OPSEU/SEFPO Talk Episode 3: Transcript

SMOKEY: Hi everyone. Welcome to our third episode of OPSEU/SEFPO Talk.

I'm Smokey Thomas, President of our great union, and today I'm inviting all of you to join me for a conversation about a crisis that's been taking place in our province for decades, long before COVID-19 hit us. And of course that crisis is in our long-term care and home care systems.

These sectors have a long list of problems. OPSEU/SEFPO members have been raising the alarm about these problems with government after government and nothing has changed. And now, of course, we're living through a disaster, especially in long-term care.

We've had over 2,000 people die in long-term care homes, mostly in privately-run homes, and it really is the crime of the century. At OPSEU/SEFPO, we have demanded a police investigation. Meanwhile, our politicians are acting like this crisis has appeared out of thin air.

Many of the problems that have made our long-term care homes so deadly during the pandemic also exist in home care; mostly, chronic underfunding, privatization, and short-staffing.

So, joining me today to discuss the issues in these sectors are Lucy Morton, OPSEU/SEFPO Region 2 Vice-President and Chair of our Community Health Care Professionals sector, and Joan Corradetti, Chair of OPSEU/SEFPO's Long-term care sector.

I want to thank you both for joining us today, and just so everybody knows, we're socially distanced. And I have some questions I'd like to ask of both of you.

So, maybe you first, Joan.

(1:45) There've been roughly 2,000 deaths in long-term care. The province has had to take over management of some homes. They even had the military called in. So, from your perspective, what's really going wrong in long-term care?

JOAN: Well, long-term care staffing has not kept up with the percentage in the rise in the acuity. This goes way back. I remember working on units and it's only the staff that's there. And over the last 10 years, there have been more and more residents who actually have an essential caregiver come in, which is actually paid for by their family. We never had that 20 years ago – 25 years ago, even. But the amount of people that are coming in now to help the staff, to me is ridiculous.

Why, when the families are paying $2,700 a month for the long-term care facility to be taking care of their family member, why do they have to pay out even more so that their needs can be met?

The funding has not kept up, there is no legislation for the amount of staff – frontline staff. That was looked at back in the late 2000s with the Shirlee Sharkey staffing template review and nothing came out of that. So, the bottom line was every employer was to be creative with their nursing envelope and how it's spent.

(3:32) SMOKEY: If I hear you right, you have a finite number of staff and care is more complex. I come from the world of mental health and I know that some very difficult patients have been moved to long-term care facilities with, really, no training, no increased staff, they are locked wards – you know, Alzheimer's patients.

What would the government need to do on the staffing side to at least begin to address the problem?

JOAN: I believe the continuity of care is important. We have... two-thirds are part-time and casual. That is one issue. One-third is full-time. So we lose on the continuity of care. We also need more people on the floor with the increase in the acuity.

When I first started in '94, we had people that were just supervision, basically. Now, we are getting people in that are two-people transfers, full-care. And that is because the wait lists have gone from, what used to be maybe 15-20,000 for the province, has now gone up to 38,000. So by the time they're coming in, they're already at a full-care individual. So that's a lot of time for a PSW, or two people, to be caring for them.

(5:12) SMOKEY: That really is shameful.

JOAN: It is. It's ridiculous because the numbers of staff have really not increased with the increases in acuity. It's just not been kept up.

We did get extra money for the second bath. That wasn't stipulated on how it was spent, it was just in extra staffing. So some homes maybe put a bath person on; other homes just put it in extra PSW hours.

(5:40) SMOKEY: So, at the start of the pandemic they passed this rule that you could only work in one home, which in many ways made sense because you didn't want people going from home to home to home. But what I heard from some of our members who work in long-term homes is they didn't get 40 hours a week; the employer was still only giving them 20 hours a week. And then in some homes, they were being asked to work 60 hours a week.

So it really was a serious failure in management, even to try to learn how to schedule. You have people coming to work regularly, you give them full-time hours.

In your view, would a move to full-time jobs, so you can work in one home full-time with appropriate staff levels, would that really help with the continuity of care?

JOAN: It would help tremendously. There was something the government started or tried to look at – the residents first – where they had only, I believe it was 10 people in a month that would provide personal care on any one resident. There's no way you're going to get just 10 people providing care when you have that many part-time and casual staff.

(6:55) So, with this pandemic and only working one per home, I can say that most people are working 80 hours in a two-week period. If they aren't, it's because of their unavailability. It's just not there. There are many people that are doing two or three doubles in a row, if not five doubles in a pay period.

There's a lot of overtime and it's particularly on the weekend because every PSW has to work at least one weekend. So, your casual people, when you've got the casual part-time that aren't there, that's weekend shifts that need to be covered.

Right now, they're giving a top-up pay of the $3. What they need to do is keep that permanent. They need to boost the pay for PSWs.

When you have a not-for-profit paying, I'm going to guess, anywhere from 23-25 dollars an hour, and then you have your for-profit folks that are lucky to get $23. There are RPNs in for-profit places that are barely making $25/26.

So, I think you have to make the benefit package a bit nicer for the folks that are working the frontlines.

And basically, for the for-profits, put the care before profits; not the other way around, which is what is happening right now.

SMOKEY: Yeah, I agree completely.

JOAN: And increase the staffing numbers. If a PSW sits down during their shift, it's because they're assisting with a meal, or they're doing their documentation, or they're getting a report. You will very rarely see somebody sitting down in their shift.

SMOKEY: And I hear that from lots of people. People are getting stressed, burned out, you can only work so many hours before your mind starts to deteriorate.

(9:20) SMOKEY: The Canadian Labour Congress, OPSEU, a whole bunch of unions across the country, we've been lobbying the federal government to have long-term care come under the Canada Health Act. I think that would go a long way to help with standards across the country, but along with that, the Feds would have to provide some more money.

If they had standards of care that everybody had to adhere to, do you think that for-profit homes would stay in the business, or would they get out?

JOAN: The standards of care are only as good if they're followed. So does that mean more inspections? I don't know. I don't know what the bottom line is.

The Long-term Care Homes Act right now, it says what needs to happen. A resident has to be clean and dry. What does that mean? The staffing is just not there. There's no legislation for the amount of frontline staff. It tells you how many managers and how many RNs, but not the frontline staff. That is the problem.

If they leave it up to the employer to be creative with how they use that nursing envelope, you're not going to get any kind of basic standard for how many staff.

(10:40) SMOKEY: So then, part of our lobby would be to put that envelope funding has to be redistributed to exactly say the number of staff per resident ratio and those sorts of things so we can work on something to go back into that Commission very concretely.

JOAN: Right. The other thing is, when you're doing your documentation, it's hard to say how long it takes to provide care for an individual. Yes, you do certain things for them, but it might take them an extra five minutes for them to get their balance when they sit up in the morning.

So just saying that you've provided all this care, it doesn't give you an actual time. So it's a difficult thing to measure.

SMOKEY: The pitch that I made to the Premier was each individual should get the amount of care that they require, with no limits. That should be a nursing decision. And he seemed receptive to that idea. Now, how he'll action that idea, I suppose from a funding model might be a bit tricky. But, I believe that.

I worked in a psych hospital and we never had any limits on anything – the care it took was the care it took, right. But I know that's gone by the wayside, especially when you get into for-profit.

Would you be willing, if the government was going to go down that road, I told them that we would put together a group of frontline workers to give them advice on how to action recommendations. I'm going to put you on the spot and ask, would you sit on that working group for us with the government?

JOAN: Certainly.

SMOKEY: Good, because they do want to hear from the frontline.

(12:24) JOAN: When Dalton McGuinty was in his first campaign, he promised 3.5 hours of care.

Governments have to stop with the pie crust promises. The 3.5 hours of personal care is now actually about 4. If they increase the amount of care hours, and I don't mean sitting behind a computer, I mean care. Personal care. It would reduce the amount of injuries tremendously. The amount of workplace injuries because people are rushed, it's crazy. And it ends up costing the employer a lot more.

SMOKEY: And just on that, because a lost-time injury means you've got to backfill the staff as well. So there's a whole host of issues even beyond shortage of staff. It's how management pushes you.

I've heard from some homes there's a whole bunch of managers when you look around, and you wonder, why do we have 1 boss for every 5 or 6 workers? Would there be room in the structure to reduce management and put those positions into the front lines?

JOAN: Right now, the managers are helping on the floor. Because of the amount of staff that we don't have. Especially, this pandemic – you don't know when someone has it. There are so many people walking around that are asymptomatic. It's scary. It is a scary situation right now.

Everybody – they all look at what a resident needs. When can they start looking at what a resident wants?

Management tells us we should be giving them a choice because they get a choice. They should be having a choice of what they wear. They should be having a choice of when to get up and when to go to bed. That's the part that kills me. We need to get back to the dignity. Giving them the dignity and respect that they all deserve.

SMOKEY: They built our province and built our country, right?

JOAN: That's right. And that, I think, is lacking when you are so rushed for things. Staff do their best, but…

SMOKEY: In my view, governments of all stripes did not prepare for the baby boomers and that bulge in the population that are retiring and growing older.

JOAN: Well, they prepared by building retirement homes so that the for-profit folks could…

SMOKEY: Could make more money.

JOAN: Yes.

JOAN: In the late 90s, 80% was public, not-for-profit, and now it's reversed. 80% for-profit and 20% public.

(15:08) SMOKEY: Well, we as a union have always said public services should be for people, not profit.

So, Lucy, I think part of trying to deal with what happens – the disaster in long-term care here – if home care had not been sliced, diced, cut… well, two things: I want you to tell me what you see are the immediate problems, especially with COVID-19, and then a little later on if we could talk about how home care could really help out long-term care, it would keep people in the homes longer.

LUCY: I don't even know where to start. There's just so much wrong with home care.

I think I'm an anomaly because I started working in home care in '82, before home care ever really came into play. At that time, people used to pay sometimes. Mostly it was free because I worked for the Victorian Order of Nurses. And if not, we used to go around with our little books to say how much can you afford. And some people would say I can afford $2, and if they couldn't – they didn't pay, they still received services.

So then, home care came into play. And at that time, VON – not-for-profit – oversaw it. We were managed by a Board. And our mandate was to allow the family to keep the patients at home. A lot of times, it was mostly physical care. But that was our job, and to keep the families happy and supported.

The whole piece has changed around now. Our job now is to go in and teach the family how to keep the client home. So it's become a whole piece of privatization.

And I've always said, in such a cash-strapped system, every government's been pleading 'the money it's costing, the money it's costing', but yet they allow these companies to make money off the very money the government is saying we don't have. And I can't figure out how people can line their pockets with that.

And back in the '90s, with OPSEU, we stood up and we said – there's only two places to get money for these for-profits. It's either off the back of the workers who are providing this service, or from the care that they give. And at that time, I know that I was called at one time a fear mongerer, and that this would not happen.

We stated through OPSEU that people would have to travel outside of their home areas to get help; there wouldn't be enough help. And that families would be the ones that would have to mandate and do the care. All of those things have come to fruition, and I believe that 90% of it, or 95% of it, is the drive. And just as for-profit, the more people you see, the more money they get. And this is what's happened.

(17:50) When I started in home care, it was one of the best jobs you could have. It was a caring job, wonderful hours, great work-life balance. The money was secondary because of the other rewards that you received. And now it has become a job that people go into in order to get the skills to move on.

The job is very high-risk. You get rewards from your clients – now they're clients – that you see but health and safety is secondary. The privacy act in home care seems to take precedence over health and safety.

And I'll give you an example. We have had a girl who was sexually assaulted at work. She was sexually assaulted by a known predator and we were not given that information. We actually found the information on Google once it happened. That girl has never returned to work.

There's multiple things where we've had someone who was shot. Who, another agency said they didn't want to see him anymore. But rather than doing a work refusal, which then mandates and kicks in with health and safety, that they have to inform us, you're not going to be providing service. So it manipulates around the schedules.

And all of this is about seeing as many people as you can possibly see for as little amount, as you've seen. So, it's become piecework. Like sitting in a factory. And like I've said, our jobs as we come in – your mom is dying, we're helping you. But this is all I can help because I still have 15/16 patients to see.

Now, don't get me wrong – I think our collective agreement will stand up to being one of the best in the province, if not the best, because we foresaw all of these things happening years ago. So when we negotiated, we did put in places and we do have benefits. But that being said, you're not getting any thanks for what you do.

The COVID is a prime example. You're out there and you have to work. I understand that. We all have to work. Joan, you have to work. Because people need care. But the struggle for PPE shouldn't be happening, but it is. Or the struggle to get people involved.

(20:12) And community itself has become – I know I'm going to upset some people – a dumping ground for most people in the community.

You've got me on a soap box now. I think that the Ontario Health teams should be led and driven by community. Community's tentacles reach out to every aspect of it – positive or negative. We see people who can't get into long-term care so we mandate and we try to manage them as much as we can, as best as we can while they're waiting.

We keep people out of the hospital when the hospital's at capacity because they can't see them. When they hospital's at capacity and you do get in, we see them during their discharge or they're discharged to us.

Mental Health. Every aspect of mental healthcare flows through community care, but when you look at it, community care is deemed to be the bottom. It's just, that's where people go.

And I think if they change that mentality, and while I understand that hospitals have the biggest – they deal with the most acute, absolutely – and they have the biggest budget and they have the biggest voice.

But I think it's time for change. It's time to change everything around and look at things, because what we're doing is not working. And we need to encourage people that when they work, they're just as respected whether they're in long-term care, or whether they're in home care, or whether they're in the hospital. And that's reflected through your benefit package, that's reflected through the government, that's reflected through work-life balance.

SMOKEY: Everything you're saying is right on. It is time to take, I agree, take the system as a whole, and view the person as a whole, and that continuity of care, and go back to the government. Because I did

volunteer frontline workers. And you and I have talked about that Lucy. So I will, I'll bring the group together and we'll do a paper up and we'll very forcefully present it to the government.

LUCY: I think, just one other piece, is we all have our specialties except community. Because community has to be a jack of all trades, master of none. But we have to do that. We do every single piece of it. And like I said, long-term care – they're experts at it. I'm not an expert. I'm not a master at one. But I absolutely have my tentacles in every aspect.

But everything's gone into a cash system. Everything. Even the passport funding, for lack of a better term. Right? 'We'll let you buy your care'. And all that's doing is setting people up for failure.

(22:55) SMOKEY: So, to everybody listening, I hope you find this beneficial. We will have Lucy and Joan back in the New Year cause this subject is not going away anytime soon. And as a union, folks, we will not let it go away. We will not be silent, we will not stop speaking, and we will go after that Commission. We'll go after the Premier, the Ministers, and we will do our part to help bring around positive change.

So on that, I'd like to wish everybody a happy holiday season.

Our frontline workers in all sectors, whether it be the LCBO, the OPS, the Colleges, provincial jails, everybody working on the frontlines, especially shift workers – people who have to work during the holidays – I did it for years; my hats off to you. I for one am truly, truly grateful that we have the quality of workforce that we have. OPSEU members are second to none. And folks, our OPSEU leadership is second to none.

LUCY: And I'd just like to say thank you to you, Smokey, particularly for allowing all of us to take on the fights and help supporting us both financially and emotionally to take on the fights and know that we're right. So on behalf of all of us, I'd like to say thank you.

SMOKEY: Well thanks for coming in and folks, just again, we were socially distanced and hope you have a happy holiday season.