



## Canadian Union of Public Employees

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#### **Bargaining Units:**

Bridgepoint Hospital

- Nurses & Paramedical Units
- Service Units

City of Toronto

- Full-Time
- Long-Term Care Homes
  & Services Part-Time
- Recreation Workers Part-Time
- Unit B Part-Time

Toronto Community Housing Corporation

SERVING OUR MEMBERS SINCE 1942 February 6, 2017

Executive Committee 10<sup>th</sup> floor, West Tower, City Hall 100 Queen Street West Toronto, ON M5H 2N2

Dear Mayor Tory and Members of the Executive Committee

RE: EX22.2 2017 Capital and Operating Budgets: Reduction of the Mandatory Education Budget in Long-Term Care Homes and Services (LTCHS)

The 2017 LTCHS Budget proposes a \$686,000 reduction to its mandatory education budget. This equals 17,000 staff hours per annum, or about 8.8 full-time equivalent positions. The City cannot afford this cut because it will add to existing operational challenges in LTCHS and negatively impact the City's ability to maximize Provincial funding dollars.

Unlike most other City Divisions, LTCHS is subject to a complex and variable funding model where Ministry of Health and Long-Term Care (MOHLTC) funding can fluctuate yearly. The Province calculates funding dollars based on information that staff enter into a data management system designed to document resident care. The greater the care needs of the residents, the more funding is increased. Staff are trained on the data management system, how to code information properly, and document the depth and breadth of their work and interaction with residents.

Funding for education and training is important because it improves staff's ability to document resident care and deliver services. According to the Alzheimer Society, complex care needs are expected to rise dramatically due to a growing and aging population and significant increases in the occurrence of dementia, and so too will resident care demands in long-term care homes increase. Rising acuity and complexity of care will require more complex interventions, more staff to support intensification of resident needs, more training, and more time to complete documentation of care. Reducing the LTCHS education budget works directly against providing the training needed to properly document care and, as a result, will reduce Provincial funding in the future.

From September to December 2016, Local 79 and the General Manager's office, Long-Term Care Homes & Services (LTCHS), met with administrators, management and stewards at each of the City's 10 long-term care homes as part of a joint Labour Management meeting process. Throughout this process Local 79 consulted with its members – there are over 3,000 working in long-term care – by various methods including a workplace survey. Some of the key concerns identified during this process were short staffing, increased workload, staff training and wellness. What also became apparent during this process is how operational pressures faced by Long-Term Care Homes and Services directly impact their ability to secure more funding from the Province, and this needs to be addressed at the City level.

## **Short Staffing**

According to "Quatro", the scheduling system used by LTCHS, there were 6,447 unfilled shifts in 2016 due to "no resources". Our members have told us that short-staffing across care homes is a chronic problem. Sometimes, decisions to not fill shifts are made in response to budget pressures. Local 79 has expressly and repeatedly objected to the practice of gapping at the City to meet budgetary constraints.

It is our belief that leaving shifts unfilled is another form of gapping and negatively impacts the work environment and service users. In fact, if LTCHS experiences about the same number of unfilled shifts in 2017, it could be facing a shortage of 65,000 staff hours when combined with the proposed cut of 17,000 hours.

One way the City can meet its staffing levels in LTCHS is by improving practices in its Central Call-In Unit (CCIU). Our members told us of inconsistencies in filling shifts across care homes. Through our recent meetings in LTCHS we have asked that staff in the CCIU receive re-training on the procedures for filling shifts and that management look at other solutions that would allow staff to respond more quickly to available shifts. When shifts are left unfilled it leads to increased workload. Refresher training on CCIU procedure is essential to keep service levels up and reduce workload pressures for staff who are increasingly expected to do more with less.

Beyond just filling shifts, the City needs to ensure shifts are filled by the required staff designation. Currently, if LTCHS faces a shortage of nursing staff they may schedule a personal care worker instead. This substitute can leave the alternate designation with increased duties without receiving the same level of pay. The City needs to work towards increasing its staffing pool for all staff designations.

### Workload

Short staffing is one factor that contributes to increased workloads. During our consultations with members we were told that the reduction of shift length and disappearance of the shift overlap to communicate to the next staff add significant additional pressures to workload and resident care. Higher workloads can lead to stress, injury, damage relations between staff, limit opportunities for training and advancement and increase workers' risk for negative mental health outcomes. When we talk to our members, either informally or through surveys, the most common psychosocial hazard they communicate to us is the stress created by overwork. As previously noted, rising acuity and complexity of care also create greater service demands.

More concerning, and what our members have told us, is that when they are unable to complete their assigned work during scheduled hours they end up working through their breaks or staying late to finish the work. In particular, our members reported that increased workloads leave less time for completing documentation on the RAI MDS system that is responsible for determining provincial funding and less time for completing mandatory training, which some staff have been completing at home, unpaid, in their own time.

One way the City can respond to workload demands is by standardizing work routines across care homes and allocating sufficient work time and resources to complete mandatory training and documentation. Local 79 was heartened to learn that LTCHS is now undergoing this process and urges Council to support this important action through the appropriate provision of City resources. Improvements in staff training and health care documentation lead to increased provincial funding.

# **Staff Training**

LTCHS is again unique in that staff are required to complete a significant amount of legislated training in order to maintain their employment. In 2017, each employee will be required to attend 31 mandatory training sessions. LTCHS is under tremendous pressure to keep staff up-to-date and provide them with the time and resources to complete training and documentation in addition to their other work duties.

If Council approves a further reduction to the mandatory education budget it will truncate essential staff training, lead to more short staffing due to fewer dollars to backfill positions, and result in more staff doing online training at home, or staying late after their shift ends to complete documentation to meet legislative requirements. It is unfair and unsustainable to place this pressure on workers.

Adding to these pressures is the implementation of a new eHealthcare Record System in 2018. LTCHS staff will require new training in 2017 so they are ready when the system comes online. Given this new demand, the proposed reduction of mandatory education hours in the 2017 Budget is even more unreasonable. Modernization of the health care record management system should necessitate more City dollars for training, not fewer, as it will improve results for the transfer of Provincial funding.

### Wellness

As a general principle, Local 79 urges the City to work with us as it develops strategies to promote wellness in the workplace. Health and wellness concerns are especially acute in LTCHS due to the nature of the work. Staff may be exposed to specific hazards such as illness and enteric outbreaks or violence and harassment from residents and family members in addition to stressors from increased work, technological changes that interfere with tasks, and inadequate resources and support.

Wellness was identified as a key area of focus in the City's Talent Blueprint and Employee Engagement Survey. Workplace Wellness Committees exist in each long-term care home and Local 79 has seen some exemplary work being done in individual care homes on this front. However, Local 79 reminds the City that any matters covered by the Occupational Health and Safety Act fall under the jurisdiction of the Joint Health & Safety Committees (JHSC's). We advocate that Wellness Committee's work in tandem with local JHSC's to ensure this is the case and that City responses to wellness appreciate the correlation between work activities and environment, and wellness.

Further investments could be made by ensuring that employees who participate in organizing and implementing wellness initiatives are not doing so on their own time, or adding to their existing workload, and providing a diversity of wellness responses. Specifically, our members in LTCHS have asked for more training on complex care and managing resident behaviour.

In short, properly funded and executed training and education is essential in long-term care because it intersects with a broad range of workplace issues such as staffing and scheduling, workload, workplace modernization and wellness, and impacts the amount of Provincial funding each care home receives.

LTCHS is facing multiple and immediate pressures in this area as outlined and summarized here:

- Ongoing CCIU training on staffing and scheduling procedures to meet staffing levels, fulfill required staffing designations, and reduce workload pressures.
- Education and training for staff on the complex care needs of residents to better enable staff to deliver care safely to residents.
- Adequate work-time for employees to complete 31 mandatory work training sessions per year.
- New training in 2017 in advance of the 2018 implementation of the eHealthcare Record System.

Council should vote against the proposed \$686,000 reduction to mandatory education in LTCHS as this cut will do significantly greater damage in the long-run. Long-Term Care Homes and Services relies on training and education, with adequate work time for staff to complete it, as it improves its ability to document client care and meet legislative requirements that result in more Provincial funding dollars and better resident care.

As the Province also reviews staffing levels in long-term care homes, the City needs to be mindful of cutting staffing hours and staff supports in a context where the Province may explore increasing staffing and standards of care. The City should be advocating for better staffing and standards of care and associated funding, not undermining these efforts by reducing education budgets that support care standards.

Every budget cycle City Council talks about the need for increased funding from other levels of government. In LTCHS this can be achieved by not cutting the mandatory education budget.

Thank you for your consideration.

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Sincerely,

Tim Maguire President