

Policy Motions adopted in 2021:

- **Expanding Access and Capacity in B.C.'s Long-Term Care Sector**

Whereas the 2019 BC Care Providers Association (BCCPA) report Bedlam in B.C.'s Continuing Care Sector notes the province is already facing major access challenges with regards to seniors care including a shortage of long-term care beds; and

Whereas in B.C. the number of long-term care beds have remained relatively unchanged, increasing only 3% from 2016 to 2020 while the population aged 85 or older grew by 13%;i and

Whereas data from the Conference Board of Canada show that in B.C. the actual long-term care bed demand was 33,300 (as of 2016); a figure that is significantly higher than the current number of beds in the province, which is closer to 30,000; and

Whereas B.C. requires over 30,000 new long-term care beds be built by 2035 to meet the needs of an aging population and that the total estimated cost of constructing and operating these new beds is close to \$30 billion; and

Whereas, the latest Office of the Seniors Advocate (OSA) Monitoring Seniors Services report, notes that the number of people waiting for admission into long-term care at the end of 2018/19 grew by 28% (from 1774 to 2259) over the previous year; and

Whereas prior to the COVID-19 pandemic up to 15% of Canadian as well as B.C. hospital beds are filled with patients (85% are over 65) who are ready to be discharged but have no appropriate place to go (known as an “alternate level of care” patient); and

Whereas without significant increases in new long-term care beds, access challenges will continue to escalate as people are denied access to appropriate care, including where hospital beds are occupied by seniors who could be better cared for in a long-term care setting or the community; and

Whereas in its latest provincial budget, B.C. capital spending was announced that included about 20 projects to add 1,500 new long-term care beds, and as such many more beds are still required to meet needs of aging population as the recent announcement falls well short of the 30,000 new beds needed by the next decade; and

Whereas meeting this demand will require significant investments from all levels of government and health authorities including leveraging the existing non-government sector; and

Whereas other provinces in Canada such as Ontario and Alberta have put significant plans in place to address the need for new long-term care beds;

Therefore, BCCPA recommends that

a minimum of \$1.6 billion be earmarked over three years to fund the construction and operation of 5,000 new long-term care beds across the province by 2027.

- Health Human Resource Strategy

Whereas, to meet the needs of Canada's aging population and our greying workforce, B.C.'s seniors care and living sector is expected to be one of the fastest growing industries over the next ten years; and

Whereas B.C.'s seniors' living and continuing care sector is facing chronic and acute worker shortages, which have been exacerbated by the COVID-19 pandemic, such that the sector's labour market vacancy rate has doubled since the start of the pandemic; and

Whereas even prior to COVID-19, Employment and Social Development Canada (ESDC) projected Canada would need over 225,000 new nurses and 175,000 care aides over the next 10 years; and

Whereas the B.C. Ministry of Health identifies nurses—including Registered Nurses and Licensed Practical Nurses—as Top Ten Priority Health professions; and

Whereas provincial strategies to limit the spread of COVID-19, including mandatory vaccinations and single site orders, while necessary to protect the lives of vulnerable older adults and the workers who care for them, have reduced the capacity of the care workforce by five to ten per cent; and

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

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

Whereas the Royal Society of Canada report—"Restoring Trust: COVID-19 and The Future of Long-Term Care"—identifies that alleviating workforce shortages is the most critical step to addressing the deficiencies in Canada's long-term care system exposed by the COVID-19 pandemic;

Therefore, BC Care Providers Association (BCCPA) urges the Government of British Columbia **to**

work collaboratively with the seniors' care and living sector to develop a robust Health Human Resource Strategy to address chronic labour shortages—in particular for nurses and care aides—by improving access to training opportunities, increasing awareness of the quality careers in care, streamlining credential recognition, and promoting worker safety and retention.

- Staffing Levels & Care Hours in Long-Term Care

Whereas the B.C. Government has achieved the 3.36 HPRD target through an \$240 million investment over three years; and

Whereas the COVID-19 pandemic has highlighted the importance of adequate staffing levels and appropriate skills mix for the safety and dignity of residents living in long-term care; and

Whereas the Royal Society of Canada report—"Restoring Trust: COVID-10 and The Future of Long-Term Care"—has identified that the staffing levels and workforce mix in Canada's long-term care sector needs to evolve to align with the complex health and social needs of older adult, and

Whereas the BC Care Providers Association's 2019 report—"Filling the Gap: Determining Appropriate Staffing & Care Levels for Quality in Long Term Care"—identified the need for further research to determine the most appropriate number of care hours based on the acuity and case mix of older adults living in long-term care in British Columbia; and

Whereas the report commissioned by the Alberta Department of Health—"Improving Quality of Life for Residents in Facility-Based Continuing Care"—has recommended a minimum of 4.5 hours of care per resident day for older adults living in long-term care; and

Whereas the Ontario government has committed to increasing the hours of direct care for each long-term care resident to an average of four hours per day. This commitment will make Ontario the leader among Canadian provinces in the provision of care for long-term care residents; and

Whereas the Royal Society of Canada report—"Restoring Trust: COVID-19 and The Future of Long-Term Care"—has identified that alleviating workforce shortages is the most critical step to addressing the deficiencies in Canada's long-term care system exposed by the COVID-19 pandemic;

Therefore, BC Care Providers Association (BCCPA) urges that the Government of British Columbia

establish a minimum of four hours of care per day for each resident in long-term care, up until such a time that the most appropriate staffing levels and workforce mix can be determined based on resident acuity and case mix.

- Civil Liability Protection for B.C.'s Seniors' Care and Living Sector

Whereas BC Care Providers Association's (BCCPA) membership approved an earlier motion on the issue of civil liability protection for the B.C. Seniors Care and Living Sector at its 2020 AGM; and

Whereas BCCPA has engaged in considerable advocacy on this issue over the last year, including bringing this and the related insurance issue to the attention of the B.C. Ministry of Health; and

Whereas these concerns are now being dealt by the Office of the Attorney General and the Risk Management Branch; and

Whereas a number of positive steps, have been taken as a result of BCCPA's advocacy efforts, including the amendment of the COVID-19 Related Measures Act (CRMA) to extend the automatic repeal of the act until December 31, 2021 (previously slated for repeal on July 10th); and

Whereas the COVID-19 (Limits on Actions and Proceedings) Regulation adopted under section 5 of the CRMA was to provide protections from civil liability in respect of transmission of or exposure to virus that causes COVID-19 and is now in force until December 31, 2021; and

Whereas, once the provincial COVID-19 emergency orders are lifted, seniors' care operators in British Columbia may be exposed to unwarranted lawsuits; and

Whereas on April 23, 2021, the Alberta government like Ontario introduced and later passed a new bill requiring Albertans to prove gross negligence in order to sue a care home or hospital where a patient/resident contracted and died from COVID-19; and

Whereas Alberta's COVID-19 Related Measures Act, Bill 70 offers protection to owners down to subcontractors of regulated health authorities, facilities and professionals – from Alberta Health Services, to hospitals, to pharmacies; the legislation proposes requiring any lawsuit suing an operator to prove the defendant was grossly negligent; and

Whereas insurance providers in some cases are limiting coverage for providers to \$5 million, while health authorities are requiring \$10 million, resulting in providers requiring additional coverage (i.e., insurance riders); and

Whereas insurance companies are now including a "contagious disease exclusion endorsement" in policies as COVID-19 and other diseases are specifically not covered; and

Whereas provincial funding agreements also require care homes to have Commercial General and Medical Malpractice Liability Insurance and that federal and provincial legislation for non-profit organizations requires liability insurance to cover both operations and volunteer boards and that without this insurance, volunteer board members could also face significant personal liability exposure; and

Whereas insurers are already amending policies to eliminate liability protection for communicable disease and have further limited their exposure by effectively closing the insurance marketplace to long-term care; and

Whereas in consultation with insurers, reinsurance companies, and major lenders, long-term care is becoming uninsurable for outbreaks of any type and that the risk has been increasing throughout the pandemic as has now reached a critical point; and

Whereas the B.C. government has indicated it is looking at addressing some of the increased insurance costs as part of the new provincial long-term care funding model that is being developed;

THEREFORE BCCPA recommends that the Government of British Columbia adopt new legislation similar to Ontario's Bill 218 or Alberta's Bill 70 COVID-19 Related Measures Act in order to offer protection from civil liability for workers, volunteers and organizations in the seniors' care and living sector – including long term care, assisted living, independent living and home health care operators – that have made and are making an honest effort to follow public health guidelines and COVID-19-related law.

Whereas climate change threatens to increase the duration and severity of B.C.'s wildfire season; and

Whereas the raging wildfires in the interior of British Columbia over the summer of 2021 forced thousands of people to evacuate their homes, including vulnerable seniors in long-term care homes and assisted living residences; and

Whereas this caused tremendous stress for residents and their families, while also posing significant logistical and financial challenges to providers; and

Whereas in 2018, the provincial government developed the B.C. Health System Wildfire Response plan, after what was a record wildfire season in 2017, which outlined the roles and responsibilities to evacuate hospitals and care homes in the event of wildfire; and

Whereas there appeared to be a lack of understanding in terms of roles and responsibilities as it relates to the real and potential wildfire scenarios which occurred in the summer of 2021, resulting in unnecessary chaos and confusion; and

Whereas the B.C. Health System Wildfire Response plan needs to be updated and better integrated into both the province's and health authority's emergency responses as to be more effective, particularly as it pertains to seniors care;

Therefore, BCCPA recommends that the BC Health System Wildfire Response plan be updated, better utilized and integrated into provincial and local responses, particularly as it pertains to seniors care. In doing so considerations should also be made for the provision of appropriate funding and/or resources.