



UBC CENTRE FOR  
HEALTH SERVICES AND  
POLICY RESEARCH

# Assisted Living in BC

## Where are we headed?

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Kim McGrail

University of British Columbia

BC Care Providers Association annual conference

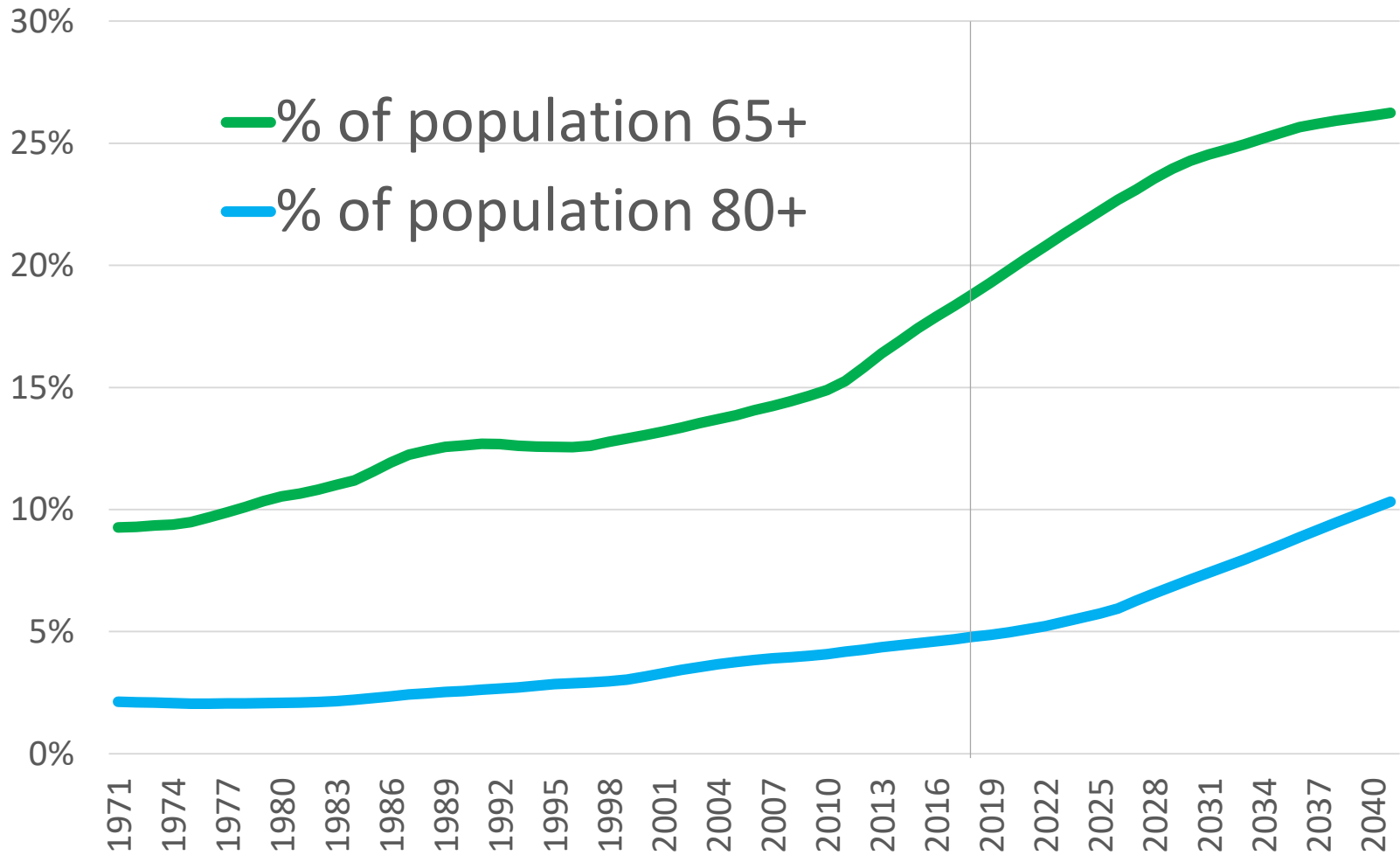
Whistler, BC

28 May 2018

# Overview

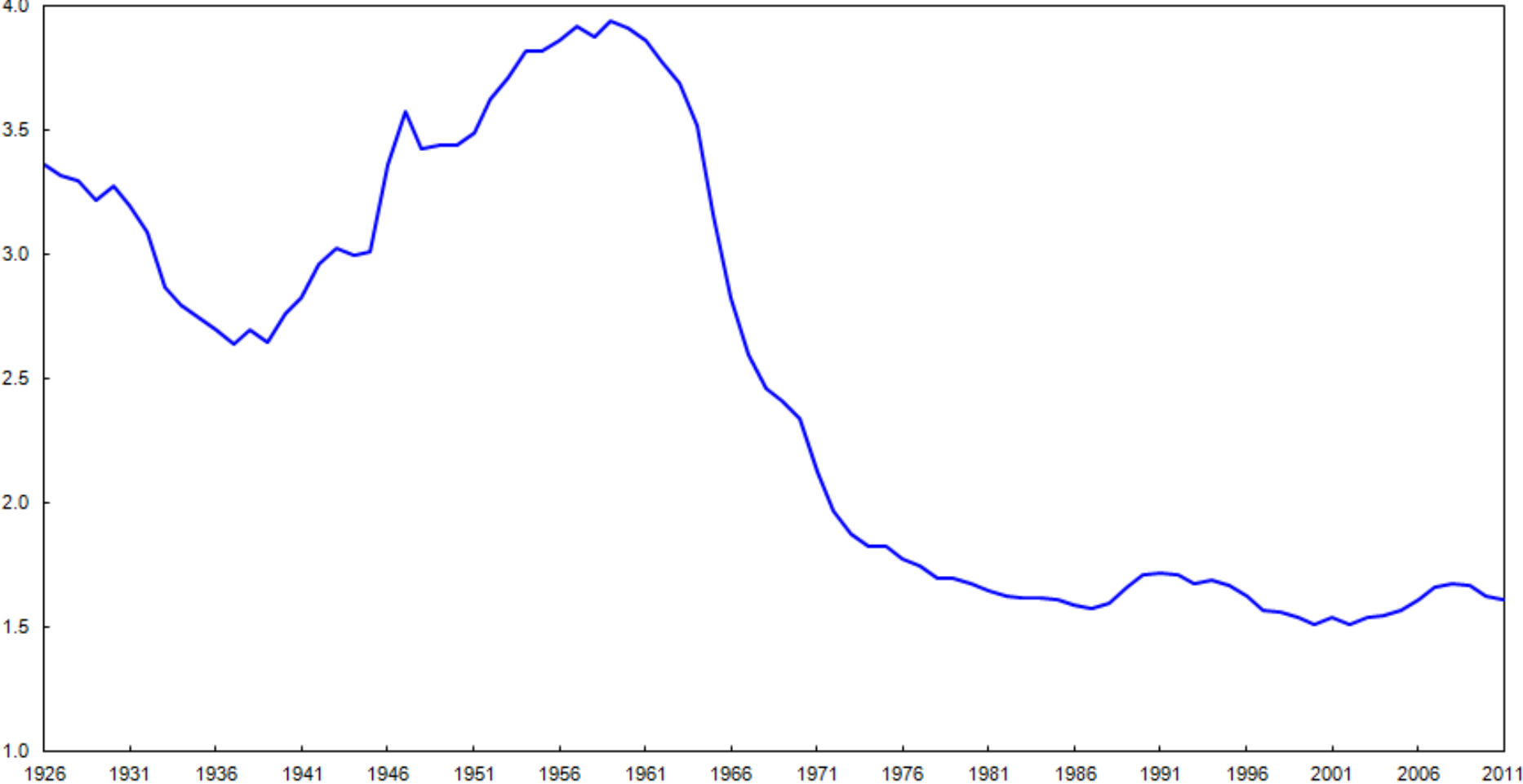
- Demographic trends
- Health care spending
- Assisted living

# Proportion of BC population aged 65+ and 80+, 1971 to 2041



**Chart 1**  
**Total fertility rate, Canada, 1926 to 2011**

number of children per woman



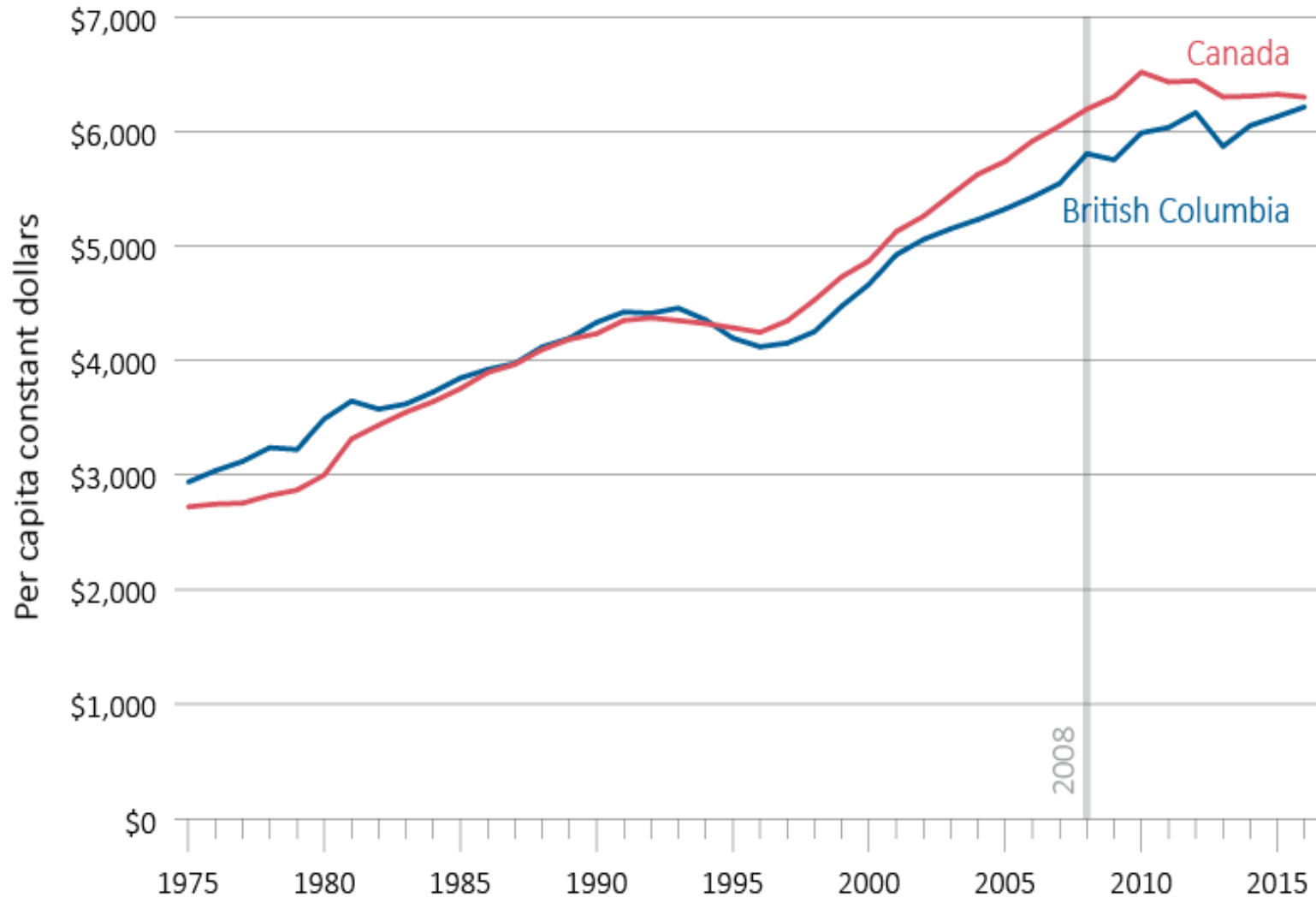
**Note:** Births to mothers for whom the age is unknown were prorated.

**Source:** Statistics Canada, Demography Division, Population Estimates Program, Canadian Vital Statistics, Births Database, 1926 to 2011, Survey 3231.

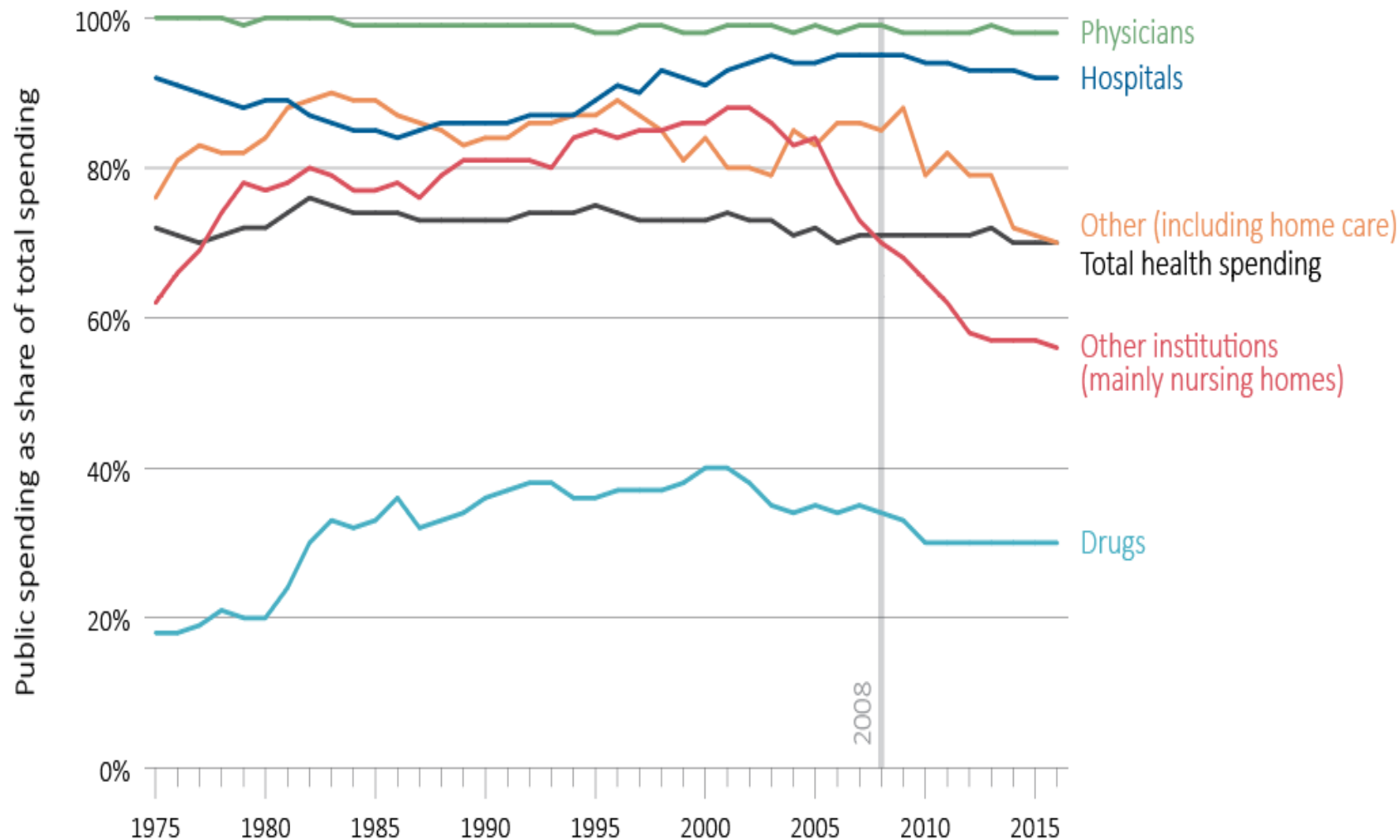




# Constant \$ total health care spending, Canada and British Columbia, 1957 - 2016



# Public spending as a share of total and by sub-sector, British Columbia, 1975 - 2016





# Who lives in Assisted Living?

Average **age** = 83

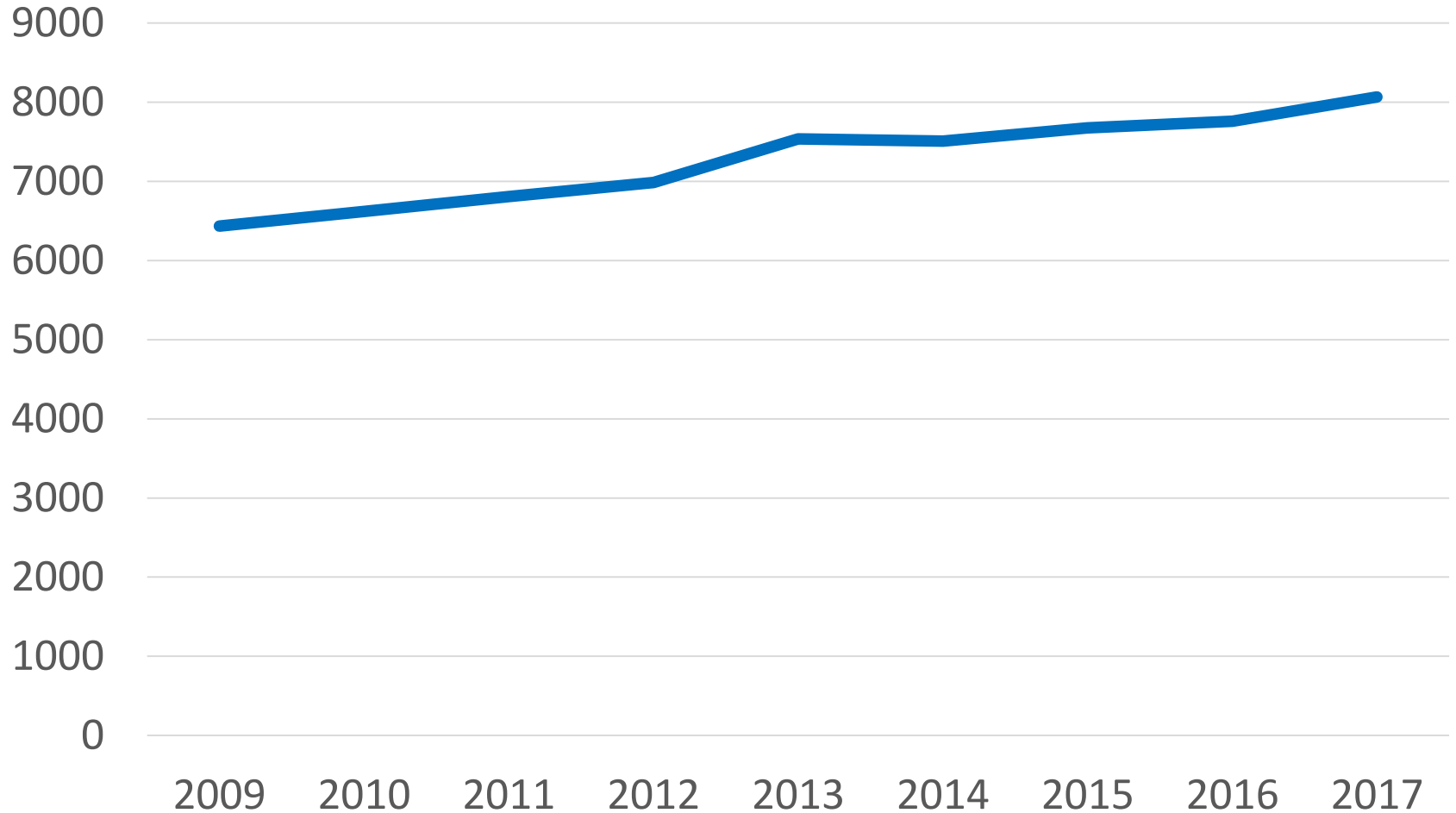
**73% female**

Average **time of residence** = 3 years

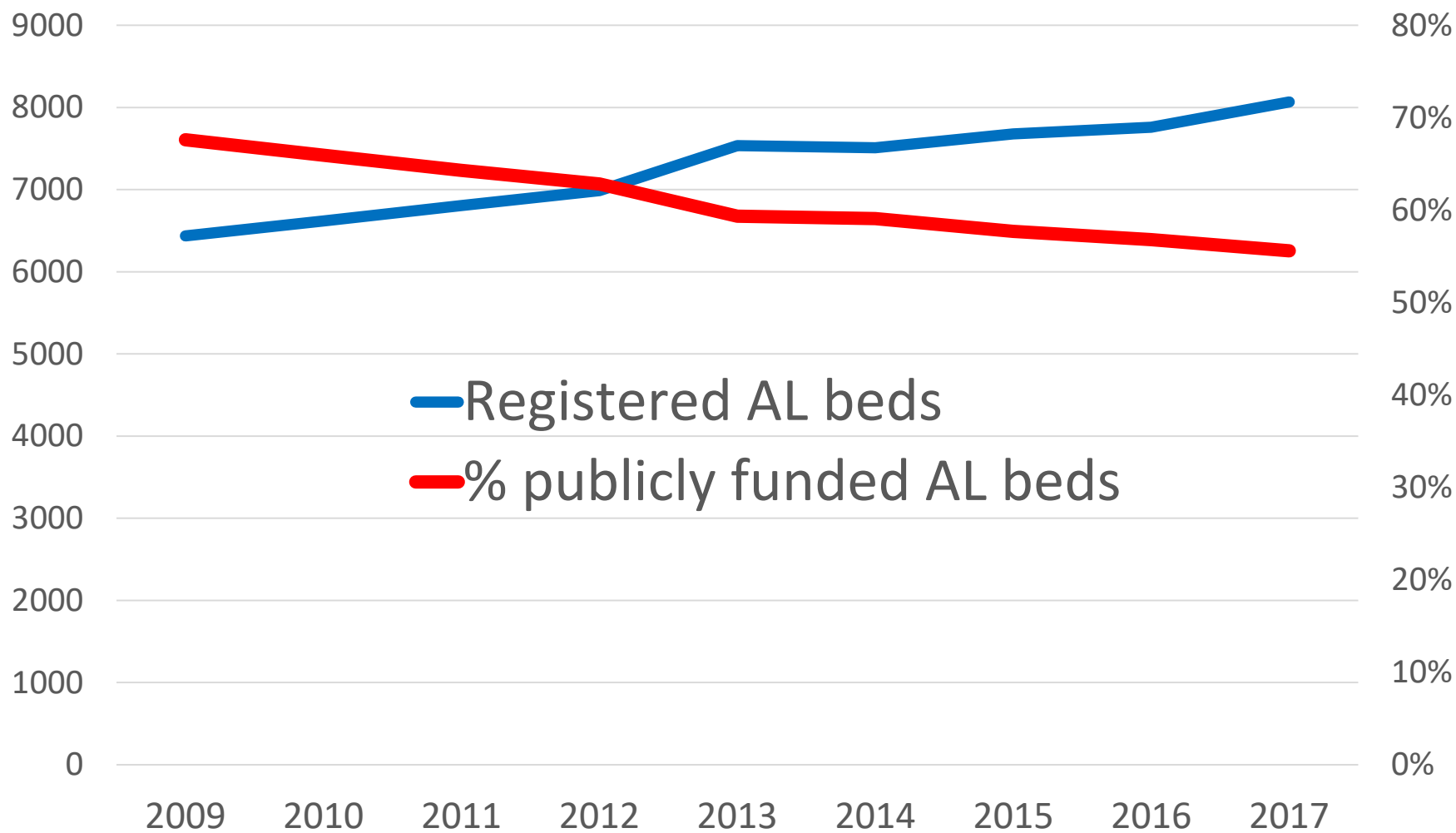
Only **5% married**

RAI Snapshot Comparison		
	Assisted Living	Home Care
CPS >3	18%	19%
ADL >3	10%	15%
Over 85	60%	40%
Co-residing with caregiver	12%	44%

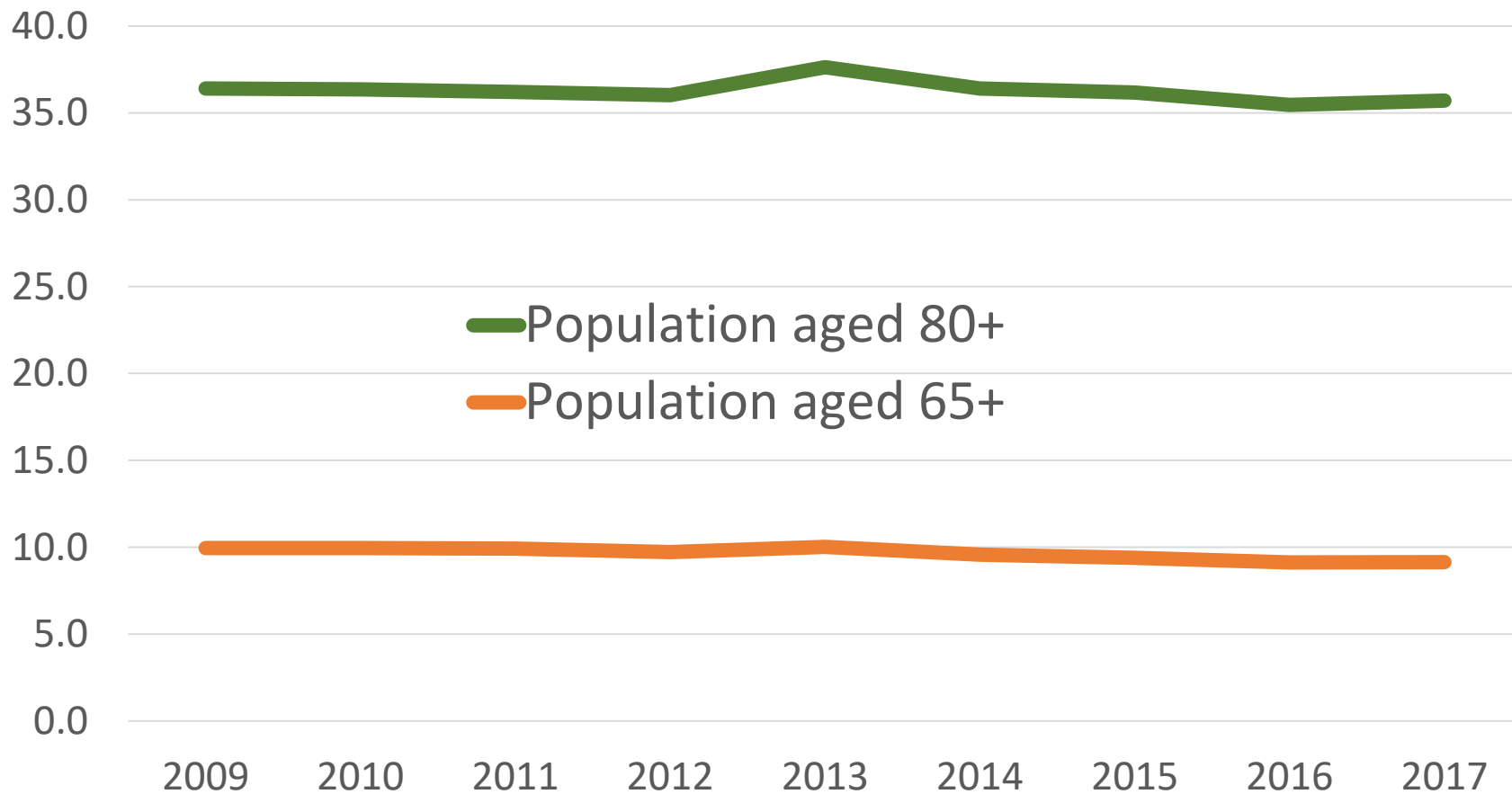
# Registered Assisted Living beds in BC, 2009-2017



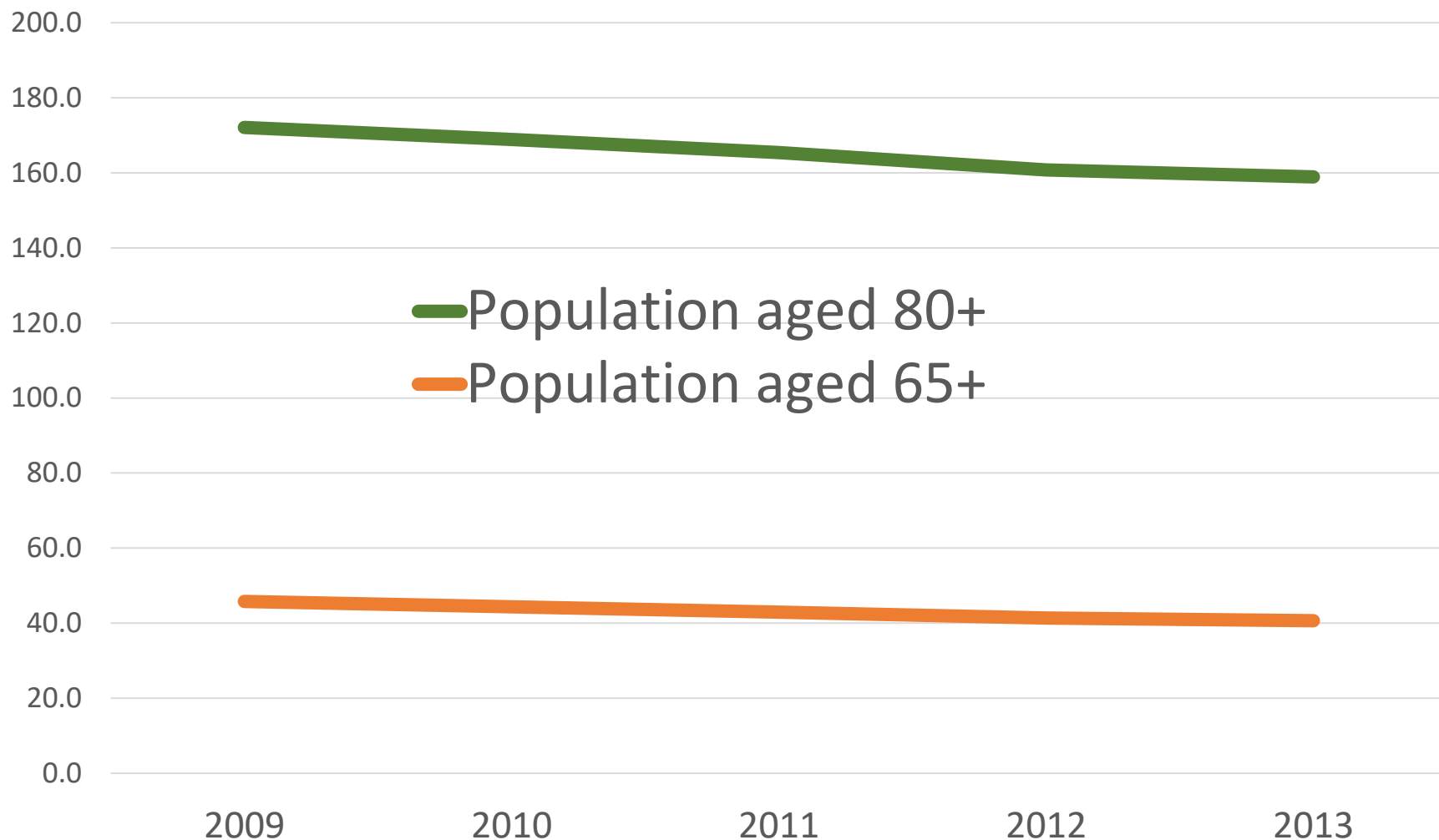
# Registered Assisted Living beds and % publicly subsidized in BC, 2009-2017



# Registered Assisted Living beds per 1000 population 65+ and 80+, BC, 2009-2017



# Registered Assisted Living + Publicly funded Residential Care beds per 1000 population 65+ and 80+, BC, 2009-2017





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# BC's Assisted Living Landscape

Yesterday, Today, Tomorrow

**RON PIKE**

Elim Village

BC Care Providers – Annual Conference

Whistler – May 2018



# YESTERDAY

Original Design



- Purpose built for older adults
- Assisted Living regulations were a consideration
- Nurse call
- Additional conduit for technology
- 3 Types of bathing rooms
- Staff Space
- Activity rooms and generous common space
- Home - like design
- Generator for safety
- Partnership with BC Housing and Fraser Health



# TODAY

Our Experience



- More care than originally anticipated
- Heavier “wear and tear” on building
- Space for walkers around dining areas
- Long term capital replacement considerations
- Technology changes – requirements and adjustments – WiFi
- Renovations and reconfigurations – staff room, care stations
- Housing market is outpacing funding levels

# TOMORROW

## KEY Considerations



### RESIDENT SUPPORT

Will there be a need for increased support and services from staff and contractors?



### RESIDENT SAFETY

Will there be a need for increased / added safety and security measures?



### RESIDENT MOBILITY

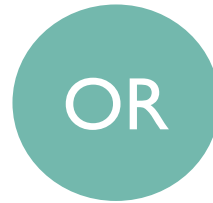
Will there be a need for increased assistance with lifts and transfers and mobility aids?

# TOMORROW

## KEY Considerations



**RENOVATE**



**BUILD**

Space for expansion? Density requirements? Code Requirements?  
Municipal Requirements? Concrete? Wood? Cost implications? Funding  
sources? Long term capital replacement? Operational impact? Financing?

# TOMORROW

KEY Considerations

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HOUSING



CARE

# TOMORROW

Success



## WORKING TOGETHER

Variety of stakeholders will have to create synergies to reduce barriers and inconsistencies



## CREATIVE SOLUTIONS

One size fits all may no longer meet market demands



## FINANCIALLY SUPPORTABLE

Contributions will have to come from multiple sources



BRITISH  
COLUMBIA



# Assisted Living in BC Future State

Prepared for: BC Care Providers Annual Conference  
Date: May 28, 2018  
Presented by: Sharon Stewart



# Overview:

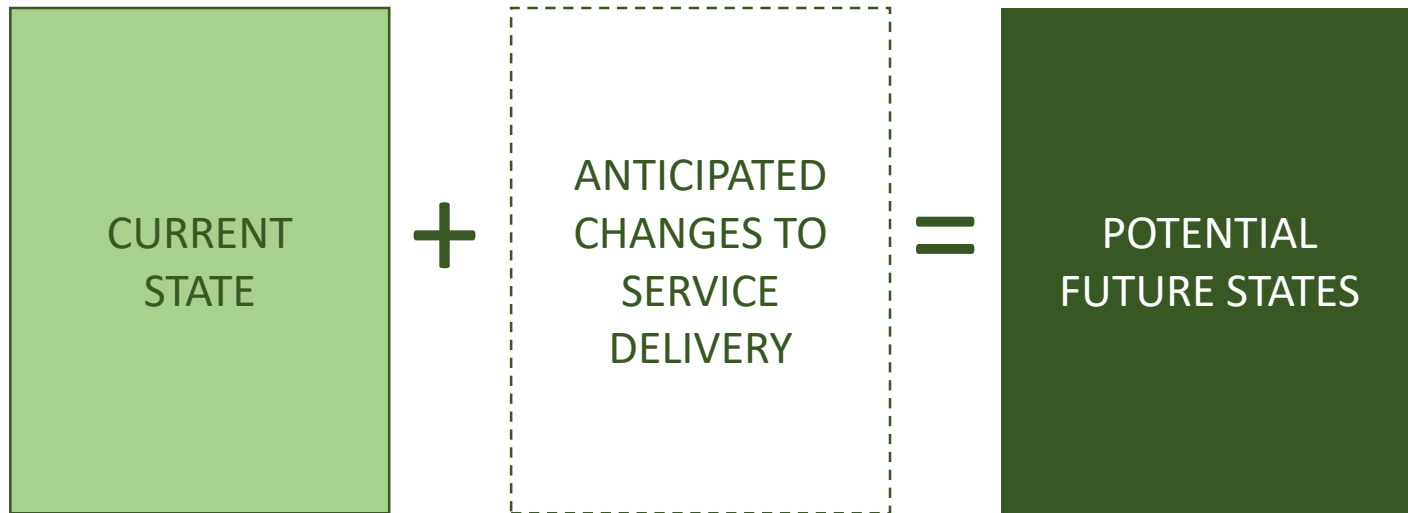
- Bill 16 Setting the Context
- Estimating the Future State
- Assisted Living Policy
- Next Steps

# Bill 16 - Context

- Amendments to the *Community Care and Assisted Living Act* (CCALA) announced March 7, 2016, received Royal Assent on May 19, 2016; practice changes expected to start occurring after new provisions are brought into force.
- Primary change in the CCALA:
  - Assisted Living residents are currently supported with **no more than two prescribed personal services**
  - Under the legislative changes, **the limit of two services will be removed**, enabling more individuals to qualify for Assisted Living.
    - Are able to make decisions on their own behalf or live with a spouse who can make decisions on their behalf;
    - Are able to recognize an emergency, take steps to protect themselves in an emergency or follow directions in an emergency;
    - Do not exhibit behavior that jeopardizes the health and safety of others, and;
    - Do not require continual unscheduled professional health services.

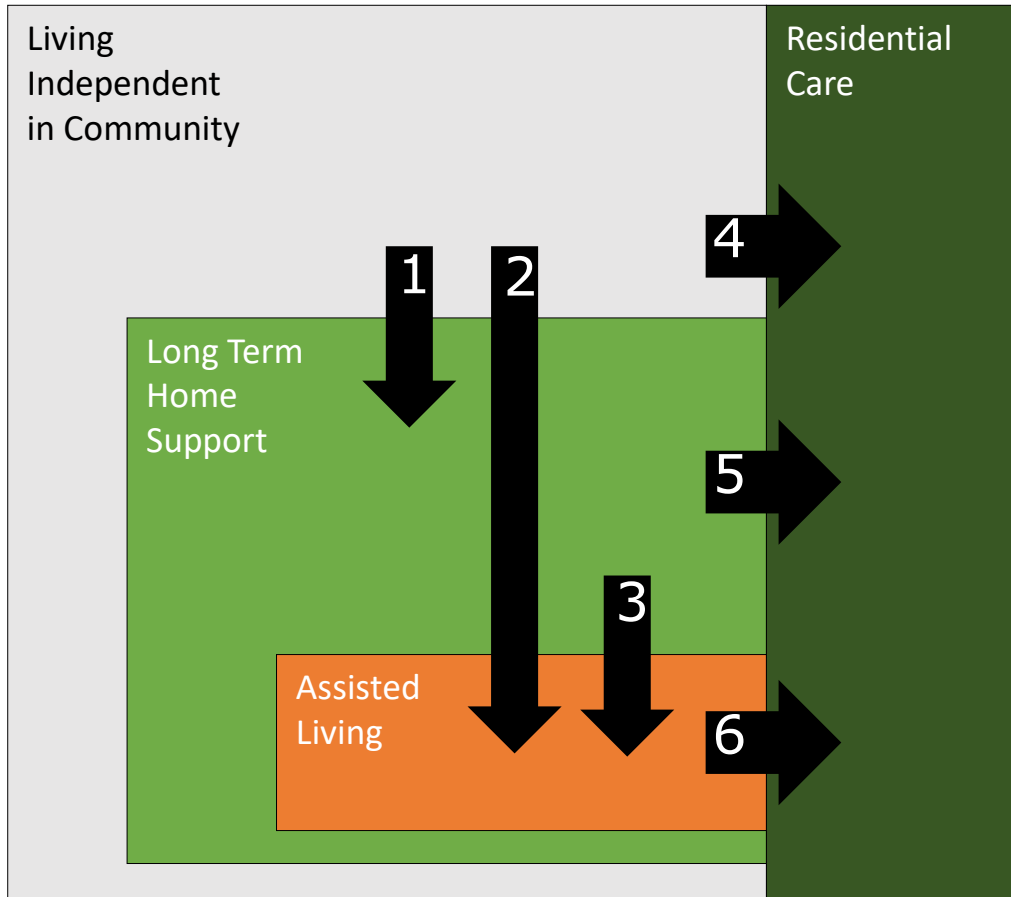


# Estimating the Future State



*Reasonable assumptions about the implications of policy change.*

# Transitions in Home and Community Care (year over year)



3-year BC  
average  
number of  
transition by  
type

1	6,910
2	611
3	487
4	4,733
5	2,030
6	473

# Defining AL and HS Suitability



The creation of a single suitability definition proved complex

To simplify, transitions were aggregated into 3 groups based on MAPLe scores

- Low to Mod (1-3)
- High (4)
- Very High (5)

## RAI Elements Used to Define Suitability for HS and AL

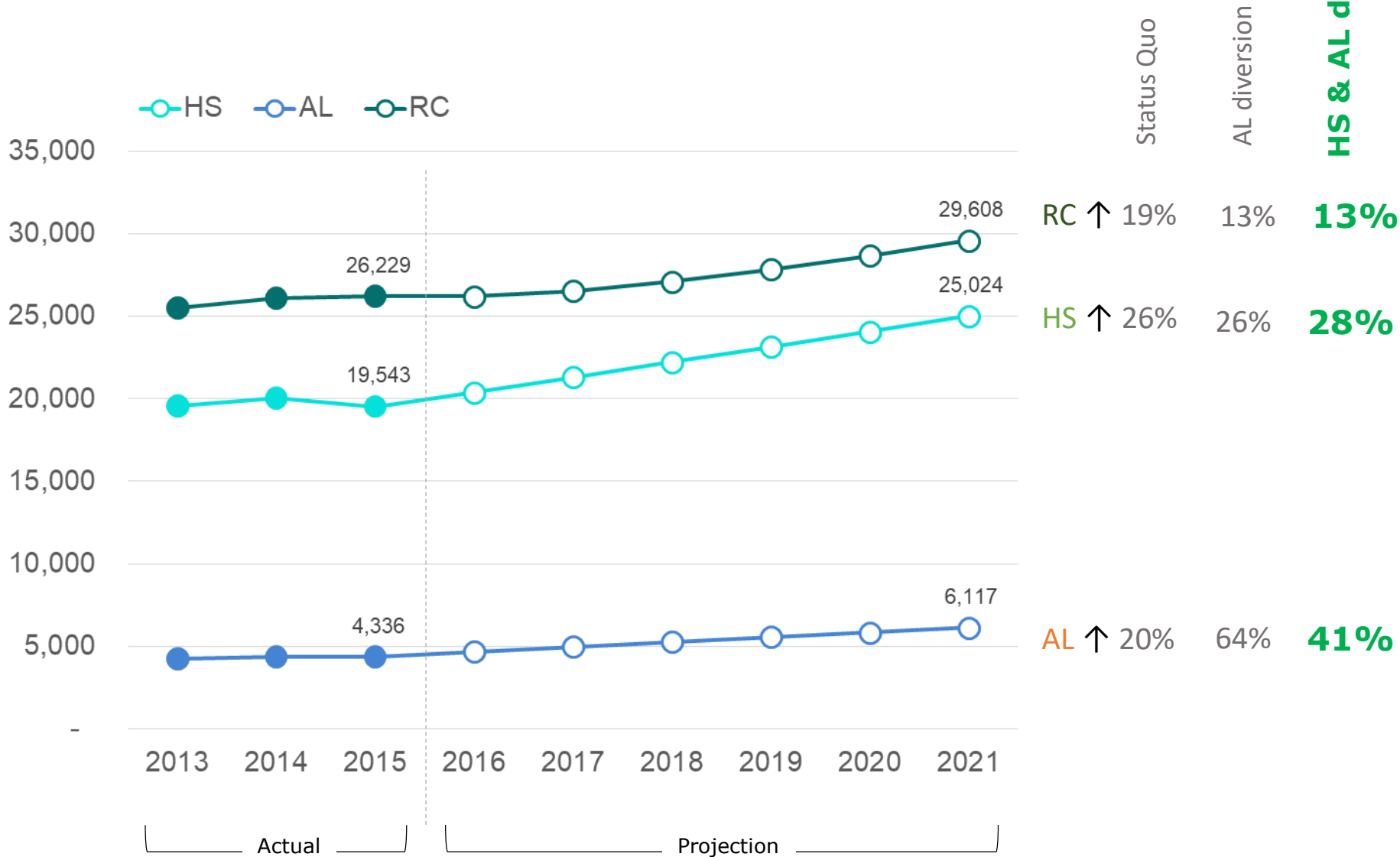
RAI Elements/ Scales	RAI-HC or MDS	Values	Description	Used in HS Def	Used in AL Def
CPS	HC, MDS	< 3	CPS scale	✓	✓
MAPLe	HC, MDS	< 5	MAPLe scale	✓	✓
CHESS	HC, MDS	< 4	CHESS scale	✓	✓
ADL hierarchy	HC, MDS	< 3	ADL hierarchy scale	✓	
E1a	HC	0,1	Not feeling sad/depressed on a daily basis	✓	
E3a	HC	0	No wandering	✓	✓
E3b-e	HC	0	No responsive behaviours	✓	✓
F3a	HC	0,1	Client not left alone all or most of the time	✓	
F3b	HC	0	Not feeling lonely	✓	
G1ea	HC	0	Caregiver lives with client	✓	✓
G1fa	HC	1	Primary caregiver is spouse	✓	✓
G2a	HC	0	Caregiver is able to continue	✓	
G2c	HC	0	Caregiver is not distressed	✓	
H2h	HC	0,1,8	Minimal or no assistance required for toileting	✓	
I1a	HC	Not 4,5	Usually or always continent-bladder	✓	
I3	HC	Not 4,5	Usually or always continent-bowel	✓	
O1i	HC	1	Home environment is not hazardous	✓	
O2b	HC	0,1	Caregiver does not feel client is better off elsewhere	✓	
O2b	HC	Not 3	Both client and caregiver do not feel client is better off elsewhere	✓	
E4aa	MDS	0	No wandering	✓	✓
E4ba-ea	MDS	0	No responsive behaviours	✓	✓
G1ia	MDS	0,8	Minimal or no assistance required for toileting	✓	
H1a	MDS	Not 3,4	Usually or always continent-bowel	✓	
H1b	MDS	Not 3,4	Usually or always continent-bladder	✓	

# Defining AL and HS Suitability

Portion of historic transitions suitable for HS or AL by MAPLe Group (2010-2015)

Transition Type	Diversion Destination	MAPLe 1-3	MAPLe 4	MAPLe 5	Overall
<b>HS to RC</b>	HS	11.3%	2.6%	1.2%	2.2%
	AL	48.1%	31.3%	0.0%	12.5%
<b>AL to RC</b>	HS	7.9%	0.0%	0.5%	0.8%
	AL	49.2%	22.7%	0.0%	11.1%
<b>HS to AL</b>	HS	41.0%	1.5%	0.0%	21.4%

# Modelling Result: AL & HS Diversion

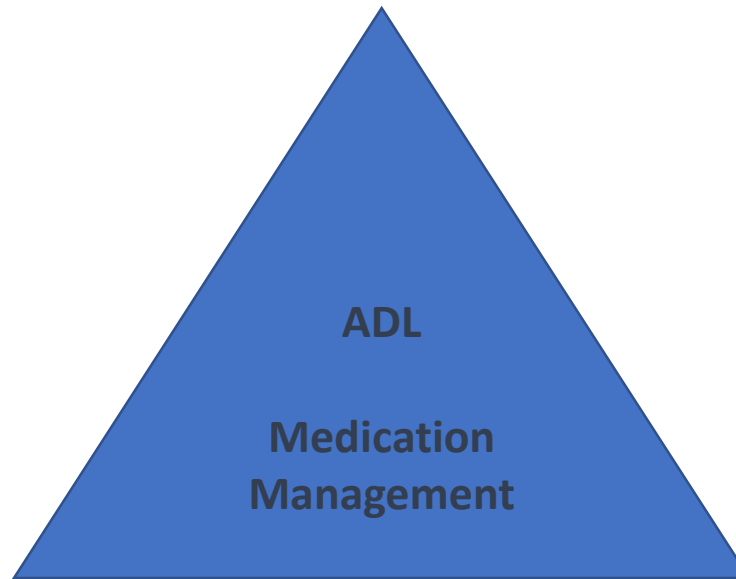


Ministry of Health

# Future Models

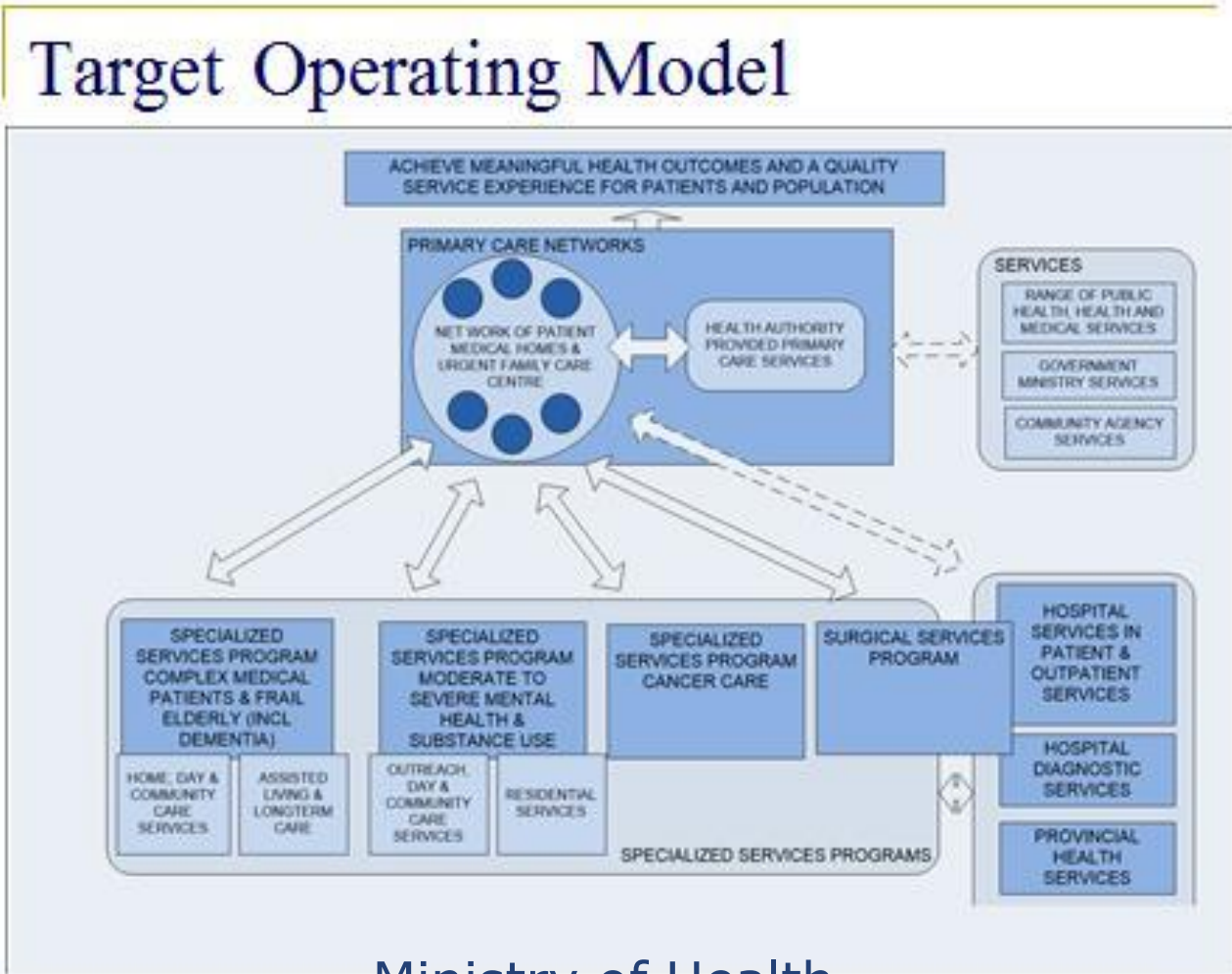
Therapeutic diets  
Behaviour Management  
Psychosocial supports

Money & personal property  
Other



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# Specialized Community Services Programs (SCSP's) for Adults with Complex Conditions and/or Frailty





# Assisted Living Policy Direction



## Considerations:

- Service Delivery
- Information Sharing
- Systems Design

*Assisted living provides safe and appropriate services and housing to clients unable to manage independently in their homes but who do not require 24/7 professional care as offered in residential care.*

# Next Steps: Putting it all Together

Residents  
Family  
Friends

Assisted  
Living  
Operators

Policies  
Legislation  
Regulations

Specialized  
Community  
Services  
Programs



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