

AGM Motion: Support for the Implementation of Bill 16 in Assisted Living

WHEREAS the [Community Care and Assisted Living Act \(CCALA\)](#) has historically permitted assisted living residents to be supported by no more than two prescribed personal services; and

WHEREAS via the [Community Care and Assisted Living Amendment Act, 2016](#) (Bill 16) the limit of two services will be removed, enabling more people to qualify for Assisted Living, provided that residents:

- Can make decisions on their own behalf or live with a spouse who can make decisions on their behalf;
- Can 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; and

WHEREAS assisted living providers may not have the necessary staffing, technological or financial resources to support the increased levels of care which may result, nor the appropriate infrastructure to support clients who need higher levels of care; and

WHEREAS assisted living homes provide support for people who are neither frail enough to need long-term care, nor well enough to live in their own home independently; and

WHEREAS assisted living can provide a financially sustainable alternative to long term care for less complex clients, BCCPA recommends:

That the BC Government review the assisted living funding model as to: determine the most appropriate funding approach; allow for consistency within the sector; decrease administrative burden, and; increase flexibility to support the continuum of care for seniors.

Specifically, this review should:

- *Focus on determining what funding is needed to ensure that adequate and appropriate staffing levels are in place, including professional and non-professional care staff, and workers in other roles such as maintenance, custodial, housekeeping and food services;*
- *Consider how much time should be funded for recreation and programing needs, as to support a social model of care;*
- *Discuss when assisted living homes should be funded to have access to licensed practical nurses; and*
- *Determine what annual funding should be allocated for technology upgrades, and how funding arrangements should be amended to account for capital costs, as to update aging infrastructure.*

AGM Motion: BC Health Human Resources Strategy

WHEREAS BC has one of the oldest populations in Canada and that the percentage of seniors is expected to increase to 25% of the population by 2036;¹ and

WHEREAS BC's seniors care sector is expected to be the fastest growing industry in BC from now until 2028, and Health Care Assistants (HCAs) are currently ranked among the top ten priority health professions;² and

WHEREAS BC's continuing care sector is currently facing chronic health human resource shortages, with 95% of employers identifying that their organizations are experiencing staffing shortages;³ and

WHEREAS BC's continuing care sector faces significant worker retention challenges with injury rates that are up to four times the provincial average;⁴ and

WHEREAS staffing chronic shortages contribute to worker stress and burnout, and have a directly negative impact on the quality of care for residents and clients;⁵ and

WHEREAS the BC Ministry of Health's 2017 'Action Plan to Strengthen Home and Community Care for Seniors' identifies a need to recruit an additional 1,500 full-time equivalent (FTE) workers in long term care over four years in order to meet an average of 3.36 direct care hours per resident day in each health authority,⁶ and the Ministry has further identified a need to recruit an additional 2,849 additional HCAs over the next five years;⁷ and

WHEREAS appropriate health human resources planning is critical for the sustainability of the continuing care sector as well as the overall health care system; and

WHEREAS BCCPA and the Government of BC previously partnered on a successful initiative—dubbed BC Cares— to boost enrollment of students in HCA training programs by encouraging youth and immigrants to choose a rewarding career in the continuing care sector, BCCPA recommends:

- *That BCCPA work collaboratively with the BC Provincial Government and other sector stakeholders to develop, fund, and implement a robust Health Human Resource Strategy in order to address chronic labour shortages in BC's continuing care sector. The strategy should focus on improving the recruitment and retention of in-demand health care workers, including Health Care Assistants. The strategy should promote the high-quality jobs that are available in the continuing care sector, improve access to training and education, match workers with potential employers, and address worker burnout and injuries in order to improve retention.*

¹ BCStats, 2017. Sub-Provincial Population Projections – P.E.O.P.L.E.

² WorkBC 2018. British Columbia Labour Market Outlook: 2018 Edition. Accessed at: https://www.workbc.ca/getmedia/1dce90f9-f2f9-4eca-b9e5-c19de9598f32/BC_Labour_Market_Outlook_2018_English.pdf.aspx

³ SafeCare BC, 2018. *Member Engagement*. HoweGroup. July 10, 2018.

⁴ WorkSafe BC, Industry Safety Information Centre, Accessed August 15, 2017. Data for Classification Unit 766011 Long-Term Care, and 766006 Community Health Support Services.

⁵ Vancouver Sun. Opinion: Workplace Injuries in B.C. continuing care sector accounts for reduced services. May 23, 2017. Accessed at: <https://vancouversun.com/opinion/op-ed/opinion-workplace-injuries-in-b-c-continuing-care-sector-accounts-for-reduced-services>

⁶ BC Ministry of Health. An Action Plan to Strengthen Home and Community Care for Seniors. March 2017. Accessed at: <http://www.health.gov.bc.ca/library/publications/year/2017/home-and-community-care-action-plan.pdf>

⁷ Dix, Adrian. "Care Aides" *Edited Hansard*. British Columbia, Debates of the Legislative Assembly. 41st Parl., 3rd Sess. Thursday May 10, 2018.

AGM Motion: Quality Assurance for Assisted Living and Home Support

WHEREAS BC has one of the oldest populations in Canada and that the percentage of seniors is expected to increase to 25% of the population by 2036;⁸ and

WHEREAS quality assurance programs have considerable value in the seniors' care sector, as they: 1) enable people needing support and their families to make informed decisions about the kind of care they would like to receive; and 2) support the delivery of exemplary care by putting clear standards in place for providers; and

WHEREAS there is often less regulatory oversight in the areas of home health care and assisted living; and

WHEREAS significant changes are expected as to the requirements for assisted living providers, as a result of upcoming changes to the [Community Care and Assisted Living Act \(CCALA\)](#) via the Community Care and Assisted Living Amendment Act, 2016 ([Bill 16](#)); and

WHEREAS BC Care Providers Association (BCCPA) has been in the process of developing a quality assurance in home support model and has received direction from its Board of Directors to explore the feasibility of a quality assurance model in assisted living; and

WHEREAS BCCPA has recommended that the BC Ministry of Health provide funding to support the implementation of a Quality Assurance model in Home Support initiative in "Health Begins at Home: Strengthening BC's home health care sector"⁹; and

WHEREAS without strong quality assurance programs there are risks for the well being of seniors and the reputations of care providers; BCCPA recommends:

- That BCCPA seek the appropriate support and funding to work with stakeholders including providers, the BC Ministry of Health and the regional Health Authorities, to implement BC Quality Assurance models for assisted living and home support, and that these initiatives focus on implementing standards to ensure quality across the sector, as well as helping seniors and families make informed choices about care.*

⁸ BCStats, 2017. Sub-Provincial Population Projections – P.E.O.P.L.E.

⁹ BC Care Providers Association. Health Begins at Home: Strengthening BC's home health care sector. February 2018. Accessed at: <https://bccare.ca/wp-content/uploads/2018/02/BCCPA-Home-Health-Care-Paper-2018.pdf>.

AGM Motion: Long Term Care Wait List Target (65 percent admitted within 30 days)

WHEREAS in BC, the growth in demand for health care for frail elderly living in long term care, who use about 25% of health services, is projected to increase by 120% by 2036;ⁱ and

WHEREAS in BC and other provinces across Canada are dealing with long-term care bed shortages and, as a result, seniors in many cases are occupying beds in hospitals (i.e. Alternate Level of Care beds) at a much higher cost to the health care system; and

WHEREAS as outlined in a 2015 BC Care Providers Association (BCCPA) report, a 50% reduction in alternate level of care (ALC) days could generate significant cost savings to the health system;ⁱⁱ and

WHEREAS a 2016 report highlights wait times for long term care in BC are getting longer, including that the average and median wait times for long term care increased in three of five regional health authorities and the proportion of residents admitted to long term care within 30 days decreased from 64% in 2014/15 to 57% in 2015/16;ⁱⁱⁱ and

WHEREAS there were overall increases in the total number of long term care clients and new admissions from 2015/16 to 2016/17, including 880 (40,202 to 41,082) more clients and a 12.8% increase in new admissions;^{iv} and

WHEREAS as of August 2017 there were 1484 persons waiting for admission into long term care compared to 1309 in March 2017, representing a 13 percent increase^v; and

WHEREAS the majority of those waiting for long term care (61%) are admitted within 30 days, a couple of health authorities are below 50% and all but one are below 65% (see table 1); and

WHEREAS BC should be commended in part for its relatively low long term care wait times relative to other provinces^{vi} the BCCPA would like to see these times reduced, where possible, from the current average of about 45 days to 30 days or less province-wide and across all health authorities; and

WHEREAS while BC has no specific provincial target for long term care waits, Alberta has established a target to have at least 65% of those waiting access long term care within 30 days,^{vii} BCCPA recommends:

- ***That the BC government reduce the number of people on long term care wait lists by establishing a target to ensure at least 65 percent of those waiting for a bed can access one within 30 days.***

Table 1: Percentage Admitted to Long Term Care within 30 days ^{viii}		
Health Authority	2015-16	2016-17
Interior Health	58%	53%
Fraser Health	52%	63%
Vancouver Coastal	82%	88%
Island Health	40%	45%
Northern Health	45%	45%
All of BC	57%	61%

END NOTES

ⁱ Setting Priorities for BC's Health System. BC Ministry of Health. February 2014. Accessed at: <http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf>

ⁱⁱ BCCPA. Quality-Innovation-Collaboration: Strengthening Seniors Care Delivery in BC. September 2015. Accessed at: <http://www.bccare.ca/wp-content/uploads/BCCPA-White-Paper-QulC-FINAL-2015.pdf>. As noted in this report, assuming 50% of ALC days could be reduced by caring for patients in long term care (average daily cost of \$200) instead of hospital (average daily cost of \$1,200) it could generate over \$200 million in annual cost savings.

ⁱⁱⁱ Office of the Seniors Advocate. Monitoring Seniors' Services (2016). December 2016. Accessed at: <https://www.seniorsadvocatebc.ca/wp-content/uploads/sites/4/2016/12/OSA-MonitoringReport2016.pdf>

^{iv} BC Office of the Seniors Advocate. Monitoring Seniors Services, 2017. December 2017. Accessed at: <http://www.seniorsadvocatebc.ca/app/uploads/sites/4/2017/12/MonitoringReport2017.pdf>

^v Over 70 percent of those waiting for admission into long term care (1081 of 1484) were those living in the community compared to the rest who were waiting in hospital (i.e. ALC).

^{vi} In Ontario, as of October 2017, there were nearly 34,000 people waiting for long term care bed. Wait lists have grown considerably over last two years as average wait time is now 143 days. Ontario Ministry of Health and Long-Term Care, Long-Term Care System Reports, October 2017.

^{vii} Calgary Herald. Alberta government missing targets for accessing long-term care. James Wood. July 23, 2018. Accessed at: <https://calgaryherald.com/news/politics/government-missing-targets-for-accessing-continuing-care>

^{viii} Office of the Seniors Advocate. Monitoring Seniors Services (2017). Accessed at: <http://www.seniorsadvocatebc.ca/app/uploads/sites/4/2017/12/MonitoringReport2017.pdf>