

Saskatchewan Government
and General Employees' Union

Submission to

Patient First Review

June 2009

BRIEF

SGEU

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Introduction

SGEU represents 24,000 members who live and work in every region of our province. Our members work in a wide variety of sectors, including education, community services, crown corporations, government departments and agencies, retail and regulatory services, and in the health care sector.

SGEU represents employees at the Saskatchewan Cancer Agency, J.T. Ambulance, as well as over 2,000 health providers in the Kelsey Trail, Mamawetan Churchill River and Keewatin Yatthé health regions. These health service providers include medical diagnostic, therapy and recreation workers, licensed practical nurses, special care aides, food services workers, laundry, environmental services, maintenance, and office staff. They are employed in hospitals, long-term care facilities and home care services.

Our prescription for Saskatchewan: A quality, affordable public health care system

SGEU strongly supports the principle of a high quality public health care system that is accessible and affordable for all. We endorse and urge governments to adhere to the key elements of a strong, public health care system as set out in the Canada Health Act:

- Public administration
- Comprehensiveness
- Universality
- Portability
- Accessibility

Our commitment to public health care means that we oppose, in all of its various manifestations, any move toward privatizing or contracting out health care services. We recognize that the health system is under pressure due to changing demographics, rising costs for pharmaceuticals, and a myriad of other factors, but we strongly urge that any changes intended to improve the quality and provision of care to patients be done within a public framework. We further urge that the public system be strengthened and expanded as a means of ensuring the long-term health of our system and the population of the province as a whole.

Health care: Part of our commonwealth

A quality, comprehensive, accessible health care system is central to the commonwealth we enjoy in Saskatchewan; it is an integral component of the public good. As such, it must be publicly funded, publicly accountable and publicly controlled for the long-term benefit of all, not for the short-term private profit of a few.

A strong public health care system offers an efficient and effective means for providing quality care to Saskatchewan citizens. Private health care companies, on the other hand, are motivated not by the public good, but by maximizing profit for shareholders. Privatizing and contracting out services means that profits must be found in a system that is already under pressure to cope with increased demands and limited resources. The profit is found by cutting back on the standards of patient care, and by reducing the wages and working conditions of health care providers, which in turn leads to a further reduction in the quality of service provision.

Privatization of health care services can take many forms. It may include privatizing medical diagnostic and treatment services, delivered through private facilities.

The growth of private, for-profit health care services threatens the viability of the public system in a variety of ways. In 1994, then federal Health Minister Diane Marleau sent a letter to all provinces and territories warning of the dangers a second tier, private health care system posed.¹

These included:

- the diminished ability of governments to control costs once they have shifted from the public to the private sector;
- the possibility, supported by the experience of other jurisdictions, that private facilities will concentrate on easy procedures, leaving public facilities to handle more complicated, costly cases;
- the ability of private facilities to offer financial incentives to health care providers that could draw them away from the public system; and,
- resources may also be devoted to features which attract consumers, without in any way contributing to the quality of care.

It is not only medical diagnostic and treatment services that are possible targets for privatization. At risk are also the wide range of health support services, including dietary, cleaning, maintenance, laundry, security, clerical, lab and other technical and administrative services. Experience in other jurisdictions, both nationally and internationally, demonstrate that privatization leads to degraded employment: wage cuts, understaffing, loss of benefits, reduced training. These negative working conditions leads to high staff turnover, increased absences due to injuries and illnesses, and inevitably, lower quality of care for patients.

Good jobs and quality service go together

The privatization of health support services in British Columbia should serve as a cautionary tale for other jurisdictions who are considering a foray into contracting out services. Privatization initiatives in B.C. since 2003 have resulted in job loss for 8,500 health care workers, most of whom were women.² Thousands more were subjected to wage rollbacks. New contract employees were hired at what amounts to poverty level wage rates, between \$9.50 an hour to \$11.50 an hour, according to the B.C. Health Coalition. Pay equity provisions, a hard-won right for women workers, fell by the wayside under the new privatized system. According to *The Pains of Privatization*, a report by the Canadian Centre for Policy Alternatives (CCPA), wages for the affected positions dropped by 40 per cent.³

The contracting out of dietary, laundry and cleaning services to multinational corporations such as Sodexo and Compass, in B. C. resulted in a backlash from the public, angered by the poor quality of services provided. Health officials received widespread complaints from patients and their families about the quality of meals, hygiene and patient care, according to the B.C. Health Coalition.

The CCPA study attempted to assess the impact of the privatization on health care support workers and the services they provide. The study found that "newly privatized jobs in BC hospitals and nursing homes are substandard in all respects: low pay, meagre benefits, heavy workloads, poor training, and no job security."⁴

The workers interviewed for the CCPA study reported that their working conditions led to increased injury, illness, fatigue, and a desire to find other employment.

"Almost all participants describe their workload as hectic, exhausting, and stressful. They deal with unpredictable assignments, frequent interruptions from remote call centres, and routine under-staffing when the company fails to replace absent employees. They often feel too rushed to work safely and take shortcuts that put them at risk for needlestick and other occupational injuries."⁵

In addition, the privatized workers were limited in their ability to interact in a meaningful way with the people they provided care to.

"The relationship between workers and patients/residents is sharply diminished under privatization. Three fifths of participants want more time for patients/residents, yet excessive workload eliminates time for contact and, in some facilities, the company prohibits talking with patients. The net effect is patients/residents with less human contact than before, and workers with few opportunities to express their caring nature."⁶

Substandard working conditions resulted in low staff morale and little interest in maintaining their employment. Almost half of the CCPA study participants intended to

leave their current jobs within six months. In contrast, health support workers in B.C.'s non-privatized workplaces demonstrate a high degree of job loyalty: 11.6 years of service, on average.

Contracting out health support services not only jeopardizes workers' health and safety, it diminishes direct quality of care to patients, and leads to lower standards of service provision due to high staff turnover.

Serious health threats linked to privatization

The CCPA study, like many others, identifies a link between privatized health support services and an increased risk of serious, even potentially life-threatening diseases attributable, in part, to reductions in hygiene within institutions. According to the CCPA report, workers in privatized health support positions "expressed many concerns about the quality of service they are able to provide. Three-quarters do not believe their company employs enough staff to deliver good quality service. Many are dissatisfied with the on-the-job training they receive. (Unlike hospital housekeeping departments, private companies do not require new hires to have a Building Service Worker or equivalent college certificate. Our participants described cleaners who are unaware of how to properly clean the rooms of patients with antibiotic resistant infections (i.e. MRSA, VRE)."⁷

The Canadian Union of Public Employees (CUPE) has undertaken a comprehensive research study on the incidence and causes of healthcare associated infections (HAI). According to that study, more than 220,000 health care associated infections afflict Canadians every year. One in nine hospital patients in this country contract a healthcare associated infection that may force a longer stay in hospital, result in greater pain, or even death.

The solution to what is clearly a major problem for our health care system is a multifaceted approach requiring a well-staffed, well-trained, adequately resourced, stable health support workforce acting in concert with other health care professionals to break the 'chain of infection', according to CUPE's research. Clearly, a private company that is driven by the profit motive is unlikely to provide the required resources to ensure staff are well-equipped and empowered to address the serious challenges of keeping health care institutions free of infectious diseases. The B.C. privatization experience, for example, points to a potentially hazardous erosion of working conditions, workforce stability and standards.

An appropriate response to combating HAI in our institutions is elaborated by CUPE:

"Well-resourced means enough staff and equipment to do the job, with proper supplies; well-trained means that all staff follows the best practices in infection control; a stable in-house team means that all of the healthcare employees work together under a dedicated organizational leadership with minimal turnover and no outsourcing. ... In addition, tackling HAIs effectively requires standardized

procedures and performance measures and a government system for monitoring and public reporting."⁸

Clinical research has linked healthcare associated infection outbreaks with understaffing, increased workload, high levels of absence, and high turnover, according to the CUPE research. Studies have also linked increases in HAIs and worsening in patient outcomes with increased reliance on temporary workers, inadequate training and poor supervision of cleaning staff.

"The evidence is clear," according to CUPE's study. "Contracting-out leads to cuts in staff, lower wages, fewer benefits, higher turnover rates, less training, and a rift between clinical and support services."⁹ Privatized health support services creates the very conditions that are a breeding ground for HAIs.

It is noteworthy that research suggests the need for public monitoring and reporting on HAIs. In recent years we have seen the negative consequences of de-regulation and industry self-regulation, in the tragedy of the listeriosis outbreak at a Maple Leaf Ready to Eat meat packing plant in Ontario. Contracting-out vital public services, such as health care support, is likely to lead to less, rather than more, public oversight and accountability.

The act of singling out a segment of the health care workforce, such as health support workers, for privatization, leads to rifts among the staff and sets up potential problems within a health care institution. In B.C., privatized health workers not only saw wages cut, and pensions and benefits eliminated, they experienced a disruption in the team-based care that is essential to a well-functioning facility. According to CUPE:

"Contracting out led to a breakdown in teamwork, which is an essential determinant of high quality care in healthcare facilities. When cleaners are part of the healthcare team, they are able to respond to nursing and patient requests for extra help. When cleaners were contracted out at St. Paul's Hospital in British Columbia, they were not allowed to talk with patients or to ask nursing staff for help. In some facilities, nurses were prohibited from speaking directly with cleaners, having to call an external number to register spills, for example."¹⁰

Cutting costs in order to make profits on health care is a prescription for increased public health risks, like HAIs, in our hospitals and long term care facilities. According to CUPE research:

"Investigations into outbreaks of HAIs in the UK found that spiking infection rates followed contracting-out and cuts in hospital support services. The Auditor General of Scotland found in a 2003 review of 74 hospitals that hospitals with contracted-out cleaning, compared to those with in-house cleaning, had fewer cleaning hours, less monitoring and supervision, greater use of relief staff, and lower scores on cleanliness."¹¹

The privatization experience in Britain shows that private companies drastically reduced the number of cleaning staff, which led to public outcries over the poor quality of cleaning and related health risks for patients. As the consequences of privatization began to have a negative impact on patient health and well-being, steps were taken to reverse the problem. The result has been new and dramatic increases in spending on cleaning, as well as an end to contracting-out services in some areas, according to CUPE research.

Privatization means loss of control and public accountability

Introducing privatization into our health care system means that the people of Saskatchewan will lose the ability to oversee how money is spent within the health system. This loss of access to information is an erosion of fundamental democratic principles. For example, according to the B.C. Health Coalition, "during the bid process for the Abbotsford private hospital, bid submissions were not open to scrutiny by the public, legislators, or the press. The government will pay Access Health Abbotsford, the successful bidder, an estimated \$424 million over the life of the 30-year contract, but no one knows how much of the \$424 million will be profit for the company."¹²

Privatization is not more cost-effective

Despite conventional beliefs that privatization will result in reduced costs for the health care system, there is simply no evidence to support this conclusion.

According to the Romanow Commission on the Future of Health Care in Canada:

"Early in my mandate, I challenged those advocating radical solutions for reforming health care – user fees, medical savings accounts, de-listing services, greater privatization, a parallel private system – to come forward with evidence that these approaches would improve and strengthen our health care system. The evidence has not been forthcoming. I have also carefully explored the experiences of other jurisdictions with co-payment models and with public-private partnerships, and have found these lacking. There is no evidence these solutions will deliver better or cheaper care, or improve access (except, perhaps for those who can afford to pay for care out of their own pockets.)"¹³

The Association of Chartered Accountants of the United Kingdom published a study that concluded that privately financed hospitals are not affordable, according to the B.C. Health Coalition. The study found that annual capital costs were more than \$105 million CND higher in privately financed hospitals than in those directly financed by government. There appears to be little reason to proceed with a privatization agenda given a track record of cost overruns, on top of the wide range of other problems associated with contracting out health care services to the private sector.

Improvements needed in existing system

While SGEU perceives privatization as a serious threat to the quality and long-term sustainability of the health care system in Saskatchewan, we also want to register serious concerns about the functioning of the current health care system from the perspective of our front-line workers. A lack of resources and a failure to ensure pro-active and supportive management systems is leading to problems that affect both staff and the patients and clients they serve.

SGEU conducted a survey of its membership in the Kelsey Trail health region in 2007. That survey reveals a range of challenges that need to be addressed. A pressing concern for a significant majority of SGEU Kelsey Trail members is a mounting workload: 68 per cent say their workload is increasing. Within the Kelsey Trail health region, for example, special care aids have found their staff to client ratio increasing significantly in recent years. Under-resourcing leads to staff illness or injury, stress, burn-out, and reduced morale, all of which impact on quality of service. Only four per cent of SGEU Kelsey Trail health region members surveyed said that working conditions are improving.

Our survey reveals that staff members do not feel fairly treated by managers, and feel that their own personal safety is at risk in the workplace. A significant number of respondents report very negative experiences in the workplace:

- 45 per cent have felt threatened by management;
- 59 per cent have felt coerced by management; and,
- 60 per cent have felt demeaned by management.

Overall, 71 per cent of SGEU respondents felt threatened, coerced or demeaned by management. In addition, 27 per cent said they did not file a grievance because they feared repercussions.

Disturbingly, 52 per cent believe their employer has put their physical health at risk, and 46 per cent believe their mental health has been put at risk. In addition, 25 per cent believe they have been asked to do something that would violate the collective agreement. Not surprisingly, 35 per cent of respondents say they have not been treated fairly by the Kelsey Trail health region, while 32 per cent are unsure. Thirty-one per cent say that their sense of duty to their employer has decreased in the last year.

With recruitment and retention a central concern for health care services in this province, these statistics paint an alarming picture of increasing staff turnover and staff shortages, unless action is taken to address underlying workplace problems. More than half (54 per cent) of respondents have thought of looking for work elsewhere, and 41 per cent would leave if they were offered a competitive rate of pay.

Overall, these survey results suggest entrenched problems at the management level and a pressing need to work towards enhanced labour relations with health service

providers. Given the significant workplace problems many workers already confront, the specter of privatizing or contracting-out services is a real concern, since all evidence suggests that would lead to even greater under-resourcing and increased workload. We already face major problems with a lack of continuity among staff in the home care area, for example. This problem would only be exacerbated by any reduction in resource allocation and workload.

Northern challenges

While resources in all of our health regions are stretched, there are challenges unique to the northern regions of Saskatchewan. In Mamawetan Churchill River and Keewatin Yatthe health regions, for example, both workers and patients face transportation barriers. Health care staff, particularly those in home care, must travel long distances in often treacherous driving conditions. These barriers need to be recognized and remedial measures put in place to support workers facing the challenges of distance and climate. In general, recruitment and retention issues are even more problematic in the north than in other areas. Small isolated communities are more likely to face barriers in attracting and retaining health care workers. Enhanced training and employment opportunities for northern and aboriginal residents is needed to ensure a stable workforce. SGEU is proud to have recently received a "Pioneer Champion of Change" award which acknowledges our participation in creating what has evolved into Representative Workforce Agreements in the health sector. It is vital that both unions and management continue to work hard to find ways to bring First Nations and Metis people into the health care workforce, especially in our northern regions, where residents have a right to see their language and culture reflected in the care they receive.

Assessing the system from the front-lines

While we support the concept of reviewing the health care system from the perspective of the health care patient, we know from our experience that front-line workers also have a unique vantage point from which to assess the system. The SGEU survey of Kelsey Trail health region members showed that, depending on location, between 17 per cent and 68 per cent of health service providers are not asked by their supervisor for their input on the work they perform. Front-line staff can provide a wealth of information, options and potential solutions to problems within the system. They only need the opportunity to engage in active dialogue and problem-solving. SGEU is committed to giving a voice to front-line staff to ensure that their perspectives are acknowledged and that their concerns are on the agenda. We would welcome a system review that focuses on a front-line worker perspective.

Conclusion: Build upon our strengths

We urge the Government of Saskatchewan to take bold new steps to re-build and revitalize our public health care system. Our pioneering efforts in public health care are

a legacy that we all take pride in and that we must not jeopardize by resorting to short-term, ill-conceived plans for cutting costs or meeting pressures for services. An adequately-financed, publicly owned and operated health care system can provide high standards of care and service. Rather than turning to the private sector, we urge government to draw on the experience of countries that have successfully maintained a comprehensive, universal, quality and publicly funded health care system.

Any changes we make to our health care services must focus on solutions that strengthen, rather than undermine, our public system. We need to ensure adequate resourcing and staffing of the public system to maintain positive health outcomes. Cutting staff to client ratios, for example, undermines our long term efforts to achieve improvements in population health. We must re-conceive management structures that alienate front-line staff and exclude their involvement and expertise.

We believe that the first step is to shore up our health care system by ensuring adequate resources, with a particular focus on manageable workloads for front-line staff; so that they can give quality care to the patients they serve. We further urge the government to expand the public system to include a pharmacare program, so that all citizens have access to the drugs and medical supplies they need. Rather than re-trench we need to think boldly about new program initiatives that will enhance the public health care system and improve the health status and quality of life for all of the people of Saskatchewan.

Sources

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Endnotes

¹ Gionet, Marc. p. 1.

² CCPA. p. 2.

³ *ibid.* p. 2.

⁴ *ibid.* p. 3.

⁵ *Ibid.* p. 3.

⁶ *Ibid.* p. 4.

⁷ *Ibid.* p. 5.

⁸ CUPE p. 9.

⁹ *Ibid.* p. 11.

¹⁰ *Ibid.* p. 12.

¹¹ *Ibid.* p. 12.

¹² B. C. Health Coalition. p. 2.

¹³ *Ibid.* p. 3.