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.

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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.

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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.

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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.

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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>.

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.

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