

SPECIAL RESOLUTIONS FOR THE 2016 BCCPA AGM

Direct Care Hours

WHEREAS significant disparities exist in British Columbia (BC) with respect to Direct Care Hours (DCH) among care homes within and between Health Authorities, and such disparities make it difficult to provide equal and consistent levels of care leaving some residents at a disadvantage over others; and

WHEREAS the funding of direct care hours for seniors with similar medical conditions varies widely between Health Authorities, within a health authority or a campus of care; and

WHEREAS the BC Ministry of Health has indicated 3.36 hours of direct care provided per day per resident (3.00 hours nursing, and 0.36 allied, or supporting care) as a guide for health authorities;¹ and

WHEREAS moving to a more consistently applied DCH will require a better understanding with regards to how services are delivered, by whom, at what time of the day, the client load of the staff, the quality, and training level of the service provider, the BCCPA recommends:

- Health Authorities provide greater transparency on how DCH for residential care are determined, including outlining how changes are derived as part of any funding model and involving operators in the process, so they are prepared well in advance of any changes.
- That the required DCH provided per resident be reviewed at a minimum on an annual basis across all health authorities to ensure greater consistency among care homes and fairness in the provision of care to clients across the sector.
- As staffing levels fluctuate throughout the fiscal year, care operators be given the flexibility to manage their DCH over a reasonable period of time, namely annually as opposed to quarterly.
- Any increases in DCH requirements be fully funded by the Health Authorities, and as outlined in the 2015 BCCPA's Policy Paper *Quality, Innovation, Collaboration*, some of the funding redirected from acute care to home and community care go directly to care homes, including new Continuing Care Hubs to meet current and future DCH requirements.
- Where feasible, the province move towards a standard of 3.36 hours of care per resident per day and that any necessary staffing increases to meet this requirement be fully funded by Health Authorities and/or Ministry of Health.
- That there should be a standard definition for DCH that includes RNs, LPNs, Care Aides as well as other allied health professionals and activity staff, and that clinical support provided by Directors of Care (DOC), assistant DOC, and clinical coordinators be included consistently in the calculation of DCH. In particular, the professional support component of DCH should include those occupations outlined in the Health Professions Act.

¹ Home and Community Care Program, "Costing Assumptions #3 for the Proposed Staffing Framework for Residential Care Facilities," 11 August 2009, 1; and Home and Community Care Program, "Residential Care Staffing and Reporting Tool Frequently Asked Questions," internal document, 3.

Provincial Dementia Action Plan

WHEREAS the level of dementia is expected to increase significantly and represents one of the biggest health challenges for British Columbia; and

WHEREAS the levels and severity of dementia are also increasing rapidly in residential care, with over 60% of seniors having some form of dementia in such care settings; and

WHEREAS the provincial government in November 2012 released a two-year Dementia Action Plan focusing on several priorities with various initiatives including: Support Prevention and Early Intervention; Ensure Quality Person-Centred Dementia Care; and Strengthen System Capacity and Accountability; and

WHEREAS organizations such as the Canadian Medical Association and the Canadian Alliance for Long Term Care, including BCCPA, have advocated for a national dementia strategy and that the federal government has also committed to developing such a strategy; and

WHEREAS a new coordinated strategy and provincial dementia action plan are required for British Columbia the BCCPA recommends:

- That the provincial government, as originally intended commit to develop and implement a separate three-year Provincial Dementia Action Plan, which focuses on various priorities such as increasing public awareness and early recognition of dementia including programs such as First Link; improving quality of care for people with dementia in residential care homes as well as improving palliative and end of life care and increasing system supports; as well as the adoption of best practices in dementia including increased access to dementia training for care providers.
- Along with increasing public awareness and focusing on various dementia priorities, any new provincial dementia plan should include tangible initiatives and measurable outcomes as well as align, where possible, with any national dementia strategy.

New Health Accord

WHEREAS the original 2004 federal Health Accord (2004 Ten Year Plan to Strengthen Health Care) expired at the end of March 2014; and

WHEREAS the new federal Health Minister has indicated plans to work with provincial and territorial counterparts on establishing a new health accord; and

WHEREAS BC has one of the highest elderly populations in Canada and that the portion of seniors is expected to increase to 25% of population by 2036; and

WHEREAS the federal Liberal party in the last election campaigned on a promise to negotiate a new accord with long-term funding, the BCCPA recommends:

- That the provincial government as part of any new Health Accord advocate that the following elements be included:

- The establishment of an age-adjusted Canada Health Transfer that reallocates funding to provinces such as British Columbia with higher and growing portions of seniors;
- New and/or reallocated funding to improve capacity and build infrastructure, reduce wait times and support new continuing care models for residential care and home support.
- Meet commitments outlined in the federal Liberal platform including a long term agreement on funding; invest \$3 billion over the next four years to deliver more and better home care services for all Canadians; develop a pan-Canadian collaboration on health innovation; as well as improve access to necessary prescription medications, particularly for seniors.