

Take Care: COVID-19 pushes long-term care issues into the spotlight

After years of warning signs and health-care worker unions sounding alarm bells, it took a pandemic to cast a spotlight on the realities inside Saskatchewan's long-term care homes.

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Published Mar 06, 2021



Beverley Hartnell holds a photo of her father, Bernard Hartnell, in front of her home in Regina, Saskatchewan on Feb. 2, 2021. Bernard was a resident at Santa Maria Senior Citizens Home until he died of COVID-19 in January 2021. PHOTO BY BRANDON HARDER /Regina Leader-Post

[Read part one: Sask. LTC homes raised warning signals long before outbreaks](#)

Read part three: Pandemic is Sask's best chance for change in long-term care

Dressed in a medical gown, face shield and mask, Beverley Hartnell sat six feet away from her father, watching at a safe but unbearably long distance as he struggled to breathe in his room at a Regina care home.

She desperately wanted to close that gap, but she was not allowed to hold his hand or give him a hug.

As bleak as the situation looked, Hartnell held on to hope, remembering her grandmother had survived the Spanish Flu in 1912.

“Oh, we Hartnells, we're tough,” she thought.

“But we weren't tough enough I guess. Not this time, not against COVID.”

On Jan. 11 — a mere 16 days after testing positive for COVID-19 — Bernard Hartnell passed away at the age of 88. He was the fourth resident at the Santa Maria Senior Citizens Home to die after testing positive. Twelve more followed, including Arlene Sostorics.

Arlene's daughter, Paula Sostorics, did not even get to sit in the same room as her mother died. Instead, on Jan. 30, she watched Arlene take her last breaths over FaceTime, staying away out of concern for other family members' vulnerability to the virus.

Delirious and feverish, Arlene spent her last hours begging to die as her daughter peered helplessly at the screen.

“The way the disease hit her so hard, it wasn't just about her lungs,” Sostorics said. “I think everything in her body was inflamed. She was in so much pain.”

As Saskatoon's Luther Special Care Home reported its first few cases of COVID-19, Leslie Bell worried for her husband Ron, a resident there. When he initially tested negative, she hoped he would escape the virus.

But a positive test followed a few days later.

“Very quickly then he developed a secondary infection and he was dehydrated, so they moved him to St. Paul's Hospital,” Bell said.

As he lay dying in the hospital's COVID-19 ward, Bell was told she could now visit her husband, but she would have to wear all the appropriate PPE and couldn't touch him. In her 70s and having already said her goodbyes, Bell ultimately decided not to risk contracting the virus by entering the hospital. Her husband of 56 years died in November, a week after his transfer to hospital.

More than 100 families across Saskatchewan have walked similar grief journeys, losing loved ones to COVID-19 acquired in long-term care facilities.

Long-term care outbreaks came late, but hard to Saskatchewan

For the first nine months of the pandemic, Saskatchewan residents watched aghast as the eastern provinces struggled to contain outbreak after outbreak in long-term care facilities. Stories emerged of mounting death tolls, and homes left with few staff to run them.

Saskatchewan appeared poised to escape the same fate. But if there were lessons to be learned from such devastation during the first wave, Saskatchewan's long-term care system was equally ill-equipped to heed them when the second wave hit.

By November, Saskatchewan's gaze was forced inward as Luther Special Care Home in Saskatoon became the province's first long-term care home to report a widespread outbreak.

Facility after facility followed in the next three months, with tragic results: nine resident deaths and at least 39 testing positive as COVID-19 swept Luther Special Care Home. At Regina's Santa Maria, 16 residents died, while 84 residents and 22 staff were infected.

But the worst toll was at Extencicare Parkside.

More than 200 residents and staff tested positive at the Regina home, with 41 residents dying. Extencicare, which owns five facilities across the province, is the only for-profit long-term care provider in Saskatchewan. The company has come under heavy fire throughout the pandemic for its use of four-bed rooms and alleged understaffing.

In an emailed statement, Extencicare said Parkside had a "full staff complement" when the outbreak started, but said the difficulties came when numerous staff were forced to self-isolate, making it "very difficult to meet resident needs and combat the outbreak." At that point, Extencicare said it reached out to the SHA for help and within a few days, a co-management agreement had been signed.

As of Feb. 24, 43 Saskatchewan long-term care homes have reported outbreaks and a total of 120 residents have died after testing COVID-19 positive, according to the provincial government.

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Pandemic exacerbated longstanding issue of understaffing

Two long-term care workers spoke to the Leader-Post on the condition of anonymity for fear of losing their jobs. They recounted years of working short-staffed, of not being able to meet all their residents' needs and of feeling demoralized by their inability to care for their residents well.

For one continuing care assistant (CCA) who has worked in a long-term care facility in southern Saskatchewan for 35 years, it took an outbreak for staffing levels in her facility to temporarily improve.

Of her facility's 125 residents, she said she is typically responsible for 22 of them together with one other CCA. But if the home is short-staffed that day, she winds up looking after all 22 on her own and is left scrambling to find another staff member to help her every time she needs to lift or move a resident. She estimated her residents pull their buzzers for help around 75 times per shift.

Her facility has long had what she called a "non-replacement policy," so if a staff member calls in sick or has to take time off work for another reason, that person is not replaced.

"Then we work short. They don't like us to say that, but that's what we call it," the CCA said.

This practice continued until an outbreak was declared in the facility.

"When we were positive in our facility, they gave us extra staff, they replaced everybody ... As soon as that outbreak was over, it went back to not replacing," she said.

"We just don't have the time to spend with (residents), so instead of doing 20 minutes of care, you're doing 10. You're finding shortcuts as much as you can. Sometimes their care doesn't get done."

Barbara Cape, president of SEIU-West, which represents many of the province's long-term care workers, said this type of non-replacement practice is common because homes can save costs on overtime. She said it leads to a lower quality of care and is "shortchanging" the province's seniors.

Another CCA, who has worked in a rural long-term care facility for nearly two decades, said there are typically nine CCAs for her home's 54 residents during the day. That drops to five CCAs in the evening, and then just two between midnight and 7 a.m.

"The nights aren't safe," the CCA said. "You could be on one end of the building and not know if somebody fell, unless they're capable of pulling their own buzzer."

Over the years, she has seen more and more residents needing higher levels of care enter the home. Gone are the days of residents still having a drivers licence or being able to get out of bed on their own in the mornings. Now the vast majority of residents require

assistance for basic tasks like bathing, dressing and toileting, meaning the same ratio of staff to residents as in decades past no longer allows for proper resident care.

The pandemic only worsened staffing issues, even though her facility has been spared an outbreak.

Lockdown meant no family members or volunteers could come into the home. The CCA said normally the home relies on these people to help with the residents' mental health, taking them outside and sometimes even feeding them.

Then, as schools closed, some staff members were forced to take time off work to be at home with their children, crippling an already thin labour pool.

“You're scrambling for staff, and for lots of us, we put in a lot of hours. Not just our shifts, but overtime shifts and then some, and everybody's kind of burned and done out,” the CCA said.

She estimated that between October and December, she was putting in three or four 12-hour overtime shifts every two weeks. Even with many staff picking up extra shifts, she said the facility still couldn't fill all the staffing gaps, leaving the remaining workers each responsible for more residents.

“If you can't get somebody, then the stress levels go up because there's a push to try and get everything done no matter what,” the CCA said.

“Everybody runs a little bit harder.”

And staff were already running hard before the pandemic.

Families believe short-staffing partially responsible for virus's spread

Hartnell believes the Santa Maria outbreak started with one resident who was taken outside of the facility for acute care. The resident was tested for COVID-19 after their return to the care home, but she said the person was not properly isolated before receiving their test results. They ultimately came back positive.

She said the home struggled to keep residents with dementia from wandering because there were not enough staff to watch each one all the time.

Even in the midst of the outbreak, Sostorics said residents with dementia wandered the care home's halls.

Both women blame underfunding — not the staff or the home itself. They said the care their loved ones received was good compared to other facilities. There just were not enough staff to go around.

“They are trying, and they face challenges running that place. I have talked to (executive director Kelly Chessie) and some of the rec staff and a couple of the nurses that have broke down over this. I mean, this is hard for them,” Sostorics said.

“Kelly would always ask mom what she could do to make her life there better.”

On Feb. 24 — the first day Santa Maria no longer had any active cases — Chessie wrote in an email that she felt relieved to see the end of the outbreak in sight, but the relief was mingled with grief.

“Behind the numbers are grandmothers, great grandfathers, uncles, sisters, and kind and respected neighbours. The relief at coming to the end of this outbreak is very seriously tempered by these losses. My heart goes out to the families who suffered losses,” Chessie wrote. She also expressed a deep gratitude to all of the facility’s staff, whom she said “worked with great dedication” through the outbreak.

At Luther Special Care Home, Bell had no complaints about her husband’s care. Staff were wonderful and the cleanliness was “exceptional.” But it often felt like each staff member was responsible for too many residents.

During the home’s outbreak, that remained her one point of concern.

“I thought they dealt exceptionally well, but I thought, once again, that’s where the staffing should have increased,” she said. Still, she isn’t sure having more staff would have kept her husband alive.

“I don’t know that you could have done anything different to prevent it,” she said.

In Prince Albert, Wayne Nogier firmly believes being short-staffed contributed to the deaths in his facilities.

As CEO of Mont St. Joseph Home, Nogier faced an outbreak in December that saw 27 residents become infected with COVID-19. Seven died. Nogier also took up the mantle of interim CEO at Lakeview Pioneer Lodge in Wakaw when an outbreak hit that care home in late December and numerous staff had to self-isolate. In Lakeview, all 45 residents tested positive and six died.

Nogier agreed with the province’s decision early in the pandemic requiring all long-term care staff to work in only one facility. But the move “seriously impaired” his staffing levels.

He typically has a complement of 120 to 125 CCAs for Mont St. Joseph, of which 80 to 90 are full time. The others are “relief workers” who backfill when full-time staff are on vacation or call in sick. Cohorting meant calling in relief workers was not possible.

“We lost all of those people,” Nogier said.

“I was shorthanded before I was even in an outbreak. Then I went into outbreak mode, and then I was really shorthanded because ... I had to cohort even within my own building.”

And when stress sets in and staff are weary, Nogier knows infection control sometimes falls through the cracks. A worker might forget to sanitize their hands. High touch surfaces like telephones and doorknobs might not get properly cleaned.

“When I’m tasked to the max and I’m exhausted because I haven’t had a day off in 14 days, COVID fatigue makes me miss,” he said.

With many homes needing their limited staff to move between infected and non-infected wards during outbreaks, Cape said understaffing contributed to the severity of many outbreaks.

“(Staff) were required to be all things to all people and so they moved wherever their help was needed,” she said. “Absolutely, it contributed to the outbreak.”

— *with files from Arthur White-Crummey*