We're Chronically Understaffed:

A Report on Public Rehabilitative Care in BC

Summary and Recommendations

HSA
HEALTH SCIENCES ASSOCIATION
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Summary and Recommendations

Public rehabilitative care is at a tipping point in British Columbia.

This research report examines the state of public rehabilitation services for patients requiring therapy from debilitating illness, chronic disease, injury or recovering from surgery. Rehabilitative care includes physiotherapy for strength and to enable movement, occupational therapy for the skills necessary for everyday living, and speech and language therapy for communication and swallowing. Rehabilitative care provides essential therapies to foster wellness, quality of life, and optimize and maintain functional abilities. Rehab professionals provide care across the health care system for people of all ages, including children, seniors, and people with chronic disease or disability.

However, the erosion of these specialized services over two decades has led to staffing shortages, a lack of services in many communities, and long wait times for patients and clients, including children and their families. The staffing shortages crisis is taking a toll on both patients and frontline professionals. In a 2020 survey of HSA members, 65 per cent reported shortages in their professions and 53 per cent said their department has a patient waitlist. Most concerning, 42 per cent told us they are considering leaving public practice due to unmanageable workload.

These challenges have been acknowledged by government and employers, and while some positive action has been taken, much more still needs to be done.

This research draws on the published research literature, statistical data from health authorities and the Canadian Institute for Health Information (CIHI) as well interviews and focus groups with frontline professionals. Semi-structured interviews were conducted with 34 participants and two focus groups with a total of 12 participants in 2019. In total, 15 physiotherapists, 14 occupational therapists, 14 speech-language pathologists, one social worker, and two family physicians working in long-term care participated. Interviews and focus groups were recorded, transcribed, and manually coded and analyzed for recurrent and emerging themes.

Rehabilitative care is essential public health care

Forty-four percent of adults 20 and older have at least one of ten common chronic conditions, which increases to 73 per cent of adults 65 and older. Many of these chronic diseases are preventable or manageable with the appropriate therapy and support. COVID-19 has also increased the need for therapy for patients suffering from acute illness and Long COVID.

However, many British Columbians, lack access to rehabilitative care that can help them recover from COVID-19, avoid developing other debilitating chronic diseases or help self-manage conditions that can lead to hospitalization. Improving public access to rehabilitative care will go a long way in addressing health equity.

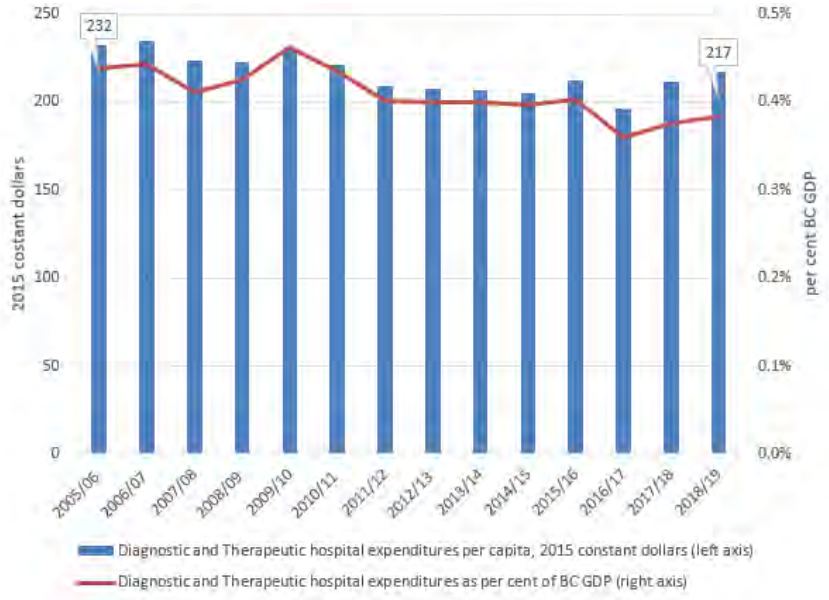
Key Findings

Public rehabilitation and therapy funding is falling short

Between 2005/05 and 2018/19, public funding for hospital diagnostic and therapeutic services in BC declined from $232 to $217 per capita (inflation-adjusted).

> *"I've worked with Island Health and it's just been interesting to see as the program grows and demand grows, how funding does not grow…" (Melody, PT)*

Figure A: Public hospital diagnostic and therapeutic funding in BC (inflation adjusted), 2005/06 to 2018/19



Source: Author's calculations from CIHI (2020d). GDP and inflation figures from CIHI 2020 NHEX Appendices A, B, D.

Access to public rehabilitative care stagnant or declining in most regions

Physiotherapy, occupational therapy, and speech and language therapy access trends show the ongoing erosion of public rehabilitation services. This is the result of a lack of funding, severe public sector recruitment and retention challenges created by a vicious cycle of shortages, and a provincial policy approach that has favoured private-pay rehabilitative care over public care.

Physiotherapy

BC has the second-highest number of physiotherapists per capita practicing compared to other provinces, and yet the fewest working in the public sector among provinces with available data. This misdistribution of physiotherapists is contributing to declining access to public physiotherapy in many communities – an issue identified in the interviews and focus groups by many frontline physiotherapists.

In absolute terms, BC lost 89 public practice physiotherapists between 2010 and 2019.

A declining share of physiotherapists in BC are working in the public sector. Between 2010 and 2019, the share of physiotherapists in the public sector declined from 48 to 33 per cent.

The public physiotherapy access rate – calculated as funded physiotherapist full-time equivalent (FTE) per 100,000 population – reveals low baseline staffing levels. This measure is useful as it accounts for changes in access to public physiotherapy (employed by health authorities) relative to population growth.

BC and all health regions, except for Northern Health, experienced a decline in access from 2012 to 2018 (Table A).

Table A: Public physiotherapy access rate in BC, 2012 to 2018

	Population		Physiotherapist FTE		Physiotherapy Access Rate (FTE per 100,000)		Access Rate Change, 2012 to 2018
	2012	2018	2012	2018	2012	2018	
Fraser Health	1,672,799	1,872,846	206.91	213.23	12.4	11.4	-8%
Interior Health	725,918	796,391	154.9	166.6	21.3	20.9	-2%
Northern Health	285,197	296,431	27.53	35.50	9.7	12.0	24%
Vancouver Coastal Health	1,123,333	1,210,265	311.66	309.93	27.7	25.6	-8%
Vancouver Island Health	759,522	834,543	155.0	154.0	20.4	18.5	-10%
British Columbia	4,566,769	5,010,476	856.0	879.3	18.7	17.5	-6%

Source: Freedom of Information requests and BC Stats population estimates (accessed June 14, 2021)
Note: Vancouver Coastal Health includes Providence Health Care

Occupational therapy

In BC, occupational therapy access increased marginally from 18.4 to 19.1 FTE per 100,000 population (4 per cent) between 2012 and 2018 (Table B).

Fraser Health (the most populous health region) had the lowest occupational therapy access rate in 2018 (12 FTE per 100,000), followed by Northern Health at 12.2 FTE per 100,000 population.

Vancouver Coastal Health had the highest occupational therapy access rate of 30.1 FTE per 100,000 – more than double that of Fraser and Northern Health.

All health authorities increased access to public occupational therapy between 2012 and 2018 with the exception of Vancouver Coastal Health. However, health regions – namely Northern, Fraser, and Interior Health, had very low access rates to begin with.

Table B: Public occupational therapy access rate in BC, 2012 to 2018

	Population		Occupational Therapist FTE		Occupational Therapy Access Rate (FTE per 100,000)		Access Rate Change, 2012 to 2018
	2012	2018	2012	2018	2012	2018	
Fraser Health	1,672,799	1,872,846	183.88	224.56	11.0	12.0	9%
Interior Health	725,918	796,391	108.1	128.5	14.9	16.1	8%
Northern Health	285,197	296,431	29.04	36.10	10.2	12.2	20%
Vancouver Coastal Health	1,123,333	1,210,265	337.1	364.0	30.0	30.1	0%
Vancouver Island Health	759,522	834,543	182.0	206.0	24.0	24.7	3%
British Columbia	4,566,769	5,010,476	840.1	959.1	18.4	19.1	4%

Source: Freedom of Information requests and BC Stats population estimates (accessed June 15, 2021)
Note: Vancouver Coastal Health includes Providence Health Care.

Speech and language therapy

In BC, the public speech and language therapy access rate remained stagnant (a marginal increase from 4.9 to 5 FTE per 100,000 population) (Table C). The provincial access rate demonstrates that funded baseline staffing is extremely low with 5 FTE for 100,000 people in 2018. The access rate declined in Interior Health and Vancouver Island Health, with an absolute decline in speech-language pathologist FTE on Vancouver Island.

Table C: Public speech and language therapy access rate in BC, 2012 to 2018

	Population		Speech-Language Pathologist FTE		Speech and Language Therapy Access Rate (FTE per 100,000)		Access Rate Change, 2012 to 2018
	2012	2018	2012	2018	2012	2018	
Fraser Health	1,672,799	1,872,846	58.4	73.6	3.5	3.9	12%
Interior Health	725,918	796,391	32.6	35.1	4.5	4.4	-2%
Northern Health	285,197	296,431	14.7	15.9	5.1	5.4	4%
Vancouver Coastal Health	1,123,333	1,210,265	72.3	82.7	6.4	6.8	6%
Vancouver Island Health	759,522	834,543	47.0	44.0	6.2	5.3	-15%
British Columbia	4,566,769	5,010,476	225.0	251.3	4.9	5.0	2%

Source: Freedom of Information requests and BC Stats population estimates (accessed June 15, 2021)
Note: Vancouver Coastal Health includes Providence Health Care

Government and employer data show professional shortages in the public system

The public and non-profit sectors are facing severe shortages of health science professionals, including physiotherapists, occupational therapists, and speech-language pathologists. Ministry of Health, Health Employers Association of BC, and HSA data indicate that professional shortages have reached a crisis point.

Professional shortages undermine the conditions of work and the conditions of care

The conditions of the work are the conditions of care. Understaffing, professional shortages, and public sector recruitment and retention challenges undermine care quality and erode the public health care system.

Shortages undermine care quality: Shortages make it very difficult for frontline professionals to help patients benefit from the full potential of rehabilitative and restorative care, which requires therapists to work to their full scope of practice and have adequate time with patients.

> *"The position has become much less about sort of rehabilitating people and much more just about getting people out of the hospital. And community positions which I've worked in in the past are much more now about keeping people out of the hospital as opposed to necessarily getting them better." (David, PT)*

Long wait times and increased length of hospital stay: Large patient caseloads place therapists in the difficult position of trying to provide optimal care despite severe understaffing and shortages. Heavy workload demands in the acute setting and understaffing mean that many rehabilitation professionals are not able to provide ongoing therapy in either inpatient, outpatient or community settings, which would improve patient outcomes.

> *"…sometimes people just stay in the hospital longer if we're short staffed and not able to get to all of our top priorities that maybe they could go home pending an occupational therapy assessment, but we don't have…there's enough people that are in that situation that we aren't able to get to them. And so probably increasing time in the hospital which isn't always pleasant for patients but it's also not ideal for the health authority and how much that costs." (Ann, OT)*

Shortages cause burnout and impedes recruitment and retention: In a 2020 survey of HSA members, 65 per cent reported shortages in their professions and 53 per cent said their department had a waitlist. Most concerning, 42 per cent told us they are considering leaving public practice due to unmanageable workload.

> *"From my experience increasing FTE would be huge. We have students that come and see us working like dogs with not updated equipment and it's not a glamorous looking situation. And they're like, 'Okay thanks for the experience, but I don't want to work like that', and then they leave." (Jeanne, SLP)*

Chronic unfilled vacancies are sometimes used to justify staffing cuts. The result is rehab services have even more severe staffing shortages and, as caseloads increase, more professionals in the public system leave.

> *"I've been a PT in FHA in the same site for over 20 years and I would say chronic unfilled vacancies has been a theme that has been with me throughout my career, and even as recently as two weeks ago, we had two of our positions just removed because they were unfilled and so they were seen as sort of easy to take away when they have to cut budgets." (Christina, PT)*

BC is not training enough rehabilitation professionals

Over the last three years, there have been encouraging steps towards creating new post-secondary training seats for physiotherapists and occupational therapists. BC falls far behind other provinces when it comes to in-province training and retention of professionals trained here.

However, training more therapists will not be enough as the majority of new graduates pursue private practice opportunities. There is currently no UBC public practice program stream nor are there public sector recruitment and retention incentives such as tuition remission in exchange for a commitment to practice in the public system.

Limited or no opportunities for clinical leadership and career advancement

The vast majority of interview and focus group participants indicated a deep frustration about the lack of clinical leadership and career advancement opportunities as well as dissatisfaction with workplace culture and management that does not often understand or recognize the clinical contributions of rehab professionals.

> *"[T]here's minimal opportunity to participate in program development and to do any of that level of stuff. There's not necessarily a ton of interest in the allied health section of things [from senior health authority leadership], that it's still very dominated by doctors and nurses and still very based around accommodating their needs…" (David, PT)*

The research literature demonstrates that clinical leadership and job satisfaction are critically important to fostering organizational cultures that empower frontline professionals to work to their full potential and improve the quality of care.

Pressure to discharge from hospital, but lack of ongoing outpatient rehabilitation

Rehabilitation professionals expressed concerns that the overriding objective in the acute care setting is often to discharge patients as quickly as possible. This stems from the fact that BC and Canada have fewer acute care beds per capita compared to other OECD jurisdictions – an issue exacerbated by the lack of public home and community care. It also reflects the lack ongoing outpatient rehabilitation services that can help patients, especially seniors, maintain independence with supports and avoid hospitalization.

Outpatient rehabilitation is limited or non-existent in most communities

The erosion of public rehabilitative care and outpatient closures is the result of inadequate funding and staffing levels as demand for services grow. In addition, the lack of a provincial approach to rehabilitative care means that outpatient rehab is limited or non-existent in most communities.

> *"…often due to short staffing situations in acute care, our outpatient services are often looked at as easy wins to pull either staff into unfilled acute positions or sometimes from a budget perspective, if there's a budget crunch things will get prioritized to acute care and we'll see losses in outpatient services…the outpatients is the first to go, even though long-term for patient and client benefits is where you might see the greatest gains." (Selma, OT)*

Public pediatric therapy services are understaffed and have long wait times

Non-profit Child Development Centres (CDCs) provide therapy and services to more than 15,000 children and youth and their families. CDCs serve children with physical, behavioural, neurological and developmental disabilities, including cerebral palsy, Down syndrome, autism, fetal alcohol spectrum disorder, and other mental health and behavioural issues. Early Intervention Therapies include speech and language therapies to help develop the ability to communicate, physiotherapy to improve mobility and coordination, and occupational therapy to enable children to manage a variety of daily living activities.

These therapeutic services have the longest wait times due to a lack of funding, understaffing, and shortages, similar to health authorities. In the North region, the average wait time for speech therapy is 335 days. In the Vancouver-Coastal region, the average wait for occupational therapy is 180 days. In the Fraser region, the average wait time for physiotherapy is 151 days.

Top-down management culture and limited professional recognition impedes team-based care

Many frontline rehab professionals expressed concerns about the top-down management culture in health authorities and the limited clinical recognition they receive. Many felt that managers as well as nurses and physicians did not often understand the scope of practice among PT, OT, and SLP – or had particularly narrow or outdated views about the role of these disciplines.

Compensation

Low compensation in the public sector was consistently raised by interview and focus group participants. New graduates are attracted to private practice for the combination of reduced caseloads, more therapeutic time with patients, and higher compensation in a province where the cost of living is very high.

Therapists are deeply committed to their patients, teamwork, and public health care

Despite the very challenging working conditions that public practice therapists face, interview and focus group participants are deeply committed to their patients and profession, teamwork, and public health care. They constantly navigate the challenges of working with very limited staff and equipment resources while working to provide the best care they can.

> *"I think that's why I do like working in public rather than private because […] people don't have to pay to come here and so they're able to access the resources they need, generally." (Lee, OT)*

Team-based models of rehabilitative care should be scaled up in BC

Although public rehabilitation has been eroded over the last 30 years, there are numerous examples of effective, team-based programs from BC, across Canada, and internationally. Leading models include BC's non-profit Child Development Centres, the VCH Osteoarthritis System Integration Service (OASIS) and Rapid Access Spine Triage Program, Toronto Academic Pain Medicine Institute, Ontario's Rapid Access Clinics for Musculoskeletal Care, Community Health Centres in Canada and the US, and NHS Scotland's Musculoskeletal Pathway. These models emphasize prevention and self-management and collaborative teamwork where therapists are supported to work at the top of their skillset.

Conclusion and Recommendations

The erosion of public rehabilitative care did not emerge overnight. However, the neglect of these public health care services has now reached a point where urgent provincial action is required to avoid the further deterioration of care.

With an aging population, increasing demand for musculoskeletal care and pain management, and the acute and post-acute rehabilitation required for COVID-19 patients, public rehabilitative care is needed now more than ever.

And yet, BC faces widespread understaffing and professional shortages, a lack of services in many communities, and long wait times. It is placing a greater burden on emergency services, acute and long-term care because patients do not have access to preventative therapy in the first place.

The following recommendations would begin to address the report's findings.

1. **Immediately address professional shortages and increase clinical leadership opportunities in the public sector.**
    a. Fill existing vacancies.
    b. Increase baseline staffing levels in order reduce workload concerns.
    c. Provide market wage adjustments as a strategy to recruit and retain.
    d. Provide provincial funding for province-wide and health authority-directed recruitment initiatives.

2. **Increase post-secondary training opportunities for rehabilitation professionals.**
    a. Increase training spaces for physiotherapy, occupational therapy, and speech-language pathology.
    b. Introduce public practice streams with tuition remission for return-of-service to encourage recruitment into the public sector.
    c. Review current curriculum and program design through a health equity lens so that it encourages recruitment into the public sector.

3. **Rebuild public outpatient rehabilitative care across the province.**
    a. The Ministry of Health, health authorities, and Ministry of Children and Family Development, in partnership with HSA and the HSPBA, should work to develop a provincial plan to rebuild public outpatient services in the province, starting immediately with expanding services at hospitals and Child Development Centres by filling vacancies and increasing baseline staffing (see above recommendations).

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