



**January 26, 2018**

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# More Seniors today than Children in Canada as per Census Canada 2016

## We are living longer

People aged 85 and older: A fast-growing population

Between 2011 and 2016, the number of people aged 85 and older grew by 19.4%, ***nearly four times the rate for the overall Canadian population***, which grew by 5.0% during this period.



# Nearly one in three people aged 85 and older lives in a collective dwelling

Since 2011, the population aged 85 and older living in collective dwellings such as nursing homes, long-term care facilities and seniors' residences.

The growth of 23.0%, compared with an overall growth rate of 19.4% for the total population aged 85 and older

Statistics Canada (2011-2016)



# DO WE HAVE A HEALTH WORKER SHORTAGE OR ARE WE NOT LOOKING AT OUR HUMAN RESOURCES AND OPTIMIZING THEM?





# Strengthening Senior Care Team

- Nurse Practitioner
- Registered Nurse
- Registered Psychiatric Nurse
- Licensed Practical Nurse
- Health Care Assistant/Community Health Worker

**Invest in People:** by improving seniors' access to care workers by ensuring that each residential care home is able to provide a minimum of 3.36 direct care hours (DCH) for every senior each day, and increasing the minimum home care visits from 15 to 30 minutes

Strengthening Seniors Care:  
A Made-in-BC Roadmap

#CareCanBeThere

January 2017

# LPNs and HCAs #teamcare



- LPNs - leaders in Residential, Complex Care, Assisted Living and Community Settings.
- HCAs - provide more services really well in Supported Living and Residential Care
- LPNs & HCAs are educated to lead teams....
- LPNs & HCAs education, training and competencies have increased and need to be fully utilized at the point of care.... Today!

# Scope of Practice .....



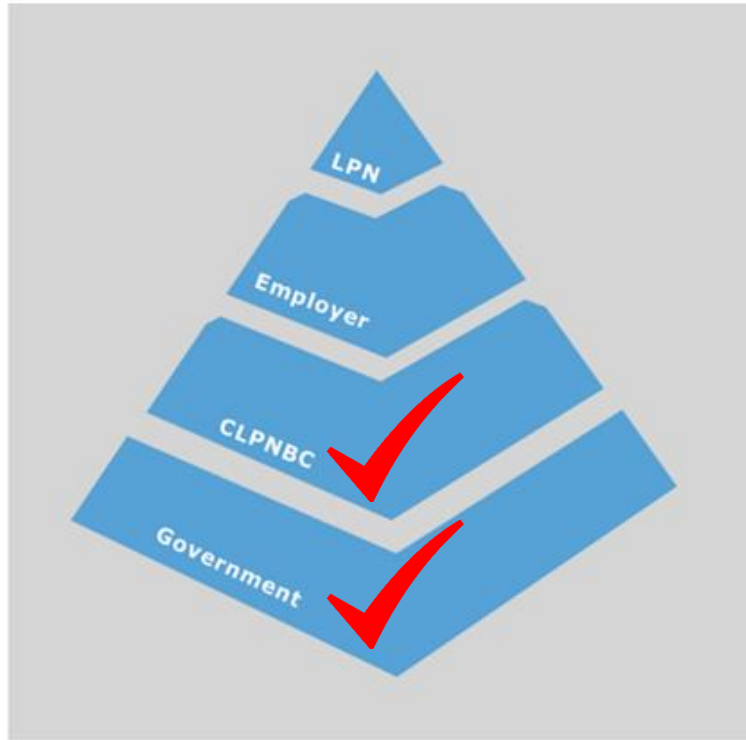
Licensed Practical Nurses in BC have been acknowledged through Ministry of Health surveys and reports to be the least utilized...largely due to misunderstanding of “what is LPN scope of practice?”

Some of the barriers are:

- outdated or lack of employer policies, protocols that are not aligning with the updated legislation and regulation.
- LPNs practice is restricted due to need for further education to meet “Limits and Conditions”
- LPNs themselves are confused on what is within practice due to inconsistencies across employment and utilization.



# Regulatory Framework



**LPNs** are ultimately responsible and accountable for ensuring their own competence to carry out an activity.

**EMPLOYERS** develop policies to explain what LPNs can do in their specific workplace.

**CLPNBC** develops standards, limits and conditions, which complement the Regulation and further define the LPN scope of practice.

**GOVERNMENT** develops the Nurses (Licensed Practical) Regulation, which provides the foundation of LPN practice in BC.



**Many health systems around the world are coming under scrutiny for cost containment and quality improvement, often as a direct or indirect result of health sector reform.**



**Health Care Workers at the point of care  
say loud and clear “we need more staff  
so that we can provide better care”**





# Opportunities for Innovation and Flexibility



# **Significant funding boost to strengthen care for B.C. seniors**

- Along with the \$500 million, Health Authorities also will continue increasing their budgets for home and community care over the next four years, reaching about \$200 million above current levels by 2020-21.



- Using the current staffing framework and the labour costs provided by the Health Employers Association of BC (HEABC),
- increase of 1,511 full time equivalents (FTEs) to meet a standard average of 3.36 hours per resident day by health authority.
- **Nearly 900 of these FTEs are expected to be health care aides.**



## ***“Monitoring Senior Services 2017”***


- Excluding Vancouver Coastal, in 2016/17, the average hours delivered per client per year in the remaining four health authorities was 258, or five hours per week.
- The average hours of home support delivered per client increased in NHA by eight hours (3.8%) per year while they **decreased** in IHA (2.1%), FHA (1.4%) and VIHA (5.3%).



- Across the four health authorities reporting on home support services:
- Long-term home support clients increased by 2.8%
- LT HS hours delivered per client decreased by 2.6%.



# Bring BC LPN workforce forward....

Area of Practice	British Columbia	Alberta	Ontario
Hospital/Acute	1 LPN to 6 RNs	1 LPN to 5 RNs	1 LPN to 4 RNs
Nursing Homes/LTC	1.5 LPN to 1 RN	1.5 LPN to 1 RN	2 LPNs to 1 RN
Community	<b>1 LPN to 5 RNs</b>	1 LPN to 2 RNs	1 LPN to 2 RNs
CIHI - #'s working force 2016	10,250	10,954	40,146
CLPNBC Registration - 2016	12,940	 Difference 2,690	



# Home Support – Supportive Living

- Home support is part of the Home and Community Care Program and is delivered by community health workers paid for by the health authority.
- Home support generally does not include help with grocery shopping, driving to appointments, laundry, or cleaning.



Ministry of  
Health

## **An Action Plan to Strengthen Home and Community Care for Seniors**

People living and managing daily with complex chronic medical conditions, or experiencing frailty, are increasingly dependent on others to maintain their health and well-being, and want more than medical care.

They want:

- ▶ As much freedom from the impact of their medical conditions as possible;
- ▶ To retain as much function as possible to engage in their community, with continued autonomy to shape their own life and story; and
- ▶ To be able to take part in meaningful activities, maintain social and family connections, and enjoy the here and now and the everyday pleasures of living.

# Survey Results – HCA / HS services

We also found that HCAs do significantly more of the following tasks in SL compared to LTC (p value <0.01):

- ▶ Meal preparation (39% vs 6%)
- ▶ Housekeeping (60% vs 13%)
- ▶ Laundry services (73% vs 20%)
- ▶ Charting in resident charts (90% vs 63%)
- ▶ Assisting with therapy activities (67% vs 41%)

*“Are health care aides underused in long-term care? A cross-sectional study on continuing care facilities in Canada”*

## Information Sheet

# Home Care Quality Indicators

Results for 16 clinical quality indicators for home care, developed by interRAI, are now reported by the Canadian Institute for Health Information (CIHI). These quality indicators are available for jurisdictions that collect data using the Resident Assessment Instrument–Home Care (RAI-HC) © or interRAI Home Care (interRAI HC) © assessment systems. These assessment systems are designed to be used with adults who receive long-term publicly funded home care services in home and community-based settings. The indicators can be used at the organization or system level to support quality initiatives, program evaluation, peer comparisons and benchmarking.



Physical	Psychosocial	Safety	Other Clinical Issues
<ul style="list-style-type: none"> <li>• Instrumental Activities of Daily Living (IADLs)</li> <li>• Activities of Daily Living (ADLs)</li> <li>• Communication</li> <li>• Bladder Continence</li> </ul>	<ul style="list-style-type: none"> <li>• Cognition</li> <li>• Caregiver Distress</li> <li>• Social Isolation</li> <li>• Reduced Community Activity</li> <li>• Mood Decline</li> </ul>	<ul style="list-style-type: none"> <li>• Falls</li> <li>• Hospitalizations</li> <li>• Injuries and Breaks</li> </ul>	<ul style="list-style-type: none"> <li>• Pain: Inadequate Medication</li> <li>• Daily Pain</li> <li>• Weight Loss</li> <li>• No Influenza Vaccination</li> </ul>

# What if .....

- Health Care Assistants be given the flexibility to offer alternate services to their clients when they visit?
- Licensed Practical Nurses be given the flexibility to assign functions to HCAs at the point of care in the moment of time?



# What if .....

- **Community Care** – Increase LPNs utilization allowing the LPNs to work to their “full scope”
- **Supportive Living** – Increase HCAs services allowing the HCA to collaborate in care planning for their clients
- **Residential Care** – review the HCA roles increasing the # allowing the HCA to be able to spend more time at the point of care, providing “full care”



## References:

Arain, M.; Deutschlander, S.; Charland, P.; *“Are health care aides underused in long-term care? A cross-sectional study on continuing care facilities in Canada”*  
March 8, 2017

Statistic Canada: <http://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016004/98-200-x2016004-eng.cfm>; Retrieved January 22, 2018

Office of Seniors Advocate; *“Monitoring Senior Services 2017”*; retrieved January 22, 2018

BC Government News Release March 9, 2017; *“Significant funding boost to strengthen care for B.C. senior”* Retrieved January 22, 2108  
<https://news.gov.bc.ca/releases/2017HLTH0052-000529>