



Staff at nursing home complain of abuse

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Deteriorating conditions in Canadian nursing homes, where elderly and demented residents are allegedly attacking their caregivers in an ever-increasing spiral of violence, doesn't surprise a union representative at Sault Ste. Marie's largest long-term care facility. The authors of an academic survey, released Monday, found frustrated residents are ever-increasingly lashing out with fists, feet, verbal and racial abuse at nursing home staff. The 2006 study surveyed 415 personal support workers in 71 unionized nursing homes in Ontario, Nova Scotia and Manitoba.

"The findings do not come as a surprise," said Christine Bird, Canadian Union of Public Employees (CUPE) area national representative, whose union represents 300 workers, including 150 personal support workers, at the 374-bed F.J. Davey Home.

"Residents are agitated and frustrated at the lack of caregivers available for daily care; the lack of personal support workers means they (the workers) are overwhelmed with the number of residents they assist and the time they spend with each resident."

Representatives with the F.J. Davey Home were unavailable for comment.

Janice Pettalia echoes Bird's assessment. The president of Canadian Autoworkers (CAW) Local 1120, represents about 300 support workers in four Algoma District nursing homes, including 200 at Extencicare Van Daele and Extencicare Tendercare, the second and third-largest nursing homes in the city, with about 250 beds combined.

"I don't have any hard numbers (on official complaints) at my disposal but our members are no strangers to abuse," said Pettalia, who also has about 100 support workers combined in nursing homes in Wawa and Elliot Lake.

"Some of it may only be minor, but it's abuse nonetheless and something needs to be done to address it."

Academics and caregivers are calling for a higher standard of care in nursing homes across the country.

The study, conducted by academics at York and Carleton universities, compared Canadian with Nordic support worker experiences in areas such as physical violence, unwanted sexual attention and racial comments.

The levels of daily violence against Canadian personal support workers, responsible to help bathe, clothe and feed residents, were found to be about seven times higher than their counterparts in Denmark, Finland, Norway and Sweden.

Canadian caregivers, due to understaffing, were responsible for assisting twice the number of residents as their Nordic counterparts and one-third of Canadian respondents told researchers they experienced physical violence, "more or less every day."

Physical violence typically includes being slapped or hit with an object and frequently involves being pinched, bitten, having wrists twisted, having one's hair pulled and being poked or spat on.

"We have been lobbying the McGuinty government for some time now on a minimum number of hours of care per day, per resident," said Bird. "Increasing staff, and thereby increasing time spent with the residents on a daily basis, would go a long way to defusing the situation."

Unions and healthcare organizations have been pressuring Ontario to increase staffing so residents can get a minimum 3.5 hours of individual care daily and not feel hurried. There has been no minimum daily care protection for more than a decade, since the Mike Harris government eliminated the minimum 2.25 hours of daily assistance in 1995, said Bird.

"The government has minimum daily care legislation for day care but shamefully nothing for the elderly," said Pettalia. "The 3.5 hour minimum is a starting point; most other provinces are there already, but in order to get there staffing levels need to be increased."

The Ontario Long-Term Care Association, representing the province's 430 nursing homes, pegs current provincial individual care at 2.6 hours daily, while the rest of the country is averaging between 3.0 and 3.5 hours daily, a spokesman said in an interview with the Toronto Star.

A spokesman for Ontario Health Minister George Smitherman, in the same interview, said staffing levels have improved steadily since McGuinty took power in 2003 and that funding to long-term care facilities, currently at \$3 billion, has increased by \$800 million annually.

The high incidence of nursing home violence against support workers may even be lowballed, said Bird.

"A lot of incidents likely go unreported because of the paperwork involved and the fear that the worker in turn will be blamed for what happened," she said.

Pettalia says some support workers are reluctant to come forward because of a compassionate bonding with the resident over time and because the abusers are suffering from age-related disease.

Nearly one-third of survey respondents, 95 per cent of them women, complained of unwanted sexual attention on a daily or weekly basis and almost 12 per cent suffered racial slurs, say the authors.



Take care of elderly

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Section: Editorial & Opinion

We all want what's best for the elderly and frail in society. If you conducted a poll that asked whether we should improve the quality of care in our nursing homes it would be a resounding yes. But if the question mentions that improving care will require more money out of our pockets, many of us start to get wobbly in the knees.

Reports that deteriorating conditions in Canadian nursing homes, where elderly and demented residents are allegedly attacking their caregivers in an ever-increasing spiral of violence, doesn't surprise a union representative at Sault Ste. Marie's largest long-term care facility.

It's a question of resources and personnel shortages that lead to frustration, which results in violent outbursts.

"Residents are agitated and frustrated at the lack of caregivers available for daily care; the lack of personal support workers means they (the workers) are overwhelmed with the number of residents they assist and the time they spend with each resident," Christine Bird, the local CUPE representative at F.J. Davey Home.

But what do we do?

First, we can look to jurisdictions that appear to have a more successful approach. According to reports, Canadian nursing home workers are seven times higher than their counterparts in Denmark, Finland, Norway and Sweden to be the victim of aggressive behaviour.

What are they doing that we aren't?

Let's recognize that the 2.6 hours of daily care in Ontario is not close to being acceptable. To be fair the Ontario government has been making progress, but we should accelerate the efforts.

Finally, we may need add another term to the lexicon describing social issues. Along with the familiar phrase "deadbeat parents," we could add deadbeat sons, daughters and family members. It may be tough to legislate, but taking care of family members who are getting older and sick is the right thing to do.

It's a question of respect.

Chatham Daily News

Care continues during review

Chatham Daily News (ON)

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Section: Chatham-Kent

Byline: HEATHER TRAVIS

It is business as usual for Chatham-Kent home care and nursing providers as the system for assigning contracts comes under review.

Although contracts for the Chatham-Kent Victorian Order of Nurses (VON) expire in July, no changes will be made in the services provided to clients, said executive director Lisa Paolatto.

"The process halted, so we are just waiting to see in what shape or form it will continue in the future," she said, adding the suspension came a week before they were to submit a new proposal.

"We put our clients first and I don't want to create any uncertainty for clients," she said. "Whoever provides the service in the future, the clients will always have care."

In January, Ontario's Minister of Health and Long Term Care, George Smitherman, suspended the competitive bidding process for home care contracts throughout the province to conduct a review of the process to ensure a high quality of care is maintained. All of the current contracts were extended until the review is completed.

"We are expecting to hear from the minister or the ministry in the coming months," said Betty Kuchta, executive director of the Erie St. Clair Community Care Access Centre (CCAC). "I think it is too early to talk about what the transition will look like in the future."

Kuchta said the local CCAC has a "good relationship with our providers."

Under the current system, local home care providers must submit a request for a proposal in order to be considered by the CCAC for contracts. In Chatham-Kent, Bayshore Home Health, VON, the Canadian Red Cross and VHA Home HealthCare have been contracted by the area CCAC to serve more than 7,000 clients.

The local CCAC was about to embark on the bidding process in the Chatham- Kent area, which assigns three-year contracts to local home care and nursing providers, when the system came under scrutiny.

The Canadian Union of Public Employees (CUPE) has openly criticized the system for being an insufficient model for deciding government-funded home care contracts. "We have to get away from the bidding part of health care," said Pierina Debellis, CUPE national representative. "Just because you are the lowest bidder and you say you can provide this (service), how do we know that?"

Debellis said many home care nurses have voiced their frustration with the bidding, which does not guarantee that contracts will be renewed.

"For some patients, that causes a bit of uncertainty . . . there is a trust issue," she said. She also said there is not a system of accountability in place to ensure that home care providers who win the contracts are maintaining the same quality of care the patients received in the past.

Arlene Patterson, president of the Sarnia Health Coalition, said the CCAC opened the door for non-profits to be directly competitive with for-profits.

In areas such as Windsor and Hamilton, protests were sparked over some non- profit providers, including the VON, being excluded from the bidding process.

"A third party entity is deciding whether you need care and what that care will look like," she said. "We need to stop the competitive bidding because it is costly."

Patterson said patients are not guaranteed to have the same home care nurses within the current system.

"It is not patient-driven," she said. "There is no continuity of care."

Kuchta said CCAC meets with providers on a regular basis to evaluate the service provided to clients.

"It's an ongoing process," she said. "It's not something that starts and ends with the selection."

Bayshore Home Health area director Carol Markham refused to comment on the issue of competitive bidding, citing its contract with CCAC as the reason.

Representatives for the Canadian Red Cross and VHA Home HealthCare could not be reached for comment.