July 17, 2020

Mr. Doug Wylie
Auditor General of Alberta
8th Floor, 9925 – 109 Street NW
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Dear Auditor General Doug Wylie:

I write today to urge the Office of the Auditor General of Alberta to conduct an audit of the government of Alberta’s response to the COVID-19 pandemic as it relates to long-term care and continuing care facilities. Specifically, we ask that your office turn its attention to the implementation of two policies by the government of Alberta: the additional $2-per-hour pay increase for health care aides in private long-term care facilities (wage top-up policy) and the policy to ascribe staff to only one of these facilities (one-site policy).

Through our research, we found the implementation of these policies was unclear and often conflicting information leading to delays. Our fear is that these delays unnecessarily exposed staff, residents, and their families to the COVID-19 virus.

Both of these policies are linked and should not be viewed in isolation from one another in terms of public health responses.

On April 2, 2020, in response to the government of British Columbia’s moves to restrict health care workers from working at multiple sites, Premier Jason Kenney said in the Legislature that there would be an announcement about “further restrictions on the operation of continuing care facilities to ensure that everything that is possible is being done to protect residents, who are uniquely vulnerable in those situations.” He went on to say, “the Chief Medical Officer of Health and AHS are consulting with the Alberta Continuing Care Association and the individual seniors’ lodges and facilities to address labour market concerns because if orders are given that inhibit their workforce, we are concerned that it may inhibit their ability to care for the seniors, to provide food and medical attention.”

This “labour market concerns” expressed by the Premier were reiterated by Alberta’s Chief Medical Officer, Dr. Hinshaw, who said that restricting the movement of workers between health care facilities, could result in “significant workforce shortages”.

To ameliorate labour shortages, the government introduced a wage top-up policy of $2 an hour for workers in private long-term care facilities. The idea was that an additional $2 an hour for health care aides would ensure an adequate supply of labour to meet the health care needs of residents.

1 https://docs.assembly.ab.ca/LADDAR_files/docs/hansards/han/legislature_30/session_2/20200402_1330_01_han.pdf
If there were to be a “second wave” of the virus, or indeed another pandemic or public health emergency, then there ought to be seamless implementation of policies such as these. A thorough examination/audit of these policies could enhance public safety by ensuring timely and smooth policy implementation, the stated goal of which is public safety by preventing prospective transmission between staff, residents and the public, as well as maintaining safe staffing levels.

**One-site Policy**

The government of British Columbia led the provincial response of limiting staff in long-term care facilities to employment in only one such facility. Their policy was announced by Order of the Provincial Health Officer on March 27, 2020[^3] and fully implemented on April 2, 2020.[^4]

When Alberta’s Chief Medical Office was asked about British Columbia’s policy, Dr. Hinshaw said, “that there could be significant workforce shortages if we’re to go down that road, so we can’t take that measure without really carefully considering what other measures need to be put in place to mitigate staffing shortage, because people who live in these facilities need safe care, and they also need to be protected from exposure.”[^5] With this comment, Dr. Hinshaw seems to have prefigured problems with the implementation of the one-site policy.

Despite the predicted problems on workplace staffing levels, on April 10, 2020, Dr. Hinshaw announced that Alberta would similarly restrict long-term staff movements between health-care facilities. She said, “While these steps are necessary to prevent the spread to and among elderly people who are at high risk of severe outcomes from this illness, they are not easy.”[^6]

It is important to note here that the policy does not disallow workers from working in workplaces that are not health care facilities. The policy does not disallow a worker from being employed in a long-term care facility and, for example, a grocery store, some of which offered “heroes pay” of an additional $2 an hour.[^7] Many workers in the health care system take on additional jobs to make ends meet, especially workers employed in long-term care facilities operated by private employers. Limiting workers from moving between health-care facilities is one step. The second step is to ensure workers have enough pay to entice them to continue working in health-care facilities. In this way, the one-site policy and the wage top-up policy are interlinked.

[^6]: Government of Alberta, “Update on COVID-19 – April 10, 2020,” April 10, 2020, [https://www.youtube.com/watch?v=ucSmR2hFc&list=PLyw9H1X15Lxuv8064&i=4&jkK40aE-I&index=39](https://www.youtube.com/watch?v=ucSmR2hFc&list=PLyw9H1X15Lxuv8064&i=4&jkK40aE-I&index=39)
Dr. Hinshaw issued Order 22/2020\(^8\) and Minister Copping issued Ministerial Order 22/2020 in response.\(^9\) However, there were major problems behind the scenes with both orders. A government news release dated April 10, 2020 stated that this policy would be in effect the following week.\(^10\)

The essence of the orders is that they were to limit workers from labouring in more than one health-care facility in order to limit the spread of COVID-19. The Chief Medical Officer’s Order states, “…each operator of a health care facility …must restrict the movement of staff members of staff members among health care facilities by ensuring that each staff member works in only one health care facility.” Likewise, Minister Copping’s Ministerial Order states, “…an employer that employs an employee who normally works at more than one worksite but is restricted to working at one worksite in accordance with CMOH Order 10 must determine which worksite the employee will be providing services…”

Both orders were totally unworkable. If a health care worker works at two or more health care facilities and their bosses are supposed to decide where they work, each employer will pick their own worksite. This would have left workers in a bind as to which employer’s decree they should heed.

Although the government announced that the one-site policy was supposed to be implemented by April 23, 2020, this error – that bosses were supposed to decide where workers would go – delayed its true implementation by weeks.

The Minister repealed his Ministerial Order and replaced it with M.O. 2020-26 and the Chief Medical Officer replaced part of her Order later in April (after the one-site policy was supposed to be in place). The reason: aspects of rural hospitals, in particular, led to another problem.

The issue with rural hospitals is that often parts of the hospital are designated auxiliary care or nursing homes, but not others, so the Chief Medical Officer had to clarify that Order 10 on applied to “healthcare workers providing direct resident care or working in resident care areas” and not the entire hospital. This amendment to Order 10 was done on May 25, 2020, more than a month after the policy was to be implemented.\(^11\)

To reiterate, the Premier and the Chief Medical Officer announced that they were aware of the benefits of a one-site policy, in terms of a public health response, on April 2, 2020. By the time this policy was finally fully implemented (May 25, 2020), more than 7 weeks passed. It is our position that this time span is totally unacceptable during a declared public health emergency.

Wage Top-up Policy

In union with an investigation of the one-site policy, we ask that your office investigate the implementation of the $2 per-hour wage top-up policy for health care aides in private long-term care facilities (wage top-up policy).

The stated goal of this policy is to address staff levels in long-term care facilities. The Minister of Health said, “We know that at the beginning of the response we started to see absenteeism in this important profession, who make up most of the staff in these long-term care facilities, so we topped up the wages by $2 per hour to be able to address the retention and recruitment issue.”12

The implicit admission of the Minister is that health care aides in private long-term care facilities are underpaid.

Adequately staffed long-term care facilities is, of course, an important overarching health-policy goal at any time, but especially during a public health emergency due to a global pandemic. However, many workers still have not received the additional $2 an-hour pay, which was promised months ago.

Announced on April 20, 2020, the wage top-up policy was to be for health care aides at “contracted sites” (long-term care facilities operated by private entities) in order to compensate workers “for the extra work necessary during this pandemic.”13

Other provinces applied their wage top-up policy in a much broader fashion. British Columbia, for example, gave $4 per hour to workers delivering in-person, front-line care in health, social services, and corrections in both private and public facilities.14 In Saskatchewan, essential workers at senior care and group homes, childcare centres and emergency and transition shelters (both publicly and privately operated) are eligible for $400/month.

Alberta seems to be the only province where the wage top-up policy was applied so narrowly both in terms of eligible occupations and only for privately run long-term care facilities.

Furthermore, we’re now more than two months since this policy was announced and the wage top-up has not been received by every health care aide at a privately run long-term care facility in the province. There are still delays in the delivery of this program, which undoubtedly undermine the stated goal of the policy, which is to address absenteeism in order to deliver health care during a global pandemic.

On June 23, 2020, the Minister of Health confirmed that there were still 85 sites where workers had received the promised wage top-up. According to one of the unions representing some

12 Alberta Hansard, May 27, 2020, https://docs.assembly.ab.ca/LADDAR_files/docs/hansards/han/legislature_30/session_2/20200527_0900_01_han.pdf#page=23
workers at these facilities, some employers refused to sign agreements about how the extra pay would be distributed.  

In addition to the implementation of the one-site policy, we urge your office to audit the province’s implementation of the wage top-up policy. Both policies were brought in as a public-health response to the COVID-19 pandemic in long-term care facilities, which have been affected particularly acutely by the virus, not only here in Alberta, but around the world.

Both policies were chosen to address labour issues at these facilities. The one-site policy was brought in to stop long-term care workers from working at more than one facility in order to slow or stop the spread of the virus between them. The wage top-up policy was brought in to address absenteeism in private long-term care facilities because of the one-site policy and other factors, such as employers competing for workers by offering higher wages.

It is urgent that your office investigate these policies and the programs designed to deliver them. The goal of each, primarily, is to protect the health of long-term care residents, staff, and communities in the midst of an ongoing global pandemic of the COVID-19 virus. It is not a matter of if we will see more COVID-19 cases in Alberta, but when, given that COVID-19 still roils through communities, especially south of the border.

I look forward to your reply.

Sincerely,

[Signature]

Gil McGowan
President
Alberta Federation of Labour

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