



Union Submission to the Nova Scotia Expert Advisory Panel on Long-Term Care



SUBMISSION BY UNIFOR
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Introduction

Created by the August 2013 merger of the Communications, Energy and Paperworkers Union of Canada (CEP) and the Canadian Auto Workers Union (CAW), Unifor is one of Canada's largest unions, representing more than 315,000 members across a diverse range of economic sectors.

Unifor represents roughly 30,000 members in the health care sector, including nearly 2,000 members who work in long-term care in Nova Scotia. This includes 23 non-profit and for-profit facilities of varying sizes, which are geographically located from Lunenburg County to the northern reaches of Cape Breton.

As workers in the sector, Unifor members are proud of the work they do – our members are passionate about providing the best care possible for the residents and they understand the difficult challenges within their workplaces. Thus, Unifor members are well positioned to provide the Expert Advisory Panel with concrete and effective solutions to improve the quality of care in Nova Scotia's long-term care facilities.

The context

The establishment of an Expert Advisory Panel to review the long-term care sector in the province is an indication of the government's willingness to improve the system. However, the expectations are high for Unifor members – whose livelihoods are tied to this vital sector – who are deeply connected to the services they provide and are looking to see positive changes as a result of the Expert Advisory Panel's review.

The long-term care sector in Nova Scotia has been struggling to climb out of a hole that was deepened by budget cuts in recent provincial budgets. The 2015 and 2016 budgets both cut one per cent from long-term care, creating a funding gap of \$8.2 million that impacted 103 long-term care facilities in the province.¹

Funding of \$3.2 million was put back into long-term care in the subsequent budget, but the money was specifically earmarked for dietary and recreation services, leaving a still significant shortfall across the system.

The consequences of these cuts continue to have an impact through reductions in the quality of resident care, increased risks of injury and burnout for workers, and increased risks of violence toward both workers and residents. Nova Scotia's rapidly aging population will only place more stress on the system – the "senior" aged population has steadily climbed over the last two decades where now 20% of Nova Scotians are aged 65 or older, the highest proportion among all the provinces and territories in the country (Canadian average is 16.9%).²

This submission reflects the first-hand experiences and collective knowledge of Unifor members who care for residents in long-term care homes every day.

"The impact of working short is physical and mental. Trying to keep up with the demands of our residents results in fatigue and burnout. It's heavy care even when fully staffed, so less staff makes things much more difficult. We suffer, and we know the residents suffer. The worst part is we're only seeing it get worse, and get harder. Things need to change."

—Wendy Chaput, CCA

¹ <https://globalnews.ca/news/3070389/opposition-critics-question-cuts-to-long-term-care-homes-in-nova-scotia/>

² 2016 Census data.

The union's leadership recognized the importance of outreach with members on the ground and received valuable feedback on the top issues that they were facing in their workplaces. The Unifor members who are front line workers are experts in the field and can best speak to the issues being explored by the panel: quality of care; staffing levels and staffing mix; and recruitment and retention.

Quality of care

Unifor members in Nova Scotia's long-term care homes are a diverse group. Some have recently entered the workforce, while others have worked in the sector for decades. Despite those differences, members are very consistent when asked how the quality of care can be improved.

The most significant factor impacting the quality of care in long-term care homes is funding.

Unifor members across the province have experienced the consequences of funding cuts and chronic underfunding firsthand.

First, the equipment and infrastructure in many facilities are often found to be falling apart and outdated. This reality produces particular challenges. For example, inadequate lifts inevitably restrict a worker's ability to do their job without getting injured. Some members were working in facilities over the past summer where there was no proper air conditioning system. In some cases, residents passed out from the heat. In other cases, popsicles and cold towels were provided to residents and workers to deal with the heat. This issue was raised as a health and safety issue in several facilities over the last summer.

The lack of resources has also left facilities with the inability to provide important services beyond direct residential care. In particular, the need for training programs for managers and workers is important in addressing quality of care. Long-term care facilities now care for a diverse range of residents - workplace violence continues to be prevalent and a larger proportion of higher acuity residents are now being cared for in homes.

With budget crunches and staffing issues, the opportunities for much-needed training may not always be a priority. But it is important that training is provided especially before issues arise in the workplace, and not after an incident occurs. Members have identified the need for more training for managers when dealing with combative residents and escalating situations. With long-term care homes now receiving residents when their needs are more acute, there is an upward trend of more aggressive residents who are more challenging to deal with.

There should also be better training in specialized areas like dementia, reactive behaviours, difficult families and crisis intervention. Such training in specialized care and mental health issues would provide valuable support for the front-line workers who are now caring for more residents with more acute and complex medical needs.

Chronic under-staffing

One of the most obvious consequences of budget cuts and chronic underfunding on the quality of care is the consistent understaffing of long-term care homes. There simply is no substitute for the people who provide the direct care to residents and the team of people who support the various functions of the home.

Unifor members across the province have seen the cuts to staffing, which places a heavy burden on workers in all departments. Members have consistently observed that the homes are working short all the time, often to the detriment of both the residents and workers. What does working short look like?

Unifor members surveyed reported their facilities do not have enough staff regularly scheduled and/or to properly account for any absences that may arise. If someone calls in sick, facilities will attempt to call in part-time or casual employees, but often to no avail because those employees are typically working other jobs and cannot be available at the last minute. In other cases, employers will choose not to offer overtime to employees and will instead operate the facility understaffed.

Direct care

Long-term care homes continue to see a rise in the ratio of residents to frontline staff (e.g. Licensed Practical Nurses, Continuing Care Assistants, etc.), resulting in less time for frontline staff to care for and be with residents. In practice, this could mean less time for residents to be bathed, fed or provided other basic care that they may need. The 2015 *Broken Homes* report, commissioned by the Nova Scotia Nurses Union, provides an extensive summary of the studies confirming the link between staffing levels and skill mix with patient outcomes and quality of care. There is no doubt that staffing levels not only determine the level of care for residents, but that minimum staffing standards improve quality outcomes.

In terms of the impact on staff, there is a higher risk of workplace injuries because staff are trying to do more with less people. With an understaffed workplace, staff are rushing to complete tasks, while physically demanding tasks are riskier to undertake without the support of more hands on deck. According to the Workers' Compensation Board (WCB), the Health and Social Services sector has by far the highest WCB injury rate – 3.16 time loss claims per 100 covered workers compared to the overall average of 1.76.³ Alarming, 22.6% of all registered WCB claims come from this sector. Workplace injury in the long-term care sector specifically continues to climb. In 2016, the sector represented 11.1% of WCB time loss claims, yet it only represented 3.8% of the province's accessible payroll.⁴

The types of injuries and recovery times for long-term care workers is striking when compared to the workers in other sectors. The three most common injuries are musculoskeletal injuries; slips, trips and falls; and workplace violence.⁵ According to the 2018 multi-stakeholder report for the Department of Wellness and Health, *Workplace Safety Report and Recommendations for Nova Scotia's Home Care, Long Term Care and Disability Support Sectors*, long-term care workers average four times the number of days off

due to work-related injury compared to the provincial average. A key conclusion from the report is that the rate of workplace injury is having a major impact on staffing shortages – workplaces become stuck “in a vicious cycle where injured workers are off the job and leaving the employer short-staffed, which in turn puts those remaining workers at higher risk of injury themselves.”

Support services

The staff cuts due to underfunding and budget cuts typically impacts support services first. In most homes, Unifor members have seen kitchen/dietary, housekeeping/laundry and other support services cut over the last number of years. Everyone's role in a long-term care facility is important and a team-oriented approach to care cannot be overstated. What happens to the quality of care when support services are cut?

In cases where kitchen staff have been cut, there has been an impact on the quality of food that is prepared for residents on a daily basis. Homes are now contemplating shipping in pre-packaged food as cost-cutting measures, to the detriment of residents. Operating understaffed departments that deal with laundry and maintenance also puts residents at risk. For example, the risk of infections and outbreaks escalates when fewer resources are put into cleaning and the proper maintenance of a facility.

Complex resident needs

Understaffing also leads to the greater likelihood of workers being placed in vulnerable situations. In a case where someone is working alone, dealing with more complex behavioural issues (e.g. those living with dementia or Alzheimers; who may be more prone to violence or agitation) may put that person at risk. Proper staffing and adequate training needs to be prioritized in order to equip staff for dealing with difficult behavioural situations.

³ WCB 2017 Annual Report.

⁴ 2018 Workplace Safety Report and Recommendations for Nova Scotia's Home Care, Long Term Care and Disability Support Sectors; Funded by the Department of Health and Wellness and other departments.

⁵ Ibid.

People now living in long-term care facilities also have more complex medical issues. The measure of “adequate” staffing a decade ago would no longer apply to the present day. The changing nature of acute care facilities and additional attention paid to home care has led to higher acuity residents being cared for in long-term care homes. Almost all residents in long-term care homes require assistance with Activities of Daily Living (e.g. dress, bathing, eating), while studies have indicated that over three-quarters suffer from a chronic illness and over 60% use 10 or more drug classes.⁶ These residents simply need more attention and more resources are now needed to provide the proper care for them.

“We have problems that create bigger problems in long-term care. Working short due to underfunding has led to overworked staff who haven’t had vacation and are burnt out. In turn, that makes new hires not want to work in these conditions so they don’t stay. We’re dealing with aging staff and fewer of us, more acute resident needs, buildings in need of repairs – and all of it adds up to be way too much for us to handle.”

—Linda MacLeod, CCA

Recruitment and retention

Unifor members across the province recognize that recruitment and retention is a pressing issue that needs to be addressed. In this context, it is also important to acknowledge that the quality of care in long-term care homes is intricately connected to the working conditions faced by the staff who provide this care.

The reality is that facilities are constantly understaffed due to underfunding, a situation that is simply exacerbated by the challenge of recruiting and retaining staff in the long-term care sector. Unifor members recognize that facilities will continue to deal with this issue until the basic working conditions are improved for those providing services.

The difficulty recruiting new staff

It is common for Unifor members in this sector to report several long-term vacant positions in their workplaces. In the case of recruiting, it may not be difficult for a home to initially attract new employees. However, the optimistic picture new recruits are initially sold is often quickly replaced by the reality of overwork and under-resourcing once they get a taste of the workplace.

For example, new recruits will quickly observe all that is done in the home and feel anxious about the conditions of work. In many cases, people do not finish their orientation shifts. In the more extreme cases of understaffing, people are put straight to work during their orientation shifts.

Too frequently, new recruits see how understaffing impacts the conditions of work in a facility, and it scares them away from the job. In some ways, this becomes the paradox of the chicken or the egg – the understaffing in homes (and the conditions it creates) is exacerbated by the inability to adequately recruit and retain staff, yet it is difficult to recruit and retain new staff to work in a high-burnout and problematic environment.

⁶ Broken Homes report, Nova Scotia Nurses’ Union, 2015.

The challenges around recruitment and retention apply to all classifications in the sector. However, Unifor members have seen this issue extend to the Continuing Care Assistant classifications more frequently. The challenges of working directly with residents more frequently, the increased risk of injury and the high stress of the job tend to push people away. Support services staff are also typically coping with short timelines and increased demands.

Low compensation

Another important component when considering recruitment and retention issues is compensation for workers in the sector. In an environment where burnout is high and the working conditions are tough, one may expect that wages and compensation would reflect this working reality.

Unfortunately, workers in the sector are financially overlooked and under-appreciated. On a system-wide level, wages in the long-term care sector in Nova Scotia for both direct health care and support/administrative workers are the lowest among all of the provinces in Canada.⁷

The gap in compensation was amplified when the Nova Scotia government brought Bill 148, the *Public Services Sustainability Act*, into effect. The bill imposed wage settlements in the public sector, including freezing wages for a two-year period from the expiry of the then-current collective agreement. As a result, Unifor members in the long-term care sector had their wages frozen and no other increases in compensation for the years 2014 and 2015. Despite some wage increases (that have generally just tracked inflation) since then, the gap remains and wages in the sector remain low.

The low compensation in the sector amplifies the challenges that workers are already facing. We see the intersecting challenges of difficult working conditions and low compensation – which makes it easy to understand why it is difficult to recruit and retain staff in long-term care homes in Nova Scotia.

Moving forward

The Minister of Health and Wellness expressed a desire to make sure people living in long-term care homes are getting the best care possible when he appointed the Expert Advisory Panel in September. Unifor members who provide this care every day whole-heartedly agree but also expect their experiences and expertise will be heard and considered. Improvements to the system require the political will to do so and as workers on the front line, Unifor members live this reality every day and will continue to push for ways to improve the quality of care for their residents.

“Sometimes the staff are the only people residents talk to all day. With increased workloads, care staff and support services do not have time to stop and chat. The resident’s overall wellbeing is increased with meaningful relationships that create a sense of identity and attachment and sadly this is becoming harder and harder with the current staffing ratios and shortages. It’s heartbreaking for them and for us.”

—Jennifer Benoit, CCA

⁷ Financial data from the Canadian Institute for Health Information.

Unifor has three main recommendations for the review of the Expert Advisory Panel in Long-Term Care.

Funding and staff

It is clear that there is a funding and staffing crisis in Nova Scotia's long-term care sector. While there will always be specific best practices that may work well in particular circumstances, Unifor members urge the Panel to acknowledge the systemic issues that need to be addressed in the sector. The chronic understaffing and inability to recruit and retain staff are symptoms of system-wide underfunding, deteriorating working conditions and low compensation for the workforce. There needs to be a commitment from the government to increase funding and staffing levels in the province.

Recruitment and retention

Unifor recommends the establishment of an advisory committee that will focus on recruitment and retention in the long-term care sector. Such a committee would have representation from unions, employers, educational institutions and the Department of Health and Wellness. The committee could be mandated to look at the ongoing training requirements for workers in the sector, including assessing CCA requirements, as well as examining the workforce (e.g. tracking employment in the sector and other indicators). The advisory committee should be tasked with establishing a province-wide recruitment and retention plan, especially given the aging workforce and population trends.

Implementation and accountability

Unifor is confident that the Expert Advisory Panel will listen to stakeholders and provide constructive recommendations on addressing these crucial issues. However, the work of the Panel will only be valuable with real steps toward implementing their recommendations. There must be an ability to evaluate the progress of these recommendations and the Panel should have the mandate to review this progress over time.

"We must act now to reverse this trend of neglect in our long-term care sector. Workers are run off their feet and residents aren't getting the care they deserve. Our government has a responsibility to deliver a safe, healthy environment for our seniors and for those who care for them every day. We must work together to improve long-term care, ensuring respect for workers and dignity for residents. The first step is to deliver a much-needed funding investment for long-term care in Nova Scotia."

—Lana Payne, Unifor Atlantic Regional Director



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