

Call Your MPP for a February 14 meeting

When asked the nature of the meeting, give a short and concise answer, e.g. I wish to speak to the MPP about staffing and care standards in long-term care facilities. I represent many front line care workers in this riding. This issue affects not only hundreds of workers in this area, but also many, many elderly and frail residents living in long-term care facilities.

Meeting Talking Points

Introduction

- We work/represent workers at [name of home]. It is one of [#] long-term care homes in this riding. Across Ontario's long-term care sector, CUPE represents 26,000 workers providing care to many of the 75,000 elderly and frail living in long-term care homes.
- One year ago, after much campaigning by CUPE Ontario and others, the government agreed to establish staffing and care standards in Ontario's nursing homes. Given similar statements made in the 2003 and 2007 elections by Premier McGuinty, the Liberal government has now promised three times to reinstate standards of care that were removed by the Conservative government.
- Instead, the government is now conducting another consultation led by Shirley Sharkey. There is no indication that a minimum standard of care is being considered. That is the reason why we are here today. The time for talk is over.

Shameful conditions in homes

[Cite examples from your own experience including things like:]

- With so few staff, residents wait for hours for breakfast, or are put to bed too early at night.
- With staff run off their feet, many residents don't get enough walking and exercising.
- Residents are sitting in deplorable conditions. Incontinence products are often kept under lock-and-key, and many homes are directing staff to change residents only when the product is 75% soiled.

Why we need a standard of care

- The level of acuity in Ontario homes has increased due to the aging of residents as people live longer lives. It's also due to downloading of heavier care patients from hospitals, and we are now having people of all ages transferred from mental health facilities into these homes, which is totally inappropriate.
- Study after study has shown that without a staffing and care standard set out in law, the quality of care plummets. Ontario had a standard of care in the early 1990s of 2.25 hours of care. After the Conservative government removed it, a Price Waterhouse Coopers' report found that Ontario's care level had fallen to 2.04 hours by 2001.
- Like Monique Smith's investigation, CUPE's own surveys have revealed a deeply disturbing lack of care. Our most recent survey of members indicates that:
 - 86% of front line workers have worked short-handed anywhere from once to 20 times a month when caring for elderly and frail residents in nursing homes,

- 89% of workers have been left in an unsafe situation due to shortened staffing levels,
- 15% of staff have not been able to meet all resident care needs each because of understaffing.

Why we are advocating 3.5 hours of care

- Ontario lags behind trends to achieve more accountable staffing levels in recognition of the association between staffing and quality of care, across Canada and the U.S.
- The New Brunswick Liberal Party recently won an election with a key campaign promise to phase in a 3.5 hours minimum staffing standard.
- Alberta has set a policy direction of 3.6 hours of care per day, an increase from 3.1 hours in 2004-05. There are criticisms from the province's major seniors' and consumers' groups that this policy is inadequate as it lacks clear enforcement mechanisms and should be targeted to hands-on care providers only.
- Nova Scotia has adopted an increase in staffing hour guidelines from 2.25 to 3.25 hours per day.
- Manitoba recently announced a 3.6 hours per day standard.
- 37 U.S. states have established minimum staffing standards either in statute or in regulation.
- While Ontario removed its former care standard, 13 U.S. states increased their staffing standards between 1999 and 2001.
- As further proof that this standard is needed, after a decade of scandals and erosion of public confidence in the nursing home industry, the U.S. Health Care Financing Administration (HFCA) was federally mandated to deliver a report on whether there was an "analytical justification for establishing minimum nurse-staffing ratios in nursing homes." The term "nurse" is used here to encompass RN, RPN and PSW/HCAs.
- They found that preferred minimum levels existed, above which quality was improved across the board. The total preferred minimum level was 3.45 hours of care, with a staffing mix of aides, RPNs (or equivalent) and RNs.

We are asking you to:

1. Support an average of 3.5 hours standard of care each day for long-term care residents;
2. Support a provincial funding model to provide adequate funding for required front line staffing to meet a 3.5 hours standard of care;
3. Request that your party caucus adopt the 3.5 hours minimum standard of care.

We will be preparing a Report Card for every MPP in Ontario on these issues, so we appreciate your response.

[Following the meeting, please fill out your MPP report card and return it to CUPE Ontario.]