

**MANITOBA REGIONAL OFFICE**

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**SENT VIA EMAIL: [minhsal@leg.gov.mb.ca](mailto:minhsal@leg.gov.mb.ca)**

June 9, 2020

Honourable Cameron Friesen  
Minister of Health, Seniors and Active Living  
302 Legislative Building  
450 Broadway  
Winnipeg, Manitoba  
R3C 0V8

Dear Minister:

**RE: RECOMMENDATIONS TO IMPROVE LONG-TERM CARE IN MANITOBA**

As you know, the COVID-19 pandemic has exposed serious failings in Canada's long-term care sector.

Four out of five COVID-19-related deaths in Canada are in long-term care facilities. While Manitoba has to-date weathered the pandemic better than most jurisdictions, we know the real vulnerabilities that exist in our long-term care facilities. The Canadian Union of Public Employees recently launched a nation-wide campaign calling on the federal government to enact and enforce national standards, adequate staffing levels, and the removal of the for-profit model in long-term care.

CUPE Manitoba provided a report to the Department of Health, the Minister of Health, and the Deputy Minister under the previous government, and we wish to share with you our updated recommendations from that report, all of which are still applicable today.

We believe our recommendations can help build a stronger, more accountable, and safer long-term care sector in Manitoba for residents, staff, and families alike.

Our full report is available online or on request, however for the sake of expediency we have included our recommendations in this letter, some of which have been updated as a result of COVID-19. We have raised and acknowledge the recruitment and retention challenges in the North, and are open to discussions on how to address the serious staff shortages in the northern region.

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**MARK HANCOCK**

National President/Président national

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National Secretary-Treasurer/Secrétaire-trésorier national

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General Vice-Presidents/Vice-présidences générales

Honourable Cameron Friesen  
June 9, 2020  
Page 2

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We hope that you will find the time to review these recommendations, and use them to build a strong, fully public long-term care system coming out of this pandemic.

As always, we are willing to discuss further.

Yours sincerely,

**Abe Araya, President, CUPE Manitoba**

**Daniel Richards, Chairperson, CUPE Private Personal Care Home Committee**

**Debbie Boissonneault, President of CUPE 204**

*Representing health care workers in Shared Health, Winnipeg Regional Health Authority*

**Darrin Cook, President of CUPE 4270**

*Representing health care workers in Southern Health-Santé Sud*

**Christine Lussier, President of CUPE 8600**

*Representing health care workers in the Northern Regional Health Authority*

DJ:cbc/cope 491

cc: Premier Brian Pallister  
Wab Kinew, Leader of the Official Opposition  
Dugald Lamont, Leader of the Manitoba Liberal Party

## **Summary of Recommendations to improve Long-Term Care (LTC) in Manitoba**

### **1. Increase Staffing Levels**

- Immediately raise Manitoba's care standard to 4.1 worked hours per resident per day (HRPD) and ensure that all LTC facilities are legally bound to these minimum staffing levels. This is the level of staffing that the Centre for Medicare and Medicaid Services determined to be the minimum staffing levels required to avoid jeopardizing the health and safety of residents.
- Other studies have indicated that staffing levels of between 4.55 and 4.8 HRPD are needed to begin to actually improve outcomes for patients. We would recommend the government further investigate the impacts on residents and staff of adopting these higher ratios.

### **2. Improve Working Conditions and Education**

- One of the challenges faced by the LTC sector during the pandemic was the significant number of workers who hold EFTs at multiple locations. To deal with this issue, the government unilaterally imposed rules which violate workers' rights and our collective agreements. We would point out that this problem was wholly created by the health care system, as for decades there has been a concerted effort to create part-time positions, rather than full-time. We continue to recommend that health care employers commit to creating full-time positions as they become available. Further, we would be open to exploring a program where workers that are currently permanently employed at multiple sites may voluntarily consolidate their employment at a single worksite.
- The Province of Manitoba should review Health Care Aide (HCA) training in Manitoba with the intention of bringing all certification under provincially funded schools and programs. These programs should be standardized to ensure uniformity in training. These programs need to be barrier free, ensuring that immigrants and low-income Manitobans have equal access to high quality, affordable training. The government should work with Red River College to reverse the previous decision to require students in the HCA training program to pay for 100% of the costs of the program through tuition. This review should also look at the issue of foreign training and credentials, including equivalency testing where appropriate, to ensure that that the training and education of immigrants are properly recognized.
- Until such a time as all LTC facilities are brought under public ownership, the Province of Manitoba should require that all private LTC facilities provide the same, or equal,

pension and benefits as presently made available to public LTC workers through HEB Manitoba (Healthcare Employee Benefit Plans).

### **3. Higher Standards & More Oversight**

- Given the key relationship between adequate staffing levels and patient outcomes and quality of care, we recommend that staffing levels be incorporated as one of the core standards, and that these include specifications for hours for non-nursing and non-physician care.
- Work environment issues should be incorporated into the regulation standards and that input from staff on workplace environment be solicited, through a confidential process, as part of the inspection process.
- We recommend that the number of unannounced visits to personal care homes (PCH) be increased. These inspections should take place at minimum on an annual basis, and more frequently at sites where past violations have taken place.

### **4. Greater Transparency**

- We support the recommendation made by the Office of the Auditor General that the government “enhance publicly available information on PCHs to include information on compliance with PCH standards”, and further recommend that the government implement a public reporting process and better access to information, and that daily staffing levels be posted in facilities where both staff, residents and the public can view them. The results of Standards Reviews, and compliance with other quality indicators, should be posted in facilities and on health authority or department websites.
- Support residents and their families to be advocates for better care by establishing a Residents’ Advocate, independent of facility management, to work with resident councils and report to an appropriate body, such as the Protection for Persons in Care Office, capable of carrying out, or overseeing, independent investigations by a delegated authority and to whom complaints received by operators are also submitted. The results of Standards Reviews and compliance with other quality indicators should be made available to resident councils and the residents’ advocate.
- We would encourage the government to mandate the Ombudsman to undertake an education campaign in the LTC sector, both private and public, to educate workers about their rights under *The Public Interest Disclosure (Whistleblower Protection) Act*.

## 5. Public Long-Term Care

- As we are seeing across the country, publicly owned and delivered LTC facilities are doing a much better job of responding to the pandemic than its private, for-profit counterparts. We believe that a significant part of Manitoba's success in keeping COVID-19 out of LTC homes is the relatively few number of for-profit PCHs in the province. The only reported COVID-19 PCH outbreak to date in Manitoba occurred in one of Manitoba's few private, for-profit facilities. We would recommend that the current government continue in this practice and ensure that all new PCH be publicly owned and operated. Further, we would recommend that the province look towards bringing current private facilities under public ownership.
- That the Manitoba government support calls from union, civil society, and the community at large for the federal government to substantially increase federal funding to LTC by extending medicare to cover LTC, tied to legislated standards, including universality and other *Canada Health Act* criteria.
- That the Manitoba government lend its voice to the call for the federal government to develop a national Alzheimer's and Dementia Strategy.

The full report can be found online at: <https://cupe.mb.ca/files/2013/07/LTC-Report-for-web.pdf>