

November 24, 2008

Association warns more residential bed closures are possible*Chronic underfunding, staffing shortages and increased care levels prompt sector to take action*

(Vancouver, BC) The closure of 71 beds at Zion Park Manor announced last week heralds a worrisome trend in BC's continuing care system, said Christine Nidd, Board President with the BC Care Providers Association and Provincial Director with Revera Long Term Care.

"When you have non-profit facilities like Zion using their society's savings to subsidize funding shortfalls from their health authority year after year," says Nidd, "that is an indicator of an unsustainable care model."

Bed closures at Zion tell of the risk private and non-profit societies operate under when they are dependent upon yet routinely underfunded by health authorities for operational and capital costs, said Ed Helfrich, association CEO. "Risks increase when health authorities refuse to make a financial commitment for providers to renovate and upgrade their facilities to current design standards. Unanticipated, forced closure of beds should not be a means to correct funding shortfalls."

Helfrich explained that some care providers run deficits or contract out services. "Others have had to cut staff, programs, services or a combination of all of the above." As a result, Helfrich said staff are leaving the sector for better pay and work conditions while providers fear a potential care crisis.

Zion Park Manor, owned by the Lutheran Senior Citizens Housing Society in Surrey, is one of many continuing care facilities who have notified the association of their ongoing struggle to make ends meet. The society has subsidized an insufficient budget by up to \$400,000 per year, dollars which are now depleting. A vast majority of members have advised the association through surveys, special meetings and general communications that, like Zion, their current funding and staffing situation is so dire, they are prepared to take radical action in hopes of bringing about positive change.

The association continues to work with government and health authorities to encourage a fair resolution. The association Board of Directors decided to develop a plan of action and has set a date of February 1, 2009, after which time, if no resolution is reached, members will be advised to follow health authority policy and restrict admissions to only those individuals for whom they can provide safe and adequate care.

"We are reluctant to consider this form of action," Nidd said, "as it contradicts our mandate. Care providers, however, must factor in the quality of their care and patient safety, two components which are being compromised by unacceptable funding and staffing levels."

"It's important to our membership that they follow existing regulations," said Helfrich, pointing to regulations under the Community Care and Assisted Living Act wherein 'admission screening procedures prevent the placement of persons who cannot be safely and adequately cared for.'

“Members repeatedly tell us of chronic under-funding, of staff taking on more than one job to stretch dollars, of administrator’s relying heavily on volunteers, non-profit contributions and family support.” While it is admirable for care providers to ‘make do’, Nidd insists such actions relieve government and health authorities of their responsibility to allocate sufficient resources for elders in care.

While the majority of the association’s members have voted to limit access of admissions, others are prepared to close beds so health authorities can adequately fund existing beds. “Unfortunately our membership has no other choice,” said Ed Helfrich, association CEO. “Restricting high needs admissions or reducing census is the only way our members can continue to ensure the quality of care and safety of the residents presently in their care.”

The association has asked government and health authorities to address three key needs:

1. *Quality care begins with quality staff. We need government to fund 3.2 hrs as a minimum care staffing ratio (2.8 hrs for direct care).*
2. *Some seniors benefit from higher-funded care depending on where they live. We need a standardized province-wide contract and fair funding model.*
3. *Health authorities increased acuity levels but did not increase funding. We need funding to match the costs associated with delivering complex care.*

“At the core of these needs is one major issue,” said Helfrich.

“By refusing to pay the real costs of delivering increasingly complex care services to our seniors in need, government and health authorities are forcing long term care providers to lower their quality of care by reducing services and staffing to unacceptable levels.”

The association wishes to work with government and health authorities in addressing these key needs in hopes of avoiding further bed closures.

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BACKGROUND

Examples of funding and service issues facing long term care providers in BC:

- Existing facilities receive per diems ranging from \$140 to \$195 per resident per day yet are required to deliver the same level of complex care (seniors 85+ years who are frail, with varying stages of dementia and other health complications). Current funding levels do not reflect the real costs of actual services provided.
- Since 2006, newly constructed facilities under P3 agreements are funded and staffed at a required 2.8 hrs of direct care. The average in all other facilities is 2.44 hrs with a range from 2.0 to 3.2. A staffing difference of up to 60% seriously impacts the quality of care provided and the potential risks to residents. The projected cost to standardize staffing ratios at 2.8 hrs direct care is \$81 M or approximately 6% of the province's total residential care budget.
- Other provinces have increased their direct care staffing ratios to ensure quality of care: BC has one of the lowest staffing ratios in comparison to Ontario (3.2), Alberta (3.2), Manitoba (3.0) & New Brunswick (3.2).
- Facilities are now required to deliver more intensive care and services. That's because government set a policy to only refer complex care clients to residential facilities; lighter care clients are referred to assisted living sites or home support agencies. Funding levels, however, were not adjusted in step with this shift in care intensity; funding increases are less than cost of living increases. As a result, the amount of care clients receive is not comparable to what they need.
- Long term care facilities are owned and operated by various groups and businesses including: non-profit societies, private owners and health authorities (approximately one-third to each). The level of funding varies significantly among individual sites, but health authorities will not reveal costs and funding levels for their own operations. There is a perception health authorities provide preferential consideration to their own operations including increasing funding to cover a deficit. A consistent and standardized funding model would ensure fair adequate funding and quality services for all seniors who reside in care.

About the association

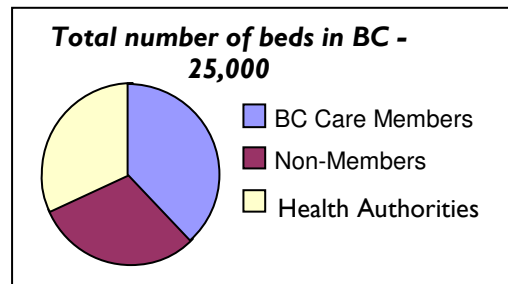
The BC Care Providers Association is comprised of independently-owned and organizations that provide quality care services to seniors across the province. BC Care Providers supports its members by:

- Advocating on industry issues such as appropriate legislation, policy and funding
- Promoting quality care through the adoption of recognized standards
- Recognizing members as providers of high quality, cost effective care and services
- Serving as a credible voice on behalf of the care sector
- Facilitating timely communications and networking opportunities
- Responding effectively to important issues affecting the care sector as they arise

About our members

Members represent the full continuum of care:

- Long Term Care
- Home Support
- Licensed Private Pay
- Congregate & Assisted Living



Types of Members	Number of Beds	Number of Members
Residential Care	7885	95
Private Hospital	1323	11
Assisted Living	2443	6
Mental Health	76	4
Home Support	n/a	12
	10,065	131

- We represent more than 10,000 beds and one-third of all long term care beds
- Members have more than \$1.4 billion in capital investment
- Members employ more than 8,000 workers
- Home Support members provide service to more than 10,000 clients annually
- Many members have been in operation 20+ years
- Providers have a wealth of experience, knowledge, and are leaders in innovation
- BC's Community Care budget exceeds \$1.5 billion, which is on par with the fifth largest Ministry