SGEU Health Providers Bargaining Unit

Submission to the Advisory Panel on Health System Structure

September, 2016

SUBMISSION

SGEU

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Introduction

The following document describes the position of the Saskatchewan Government and General Employees' Union (SGEU) Health Providers' Bargaining Unit with regards to your structural review of the Saskatchewan health care system. This bargaining unit represents approximately 2000 workers in the Kelsey Trail, Keewatin Yatthé, and Mamawetan Churchill River health regions.

This submission identifies several key aspects of the health care system which we believe should be preserved and strengthened as a result of any structural changes you recommend. Our goal is to ensure that – regardless of how structures and organizations may change – the day-to-day experiences of the patients who rely on the health system, and the workers who care for them, are not adversely affected.

At your September 9 meeting with representatives of the unions representing health care workers, you were presented with a list of six principles which the health provider unions believe must guide any restructuring initiative. In keeping with those principles, SGEU has identified three aspects of the existing health care system which we believe must not be compromised in any new structure you recommend. Each of these aspects – union representation; staffing and service levels in rural and northern areas; and publicly-delivered services – is discussed in detail below.

Union Representation

The current union representation of health care workers in Saskatchewan should not be changed, regardless of what changes may occur to geographic or administrative structures. This is a position that SGEU holds in solidarity with the four other unions representing Saskatchewan's health care workers. Saskatchewan's health care system currently enjoys a stable and predictable labour relations environment, and there are several reasons why it would be counterproductive to alter this.

Avoiding representational changes minimizes stress for workers.

The continued delivery of high-quality patient care must be central to any restructuring of the health system. Creating stress and uncertainty for health care workers runs contrary to this goal, as this prevents workers from focusing fully on patient care and from performing optimally in their workplaces.[1] The current period of fiscal restraint throughout government has already created an atmosphere of tension for those employed in the health sector. Under such circumstances, workers expect clear communication and ready support from their unions. If workers are instead forced into a situation where their union representation is thrown into question, and they face the potential of losing access to their familiar union contacts and collective agreements, their anxiety and uncertainty will only increase. Putting unnecessary stress on health care workers is not in the best interests of patients.

Cooperation between parties makes changes unnecessary.

It should also be understood that forced changes in union representation, such as were implemented during the earlier reorganizations overseen by the Dorsey and Fyke Commissions, are not necessary in the health care system's current labour relations environment. An attitude of cooperation, amongst unions and between unions and employers, has been cultivated in the health sector in recent years. With employers and unions working together, it is entirely achievable for an agreement to be reached that will preserve existing union representation across the health system, regardless of any changes to its geographic or structural organization.

Such an agreement would not be unprecedented. In May 2016, SGEU, CUPE, SEIU-West, and SAHO reached an agreement that allowed for medical transcription to be reorganized as a provincially-delivered service under 3S health, rather than as a regional service delivered by individual health authorities. This was done while maintaining the status of the transcriptionists as employees of their respective health authorities, and without altering union representation of the workers. The creation of the province-wide transcription service is an excellent example of the ability of stakeholders to work together to achieve structural change, without causing major upheaval in the labour relations system. There are also other models of cooperative labour

[1] Extensive research has shown that health care restructuring results in reduced job satisfaction and increased burnout amongst nurses, and it is reasonable to expect that other health care workers would face similar negative impacts. (See, for example, Bonnie Jennings, "Restructuring and Mergers" in "Patient Safety and Quality: An Evidence-Based Handbook for Nurses." Rockville: Agency for Healthcare Research and Quality, 2008.)

relations, from outside the health sector and from other provincial health systems, which could serve as examples for maintaining a harmonious labour relations environment in Saskatchewan's health system.

Cooperation between government, employers, and unions has also created valuable partnerships – such as the January 2015 partnership agreement signed by SGEU, the provincial government, and the Kelsey Trail, Keewatin Yatthé, and Mamawetan Churchill River health regions. This agreement committed all parties to work together in areas such as promoting a culture of safety, increasing employee engagement, and reducing staff turnover. However, forced changes to the existing labour relations environment would badly damage the atmosphere of trust that makes such partnerships possible, reducing the likelihood that more partnerships will emerge in future. As with all negative impacts in the health system, it is ultimately patients who would suffer the consequences of this breakdown in trust.

Changes in union representation would be financially costly.

Part of the purpose of your review process is to identify financial savings that can be obtained through restructuring of the health care system. Forced changes to union representation would not deliver such savings, but rather would have the opposite effect. There would be significant costs involved with conducting representation votes (as were required by the Dorsey and Fyke Commissions) and with reconciling classification plans and pensions for workers moving into a different union with a different collective agreement. As changes to union representation are unnecessary, as outlined above, this represents an entirely avoidable expense for the already financially-strained health system.

Staffing and Service Levels in Rural and Northern Areas

Saskatchewan residents living in rural and northern areas of the province must not see their services reduced as a result of health care restructuring. Too often, reorganizations and the search for "efficiencies" become an excuse to lay off staff and leave vacant positions unfilled. And given this review's emphasis on amalgamating regionally-delivered services into a province-wide model, residents in remote and sparsely populated areas appear especially at risk of having workers and services removed from their communities.

Any restructuring of the health system that your panel recommends must not reduce existing service levels in rural and northern areas. However, simply maintaining the status quo would be a missed opportunity – restructuring offers an opportunity to more effectively serve patients by re-evaluating the number of workers and beds required to meet community needs.

Workforce reductions will impact quality of care

Saskatchewan's health care workers are already overworked. While the workload necessary to provide proper care has increased in recent years, the number of health workers has not kept pace. Existing staff complements are so low that health facilities often cannot provide coverage for sick or vacationing workers. This shortage of staff directly impacts patients, as workers are often too overstretched to deal with issues in a timely fashion, and too worn down with stress and exhaustion to perform at their best.

SGEU believes that restructuring of the health care system should be accompanied by a review of patient-to-worker ratios in all types of health facilities. The staffing levels in many facilities are currently inadequate to provide timely, high-quality care to their patients, residents, and clients. The level of care required differs between each patient, resident, and client, and often the need for a higher degree of care is not reflected in a facility's staffing level.

A commitment to establishing – and adhering to – formal, up-to-date patient/staff ratios would help ensure that patients receive optimal service no matter where they seek care. This is particularly necessary in rural and northern health regions, where recruitment and retention issues compound the problem of low staffing levels.

Rural ALC beds can improve efficiency and enhance care

The reorganization of the health care system presents an opportunity to correct an existing imbalance in Saskatchewan's health care system. As it stands, Saskatchewan faces a serious problem in dealing with Alternate Level of Care (ALC) patients. These patients occupy acute care beds, even though they no longer require the intense level of care that an acute-care setting is designed to provide. Often these patients are from rural areas and have received care at urban hospitals. They are then forced to wait longer than necessary in these urban acute-care facilities, because there are not enough sub-acute or rehabilitative beds near their home community to receive them.

This represents a loss for both the system and for patients. Having patients who no longer require acute care occupying acute care beds overburdens health facilities, and increases wait

times for other patients requiring acute care. Moving these patients to facilities near their home community would not only reduce the burden on urban hospitals, but would give patients access to the social and emotional support that comes with being close to home, which can improve their mental and physical well-being and speed their recovery process.

SGEU recommends that your panel examine the possibility of increasing efficiency in the health system by increasing the capacity for ALC patients in rural and northern areas. In some cases, such as with the Kelsey Trail Health Region, recent reductions in the number of acute care beds mean there is a clear opportunity for this increase in ALC capacity. By replacing these former acute care beds with beds dedicated to receiving ALC patients, the health system can make use of existing space and staff in order to reduce the pressure on urban hospitals, and improve quality of care by bringing patients closer to home.

Publicly-Delivered Services

As stated in our principles document, SGEU and Saskatchewan's other health sector unions are committed to health care that is publicly funded, publicly delivered, and provided on a non-profit basis. Restructuring of the health care system must not be used as an excuse to privatize Saskatchewan's publicly-delivered clinical and support services. To do so would be to allow private-sector profitability to take precedence over patient outcomes.

Private health care does not fit within Saskatchewan's health system

Saskatchewan's health care system is built on a model in which services are publicly funded and, in the great majority of cases, publicly delivered. The inclusion of private, for-profit service providers –especially those using a user-pay model – undermines this system, and reduces the cost-effective and equitable health care system that Saskatchewan people depend on.

In particular, the reorganization of services on a province-wide basis – an option your panel is mandated to explore – must not be a precursor to these services being contracted out to for-profit private firms. The province-wide consolidation of hospital linen services has already coincided with the handover of the service to a private company, and that example will no doubt attract other businesses that seek to take over and profit from consolidated services. In order to truly maximize efficiency in the health system, as well as deliver optimal patient care, public ownership and service delivery must be maintained.

Privatization increases complexity and reduces accountability

The involvement of private business in health care delivery and support adds an extra layer of complexity and unaccountability to the health care system. Privatization shifts the delivery of services to corporations that do not share the goals and objectives common to the public health system – profitability, rather than service quality, becomes the primary focus. Privatization also requires that complex and confidential contracts be negotiated and enforced (at significant expense to government.) As well, it reduces the stability of services, as private suppliers must be re-evaluated and potentially replaced at the expiry of each contract term. Given that your review is intended to increase efficiency in Saskatchewan's health system, a shift to private service delivery is clearly a step backward.

Privatization is frequently a cause of poor service quality

Privatization is routinely presented as a means to increase efficiency. In practice, however, the effect of privatization is more likely to be a reduction in service quality. Staffing levels, training standards, equipment quality and quantity, and the wages and benefits that help attract and retain excellent workers – these are all commonly sacrificed as private companies seek to maximize their profitability. In a health care setting, the results can be exceedingly dangerous.

A well-documented example of the danger of health care privatization is the outsourcing of hospital cleaning services. A 2016 study of California hospitals found that those which outsourced their cleaning services had greatly increased rates of hospital-acquired infections

compared to those which maintained in-house cleaning crews.[2] These findings were paralleled by recent research in British Columbia, where cleaning and other hospital support services were contracted out in 2003. After interviewing almost 100 hospital support workers and health professionals in the Vancouver area, researcher Dan Zuberi concluded that "simply put: outsourcing has made hospitals less clean and more vulnerable to outbreaks of infectious pathogens."[3]

[2] Adam Litwin, Ariel Avgar, and Adam Becker, "Superbugs vs. Outsourced Cleaners: Employment Arrangements and the Spread of Healthcare-Associated Infections." Industrial and Labor Relations Review, forthcoming.
[3] Dan Zuberi, "Cleaning Up: How Hospital Outsourcing is Hurting Workers and Endangering Patients." Ithaca: Cronell University Press, 2013.

Conclusion

SGEU believes that in order to be successful, any restructuring of the health care system must maintain existing union representation, must ensure that rural and northern health facilities are properly resourced, and must uphold Saskatchewan's tradition of publicly-funded and -delivered health care. We trust that you will consider these three points while developing your recommendations, and will put forth an updated vision for Saskatchewan's health care system that improves the experience for both those who receive care, and those who provide it.