fully funded and mandated in regulations, and it is based on hours worked, not hours paid.
- This minimum requirement must apply only to direct personal and nursing care as provided by RCAs, LPNs and RNs, with additional funding to be made available for activities and rehabilitation.
- HEU's longer term goal is to achieve the minimum of 4.1 hours of direct personal and nursing care recommended by the research, and that it be indexed to rise with resident care needs.





# 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.





# Stand UP for SENIORS CARE

## FACT SHEET #3

### Quality care and accountability

#### Every senior has the right to safe, quality care

In recent years, ongoing media reports have exposed the deteriorating conditions in some of B.C.'s residential care facilities. Last spring, a flurry of complaints prompted B.C.'s Ombudsman to launch a province-wide, systemic investigation into the state of seniors' care. About the same time, government committed to post licensing reports on its website, which has not yet happened.

Recently, B.C.'s Auditor General concluded that the Ministry of Health was "not adequately fulfilling its stewardship role" and "the capacity indicators used to monitor the system (were) not comprehensive enough to identify critical system pressures or issues."

Provincial legislation sets out standards for care that include the right to a safe, clean environment, freedom from neglect and abuse, and an individual care plan that provides for nutritional and oral care, and recreational and leisure activities.

Although this legislation has a number of positive features, there are some glaring weaknesses. For example, there are no minimum staffing levels or training requirements. And while there are regulations related to quality care issues, it's not clear that there is appropriate monitoring or enforcement of these regulations by licensing officers.

#### The truth is...

The combination of short-staffing, heavy workloads, residents' higher care needs and high rates of staff turnover are creating substandard caring conditions in many B.C. facilities.

When there are not enough staff to provide care, residents suffer from systemic neglect: a lack of regular baths, recreational opportunities, and monitoring to ensure sufficient hydration; assistance with eating, toileting and grooming, and not enough time to turn people who are bed-ridden.

And yet, the research in this area is conclusive. Inadequate staffing is linked to resident deterioration, malnutrition, falls and hospitalization.

Currently, Ministry of Health licensing inspectors monitor 20 risk factors to determine if facilities are providing quality care. Not one identifies the risk of inadequate staffing levels.

And because the Ministry of Health does not provide information on a facility's history of serious incidents or its risk status (low, medium, high), it is difficult to find out if a facility has a history of licensing violations.

#### OUR SOLUTIONS

- Strengthen residential care facility legislation and enforcement.
- Appoint a provincial advocate for seniors.
- Establish minimum staffing levels for direct care staff, activities and rehabilitation.
- Require facilities to post accurate staffing ratios on a regular basis, and report publicly on staff turnover and retention rates.
- Undertake unannounced inspections at all facilities at least once a year.





# Stand UP for SENIORS CARE

## FACT SHEET #4

### Bed closures and shortages

#### Access denied: closures, privatization fuel crisis in seniors' care

In 2001, B.C.'s Liberal government promised to work with non-profit care facilities to build 5,000 new, long-term residential care beds by 2006. But that's not what happened.

More than 2,500 beds were closed, most of them in not-for-profit facilities. Access to residential care was restricted to those with complex care needs – dementia, multiple disabilities, and significant medical problems. Health authorities were directed to build assisted living and supportive housing for those who were no longer eligible for complex care – alternatives which provide far lower levels of care than the intermediate care facilities they replaced.

The result? Many seniors simply cannot find the appropriate residential care they need, when they need it, which puts more pressure on already overworked family members to provide care or purchase care privately. Seniors without family support are left to languish at home until a health crisis lands them in a hospital emergency room. And because people are forced to wait much longer in their homes or hospitals, they are entering residential care more frail, less stable and more likely to die shortly after being admitted.

#### The truth is...

With the possible exception of New Brunswick, B.C. now has the lowest number of residential care beds in the country.

In May 2008, a B.C. Medical Association policy paper criticized government for its failure to build 5,000 new, long-term residential care beds, the substitution of assisted living beds, and for confusing the issue by combining new beds with replacement beds in supportive housing and assisted living.

Government claims assisted living and supportive housing are suitable options for residents with Intermediate Care needs, but the facts don't bear this out. These facilities offer 40 to 97 per cent less services. Research shows the average direct nursing and personal care hours formerly provided in intermediate care facilities was 2.3 – 2.5 hours per resident per day. In comparison, the current direct care hours in assisted living is 1.5 hours and in supported housing it is only 0.7 hours.

And because new policy forces seniors to accept the first available bed, potentially in a for-profit facility, many residents and their families face additional, unexpected, out-of-pocket charges. Provincial policy in this area is often unclear, making it possible for for-profit facilities to add additional charges to boost their revenues.

#### OUR SOLUTIONS

- In order to ensure that B.C. can meet the needs of its population, the provincial government must reinstate its original commitment – to build 5,000 additional not-for-profit, licensed residential care beds by 2006 – and factor in the additional beds required for 2009 and beyond.
- Increase the capacity in the provincial Ministry of Health, or an agency such as B.C. Housing, to support non-profit societies to design, finance and build new residential care facilities.





# Stand UP for SENIORS CARE

## FACT SHEET #5

### HEU's advocacy history

#### Part of the solution: a tradition of caring for seniors

HEU's efforts to improve standards in seniors' care date back to the 1970s when the union first organized staff working in B.C.'s private nursing home sector. At that time, HEU successfully exposed a host of problems affecting residents in care – including neglect and low-staffing levels – and demonstrated the critical link between poor working conditions for staff and substandard caring conditions for residents.

In response, the government of the day established the 1978 *Long-Term Care Act*, developed funding guidelines for staffing, and introduced financial and expert assistance to support not-for-profit organizations to build long-term care residential facilities.

As acuity levels rose throughout the 1990s, however, so did concerns from our members about their ability to provide safe, quality care. Advocacy efforts to improve staffing levels once again became front and centre, and in 2001 bargaining, HEU successfully negotiated an agreement with the provincial government to add 300 new Residential Care Aide positions in long-term care.

#### The truth is...

Shortly after taking office in 2001, the newly elected Liberal government legislated measures to facilitate long-term care residential closures, privatization, and contracting out of care and support services (*Bill 29* and *Bill 94*).

These changes have resulted in repeated layoffs of care staff in some for-profit facilities – disrupting continuity of care for residents – and have driven down wages for many health care workers, fuelling a recruitment and retention crisis throughout the long-term care sector.

Despite these setbacks, HEU has continued to advocate for improved working and caring conditions and, wherever possible, works with government to improve care standards.

In addition to providing input into such legislative areas as the *Community Care and Assisted Living Act* and regulations, HEU is an active member of B.C.'s Health Service's Nursing Directorate. At HEU's request, government established the Residential Care Policy Committee, where union members work in collaboration with the Ministry of Health and their health authorities to address staffing, work environment issues, and training standards for front-line staff working in residential care.

Currently, HEU is supporting members to identify the gap between the care needed and the hours of care provided to residents in an effort to increase staffing levels and improve care quality. HEU has also published numerous research reports available at <[www.standupforseniorscare.ca](http://www.standupforseniorscare.ca)>.

#### OUR SOLUTIONS

- Provide mechanisms for staff, residents and family members to provide input into seniors' care policy.
- Mandate staffing levels and training standards for front-line staff working in residential care.
- Implement measures that will improve working conditions and reduce the risk of violence and injuries in residential care.





# ORGANIZING YOUR LOBBY

## 1. ARRANGE A PRE-LOBBY MEETING WITH THE TEAM

Members of the lobby team meet before the lobby appointment with the MLA to discuss what to say.

## 2. PLAN THE MEETING'S AGENDA

Decide what is to be discussed and the points you want to make. Practice the presentation. If you are lobbying in a group, choose a spokesperson and a recorder.

## 3. KNOW YOUR AUDIENCE

Read up on your MLA and know a little bit about her or him. Find out what the politician's background is and what her/his interests are.

Some politicians will be genuinely interested; others will be preoccupied with their own interests. Stick to your subject. Your goal is to persuade the MLA to support your position.

## 4. KNOW YOUR SUBJECT

Speak about what you know. That's why part of your pre-lobby meeting anticipates questions from the MLA. Be prepared to respond.

Don't be afraid to say you don't know. Offer to get back with information, and be sure you follow through.

## 5. BE CLEAR AND CONCISE

Keep your comments to your specific issue and don't try to cover too much. Explain your position simply and clearly because not everyone will know or understand your point-of-view.

Speak confidently and persuasively. Practising your part will help make you comfortable.

## 6. BE A GOOD LISTENER

Try to determine areas of agreement. Avoid arguments and don't lecture.

If the MLA agrees with your position, ask for her/his support by speaking to other MLAs and decision-makers.

## 7. LEAVE THE DOOR OPEN

Try to prevent outright rejection of your position. Emphasize your areas of agreement, not your differences.

## 8. DON'T BE DISCOURAGED BY FAILURE OR BY "NO ANSWER"

Not every MLA will be sympathetic or supportive. Don't allow an early failure to stop you from continuing to lobby.



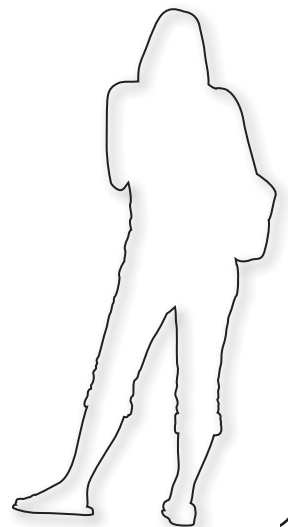


# TIPS FOR THE LOBBY MEETING

1. Stick to what you know. The best way to present an issue to a politician is to talk about your own experience.
2. Know what you are going to say and exactly what you want from the politician before you go into the meeting.
3. Always offer to follow up if you are asked a question that you are unable to answer. Then make sure you get back to the MLA with the information as soon as possible.
4. Try to keep control of the meeting. Stick to the issue-at-hand, and avoid getting side-tracked.
5. If possible, let the politician know the scope of the lobby, how many of your members live/work in the constituency, and who on your lobby team is a constituent.
6. Try to get a commitment from the politician at the end of the meeting.

## AFTER THE MEETING

1. Send a brief, follow-up letter to the MLA a couple of days after the lobby meeting thanking her/him for their time. Recognize any favourable response or support given by the politician.
2. Enlist members who live in the constituency to arrange for their own meetings with the politician, or have them follow up your meeting with letters and phone calls to the MLA.





# LOBBY DAY CHECKLIST

## A. BEFORE THE MEETING

1. Meet 15 minutes before the appointment time at a location very close to the MLA's constituency office.
2. Review who will take the lead, who is the recorder, the order in which members will present and what they will cover; and how, if appropriate, lobby team members may add comments or answer questions during the appointment.

## B. AT THE MEETING

1. Introductions.
2. Statement of your position.
3. Presentation, clarification and response to questions.
4. Commitments to follow up, if necessary.
5. Thank-you and goodbye – when your points have been made and reinforced, it's important to leave.

## C. AFTER THE MEETING

1. Lobby team members need to sit down and talk about what was said during the meeting and decide what, if any, follow-up action is required and who will do it – right away.
2. Fill out your lobby report during this time.
3. Decide who will give a report at your local's next meeting.

## D. FOLLOW-UP

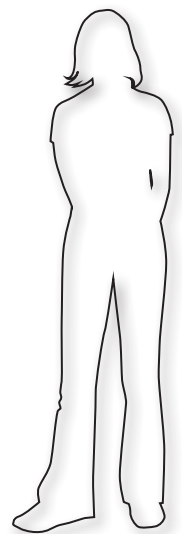
1. Send the thank-you letter to the politician with any additional information you may have promised.
2. Use your lobby report to identify the commitments made by the politician and repeat those in the thank-you letter.
3. Follow up to ensure that the politician fulfills the commitments made during your lobby meeting. For example, introducing a petition in the legislature.
4. Track the voting record of the MLA on your issue.
5. Arrange another meeting if necessary.





# HOW TO ORGANIZE AN ALL-CANDIDATES MEETING ON SENIORS' CARE

1. **CONTACT OTHER GROUPS** in your community who may be interested in working together to host an all-candidates meeting.
2. **CREATE AN ORGANIZING COMMITTEE** to plan the event.
3. **CHOOSE POTENTIAL DATES/TIMES** for the meeting and contact each candidate to make sure they are available on that day.
4. **BOOK A VENUE**, preferably a public meeting space such as a community centre, school, church with easy access and parking.
5. **PLAN THE FORMAT OF YOUR MEETING:** Decide how long each candidate will have for their opening remarks (*about five minutes*); how long the question and answer period will be (*one hour*); how long candidates will have to answer each question (*one minute*); and how long to allow for candidates to give their closing remarks.
6. **CHOOSE A MODERATOR** who will introduce the candidates, explain the meeting's guidelines, and keep the meeting on track. Also, choose a timekeeper who will help keep the candidates within their time limits.
7. **MAKE SURE TO SEND** a written confirmation to each candidate letting them know the format and guidelines.
8. **ADVERTISE YOUR MEETING** through the local newspaper, community bulletin boards, etc. and send a press release to the local media giving them the date, time and location of the meeting, as well as the names and party affiliation of the candidates.
9. **SET-UP FOR THE MEETING SHOULD INCLUDE** tables, chairs and microphones at the front of the room for the candidates and moderator, water for speakers, at least one floor microphone for the audience, and tables in the foyer for each candidate to put their literature.
10. **CHOOSE A NOTE-TAKER** so you can keep track of the questions to candidates and their responses.





# QUESTIONS FOR CANDIDATES ON SENIORS' CARE

## **1. *Bed shortages***

With the possible exception of New Brunswick, B.C. now has the lowest number of residential care beds in the country. After promising to work with not-for-profit care providers to build 5,000 *new*, long-term residential care beds by 2006, the Liberal government closed 2,500 long-term care beds, most of them in not-for-profit facilities.

The vast majority of new beds were then built by for-profit operators. Many were replacement beds, not new beds, and many of those were either assisted living or supported housing, which provide far lower levels of care than the intermediate care facilities they replaced. The result is that many seniors can't get a bed, when they need it, and are left languishing at home or in a hospital.

**Question: Will you/your party commit to building 5,000 new long-term care beds in partnership with the not-for-profit sector?**

## **2. *Staffing and quality care***

Since 2002, only those seniors with complex care needs are eligible for admission to residential care. That means seniors are coming into care with higher medical needs. They are more likely to have some form of dementia, chronic disease, and complex health problems.

Research on what it takes to deliver quality seniors' care shows that inadequate staffing is directly linked to health deterioration, malnutrition, falls and hospitalization. When there are not enough staff, residents simply do not get the level of personal care they require.

**Question: Will you/your party establish and fund minimum staffing levels for direct resident care?**

## **3. *Standards and Accountability***

Caring conditions in our seniors' homes are declining – so much so that the B.C. Ombudsman has launched a systemic, province-wide investigation into the state of seniors' care in B.C.

B.C.'s Auditor-General recently concluded that the Ministry of Health has “not adequately fulfilled its stewardship role.”

**Question: What will you/your party do to strengthen the monitoring and enforcement of standards in residential care? And will your party commit to appointing an independent provincial advocate for seniors?**

#### ***4. Privatization***

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 more than 2,500 long-term care beds – most of them in not-for-profit facilities. And despite promising to work with the not-for-profit sector to build new beds, government had the majority of new and replacement beds built by the private, for-profit sector.

**Question: Will you/your party increase the capacity of B.C.'s Ministry of Health, or an agency such as B.C. Housing, to work with not-for-profit societies to build new care facilities?**

#### ***5. Contracting-out services***

Under the B.C. Liberal government, direct resident care (care aides, LPNs, RNs) has been contracted out to private, for-profit operators in 39 long-term care facilities in B.C. Support services – like dietary, laundry and housekeeping – have been contracted out in 107 facilities.

Despite research showing the important connection between continuity of staff and quality of care, a number of private, for-profit facilities in B.C. have terminated contracts, fired staff, and brought in new for-profit subcontractors with a newly hired workforce. Some have flipped contracts two, three and even four times.

**Question: Will you/your party commit to requiring long-term care operators – who receive public funds – to provide their workers with successorship rights in the event a contract is transferred to a new contractor?**





# HOW TO PREPARE AN EFFECTIVE PRESENTATION

***Before you begin, consider the following:***

## **Your audience**

Before you begin to write your presentation, take a minute to think about who your audience will be, what you can tell them about the issues affecting seniors' care in B.C., and what you want them to do about the concerns you raise.

## **It's about the broad issues, not the specifics at your facility**

It's important to remember that when speaking to a public audience, you are dealing with broad issues and concerns that are affecting seniors' care in general – it's not about the specifics happening in your facility. In this respect, **it's absolutely essential that you protect the confidentiality of your patients/residents, their families, and other health care workers – and don't put yourself at risk.**

## **You have a lot of credibility as a health care worker**

As a health care worker, you have a lot of credibility on this topic. You deal with seniors and their families every day. You know first-hand the challenges involved in delivering quality care and why it's so important that government make seniors' care a top priority. The fact is, people care about seniors – their parents and grandparents. They want to know their friends and family members will be able to get the quality of care they need, when they need it, and that health care providers will have the time and resources to deliver it.

## **The goal is more funding for seniors' care**

As a health care worker, you can talk about what it takes to provide care in any given day, and why it's so important that government and health authorities ensure there are enough beds for seniors who need them, and enough funding to ensure higher levels of staffing. You can talk about all these issues, from your own experience, without attacking the management of your facility or undermining the services at your own facility.

## **Use the resources available to you**

The seniors' care campaign has a lot of information that can help you. There are fact sheets, the recent report to the Ombudsman, and more. Are there local resources available to you? Have there been any newspaper articles that can help you? What about a local seniors' organization, or health coalition, do they have information specific to your region?

## ***Tips for structuring your presentation***

### **The opening:**

Get the audience interested. Use techniques like: posing a question, revealing an unexpected fact, sharing an interesting quote that relates to your topic, referencing the occasion or context of the presentation.

- Tell them what the presentation is about.

- Tell them why it's important to them, and their community.
- State your main message in one or two sentences..

### **The middle or body of the presentation:**

- Build on your main message.
- Identify your key concerns.
- Use facts to back up your main message and illustrate your point.
- Talk about the solution, what needs to happen.

### **The summary/conclusion:**

- Briefly, restate the main message.
- Put forward your call to action.
- Remind the audience that everyone has a stake in the issue.
- Remember to speak from your heart, practice with a friend or co-worker, and if possible, write your presentation out on cards (recipe cards work well) instead of paper.

### **Non-verbal communication (body language):**

- Non-verbal communication is an essential part of your presentation that communicates just as much as your words. Here are a few things to think about.
  - **Posture:** Try to stand solidly on both feet. Relax your shoulders, while maintaining a strong back. Try to keep your shoulders oriented toward the audience.
  - **Eye contact:** This opens a channel of communication and connection between you and your audience. Eye contact involves your audience in your presentation. Eye contact generally lasts one to three seconds. Try to avoid letting your eyes dart around the room, but also avoid staring too long at one person.
  - **Appearance:** Wear clothes that you feel comfortable in, but that also fit the occasion and context of your presentation. Visualize yourself feeling strong and confident while making your presentation.
  - **Hand gestures/ facial expression:** Relax your stance and try to gesture the same way you would during a conversation with a friend. Smile. Relax your face and jaw. And remember what motivated you to make this presentation in the first place.

## TIPS FOR WRITING A LETTER TO THE EDITOR

- If possible, draw a connection between your letter and a recent news story or event (*but don't let this stop you, if there isn't anything to refer to*). In the lead up to May 12, you can always use the election as a “hook” or “reason” for writing the letter.
- Keep your letter brief and to-the-point.
- Respect the confidentiality of clients/residents/fellow co-workers.
- Stick to the issues, not personalities. No personal attacks.
- Newspapers are more likely to print a letter that is no more than 250 words. (*This way they don't have to edit it down to size*).
- Think of **one or two** key messages you want to get across.
- If your letter isn't published the first time, keep sending them in. The more editors hear from their readers, the more likely they are to publish your comments.

### **Sample letter – 240 words**

*Please note: The following is intended as a guide only. Please use your own experience, situation and perspectives to draft your own letter to the editor.*

To the Editor:

One of the most important issues in this election is the sorry state of seniors' care in B.C.

As a (*care aide, licensed practical nurse, community member, family member*), I am deeply concerned that we do not have enough long-term care beds to meet the needs of our aging population. And I am just as concerned that many seniors are not getting the quality of care they deserve because our facilities do not have enough staff.

It's shameful that B.C. has the lowest number of residential care beds per capita in the country. And despite the government's claim that they have built 5,000 new spaces, the numbers just don't add up.

Not only did the BC Liberals close more than 2,500 long-term care beds shortly after getting elected in 2001 (most of them were non-profit), but many of the so-called “new beds” built since then are actually assisted living or supported housing, which provide far lower levels of care. And these “new” beds were mainly built by private, for-profit companies.

We all pay for the consequences of our growing crisis in seniors' care. When seniors can't get into a long-term care home, they are forced to stay in hospitals. When there's not enough staff, the quality of care suffers.

It's time to stop neglecting the generation that built this country, and provide the level and quality of services seniors deserve.

*Your name and contact number.*





# Stand UP for Seniors Care HEU Supply Order Form

DATE: \_\_\_\_\_

T-shirts are \$10 each; no charge for buttons and stickers.

ITEM	SIZE				QUANTITY
<b>** T-shirts</b>	Small	Medium	Large	X-Large	
<b>TOTAL COST:</b>					
<b>Buttons</b>	n/a	n/a	n/a	n/a	
<b>Stickers</b>	* Ask me about our Seniors Care Campaign				
	* Ask me about Seniors Care (public)				
<b>Fact Sheets (set)</b>	n/a	n/a	n/a	n/a	

*\*\* Limited supplies*

**Please note:** In order to keep shipping costs down, orders must be five or more T-shirts. Also, these shirts fit larger than department store sizes. Please submit orders a **minimum of two weeks** before events.

\* **Ask me about our Seniors Care Campaign** recommended for use at work sites; **Ask me about Seniors Care** recommended for use in the public.

**Contact information:** please print CLEARLY

NAME: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

WORK SITE: \_\_\_\_\_ HEU LOCAL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**\*\* MAKE CHEQUES PAYABLE TO: HOSPITAL EMPLOYEES' UNION**





# WORKLOAD TOOL KIT FOR LONG-TERM CARE

## ***Objectives***

Working in residential care is increasingly difficult. Members say they can't deliver the quality of care residents need and deserve.

When members don't have the time and resources they need, the ability to provide that care is seriously compromised.

The workload tool kit has been designed to give members a hands-on resource to help address the link between working and caring conditions. The kit includes a tool to measure the gap between scheduled hours of work and resident care needs; a short-staffing tracking form, and a quality of care survey.

It also provides information on important issues, such as reducing injury rates, how to use Professional Responsibility Forms as a problem-solving device, and what people need to know about the licensing process.

## ***How you can use the tool kit***

The kit gives members concrete tools to track information and tabulate results. It also offers advice on what to do with the information collected. In some instances, locals will be able to work with their employers. In other cases, not.

The overall goal is to improve care by improving staff resources.

The information you gather in your facility will help you advocate for the additional resources you need to do your job well.

## ***Advocacy***

The workload tool kit is an organizing and advocacy tool. How you advocate will depend on what's happening in your facility. You can use the toolkit to:

- Organize workers around workload issues.
- Advocate for seniors by working with management to find common solutions to staffing shortfalls for improved care.
- Develop a local union, community-based campaign.
- Use your findings to make presentations to health authorities on why the funding formulas should be changed.
- Expose how the government's privatization agenda directly impacts seniors' care.

The workload tool kit is available by contacting your HEU servicing representative.