

BETTER SENIORS' CARE

Let's level the playing field



HOSPITAL EMPLOYEES' UNION • LEGISLATIVE LOBBY • OCT. 30-31, 2019



BETTER SENIORS' CARE: *Let's level the playing field*

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THE SITUATION

- A recruitment and retention (R&R) crisis for care aides and other staff in the long-term care (LTC) sector is undermining seniors' care.
- The B.C. government has taken important and welcome steps to promote stable work environments, increase staffing levels and train new care aides.
- These R&R efforts are seriously undermined by a wide range of wages and working conditions that exist between LTC operators.
- The result is chronic short-staffing as care aides abandon lower paid positions at one site for better paid employment at another.
- Overloaded care staff are struggling to provide personal care like cleaning, toileting, feeding and other activities of daily living.

THE SOLUTION

The B.C. government directly and through its health authorities must take action to standardize wages and working conditions across the contracted long-term care sector.

BROAD POLITICAL CONSENSUS

In August 2019, the Select Standing Committee on Finance and Government Services recommended action to address the crisis facing LTC and specifically recommended measures to level the playing field in terms of compensation.

“Ensure stable, quality care in residential care facilities by reviewing and establishing minimum staffing levels, equalizing compensation, reviewing sub-contracting of care and services, and addressing recruitment and retention challenges.”

Report on the 2020 Budget Consultation
Select Standing Committee on Finance and Government Services

B.C.'S CONTRACTED LTC SECTOR

LTC homes (nursing homes) provide 24/7 care for seniors and others who have been assessed by health authorities as requiring this level of support. More than two-thirds of funded LTC beds (>18K) are operated by for-profit companies and non-profit societies contracted by health authorities.

According to the Seniors Advocate of BC, the contracted LTC sector in B.C. receives approximately \$1.4 billion in provincial government funding annually.

BUILDING A LEVEL PLAYING FIELD

Through a process of unionization, and government health reforms in the 1970s, 1980s and 1990s, wages and working conditions were standardized in what had been an under-regulated and often chaotic long-term care sector.

By 2001, with few exceptions, all hospitals and funded long-term care homes were covered by a single master collective agreement providing standard wages, benefits and working conditions.

This arrangement provided a level playing field for care home operators in their efforts to recruit and retain staff. For example, a care aide at Nanaimo Regional General Hospital and a care aide at privately operated Nanaimo Seniors Village received the same pay and benefits.

The B.C. Seniors Advocate Isobel Mackenzie noted in a 2018 report that only 54 of 187 contracted LTC operators in B.C. were paying the wage rates and benefits of the master collective agreement.

A PATCHWORK OF WORKING AND CARING CONDITIONS

In 2001, the newly elected BC Liberals took a number of steps allowing many LTC operators to avoid unionization and/or opt out of the master agreement in order to lower labour costs (and increase profits).

- Bill 29: *Health and Social Services Delivery Improvement Act (2002)* and Bill 94: *Health Sector Partnerships Agreement Act (2003)* allowed for widespread contracting out (and contract-flipping) in the health sector.
- These laws excluded health care workers from successorship and other provisions of the *B.C. Labour Relations Code*.
- B.C. Liberal cabinet authorized a number of LTC operators to opt-out of the master agreement through Orders-In-Council.
- Many existing public and non-profit care facilities were closed and replaced by for-profit care homes, outside the master agreement.

The impact of these changes was dramatic.

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HEU represents the largest number of unionized workers in this sector and currently negotiates nearly 80 different collective agreements in the LTC sector (including assisted living). In 2001, these workers were covered by a single master collective agreement.

THE IMPACT ON CARE

The cumulative impact of B.C. Liberal policies and legislation is a serious R&R crisis in the LTC sector fueled in large part by the perception that LTC workplaces are unstable, short-staffed and poorly paid.

The B.C. Seniors Advocate has made a clear connection between staff turnover in LTC and quality of care in her 2018 study on hospital admissions.

She found that those living in care homes contracted by health authorities (as opposed to those operated directly by health authorities) were significantly more likely to be sent to the ER or to be hospitalized, have longer hospital stays and experience higher hospital mortality rates.

The Seniors Advocate notes that:

“Continuity of care has been well researched as linking to better health outcomes, and this holds particularly true in reducing hospitalization. Knowing the resident and their conditions would certainly be helpful in determining when changes might require a trip to the hospital, but if staff is changing frequently, continuity of care is compromised.”

She also notes that turnover in health authority-operated facilities is low, with a 94 per cent retention rate between 2016 and 2017, but that comparable data is unavailable for the contracted LTC sector.

But HEU members tell us that they are often working very short-staffed and are forced to make impossible decisions about what care to provide and what care to forgo.

Short-staffing is also making the work more dangerous. Injury rates in the LTC sector are nearly four times the provincial average for all sectors of the economy, making these the most dangerous workplaces in B.C.

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THE IMPACT ON WAGES

Starting wages for a care aide in funded LTC can now vary by more than \$7 an hour. Benefit packages outside the master rarely have pensions, and other benefits are inferior to the master.

The lowest wage rates tend to be at sites where staff are employed by subcontractors and where there have been contract “flips.”

Here are some examples:

- Starting wages for a care aide with the subcontractor Provita range from \$18.15 an hour to \$19.15 depending on the site.
- At Inglewood Care Centre in West Vancouver, the operator has changed subcontractors for care or support on at least six occasions. Starting wages for care aides are at about \$17.95 an hour, with minimal benefits.
- At Eden Care in Abbotsford, the subcontractor CareCorp pays a starting care aide wage of \$17.32 an hour. CareCorp is also the subcontractor at Sunridge Place in Duncan, where starting wages are \$19.33, and at Discovery Harbour in Campbell River where the starting wage is \$18.82.

The provincial master agreement pays a starting wage of \$24.83 an hour, accompanied by a comprehensive benefit package including a pension.

Legislative and policy solutions are needed to stabilize care and protect critical relationships between staff and residents.



The **B.C. Care Providers Association** – an industry lobby group representing many contracted care home owners – **admitted in 2018 that the wide range of wages in the sector is causing problems for recruitment and retention:**

“The health care sector in British Columbia is a complex landscape of private and public funding and delivery of services, with both unionized and non-unionized employers, as well as a multitude of employer-specific and master collective agreements.

This has produced a wide range of compensation levels for continuing care workers, contributing to recruitment and retention challenges, as workers will often leave employers for higher paying positions.”

This discrepancy in wages led the **B.C. Seniors Advocate Isobel Mackenzie**, in a 2018 study on hospital admissions from LTC, to ask:

*“Is this attracting less experienced staff and/or is it adding to turnover as care aides may seek opportunities for higher paying and/or more stable jobs in another facility? **If care staff in all publicly funded facilities were required to receive comparable wages and benefits, would there be a more stable workforce?**”*

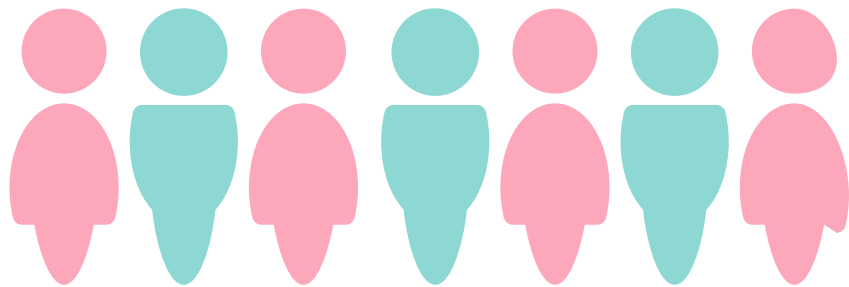
Workers in LTC are highly racialized and are overwhelmingly female. HEU’s own member survey (December 2017) indicates that approximately 45 per cent of its members in residential care identify as other than Caucasian, while 86 per cent identify as female.

WHAT CARE AIDES THINK

7 in 10 HEU members working in contracted LTC would move to another facility if it offered better wages and working conditions



April 2019, N=800 (margin of error +/- 3 %, 19/20 times).



RETIREMENT CONCEPTS: THE TIPPING POINT?

Retirement Concepts is the largest contracted LTC operator in B.C. providing one out of 10 contracted care beds. They operate 20 care homes in B.C.

In September, the Vancouver Island Health Authority was so alarmed by the impact on resident care of chronic short-staffing at the company's Nanaimo Seniors Village location that it took the unprecedented step of sending in its own care staff to provide relief.



On September 30, VIHA appointed an administrator to oversee operations at Comox Valley Seniors Village over staffing concerns. And in October 2019, the Health Minister announced that VIHA would send in staff to operate entire units at both Selkirk Seniors Village (in Victoria) and Nanaimo Seniors Village.

At \$18.19 an hour, starting wages for care aides at Nanaimo Seniors Village had been the lowest among care homes represented by HEU in the Nanaimo/Parksville area. By comparison, the care aides that are being sent by the health authority to assist in the care of residents are earning \$24.83 an hour.

Last month, Retirement Concepts agreed to provide an immediate wage boost to care aides of \$2.50 an hour in an attempt to stave off the staff losses that led to the health authority's intervention.

The company also boosted LPN wages by \$2 an hour at Selkirk Seniors Village for similar reasons.

BC NDP GOVERNMENT RESPONSE

The BC NDP identified the need to address the disruption of care relationships caused by contract-flipping, and also committed in the NDP/Green CASA to increase staffing levels in LTC. In addition, the BC NDP had a long-held commitment to repeal Bill 29 and Bill 94.

The BC NDP government has acted on these commitments:

- Repealed Bill 29 and Bill 94
- Invested \$240m to bring care staffing levels in LTC to the Health Ministry minimum guideline (3.36 hours/resident/day) by 2021.
- Strengthened *Labour Code* successorship provisions so health workers do not suffer wage loss, collective agreement rights and union membership if contracts are “flipped.”
- Made significant investments in new care aide training seats at public post-secondary institutions

These are important steps in improving the quality of seniors’ care by providing better staffed, safer, more stable workplaces.

The repeal of Bill 29 and Bill 94, which has given health care workers access to the recently strengthened successorship provisions of the *Labour Code*, means that operators can no longer flip contracts in an effort to cut wages.

Investing in more staff and more training is also critical though it is important to note that many public colleges report difficulty filling seats in existing care aide programs.

Still, a sustainable long-term solution requires action to address the wage disparities that exist between care homes in the contracted care sector.



ABOUT HEU

The Hospital Employees' Union is B.C.'s oldest and largest health care union, established in 1944 at Vancouver General Hospital.

HEU represents more than 50,000 health care and community social services workers across the province in hospitals, care homes, community agencies, and First Nations health centres. HEU represents a wide range of occupations across the health care team.

While nearly all HEU members work in publicly funded health services, one quarter of our members are employed by non-profit and for-profit employers.

The largest single group of workers in our membership are care aides/ community health workers – numbering about 15,000.

