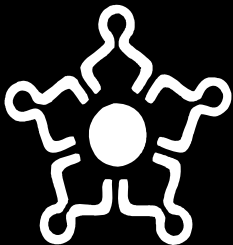


Submission to the Ombudsman on the Systemic Investigation of Seniors' Care in British Columbia

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Victoria, British Columbia



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Introduction

The B.C. Government and Service Employees' Union represents approximately 65,000 members. Half of our members work directly in the provincial public service, while the other half work in the private sector and the broader public sector – including community social services, health care and advanced education.

The BCGEU represents over 13,000 members in all sectors of the health care system in B.C., including community care, home support, long-term care, public health, medical technology and addictions services.

Background

BCGEU members have been and continue to be a strong voice in supporting a seamless health care system for seniors and people with chronic illness and disabilities. We support a continuum of care model that includes a variety of options to seniors including home support, assisted living, complex care facilities and end of life care.

There have been a number of recent reports and studies related to health care. In two of these reports, the 2007 Conversation on Health and the 2006 Premiers' Council on Aging and Seniors' Issues, British Columbians urge government to ensure seniors and people with disabilities have improved access to quality publicly-funded health care. Despite these urgings, seniors, advocacy groups and health care workers alike say the continuum of care is not being adequately supported. Many of the problems experienced by health care workers have a direct impact in the quality of life of the residents in long-term care facilities.

Problems in long-term care

Health care workers who provide direct, daily care to seniors in residential facilities are best-positioned to identify the problems that seniors are currently facing.

In recent years, health care workers have noticed a dramatic increase in the number of residents requiring complex care. They attribute this to changes in the criteria that enable seniors to access long-term care. Seniors who previously qualified for residential care under levels one and two of intermediate care do not qualify for extended care. The seniors who do qualify for residential care have more complex needs.

For a few years, there was a transitional balance between intermediate residents previously admitted, and complex residents just entering care. However, as those intermediate residents aged, their care needs became increasingly complex, and without new intermediate residents coming in, that balance has disappeared, leaving only the most acute and complex seniors being admitted into care. This increase in residents with complex needs has resulted in a corresponding increase in workload for nursing staff and health care workers.

Patient care

The current funding model allows 2.8 hours per day of direct nursing care to residents. Workers say this funding model is insufficient to provide proper care to residents. Workers feel as though they are treating residents as objects rather than people deserving dignity and respect.

This model of funding has not kept pace with the changes in the complex requirements of residents. Care aides and nurses feel overwhelmed by their respective workloads. The basic needs, activities of daily



living (ADLs), cannot always be met. Workers report they sometimes come in early and leave late in order to care for their residents.

Inadequate staffing levels mean call bells go unanswered, while residents sit in soiled bedding or clothing longer than they should. Families report that residents are awakened in the morning and put to bed in the evening earlier than they would like. Residents frequently wait for assistance with feeding and may not get cleaned up after one meal before being brought back to the dining room for the next meal.

Recruitment and retention

Health care historically attracts deeply caring and committed individuals. However, in recent years, it has become increasingly difficult to recruit and retain workers. In addition to a well-publicized nursing shortage, care aides are finding it more and more difficult to cope with heavy workloads and are leaving the field of health care to seek other opportunities.

Staffing shortages contribute to compromised care for seniors. When a facility is short-staffed, it has multiple ripple effects, impacting both residents and staff. Workers don't get their full breaks (or any breaks), increasing risk to the health and safety of workers.

In today's economy, fewer workers can subsist on casual work, resulting in a critical shortage of casual staff. This means regular employees who are sick or on vacation are not backfilled, leaving the remaining staff short-handed and working even harder to fill in the gaps.

Capacity

In 2001, the current government committed to creating 5,000 new intermediate and long-term care beds by 2006. However, a study by the BC Medical Association (*Bridging the Islands: Re-Building BC's Home & Community Care System*, May 2008) reports a net decrease of 533 beds between 2001 and 2007. Any new beds created were largely in assisted living facilities, which are unregulated. While some assisted living facilities are subsidized, they also have higher out-of-pocket costs, such as medications and medical supplies, than long-term care facilities.

The shortage of beds has forced seniors out of their own communities, away from their families and support networks, in order to be placed in a facility. This is particularly a problem in rural areas.

Other identified problems with capacity in long-term care include:

Reduced services

- Reduced rehabilitation programs. Residents do not get the rehabilitative treatment or services they need. The workload of rehab assistants has increased as many residents are lower functioning by the time they qualify for the reduced services.
- Reduced recreational therapy programs. Funding cuts mean that residents have fewer opportunities to participate in programs to improve their mental and emotional well-being and alleviate the feelings of depression and social isolation frequently experienced when they first leave their own homes and enter facilities.

Residential care facilities

- Extra out-of-pocket expenses charged for essential equipment and supplies such as wheelchairs.
- Insufficient funding for end-of-life care.
- Lack of bathing, less money for incontinence supplies.
- Less time for staff to socialize with residents leading to isolation.



- Cuts to rehabilitative and recreational therapy.
- Poor quality food and less time to assist with resident feeding.

Assisted living

- 24-hour support is not always provided.
- Unregulated by any licensing body and not covered by the Residential Tenancy Act.
- Residents must pay for medications and medical supplies out of pocket.
- While some assisted living facilities are subsidized, private-pay facilities can cost between \$1,500 and \$6,000 per month.

Home support

Since the late 1990s, and particularly since 2001, home support services have shifted dramatically to clients with higher needs, and are more narrowly focused on complex care tasks. A change in criteria for home support eligibility has reduced the number of people receiving home support in B.C. by 24% between 2000/01 and 2004/05, despite an increase in the aging population. Most home support clients have annual incomes of less than \$15,000 and are unable to pay for extra support at home, yet the public system no longer provides meal preparation, shopping and housekeeping assistance – services that enable seniors to live independently. Cutbacks in these services have forced more seniors into the more costly residential care or acute care because they can't meet their basic needs at home.

Today, Community Health Workers (CHWs) care for clients recently discharged from hospital, providing a wide range of care. This may include assistance with all activities of daily living, personal care, medication assistance, tube feeds, diabetic monitoring, catheter care and end of life support. Increasingly complex tasks are being delegated to CHWs, like their counterparts in complex care facilities. CHWs are expected to do more complex tasks with fewer resources and training. There has been a corresponding deterioration of conditions for workers and their clients.

Other significant problems in home support services include:

- Increased reliance on casual staff and irregular and split-shift scheduling for workers. Clients no longer receive care from the same person on a regular basis which is important to ongoing monitoring of their health.
- Reduction in service to clients.
- Travel time for workers not sufficiently covered by the current funding model. Moving to block funding would alleviate many of the problems associated with the recruitment and retention of community health workers.
- Housekeeping, social visits, emotional support, physical exercise, and nutrition assistance viewed as unrelated to health outcomes, despite contrary evidence.
- Wage inequity. Community health workers have the same training and qualifications as their counterparts in residential care yet wages are substantially lower.
- Irregular and split-shift scheduling rather than steady rotations in a facility. This inequity has contributed to a serious problem of recruiting and retaining home support workers.

Recommendations

Front-line workers have identified a number of solutions to improve the delivery of seniors' care. These recommendations are outlined below and address the problems with patient care and home support, the difficulties in recruitment and retention and the overall need to improve the care of our seniors.



Patient Care

We recommend:

- Increasing direct nursing care hours in residential care to 3.5 hours per resident per day. This increase would result in improved resident care by ensuring more direct nursing care and alleviating workload and inadequate staffing levels.
- Immediately fulfilling the 2001 commitment to create 5,000 new not-for-profit residential care beds with a further commitment to achieve the national average of beds/1,000 people aged 65 years and older. These beds must be exclusive of assisted living beds.
- Establishing an independent seniors' advocate with a mandate to advocate, investigate, review and make recommendations.
- Creating a regulatory body to protect seniors in assisted living.

Home Support

Expanding home support services would ultimately save money, making the health care system more sustainable and at the same time enabling seniors, people with chronic illnesses and disabilities to stay independent. Home support costs less than residential care and substantially less than acute care where many seniors end up as a result of a lack of support in their homes.

We recommend:

- Allocating an additional \$100 million to expand home support services.
- Funding home support as a universal program: eliminate user fees, amalgamate all home support agencies into publicly-funded health authorities, and ensure a system that people can access according to need.
- Creating an appeal board for people who want to dispute their home support assessment. Appeal boards must include strong representation from people with disabilities and seniors.
- Providing an expanded range of home support services, including cleaning and home maintenance (culturally-specific where appropriate, such as with meal preparation) to people who are unable to carry out these tasks on their own (see Key Recommendation from the 2006 Premier's Council on Aging and Seniors' Issues report, *Aging Well in British Columbia*, pg. 56).
- Overcoming staff shortages by improving and standardizing training.
- Implementing comparable wages for community health workers to those of facility care aides.
- Developing a recruitment program for community health workers. This should include workers from aboriginal and ethno-cultural communities to better reflect the population being served (see *Aging Well in BC*, pg. 53).
- Changing the funding model to enable the implementation of regular fixed hour positions.

Conclusion

The BCGEU believes that seniors deserve the best possible care. Government must start viewing health care as an integrated continuum of care rather than taking a piece-meal approach which will ultimately have a negative impact on the lives of seniors and increase the cost to the government.

We urge the Ombudsman to call on government to make the health and well-being of our seniors a priority by immediately implementing these recommendations. British Columbia must provide an accessible, accountable and publicly-funded health care system that provides services to all seniors when and where they need them.

Thank you for providing the opportunity to meet with you, to raise issues of importance to our members and to express our concerns and ideas about services for seniors.