

Improving Seniors Health Care in Residential Care

Through Improvements to the Labour Code

- Presented by Rick Turner, Co-chair BC Health Coalition and Kamloops Health Coalition.

The BC Health Coalition is a network of individuals and organizations with a shared passion for public health care. Our coalition community is comprised of over 800,000 people in B.C. - and growing.

We are young people, seniors, health care workers, faith communities, health policy experts, and people with disabilities.

In sum, we work to continually improve the system we all rely on, and to uphold the values of caring and fairness that our system represents. We believe care should be there for everyone when we need it, regardless of our age, gender, income level, or the town we live in.

We're a non-profit and non-partisan organization.

The BCHC has a small, hard-working staff team, a network of dedicated health care policy experts, and many committees of community representatives who support our work.

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The Kamloops Health Coalition is similar to the BC Health Coalition but much smaller in numbers and it is made up of organizations - the Council of Canadians, an HEU local, retired teachers and other citizens in the Kamloops area.

This afternoon I would like to put forward the case that:

*The quality of health care for seniors in residential care is directly affected by the right to join a union and successorship rights in the Labour Code.*

We would like to see:

- Improved successorship rights for workers: a change in contractors shouldn't mean the worker loses their job or union designation
- Fewer obstacles to joining unions: a simple majority should be enough and the vote should be close to the workplace, in person and in a few days.

Will this result in better health care for seniors? Yes, especially for seniors in residential care.

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In an article this January in the Vancouver Sun and on the BC Seniors Advocate website - the Ministry of Health Seniors Advocate, Isobel Mackenzie, drew our attention to the chronic understaffing of seniors in residential care facilities.

She says:

*The number of senior-care facilities in B.C. that don't meet Ministry of Health staffing guidelines has increased by 10 per cent over the last year, despite a government-ordered review.*

The newly updated Residential Care Facilities Quick Facts Directory, a report that compiles information for all publicly funded seniors facilities in B.C. for 2015-16, has found that a whopping 91 per cent of care homes — 254 out of 280 facilities — failed to meet the Ministry of Health's staffing guideline of 3.36 hours of care per senior every day.

That's up from 82 per cent in last year's report. It confirms that our the staffing crisis is only getting worse.

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**We cannot solve the staffing crisis in residential care if we don't deal with the ongoing problem of contracting out and contract flipping, which is disrupting care across the province.**

**Right now, private operators can contract out and flip contracts at will, laying off entire staff teams in the process. *It's a practice that destabilizes the continuity and quality of care seniors receive.***

**Stronger successorship rights for workers would help prevent this.**

Often times owners layoff unionized workers to increase profits, pay minimum wage and little in the way of benefits. High turnover is the result . High turnover means less experience, less training, and less knowledge of individual client's needs.

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The BC Ombudsperson, Kim Carter, in her report and recommendations: The Best of Care: Getting It Right for Seniors in British Columbia (Part 2), vol. 2 said:

*“Mass replacement of staff can occur when facility operators switch from contracting with one private service provider to another. **Such turnovers can disrupt the lives of seniors in residential care, especially those residents whose care needs are complex.**”*

It is my understanding that over the last decade and a half the Hospital Employees Union alone has had to organize and reorganize over 10, 000 workers in BC between contracting out in hospital services and contract flipping in residential care facilities.

Consider this: The operator of your frail, elderly loved one's publicly-funded residential care facility intends to lay off all of the unionized care staff, and contract out their work to a private company. Many of the current staff have cared for your loved one for several years, and have acquired specialized knowledge of her complex needs. The operator of the facility has prepared a Request for Proposals document, to be issued to potential bidders, likely within the next few months. The operator's sole objective is to cut costs.

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Research has shown that contracting out is associated with inadequate training for staff and high turnover, which undermine quality of care. Turnover of staff, in particular, has a significant impact on residents. **Research shows that residents have better health outcomes when they are able to form strong, stable connections with staff.**

*[Story of frail elder being moved from Ponderosa and her daughter.]*

**Over time, long-term staff acquire specialized knowledge of these needs, so the simultaneous replacement of many employees can make it difficult for the seniors because continuity of care is disrupted. This is particularly the case for residents with dementia. It can also be stressful to families since they often need to provide extra support to their relatives during such transitions.**

Deep in the second volume of the BC Ombudsperson's second report on seniors' care, is an interesting and important discussion about large-scale staff replacements and other substantial changes at residential care facilities.

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Large-scale staff replacements have become “a regular recurrence in recent years,” “In my opinion,” says Jonathan Chapnick, a lawyer and Senior Advisor at UBC in Workplace Mental Health and whose primary area of interest is workplace law and policy related to mental health and substance use issues, “the best way to eliminate the negative effects of mass staff replacements, is to eliminate mass staff replacements. **This could be accomplished in a number of ways, including through legislative or other restrictions on cost-driven contracting out and contract flipping, or by ensuring, preferably through legislation, that existing staff are not impacted by these changes.**”

As an individual, quoted in the report, put it:

Staff do not want to work in a facility that has this kind of job uncertainty. ... This impacts seniors in terms of the lack of continuity of their care. ... There are many examples of significant problems for residents created in circumstances where new staff have no personal connection to the residents, or where new staff are unfamiliar with the needs of residents. ... The point is that these problems do not exist in facilities that do not engage in contract flipping.

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Committee members, in summary, better language to retain workers and their union status in the Labour Code around the issue of successorship rights will improve the health of seniors in residential care and that of their families.

Making it easier to join a union will also help retain care aides and other workers in seniors' residential care facilities. Unions have long been able to bargain salaries, benefits and other provisions in collective agreements that make the job of any worker more attractive and give the worker more reason to stay in their employment, in this case, as employees in a residential care facility. The longer they stay the more training, experience, and awareness of individual client needs and how to meet them the worker acquires and that results in better care of our seniors who live in these facilities.

Thank you for your time and attention.