

Innovations in Home Care: A Public Policy Perspective – Uncovering the Systemic Issues in Home Care

Wynona Giannasi, Howegroup
May 16, 2012

- Acknowledgements
- The context
 - The work of the Seniors Care HR Sector Committee
- The HR Strategy
 - A balanced review
- Focus on Home Care
 - Findings and recommendations

Overview

Employers **Schedulers**

Community Health Workers

BC Care Providers Association

HEU **BCGEU** **HEABC**

BC Government

Health authorities

WorkSafe BC

Education partners

Acknowledgements

- Established under provincial Labour Market Partnership Program to oversee development & implementation of sector HR strategy
- Comprised of Industry, government and union representatives
- Mandate to understand HR climate for seniors workers and develop strategies for attracting and keeping seniors care workers [the strategy]

Context: Seniors Care HR Sector Committee

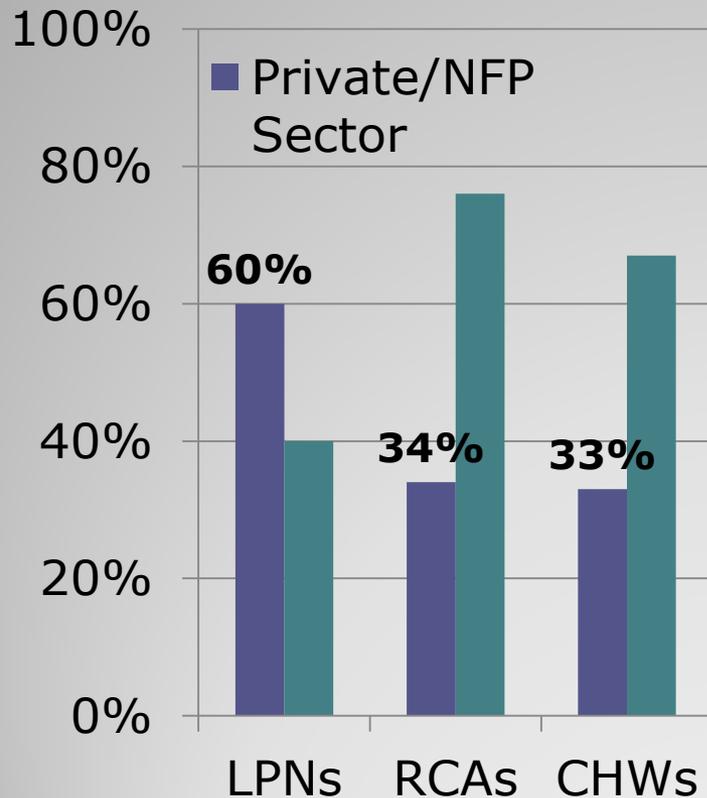
Effective recruitment & retention strategies for seniors care workers

The HR Strategy

- Multiple lines of evidence identified issues, gaps, barriers to recruiting & retaining seniors care workers:
 - Labour market analysis (HEABC)
 - HR needs assessment (stakeholder consultation)
 - Best practice/literature review
 - Action planning sessions with key stakeholders (qualitative focus): implementation/sustainability

A balanced approach

- The sector employs a combined total of more than 14,000 British Columbians in these occupations



94% of BC seniors are living at home

33,000 clients in BC received over 8 million hours of home care services (09/10)

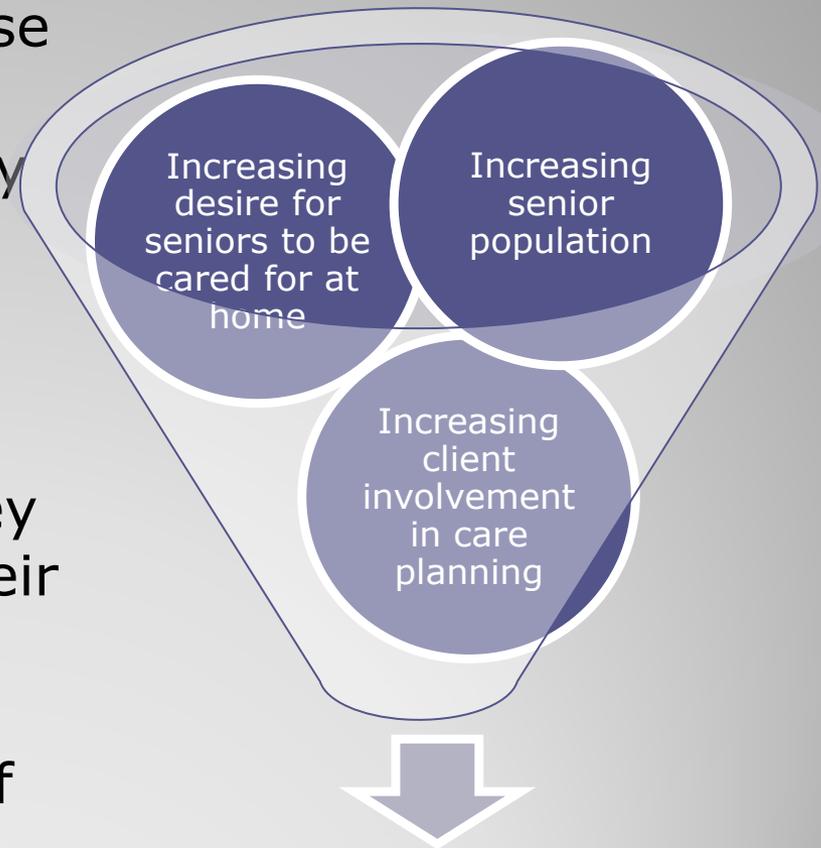
What the evidence tells us: relevance

- ***Sufficient supply*** of next generation LPNs, RCAs & CHWs
- Challenges with ***retention*** of casual employees:
 - CHWs (50%), RCAs (50%) and LPNs (59%)
 - Turnover within residential care and home care
 - Retention problems > recruitment problems
 - Expectation retention of casual CHWs will become more difficult in the next two years (60%)

What the evidence tells us: impact

- **Socio-demographic factors**

- Seniors population on the rise (15% now, 25% by 2036)
- Reduced availability of family support and other informal caregivers will increase demand for formal services
- Seniors increasingly looking for quality and choice as they manage their care within their own homes
- As working-age population shrinks, so will availability of public funds and workers to deliver seniors health care



Increased demand for Community Health Workers

What the environment tells us

- **Technological factors**

- Utilization of technology for complex scheduling tasks and managing the workforce has reduced opportunities for personal contact between occupations

- **Political factors**

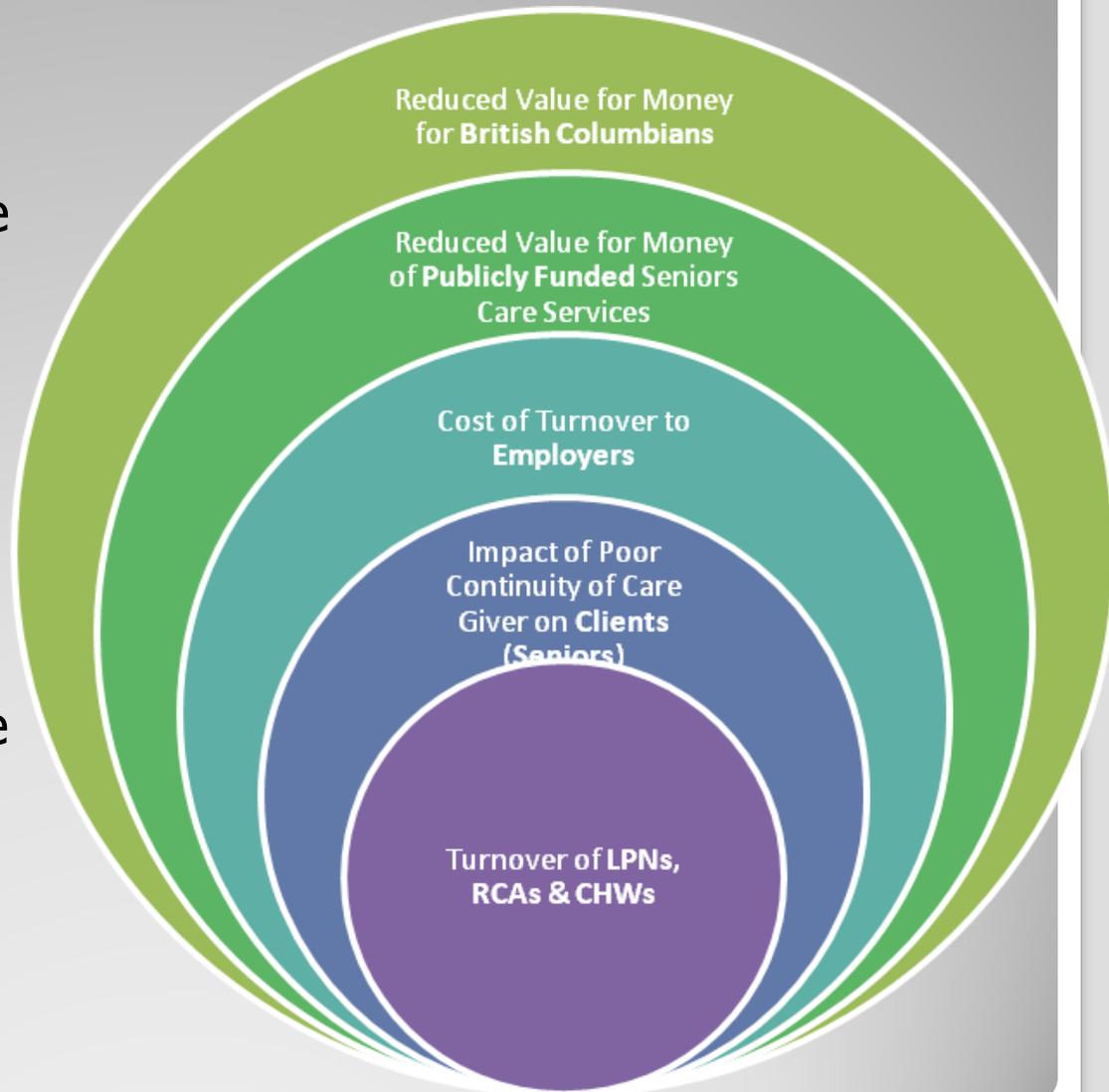
- Increased pressure on limited funds → need to explore alternative options to finance/deliver quality health care
- Expectation that private and NFP can do more with less

- **Economic factors**

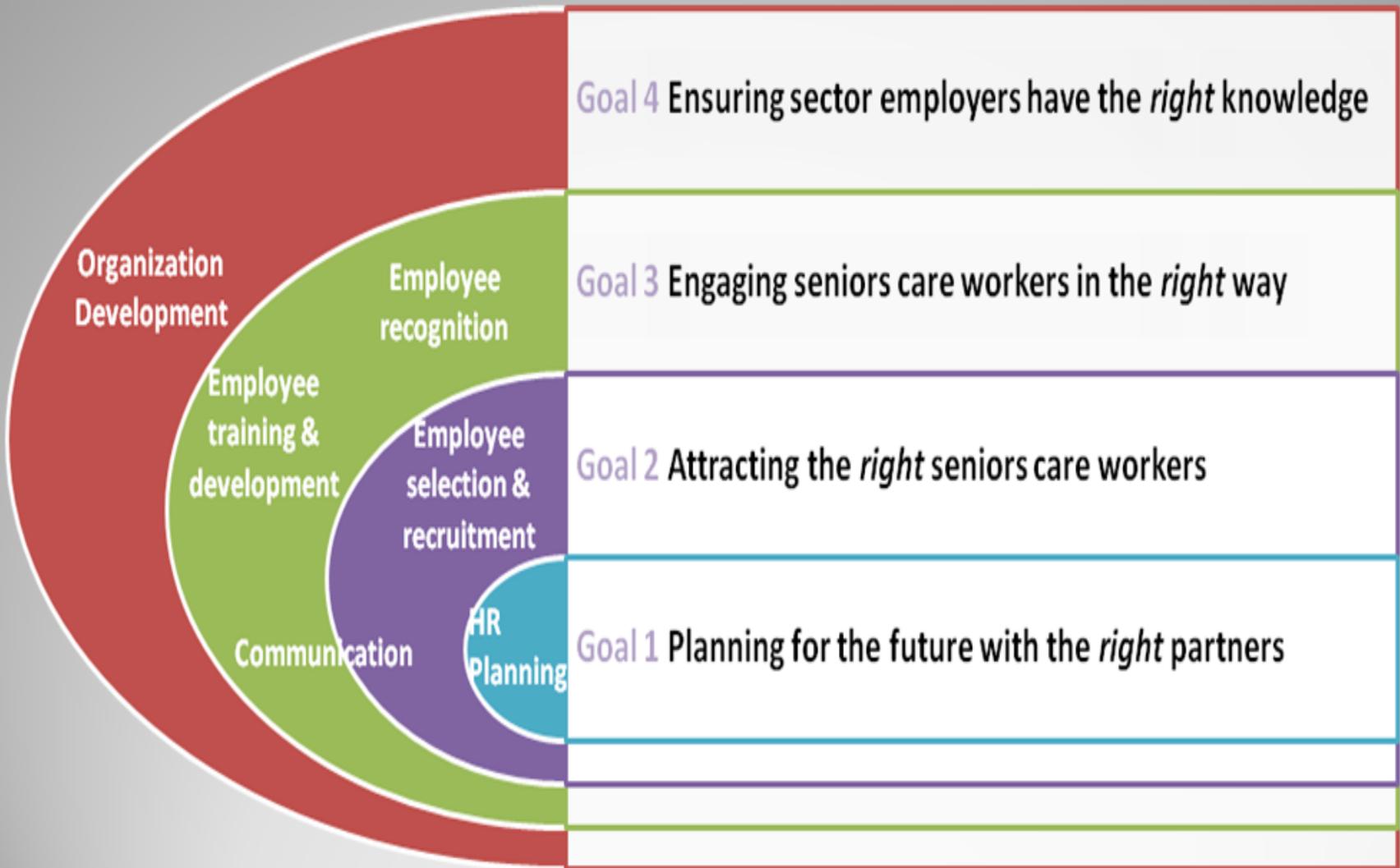
- Health care costs > available funds
 - → casual employment → turnover

What the environment tells us

- Clear tension exists between province-wide desire to provide consistent, high quality care to BC's seniors and the economic pressures to lower labour costs
- The extensive use of casual employment is known to increase the likelihood of turnover



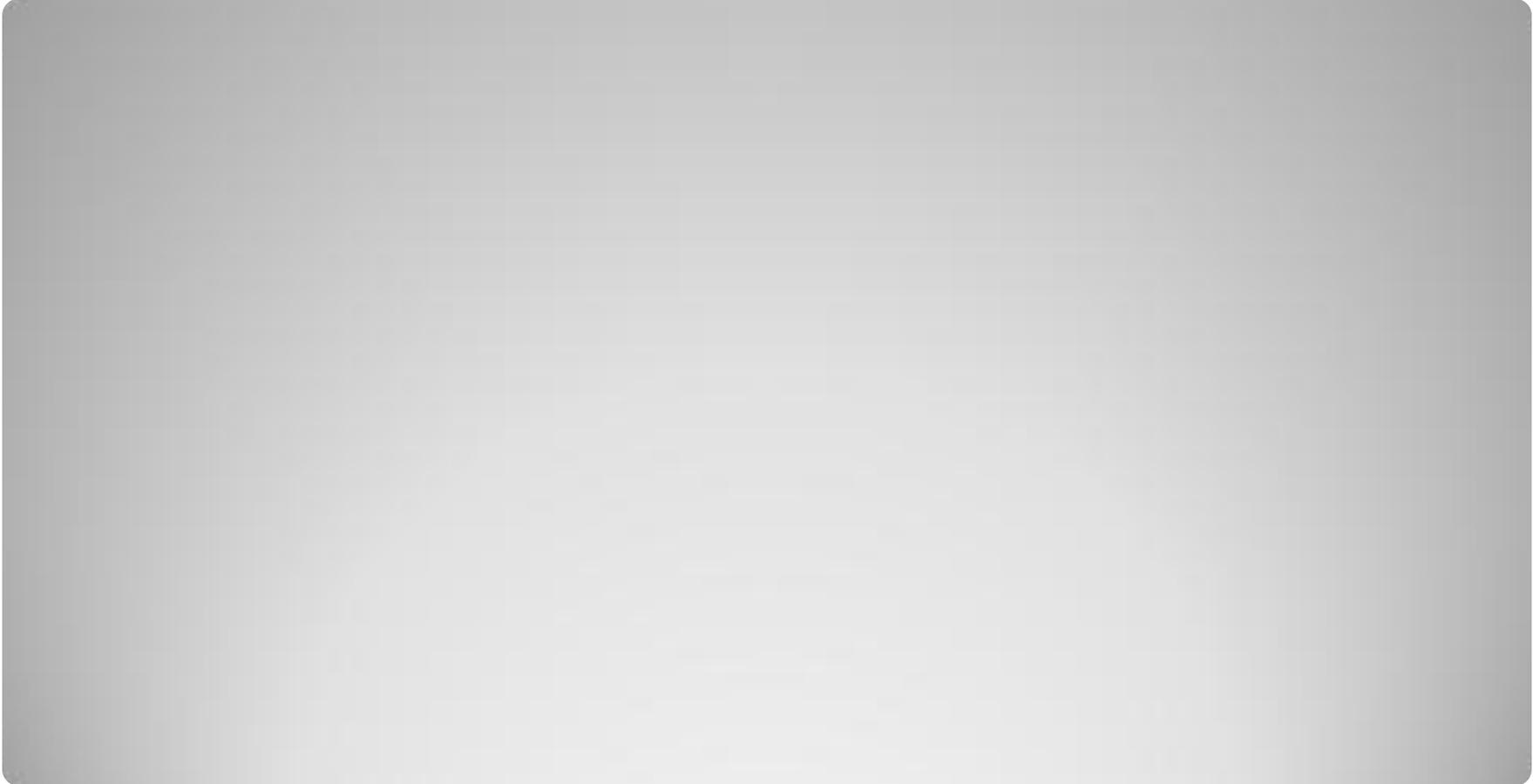
The impact of turnover



The Strategy

- Proclamation of Seniors Care Workers day
- Responsive Shift Scheduling pilots
- Increasing the profile of new Canadians that are employed as RCAs and CHWs
- **Home Care Scheduling Review**
- Development of a sustaining body for HR Committee underway

Achievements since 2011



Home Care Review

- Purpose to analyze feasibility of alternative scheduling models for CHWs
- Scope and focus was adjusted after:
 - Stakeholders revealed critical system-wide issues as barriers to moving forward
 - Lack of data to support new scheduling models- examples: impacts to workers and clients (changes in sick time, injuries, engagement, satisfaction, and how these translate into cost savings)
- **And hence ... the uncovering of the systemic issues**

Purpose & intent

- Sector home support representatives
 - Front line staff
 - Decision-makers
 - Schedulers
 - Union representatives
 - Health authority and Ministry reps

- Key objectives related to scheduling
- Current challenges with scheduling
- How high scheduling challenges fell within organizational priorities
- What has been done to overcome challenges with respect to scheduling

An inclusive approach

- Casual workers absorb fluctuations in client demand
 - Majority (58%) employed on a casual basis:
 - With no guarantee of weekly hours
 - Subjected to unfavourable and unrealistic availability expectations
 - Experience low level of commitment from employers
 - Increased onus on CHWs to check in with head office on their own time/at their own expense
 - Reimbursement for travel expenses has not kept pace with the true costs of fuel and vehicle maintenance over the last five years

Labour market and work environment for CHWs posing supply challenges

Why CHWs come

- Low barrier to entry (short, inexpensive, and sometimes subsidized programs)
- Promise of a decent job with intrinsic and adequate extrinsic rewards

Why CHWs stay

- Relationships with clients
- Enjoy independence of home support work
- Depend on pay & benefits (if regular position)

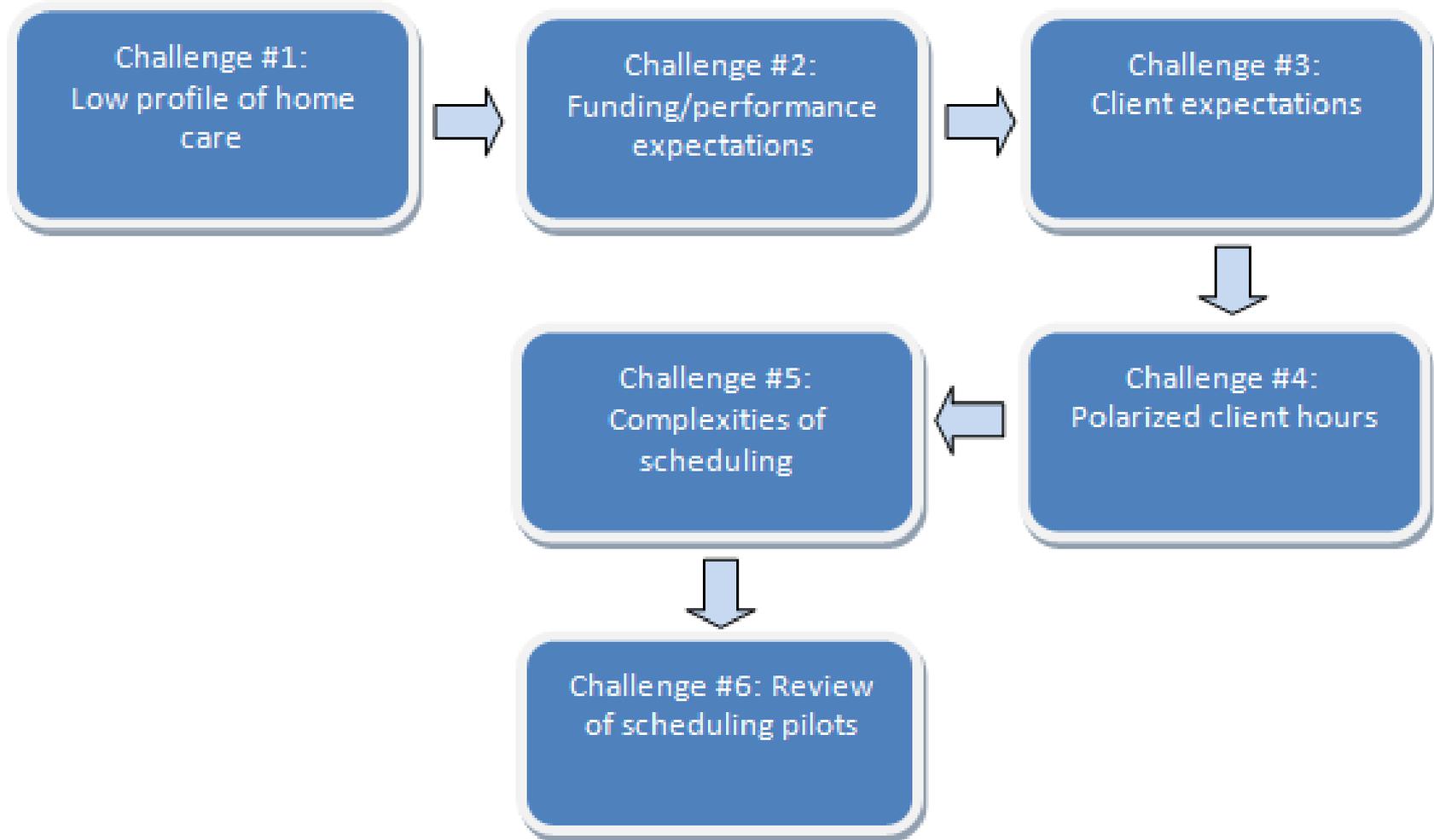
Why CHWs go

- Increasing expectations (not related to patient care) without compensation
- Involuntary loss of hours, relationship with clients, or regular position due to contracting out or other organizational change
- Better opportunity with another home care provider or residential care facility

What we know about the workforce

- Employer challenges
 - Providing sufficient hours for regular staff
 - Retaining casual staff compared with working conditions in residential care and in the public sector
 - Complying with health authority performance indicators
 - Complying with the Collective Agreement
- CHW challenges:
 - Work/life balance - key barrier to remaining in the industry
 - Asking for more consistent schedules, a guarantee of hours and improved working conditions through more effective scheduling
- Union challenges supporting their members

Scheduling: top strategic & operational priority



Pathway of systemic challenges

- Home support not seen as a 'career of choice'
- Residential care currently seen as more desirable
- Home support vastly undervalued
- Home support lacks competitive advantage

"For some reason, even though Community Health Workers need more maturity, discernment and decision making ability, home care pays less than residential care."

- Educator

Home support lacks a positive profile

- Perception of inequity of funding to meet client needs:
 - Client fee structure applied on a per diem basis
 - Reporting continues to be based on services hours
 - Service providers are paid under cluster billing arrangements to provide specific tasks for clients, not necessarily to provide set number of hours of service
- Performance based contracts causing concern with sector employers who have bid on contracts with set parameters
 - Are the performance expectations realistic?
 - Continuity indicator
 - Geographic spread of clients
 - Is communication between contract managers & employers effective?

Funding model at odds with performance requirements

- Case Managers are entry point for seniors receiving home support
 - Information and realistic expectations setting with clients/families
- Issue: home support used to be provided on a set time or hourly basis and now it is task based (notwithstanding medication administration, etc.)
- Clients need up to date communication about when their services will be provided.
 - Challenges in perceptions of acceptable services otherwise

Case manager messaging incongruent with scheduling requirements

- Demand for client care heaviest in morning (60%) & evening (30%)
- Impact on scheduling is significant
 - Shortage of work hours during the day, split shift requirements, a lack of work-life balance, and a challenge for CHWs in making ends meet
 - Block funding model poses challenges in balancing CHW and client needs, while managing their bottom line



Peak client hours and sector financial needs do not accommodate regular schedules

- To accommodate both client and CHW needs:
 - Split Shifts
 - CHWs receive more consistent hours during two specific periods of work split by an unpaid amount of time
 - Fixed Hours
 - Regular work schedule offers more consistency of hours for employees and care for clients.
 - ** Review of pilots underway with five employers across BC (led by Janet Williams)

Scheduling Pilots

Advanced scheduling

Match CHW skills & other attributes

Match CHWs' schedule preferences

Managing complexity

Contracts with health authorities

CHW sick time

Labour regulation

Collective Agreement

Employer policies

Basic

Match available CHWs to...

Clients

The art and science of scheduling

- Required: aptitude for working in a fast paced environment and managing multiple priorities within a constrained environment with competing demands and view points and continual change
- No formal scheduler training
 - Majority of existing (employer) scheduler training focuses on software training
- Little opportunity to systematically learn how to navigate scheduling
- Schedulers openly expressed desire for more training to be better equipped to effectively schedule CHWs
 - Home support leaders and CHWs support this

Everyone agrees on the need for training

- Scheduling pilots have and are being conducted across the province
 - MOA #17: Home Support Scheduling – Fixed Hour Positions
 - MOA #18: Home Support Scheduling – Split Shift and Reduced Hours Positions
- No standardized, systematic approach to collecting outcome data
- Lack of clarity with respect to moving forward once pilots have concluded
- No method for informing longer-term sustainable improvements using evidence-based decision making from pilot evaluations

Lack of systematic approach to evaluating scheduling pilots

- Improve the profile of home care: Home Care Summit
- Alignment of further communication about client expectations in the sector with recommendations from the Ombudspersons Report on Seniors Care
- Summary of key findings to partner stakeholders
- Training program for schedulers

The recommendations

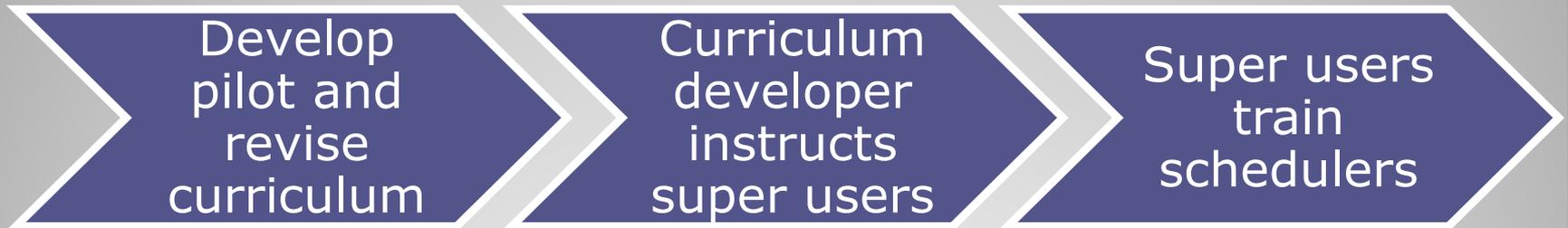
- To bridge public and sector challenges through developing a more prominent voice for home support
- To work through underlying perceptions and misconceptions in a non-bargaining or negotiating climate
- To increase the profile of home support through collaboration of key partners
- While distinct issues remain between public and sector providers, a combined effort stands to yield greater benefits with respect to creating a higher profile for home support throughout the province

Home care summit: October 2012

- Participation from
 - Sector employers
 - HEABC
 - Community Bargaining Association
 - BC Care Providers Association
 - Ministry of Health
 - Health authorities
 - Post secondary health care training providers
 - CHWs
 - Clients and families

Home care summit

- To focus on the complexities of scheduling
- With funding from the Joint Community Health Retraining Fund scheduler training is being developed:



Develop scheduler training curriculum: Fall 2012

- Key findings beyond the mandate of the Committee:
 - Implementation to reside with lead stakeholder organizations for sustainability/role clarity and respect for organizational mandates within a highly political environment
- Provision of an account of findings to:
 - Health authority leaders
 - To increase communication/clarity on performance expectations & set realistic expectations clients/families
 - HEABC and the Community Bargaining Association
 - To conduct a systematic review of scheduling pilots, with clear performance indicators and a feedback loop to inform improvements to scheduling through partner channels

Account of findings to partner stakeholders

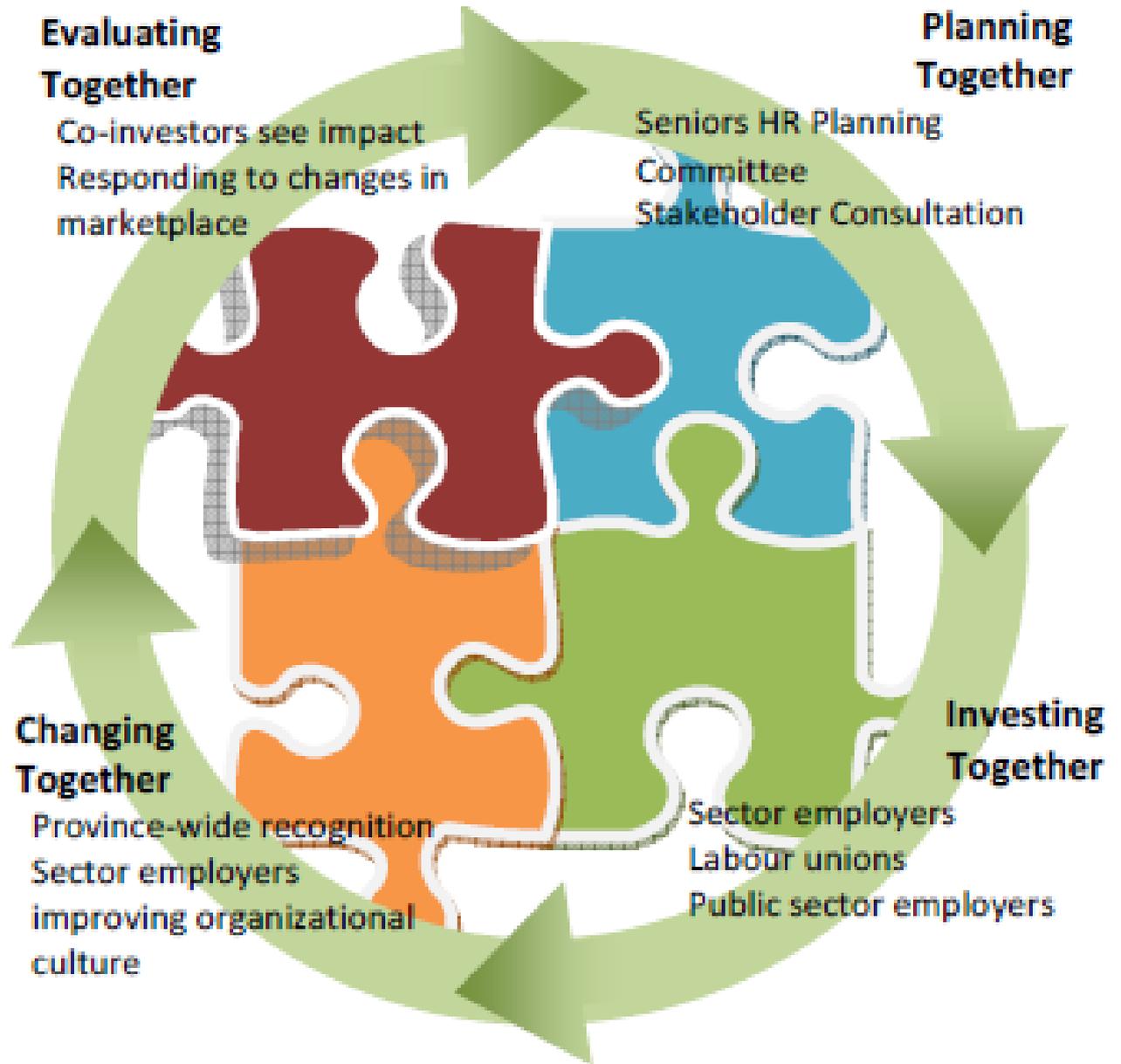
- Home support fragmented/faced with continual constraints from multitude of differing perspectives
 - Funding and performance reporting structures
 - Understanding of Collective Agreement language
 - Using evidence to drive improvements
- Lever for change = high importance on improving the scheduling situation of CHWs to directly impact retention

Final thoughts

- Openness to collaboration and innovation
 - Between industry, labour, government and education partners critical
- Commitment from sector employers, labour unions and public sector employers required to sustain time-limited provincial funding and leverage investments from other partners
- Recommendations alone may not improve the strength of the sector's workforce – the impacts of a collective change will
- A culture of continuous improvement will help to drive the HR Strategy forward, benefiting the strategic direction of seniors care human resources and enabling a transparent and accountable process

Collaboration is key

Collaboration is key



- Turnover in residential care and home care is impacting the cost, acceptability and safety of seniors care
- We need to attract and keep the right people in the right roles to care for seniors
- Question remains: Do we value our seniors and our workers enough to change our values and our priorities?
 - It is then that we will initiate change and reap the benefits from our actions

Wynona Giannasi, MPA

Partner, Howegroup

wynona.giannasi@howegroup.ca

604.506.5486

Questions?