

Policy Motions adopted in 2019:

- Labour Mobility for Health Care Assistants

Whereas BC's seniors care sector is currently facing chronic health human resource shortages, with nongovernment care providers in the Interior Health region identifying that approximately 252 full-time equivalent (FTE) health care assistant (HCA) positions are currently vacant; and

Whereas the B.C. Ministry of Health has identified that British Columbia will require an additional 2,800 FTE health care assistants (HCAs) in order to meet increasing demand for seniors care services; and

Whereas out-of-province HCAs are ready and willing to find employment in B.C.'s seniors care sector; and

Whereas as of January 2018 all out-of-province HCAs are required to complete a credential assessment process before they are eligible to register with the BC Care Aide and Community Health Worker Registry ("the Registry") and find employment with B.C.'s publicly subsidized care providers; and

Whereas the current credential assessment process is costly, time-consuming and deters qualified HCAs from practicing their occupation, such that only 23% of out-of-province HCAs referred for credential assessment have successfully registered since the process was implemented in 2018; and

Whereas the labour mobility provisions of sub-national Canadian trade agreements require that certified workers be recognized as qualified to work in the same occupation by a regulatory body in another province or territory, without having to go through additional significant training, work experience, examination or assessment, unless an exception has been posted; and

Whereas several Canadian provinces—including British Columbia, Alberta, Ontario and Nova Scotia — have developed provincial curricula for HCA education, and established registries to ensure that care aides have the knowledge, skills, education and training to care for vulnerable persons:

Be it resolved that BCCPA recommends that the B.C. Government work collaboratively with industry and post-secondary institutions to review the current provincial credential recognition process for Health Care Assistants (HCAs) so as to ensure that qualified care workers from other Canadian jurisdictions are able to practice their

occupation in B.C. without significant additional training, while also ensuring that high educational standards are being maintained in order to protect vulnerable persons in care.

- BC Auditor General Review of the Office of the Seniors Advocate and that legislation to establish a new independent office be based on BC's Act establishing the Representative for Children and Youth

Whereas, following the release of the Ombudsperson report on Seniors, the BC government in its Improving Care for B.C. Seniors: An Action Plan (February 2012), committed to establishing an Office of the Seniors Advocate (OSA) to support a more accessible, transparent and accountable approach to address the issues and interests of seniors in British Columbia; and

Whereas following public consultations, the government introduced Bill 10, the Seniors Advocate Act, making BC the first province in Canada to pass legislation to create an OSA; and

Whereas in early 2018 BC Care Providers Association (BCCPA) board met and voted on a resolution calling upon the provincial government to introduce legislation at the earliest opportunity to establish an independent Seniors Advocate as an officer of the B.C. Legislature; and

Whereas, as outlined in the March 2019 news release, a freedom of information (FOI) request involving the OSA now released to the public, shows the current Seniors Advocate had closely collaborated and sought the input of leadership from the Hospital Employees' Union (HEU) on a report released on August 2, 2018 entitled From Residential Care to Hospital: An Emerging Pattern; and

Whereas BCCPA or the majority of its members were not advised or consulted in advance by the OSA of the release of the August 2018 report (From Residential Care to Hospital: An Emerging Pattern) that BCCPA also believed had fundamental flaws including questions about the data and methodology used in the report; and

Whereas in March 2019, following concerns that the interests of BC seniors are taking a back seat to outside political influence, and undermining the office's independence, BCCPA issued a news release to formally call upon Isobel Mackenzie to step down as the current BC Seniors' Advocate and that the provincial government conduct an audit and review of the mandate of the OSA; and

Whereas it has been over five years since the original legislation was debated in the BC Legislature establishing a Seniors Advocate and over four years since the office was formally established under the purview of the Ministry of Health, with the selection of Isobel Mackenzie as the province's first Seniors Advocate in March of 2014; and

Whereas BCCPA believes it is now time to fully implement the original vision of the office, a fully independent advocate that would be able to stand up for seniors without being encumbered by the reality of being employed by the people whose decisions they are evaluating; and

Whereas, as outlined in a March 2014 news release, the BC New Democrats had welcomed the long awaited appointment of a seniors advocate, but noted that seniors in the province were denied a truly independent advocate including that the BC liberal government stopped short of giving seniors a truly independent voice, and one that can investigate both individual and systemic problems; and

Whereas BCCPA believes the OSA has not been as effective as it could be in providing meaningful change to improve or strengthen seniors care throughout the province, including providing effective recommendations for systemic changes to improve the care and overall quality of life for BC seniors; and

Whereas there are still many other important areas that have received little or no attention including not a single report that is exclusively focused on improving access to seniors care or addressing the health human resource (HHR) crises facing the continuing care sector; and

Whereas an Independent Seniors Advocate would be better placed to consult more broadly with stakeholders including continuing care operators, which unfortunately has been lacking since the office OSA was established; and

Whereas BCCPA believes the OSA should be an independent office of the legislature with the authority to monitor, review, audit and conduct research to make recommendations for systemic improvements to seniors care across BC; and

Whereas to fulfill its mandate effectively, the OSA should have the ability to release reports that do not require the approval of any government body or ministry, the Seniors Advocate should also be appointed by and report regularly to the elected members of the legislative assembly; and

Whereas, as an independent office similar to the BC Ombudsperson or Representative for Children and Youth, BCCPA believes it would be more effective in representing seniors' interests unencumbered by government influence or union bias; and

Whereas the Office of the Auditor General of British Columbia is an independent Officer of the Legislature, which under the Auditor General Act, has a mandate to audit the government reporting entity consisting of ministries Crown corporations and other organizations controlled by, or accountable to, the provincial government:

Be it resolved that BCCPA renew its support for the establishment of a truly Independent Seniors Advocate in BC and that legislation to establish this new independent office be based on BC's Act which established the Representative for Children and Youth;

Be it further resolved that BCCPA recommends that the Auditor General of British Columbia undertake a review of the BC Office of the Seniors Advocate (OSA) including a financial and performance audit to determine its overall effectiveness, including value for money

- **Renewing British Columbia's Current Long Term Care Bed Stock**

Whereas the BC Care Providers Association (BCCPA) in May of 2019 released a major paper entitled *Bedlam in BC's Continuing Care Sector: Projecting Future Long Term Care Bed Needs* that focused on meeting the growing demand for long term care due to a rapidly aging population; and

Whereas, as outlined in the BCCPA *Bedlam* report, BC is already short over 3,000 long term care beds, and requires an additional 31,000 (30,900) new long term care beds by 2035 to meet future demand according to data provided by the Conference Board of Canada; and

Whereas the BC Ministry of Health has previously outlined that the growth in demand for health care for frail elderly living in long term care is projected to increase 120% by 2036,vi with more recent data highlighting that the number of people considered frail living annually in long term care is expected to almost triple (from 38,000 to over 106,000) by 2042; and

Whereas a significant number of new long term care beds are required to meet demand, this does not account for existing beds which may be in care homes in BC that are outdated and require renovation or in some cases rebuilding; and

Whereas the Canadian Association for Long Term Care (CALTC) notes a significant portion of housing for seniors in long-term care in Canada is currently outdated or nearing the end of its functional life; and

Whereas approximately 40% of long-term care homes in Canada require significant renovations or to be rebuilt, according to one national survey as outlined in a CALTC report;vi and

Whereas many care homes are generally poorly equipped in regard to the physical infrastructure to meet the care needs of their residents, who are more complex now than when these buildings were originally built; and

Whereas many care homes do not meet current building safety standards and limited provincial and municipal funding available is usually insufficient to bring them up to code;

Whereas many older care homes have three or four-bed wards and cramped living spaces that do not reflect best practices, particularly for residents living with Alzheimer's disease and other dementias; and

Whereas there is a lack of units with shared spaces to better support residents with dementia, renovations are also required to make better use of long-term care beds for other purposes such as providing short-stay respite care or transitional care; and

Whereas the BC Ministry of Health, has also recognized the importance to either renovate or replace older bed stock with improved facility design, including single rooms with a private washroom and shower, walking loops and smaller dining areas;vi and

Whereas many care homes were built to design standards that are not suitable for today's seniors, featuring three to four-bedroom hospital like wards, shared washrooms and bathing areas, crowded dining rooms, small hallways and noisy nursing stations too close to resident's rooms; and

Whereas modern home designs and increased privacy are also very important for residents with dementia; and

Whereas appropriate supportive physical environments can promote way finding and orientation, improve activities of daily living function, autonomy and meaningful activity, reduce anxiety, agitation, responsive behaviours and falls, and provide better person-centred care for those with dementia; and

Whereas CALTC has recommended the federal government invest in the construction, renovation and retrofitting of 400 long-term care homes to meet current design standards and the needs of today's seniors, especially those living with dementia, by 2023;vi and

Whereas a 2016 report entitled Dementia in Canada: A National Strategy for Dementia-friendly Communities by the Standing Senate Committee on Social Affairs, Science and Technology, recommended a national Investment of \$540 million in long-term care infrastructure funding; and

Whereas, as outlined in the 2019 BCCPA Bedlam report, it is estimated that there are at least 120 non Health Authority operated care homes in BC that need to be renovated and 20 non-Health Authority operated care homes that need to be rebuilt; vi and

Whereas the costs of renovating or upgrading care homes are significant and may not economically feasible for many operators under current capital compensation or funding arrangements; and

Whereas non-government care home operators have invested large amounts of capital into their operations, including their physical infrastructure, this is becoming increasingly difficult in the existing fiscal environment, as current funding lifts do not account appropriately for these costs; and

Whereas other provinces have dealt with renewing their existing bed stock including Ontario, which announced in October 2014 a renewed capital redevelopment plan for long term care homes, and in New

Brunswick where its government in February 2018 announced \$108 million over the next five years for renovations to its nursing or long term care homes as part of its 2018-2023 Nursing Home Plan; and

Whereas as of early June 2019 there had been only one post on BC Bid website to add or renovate existing long-term care beds and only one RFP for new beds has been awarded over the year; and

Whereas in the 2019 Bedlam report BCCPA recommended establishing a new \$200 million Continuing Care Infrastructure Fund (CCIF)vi that among other areas would support over four years the immediate renewal and replacement of older long term care and assisted living homes:

Be it resolved that BCCPA recommends that the BC government, as part of a new Continuing Care Infrastructure Fund, develop a comprehensive strategy that includes funding and support to non-government care providers to renovate or retrofit existing long term care beds to better comply with current building code and other requirements as well as better meet the needs of the growing number of complex residents, including those with dementia. Furthermore, as part of any comprehensive strategy, the BC government should also consider providing sustainable capital funding including the costs associated with the retrofit and replacement of long term care beds.