



# Just the Facts: Workload Issues in Long-Term Care

*At SEIU-West, we believe in having an engaged membership. In anticipation of the Saskatchewan election on April 4, 2016 we have identified several key issues that matter to you, your families and communities. “Just the Facts” sheets on those issues are part of the information, education and tools we offer to help you make informed choices about voting and getting involved in the election.*

## **Saskatchewan’s long-term care system is under strain.**

### **Long-term care (LTC) in Saskatchewan: some facts and figures.**

- LTC = *Facility* where staff provides residents (mainly seniors) with significant care, supervision, and/or assistance that enables them to live as independently as possible.
  - i.e. doesn’t include “assisted living homes”, where residents provided only with housekeeping & meals (these are not licensed or regulated by the Ministry of Health).
- Under Sask. law and practice, two main types:
  1. **Personal Care homes**
    - More than 250 currently licensed; total authorized capacity 3600 residents.
    - Owned & operated by individuals, non-profits, and for-profits.
    - Not government funded; low-income seniors get Personal Care Home Benefit to help cover fees.
  2. **Special Care homes:** the focus of this “Just the Facts” sheet
    - About 150 (+ 17 LTC units in hospitals/health centres).
    - More than 8700 residents.
    - Owned and operated by either:
      - Health region
      - Health region “affiliates” (non-profits, often church-connected)
      - For-profit companies (Extendicare)
    - Funded by health regions:
      - Ministry of Health gives annual operating grant to health region; region then decides (based on a formula) how much of it to give to LTC facilities. In some cases these funding formulas have not been updated in 20 years, and do not reflect the current mix and care intensity levels of the residents.
    - Generally, special-care homes have more residents, with greater needs, than personal care homes.

### **LTC needs and workloads are rising, but funding for staff is not keeping up.**

- In the past 5 years the number of people in Sask. aged 85+ has increased by more than 1000. More than 500 of these “new elderly” live in Saskatoon Health Region—an increase of 8%.
- LTC residents have more acute, complex care needs than in the past, which LTC facilities and staff often struggle to cope with.
- Each year in Sask., more than 3,000 new cases of dementia are diagnosed. It is estimated that 22% of Sask. residents aged 85+ have dementia.



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- Some of these increased care needs are due to a shift in care philosophy that places the needs and wants of residents and their families first (treat facilities more like “homes”, “respecting residents’ choice to live at risk”).
- There is significant evidence from staff—including stories from SEIU-West members, residents and families, that these factors have contributed to increased workload, and that a lack of staff is having a negative impact on the quality of care.

### **LTC facilities are hazardous workplaces—and short-staffing is making things worse.**

- Increased LTC workload is impacting the health and safety of LTC staff. SEIU-West analysis of Sask. Workers Compensation Board (WCB) data suggests that LTC workers have some of the province’s highest rates of back injury and injuries due to assaults. In our submission to the 2015 WCB Committee of Review, we shared this analysis, as well as our finding that the scientific literature shows that “workload and staffing levels are significant factors in the incidence and severity of workplace injuries. Short-staffing has been found to increase a health care worker’s risk of being the victim of patient/resident/client and visitor-perpetrated violence, as well as their risk of experiencing back pain.”

### **Rule changes in 2011 made it easier for LTC employers to get away with short-staffing.**

- Until 2011, regulations governing special care homes in Sask. required that facilities caring for residents needing:
  - “Intensive personal or nursing care” (Level 3 or higher) had to have enough staff to provide each with at least 2 hours/day of that care
  - Only “assistance with the activities of daily living” had enough staff for at least 45 mins/resident/day of that level of care
  - Only some “guidance and supervision” had enough staff to provide at least 20 minutes of care per resident per day

Although not perfect, and obviously not adequate, these rules at least provided a minimum staffing baseline.

- However, on June 1, 2011, the Saskatchewan government replaced the regulations with “Program Guidelines for Special Care Homes”. All the Guidelines say about “Staffing Requirements” is that each facility must “ensure the provision of quality resident centred care that meets the assessed care needs of the residents, including the expectation that quality outcomes, quality of care needs and the quality of life needs of residents be considered the priority when staffing”.
- According to one Ministry of Health official, these changes were made because the old staffing standards were increasingly not being met due to the growing intensity of LTC residents’ care needs. In other words, rather than provide the funding needed to meet and enforce the standards, the government got rid of them.
- Most of the other requirements of the program guidelines cannot be met without adequate staff to perform the necessary tasks.
- LTC regulations in Alberta still contain measurable staffing baselines: LTC facilities are required to provide an average of at least 1.9 paid hours of combined nursing and personal services per resident per day. Alberta backs up this regulation with funding that goes well beyond the minimum: enough for 3.6 hours of care per resident-day, plus an additional 0.4 hours per day for paraprofessional services such as physical therapy and social work.



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### 2013-16: the government struggles to cope with a series of growing problems.

- 2013 After months of news reports and public criticism about the poor state of LTC the Health Minister ordered all health region CEOs to visit all LTC facilities in their regions and report back on the most pressing concerns. The CEOs' reports all mentioned inadequate staffing, especially to bathe residents more than once a week and to respond to toilet calls in time.
  - The government responded by creating a \$10M "Urgent issues action fund", to "act on the most pressing issues" identified in the CEO reports. Regions could apply for money for additional staff and/or equipment such as patient lifts.
  - A small amount—even if spent only on hiring staff, would add about one additional employee per special-care home. Regions' total requests exceeded \$10M. Saskatoon Health Regional asked for 38 more care aides, but the government gave them enough for just 19.
- 2014 More news stories and criticism, especially regarding a resident's death at Santa Maria LTC facility (Regina). Government asked Ombudsman to investigate the death. By January 2015, the Ombudsman had received so many complaints involving other facilities that she decided to expand the investigation to cover the province's entire LTC system.
- By April 30, 2015 had received 89 submissions, including a **50-page brief from SEIU-West** based on consultations with our members. **Highlights of our brief:**
  - Aggressive residents are becoming a growing concern.
  - Care staff skipping breaks and vacation time due to their objective of providing care, leading to burnout and increased use of sick time.
  - Baseline staffing levels, already too low to meet residents' needs, are regularly not being met.
  - Short-staffing especially common at night: often only two care providers – Licensed Practical Nurses (LPNs) and/or Continuing Care Assistants (CCAs) – for 49 residents.
  - Already overworked CCAs are expected (under new care models) to perform tasks formerly done by Food Services, Laundry, and Environmental Services workers.
  - Short-staffing and workload pressures are preventing proper orientation of new staff: "If I don't have time to do my own job, how can I train you to do yours?"
- May 2015: Ombudsman issues her report:
  - "Based on what we heard from long-term care staff, management and families, Saskatchewan's long-term care system appears to be under strain. It is not clear whether the system is structured to meet the needs of residents in long-term care now and in the future."
  - Health Ministry is not doing enough to ensure that the Program Guidelines for Special Care Homes "are being met and applied consistently and equitably across the province".
  - Government needs to develop and make public a LTC strategy for the province, that answers questions like:
    - How many CCAs should there be?
    - Should there be minimum care hours?
    - Do LTC facilities receive enough funding to "to support the level of care required in the Guidelines"?
- The government seems to have largely ignored Ombudsman's strongly-worded recommendations. None of the stated "goals", "key actions", or "performance measures" in the Health Ministry's Plan for 2015-16 directly and specifically target workload issues in LTC. Instead, the focus is on new and expanded home care pilot projects.



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### **The future: more and better funding and staffing for public LTC, or increased (privatized) home care?**

- Medicare was originally designed with a focus on care provided by doctors or in hospitals. LTC outside hospitals is not seen as “medically necessary” under the Canada Health Act, so often gets short-changed in provincial government funding decisions.
- Governments are increasingly interested in “aging in place” strategies that transfer attention and money from LTC to home care. This is seen in Sask. Health’s most recent strategic plan. The new federal government has also made home care one of its top health priorities.
- But even if home care is greatly expanded and improved, we will still have growing needs for facility-based LTC.
- Private, for-profit companies are lobbying to be allowed to step into the LTC gap.
- The Sask. government has been opening the door to greater private-sector involvement in the building and running of LTC facilities, e.g.:
  - Samaritan Place LTC facility in Saskatoon. Opened in 2012. The result of a “P3-like” arrangement that was criticized by the provincial auditor for its secrecy.
  - Swift Current LTC facility. P3, announced in 2013, currently under construction.
- Privatization is also creeping into the government’s home care strategy: the Health Ministry is expanding its experiments with “Individualized Funding Plans”, where, instead of being served by a health region/public employee, persons in need of home care are given funding to arrange their own support services, including recruiting, hiring, and firing their care staff.

## **What Can I Do??**

### **Get involved!**

- Share this information with family, friends and coworkers, and use it to start conversations about the issues.
- Ask questions of the candidates and other political party representatives who contact you about the issues raised in this “Just the Facts” sheet.
- Become involved with the party or candidate whose positions on these issues best serve the needs of you and your community.
- Write a letter to the editor to your local paper to share information on issues affecting your community.
- Use social media to share facts about issues that matter during the election.
- For more information about becoming more actively involved, visit [www.purplevotes.ca](http://www.purplevotes.ca).

## **Selected Sources**

- Saskatchewan Ministry of Health. Community Care Branch. CEO Tours of Long-Term Care Facilities. <http://www.saskatchewan.ca/government/government-structure/ministries/health/other-reports/ceo-visits-to-long-term-care-facilities>
- Saskatchewan Ministry of Health. Program guidelines for special-care homes. <http://tinyurl.com/zaa3dbk>



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- Taking Care: An Ombudsman investigation into the care provided to Margaret Warholm while a resident of the Santa Maria Senior Citizens Home. Ombudsman Saskatchewan. May 2015. <https://www.ombudsman.sk.ca/uploads/document/files/taking-care---report-en.pdf>

*For further information about this topic, including details about the sources of the information on this fact sheet, please contact Karman Kawchuk, Research Officer, SEIU-West, at [karman.kawchuk@seiuwest.ca](mailto:karman.kawchuk@seiuwest.ca).*