

Emergency Resolution for CFUW AGM June 2020

From CFUW Oakville

May 18, 2020

Title: Long-Term Care: Protect the Vulnerable

RESOLVED, that the Canadian Federation of University Women (CFUW) urge the federal, provincial, territorial and municipal governments to establish common evidence-based standards that ensure all vulnerable Canadians can live in safety, comfort and dignity and have access to high quality, affordable long-term care (LTC);

RESOLVED, that CFUW urge the federal, provincial, territorial and municipal governments to define and implement high quality LTC that is achieved by, but not limited to:

- A. ensuring a person-in-care/staff ratios with qualified, well-paid, full-time care providers;
- B. ensuring that all new LTC facilities are built on a non-profit model;
- C. ensuring annual, unscheduled on-site inspections;
- D. ensuring compliance of licensing standards;
- E. ensuring that needs-based education and training is provided to all LTC staff;
- F. ensuring that LTC staff have the equipment and support to properly care for residents and protect them in times of sickness or health, aggression and harassment;
- G. ensuring that all LTC facilities have a plan, equipment and the capacity to quickly implement infection control measures to protect residents and staff.

Background

The COVID-19 pandemic in early 2020 exposed long-standing, negligence, inadequate care and a lack of preparation in many Canadian long-term care (LTC) residences. These deficits resulted in high rates of infection and death in LTC residents. In addition, infections of the personal care worker forced them into self-isolation and severely compromised facility-staffing levels.

The resolution of CFUW Stratford and South Shore University Women's Club (Montreal) ask for inclusion of LTC standards in the federal Canada Health Act. This resolution

proposed by CFUW Oakville complements and identifies decisive actions to prevent future infections and improve care in the congregate settings of LTC facilities.

Attracting of personal care workers and retaining them to maintain appropriate staffing levels for LTC facilities has been challenging. In Ontario, BC and Manitoba LTC homes, there is well-documented evidence of inadequate staffing. A 2006 report by the Manitoba Nurses' Union exposed long-term understaffing of LTC homes. (Manitoba Nurses' Union, 2006) Reasons for understaffing cited by personal care workers across the country include unsafe work environment, low pay, stress and burnout. (CALTC 2019) (Blackwell 2015) Many LTC facilities over rely on hiring part-time staff to minimize costs. Perennial underfunding by provinces is a major contributor to these poor working conditions. As a result, personal support workers are forced to work at multiple LTC facilities "in order to make ends meet".

The fact that many personal support workers are employed in multiple homecare sites contributed to the spread of the COVID-19 infection both in LTC facilities and in the wider community. This phenomenon was also evident in the 2003-4 SARS outbreak, when "super-spreader" nurses were found to be working part-time at multiple hospitals. Recognition of this failing during the SARS pandemic resulted in an increase of full-time staffing and infection control procedures in hospitals, but not in LTC homes. (Greenspun 2005)(Blackwell 2015) The spread of COVID-19 virus in LTC facilities has also been aggravated by the inadequate availability of personal protective equipment (PPE) for staff, which compromises infection control. By May 2020, the Ontario Health Coalition (OHC) reported that the rate of COVID-19 infection in LTC facilities was increasing exponentially among residents and staff (OHC May 12, 2020).

Many personal support workers have limited formal training but are an integral part of the care team in LTC facilities. Most residents come into LTC homes with complex and progressing medical needs, and many have dementia. A 2016 study of care providers in 30 nursing homes in Alberta, Saskatchewan and Manitoba found that these care providers lacked the necessary in-service training and education to properly meet the demanding needs of the residents in their care. (CALTC 2016) Currently in Ontario to address the shortage of personal care workers with adequate skills, three community colleges in partnership with Local Health Networks began to offer free tuition in return for a commitment to work in LTC facilities after graduation. (Duff, 2019).

Another key issue is inspections of LTC facilities. Between 2015-17, the Ontario government conducted annual, unscheduled, comprehensive inspections of most LTC homes to monitor working conditions and evaluate staffing. In 2018, only half of the province's homes were inspected. In 2019, the government substituted a shorter, scheduled, complaint-based review process, and only nine LTC homes were inspected. Very early in the pandemic, it was revealed that among the LTC homes with high

COVID-19-related mortality, not one home had undergone a comprehensive inspection in 2019 (Leslie, April 30, 2020).

The profit imperative also contributes to inadequacies in LTC homes. According to research conducted in six OECD countries, the quality of care for residents in for-profit LTC homes is of a lower standard than that in non-profit homes and residents have poorer outcomes (Armstrong and Lowndes 2019). OHC has reported that, among LTC homes that suffered a COVID-19 outbreak, the rate of COVID-19-related deaths was highest at 9.0% in for-profit homes, 5.25% in not-for-profit homes, and 3.62% in publicly-owned (municipal) homes (OHC May 12, 2020). A recent study in BC has reported that many BC for-profit homes spend significantly less on direct care staffing and provide lower remuneration to staff than do non-profit homes. (Seniors' Advocate BC, 2020) Parallel concerns have been previously raised in Manitoba, as early as the 2006 Manitoba Nurses' Union report that revealed for-profit homes had higher averages of complications such as fractures, infection, and violence than did not-for-profit homes. (Manitoba Nurses' Union 2006) "For-profit care homes, by the nature of their business, expect to demonstrate a profit/surplus; this underlying fact sets in motion incentives that may, at times, conflict with the best interests of the resident." (Seniors' Advocate BC, 2020) OHC has recommended a major overhaul of the entire Ontario LTC system that emphasizes a shift from the high proportion of for-profit homes to more non-profit homes. (OHC May 12, 2020)

The COVID-19 pandemic has revealed the shocking vulnerability of people living in LTC facilities. As a society, we have ignored the care of these vulnerable citizens who need assistance and depend on the shamefully undervalued work of personal support workers and LTC nurses. Good pay and working conditions coupled with ongoing education will help to attract and retain these health care workers, essential for improving the quality of life of LTC residents. Issues stemming from the involvement of the for-profit industry in LTC must also be addressed. Governments at all levels must work together now to ensure that licensing standards for LTC are established and implemented, and that systemic issues, such as inadequate funding, under staffing and lack of transparency and accountability, are promptly addressed.

Implementation

CFUW National should assist clubs by providing a template letter and backgrounder for clubs to use in their advocacy work with elected officials.

As LTC is currently a provincial issue, support through Study Groups and/or sub-committees will be needed to provide CFUW Provincial Councils with material.

A National Initiative could be established to lead clubs in pushing their provincial legislators to address the LTC system.

Members should urge politicians at all levels of government to collaborate to enact improvements in the long-term care systems in the provinces.

Members should urge the federal government to provide support, national standards and financial support, and other measures as needed, to facilitate the progress of the LTC reform.

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