



# *RESPONSE TO EXPRESSIONS OF INTEREST*

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CUPE Local 5430 Submission

to Saskatchewan Health Authority regarding  
Community Based Delivery of Level 3 and 4 Care  
Services



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# INTRODUCTION

CUPE Local 5430 welcomes this opportunity to make this submission regarding the future of Regina Pioneer Village.

The Canadian Union of Public Employees (CUPE) Local 5430 represents approximately 14,000 health care workers in the province who work in hospitals, special care homes, home care and in community and mental health. We represent 495 health care workers at Regina Pioneer Village who work as LPNs, continuing care aides, food services workers, environmental services workers, maintenance and clerical positions. Our members are highly dedicated to the residents at Regina Pioneer Village and advocate for the highest quality care for them.

## Replacement of Regina Pioneer Village long overdue

The previous health authority (Regina Qu'Appelle Health Region) and the Ministry of Health have known for years that there was an urgent need to rebuild the 390-bed Regina Pioneer Village. In 2014, a report by Vanderwiell Facility Assessors rated Regina Pioneer Village as the health-care facility in southern Saskatchewan requiring the most urgent repairs.<sup>1</sup> The report estimated at the time it would cost \$118 million to replace Regina Pioneer Village or \$59.3 million to repair.

Over the last decade there have been major plumbing, electrical, roofing, asbestos and mould problems plaguing the facility. Floor cracks or tears have often been repaired with duct tape,<sup>2</sup> water is turned off or limited when water main pipes break,<sup>3</sup> and the constant water leaks have increased the incidence of mould. In February of this year, a water line burst causing flooding and the closure of Unit 3East and the relocation of residents. This year, a total of 94 residents from Regina Pioneer Village have been moved to hostel spaces and Wascana Rehabilitation centre.

The former RQHR made proposals to the Ministry of Health over the years to replace Regina Pioneer Village but the government did not commit the funds. As a result, the former health region has spent \$7.7 million on repairs, maintenance and renovations over the past three years (2014-15, 2015-16 and 2016-17),<sup>4</sup> which has done little to resolve the

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<sup>1</sup> Ashley Martin, "Health buildings need \$2.2B in repairs; new report catalogues province wide need for fixes," *The Leader-Post*, July 5, 2014, page A1.

<sup>2</sup> Pamela Cowen, "Care Home 'Falling Apart'; Major issues with aging Pioneer Village," *The Leader-Post*, July 12, 2014, page A1.

<sup>3</sup> Ashley Martin, "Leaky pipe alters life at Pioneer Village," *The Leader-Post*, April 10, 2015, page A1.

<sup>4</sup> Pamela Cowen, "More patch jobs for aging Pioneer Village," *The Leader-Post*, July 29, 2017, page A2.

serious infrastructure problems. After years of expensive patch work repairs, the facility continues to have urgent infrastructure issues. The best solution is a new publicly-funded and operated special care home – a solution that should have been initiated years ago.

### **The Request for Expressions of Interest – road to privatization?**

The Saskatchewan Health Authority (SHA) issued a Request for Expressions of Interest (REOI) that called for “community-based delivery” of Level 3 and 4 care services for residents at Pioneer Village. The SHA is considering four options:

1. Maintenance and remediation at RPV;
2. Construction of a new facility;
3. Assessing alternative long-term care options through partnerships; and
4. Looking at new ways of providing services within other SHA long-term care facilities.

It is evident that this REOI is open to proposals from private providers of long term care. When the government opened the door to privatized surgeries and diagnostic services, it also referred to these services as “community-based delivery.”

CUPE Local 5430 believes that the SHA should not consider privately-delivered long-term care to replace publicly-funded and delivered care. We urge you and the provincial government to commit funding for the construction of a new publicly-operated long term care facility to replace Regina Pioneer Village.

### **Long Term Care in Saskatchewan**

In 2011, there were 8,475 designated long-term care beds (publicly funded) in the province. Despite the fact we have an aging population, the number of long-term care beds in special care homes has declined from 9,240 in 2001.<sup>5</sup> That is a 8.3% decrease in long-term care beds over 10 years.

Saskatchewan has one of the highest rates of public, non-profit long-term care facilities (92% of all facilities compared to 65% across Canada in 2008)<sup>6</sup>. This model has served our province well and should be enhanced for the growing aging population. By 2020, the Ministry of Health estimates that Saskatchewan’s population aged 75 and older will comprise 8.8% of our population, up from 7.5% in 2009.

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<sup>5</sup> Ministry of Health data on long term care beds.

<sup>6</sup> CUPE, Residential Long-Term Care in Canada: Our Vision for Better Seniors’ Care, 2009

Over the last two decades, the provincial government has allowed the expansion of private personal care homes to fill the need for long-term care. The number of personal care home beds in the province increased from 2,655 in 2004 to 3,688 in 2014 – a 39% increase in ten years.

The main concern with personal care homes in the province is the high cost of residence fees, fees that are not regulated by the province. Personal care homes do not receive any government funding. Fees can be as high as \$3,500 or \$4,000 per month, a cost that is prohibitive to the majority of seniors needing care who cannot find a space in a publicly-funded special care home. By comparison, special care homes charge \$1,106 to \$2,741 per month, depending on income.

The Sask Party government responded to the unaffordability of personal care homes by introducing a personal subsidy for residents, based on income. This is estimated to cost the provincial treasury \$6.9 million per year.

As our aging population grows, the government cannot rely on the private sector to fill the gap for long-term care. We need more investment in publicly-funded and operated, high quality long term care.

### **The Problems with Private Long-Term Care**

Level 3 and 4 Long Term Care (LTC) residents should expect to receive the best care possible to ensure they live with dignity and respect. The primary way to accomplish this goal is through the creation of public, non-profit services designed to meet the needs of an aging population.

The privatization of LTC has grown rapidly across Canada and has begun in Saskatchewan through the expansion of personal care homes. Recently the government has allowed pilot projects where personal care homes accept level 3 and 4 residents.

Strong evidence shows that private, for-profit LTC facilities have lower staffing levels, poorer quality of care, and require residents to pay more for the care they need out-of-pocket.

The main reason that private, for-profit LTC facilities have a lower quality of care is that they have lower staffing levels. Research shows that staffing levels are directly related to residents' health outcomes. For example, lower staffing levels are associated with higher rates of resident falls, fractures, infections, weight loss, dehydration, pressure ulcers, incontinence, agitated behaviour, and hospitalizations.

Studies have shown that private, for-profit LTC homes are associated with lower quality of services and poorer resident health outcomes, including an increased risk of hospitalization. When LTC residents are hospitalized, they often develop medical complications and hospital-acquired infections, returning to their facility functionally and cognitively more impaired.

In addition to suffering worse health outcomes and receiving lower levels of care, residents in private, for-profit LTC homes end up paying more for the care they need out-of-pocket. Private LTC homes are profit-driven enterprises and user fees are an important source of revenue. For example, extra fees are often charged for private and semi-private accommodations, rehabilitation services, non-prescription medications, and amenities like cable television. Access to care and a good standard of living should be based on need, not an ability to pay.

CUPE is particularly worried about the “market” and “choice” based models of care the SHA is currently exploring through the REOI. As with the privatization of other public services, the promise of market-based choices in LTC means that residents and their families will have to purchase additional services and amenities not offered as part of a facility’s minimum care package to obtain the care they and their family member need and deserve.

## **CONCLUSION**

Privatizing LTC is not the best way to meet the growing needs of Regina’s aging population. The costs to residents, their families, workers, and the health care system are too great. Therefore, we do not support Option 3 for any form of alternative long-term care options through privatization or public-private-partnerships (P3s).

There are many challenges facing our system of long term care that must be addressed. But, the research is unequivocal – the best way forward is to create public, non-profit solutions that’ll ensure residents living in or entering LTC receive the highest quality of care possible and the dignity and respect they deserve.

CUPE Local 5430 urges the SHA to construct a new long-term care facility to replace Regina Pioneer Village. A new facility could be designed to incorporate leading research on seniors’ care. We believe this is the best and durable solution for the long-term needs of seniors. A new facility will also relieve pressure on our acute care facilities who have beds occupied by seniors waiting for long-term care placement.

Alternatively, if the provincial government does not provide financial resources for a new build, then we recommend the SHA invest in further maintenance and remediation of the existing facility.

We do not believe that other publicly operated long-term care facilities in Regina, including affiliates, have the capacity to absorb Regina Pioneer Village residents. Therefore, we do not believe that Option 4 is viable.

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