



October 26, 2015

Dear BCCPA Members,

I am pleased to provide you with a copy of the *CEO – Fall 2015 Member Update*. A lot has transpired since my last report in the spring including the release of our policy paper titled *Quality-Innovation-Collaboration: Strengthening Seniors Care Delivery in BC*.

The paper was written by **Michael Kary**, Director of Policy and Research and was the result of months of work and consultation with our *Emerging Issues and Policy Committee* (EIPC). It includes 5 key recommendations which are meant to support the policy paper release by Stephen Brown, Deputy Minister of Health, last spring.

As you may be aware, for the first time in Canadian history we now have more citizens over the age of 65 than under 15 years. While we've known for decades this milestone would be take place about now, having Statistics Canada report it on paper helps focus your attention even further.

It also reinforces the important need to get the new *BC Continuing Care Collaborative* off the drawing board and into reality. In that regard, I am pleased to report that Minister Terry Lake has provided his written endorsement of this initiative. As a result, we are actively planning the inaugural meeting for next month.

The BCCPA has been working hard over the last several months to represent your interests when it comes to a variety of issues. This includes everything from reforming the BC Care Aide Registry to communicating to the Health Authorities the challenges our members face regarding funding.

In reference to the new basic wheelchair entitlement policy, the Ministry of Health did respond to our written request for a delay in full implementation. While this is only a delay, it does afford us the opportunity to work with the Ministry in order to amend the policy to ensure it achieves the intended outcomes. However, our position remains that any significant policy change that results in incremental costs to our members should be fully funded. More will be reported on this in the coming weeks.

On a positive note, the BCCPA family continues to grow. We've welcomed a number of new service provider, commercial and associate members over the last several months. It's great to see former members returning back to the BCCPA in addition to care providers joining for the very first time. The more united our voice becomes, the easier it becomes for us to strengthen BC's continuing care sector.

Once again, if you have any suggestions, concerns or general feedback, please don't hesitate to reach out to me or any member of our team. I trust you will enjoy reading this edition of my CEO Report.

Sincerely,

Daniel Fontaine
CEO, BCCPA



BC Care Aide Registry

The Minister of Health announced at the 3rd Annual Minister's Lunch that his staff were still in the consultation phase regarding possible changes to BC's Care Aide Registry.

The BCCPA has subsequently followed up with the Minister to determine when the consultation phase will be over and an action plan for reform unveiled. We remain hopeful this will happen prior to the Christmas break.

Minister Agrees to Establish Continuing Care Collaborative

At the Annual General Meeting held in Whistler earlier this year, members of the BCCPA voted overwhelmingly to ask the Minister of Health to establish a new Continuing Care Collaborative in BC. Subsequent to the AGM, the BCCPA arranged meetings with four of the Health Authorities to discuss the concept as well as the need for a more transparent approach to funding lifts.

In September, the Minister of Health wrote to the BCCPA and advised us that he supported the idea of establishing the BC Continuing Care Collaborative – subject to it aligning with current ministry priorities.

In Alberta their Continuing Care Collaborative is a couple of years old and deals with a range of policy and funding issues pertaining to the sector. It is currently co-chaired by representatives from the Alberta Senior Communities Housing Association and Alberta Health's Continuing Care Branch.

The BCCPA was invited to sit in on a meeting of the Alberta Continuing Care Collaborative in May. It provided an opportunity to see first-hand the wide range of issues they had to deal with in their province.

The BC Continuing Care Collaborative will have senior representatives from the BCCPA, Ministry of Health and the various health authorities. The terms of references will be reviewed by the Collaborative at its first meeting which we hope will take place sometime in late November.

New Basic Wheelchair Entitlement Policy

As you may be aware, the BC Ministry of Health earlier this year announced it would be changing its policy on wheelchairs for residents in care homes. In particular, the revised policy states that residential care service providers must provide a "basic" wheelchair to residents who are prescribed a wheelchair as a medically required piece of mobility equipment and that residents will not pay an additional amount, beyond their assessed client rate, for basic wheelchairs. This new policy became effective April 1, 2015, and non-government service providers were given until October 1st, 2015 to comply.

With the proposed policy change, a basic wheelchair is currently being defined as *"a manual, self-propelled, safe, and durable wheelchair that enhances personal mobility, has a basic contoured seat cushion, and which is reasonable to obtain and maintain."*



Based on a member-wide survey we conducted earlier this year, the BCCPA is well aware of and also expresses concerns about the potential adverse effects the change in policy could have on its members. This includes but is not limited to the significant annual costs related to the purchase, maintenance, and

storage expenses. Overall, the change in policy represents another potential unfunded cost burden on care providers.

In relation to these concerns, the **BCCPA was notified in late September that the Ministry of Health has responded to our request for a delay in the full implementation of the policy. The new deadline for compliance deadline has been set as January 1st, 2016.** When granting the extension, Doug Hughes, Assistant Deputy Minister of Health, acknowledged that implementation within the non-government service provider sector is complex, and there is a need to “identify the stock of wheelchairs required to meet the requirements of the policy as well as space required to store excess wheelchairs,” among other issues.

The BCCPA is continuing to consult weekly with the Ministry of Health on the new policy through a working group in order to minimize adverse effects on our members.

We will keep you posted regarding any new developments as we become aware of them over the coming weeks.

More detailed information regarding the policy can be found [here](#).

Exploring Dementia Villages and Other Care Models in Canada

Our former intern Gagan Lidhran published the following opinion piece on the BCCPA website regarding the Dementia Village model in the Netherlands. It is well worth a read.

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When placing a loved one into a care home due to dementia, family or friends often fear for their safety and care. It is estimated that as people are living longer, there will be a sharp increase in the number of people with dementia. Globally there are an estimated 47.5 million people living with dementia, and the number is expected to increase to 75.6 million by 2030. Closer to home, 70,000 BC residents are currently affected by dementia, and this number is expected to increase to 105,000 by 2025.

When considering the implementation of innovative dementia care models within BC, it is crucial to consider the ethical and economic aspects of the model in question, and whether such a model is feasible within the Canadian context. One potential dementia care model to be considered is the Dementia Village in the Netherlands. The Dementia Village (Hogeweyk) is home to approximately 150 seniors living with severe cases of dementia. Hogeweyk creates an “alternate reality” for the elders who are encouraged to roam around the confines of the village, enjoying everyday pleasures such as shopping, cooking and going to the movies. The secured community has 23 residential units, which house six to eight residents each. Two-hundred and forty employees, who are trained geriatric nurses and caregivers dressed in street clothes, provide 24-7 care to residents.

Yvonne van Amerongen, co-founder of Hogeweyk, and others created the concept of the dementia village to find a way for seniors to participate in daily life the same way they did prior to needing dementia care. The



model attempts to minimize disability and maximize well-being by providing seniors an environment that is reflective of their past physical and social surroundings. By reducing the residents' risk of danger through security measures, the village provides residents an opportunity to maintain as much of a normal life as possible.

Netherland's dementia village concept has faced both criticism and praise since it first opened in December 2009. The model can have positive physiological benefits on residents by keeping them active longer, as they are encouraged to roam around the village and join activity clubs. Seniors in the dementia village also tend to eat better and live longer, due to decreased stress and medication usage.^[4] Academics and health professionals, however, have questioned the ethics of the village itself, as creating an alternate version of reality for seniors could potentially mean misleading them about their surroundings. Furthermore, by congregating patients with dementia in their own village, seniors could become further isolated from the larger community.

Implementing such a model in British Columbia could also require significant resources, including funding, staffing, and land. In the Netherlands, Hogeweyk sits on 4 acres of land and construction costs were €19.3 million (about \$27 million Canadian). The project was funded primarily by the Dutch government, which provided approximately \$25 million for the village. To construct something similar in BC would require considerable funding from the government and/or the private sector. Staffing resources could also be significant, given that levels of staffing appear higher than most residential care environments. Georgian Bay Retirement in Ontario has developed a memory care model on a smaller scale that implements elements from Hogeweyk.

However, Dementia Villages are not the only way to improve care for people living with dementia; other options include Dementia Friendly Communities. Dementia Friendly Communities make the physical environment easier to navigate for senior citizens, such as clearer signage and directional information, as well as reducing the stigma around dementia so seniors can participate in daily activities. Dementia Friendly Communities are supported by the Alzheimer's Society of Canada, and in January 2015, the City of New Westminster became the first municipality in BC to have a dementia friendly city council.



Another option is the creation of Dementia Friendly Care Homes. Dementia-friendly care homes also create environments that are legible, distinctive, safe, and familiar to elders. This includes ensuring areas are well lit, avoiding reflective and slippery floor surfaces, easy to use street furniture, and distinctive landmarks to assist with navigation for those with dementia.

Ultimately, whether the most appropriate approach is the implementation of Dementia Friendly Care Home, a Dementia Village, or another alternative model, there is a definite need for further study and dialogue to address this issue. This includes looking at the most appropriate models to meet the needs of a growing and aging population effected by dementia. In this regard, the BC Care Providers Association

(BCCPA) and SafeCare BC are co-hosting a [Care to Chat](#) event on November 25, 2015, with Eloy van Hal, one of the primary architects of the Dementia Village in the Netherlands. The BCCPA hopes this will begin an important discussion on exploring new dementia care models, including the Dementia Village, in Canada. Other models, such as Dementia Friendly Care Homes, will also be explored.

Delta Hospital Redevelopment

In September the BCCPA wrote a letter to the Minister of Health in response to an announcement of the redevelopment plans for Delta Hospital. Here is a copy of that correspondence.

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As the leading industry association representing BC's continuing care sector, we have worked collaboratively with the Ministry of Health and the Health Authorities in order to deliver high quality, cost-effective care for seniors.



In that regard, we were pleased to hear of your interest in expanding and improving the delivery of seniors care for the residents of Delta and the surrounding region.

While we applaud your announcement of an agreement to develop a business case to determine the feasibility of expanding Delta Hospital, we believe it should only be one of several options given full consideration. Our view is that one alternative that deserves further analysis is how private providers could deliver more cost-effective and

community-based solutions.

It may be of interest to you to learn that our members have current and planned capacity in Delta to accommodate well in excess of 200 seniors – at no additional capital cost to taxpayers.

As was noted in the 2012 BC Ombudsperson's Report, senior's **care beds operated by our members can save the Health Authority upwards of 15% per year**. In an era of limited budgets, partnering with our members in the delivery of seniors care has helped the Ministry to stretch each dollar invested even further.

Over the last several years a number of our members have been in discussions with the Fraser Health Authority regarding our joint interest in expanding the capacity for seniors care in Delta. Therefore, it was somewhat surprising to learn, by way of a news release, that this window of opportunity appears to have suddenly closed.

Of particular concern to the BCCPA is how the expansion of Delta Hospital may impact long-standing service providers operating within the community. The announcement of the pending closure of Burquitlam Lions Care Centre only serves to highlight how the consolidation of beds can result in significant impacts to existing service providers and seniors in care.

We are hopeful that since this was simply the announcement of the development of a business case, there remains an opportunity to work with the Ministry and the Health Authority to explore what other options exist. This is especially important in light of the Ministry's commitment to work within the spirit of its previous *Managing Changing Needs* policy.

In the coming days we will be reaching out to the Delta Hospital Foundation to convey an interest in working with them to ensure their limited capital dollars are strategically invested. In order to successfully develop a new “Care Hub” model, it clearly requires acute and continuing care service providers to work in partnership.

It is our hope that the recent announcement regarding a possible Delta Hospital expansion is but one of several options under consideration by your government. In that regard, we would welcome the opportunity to explore what other cost-effective options exist that can help you deliver your identified goals and objectives when it comes to expanding seniors care in Delta.

As valued partners, we trust you will give serious consideration to our request. Once again, thanks for your interest and support of seniors care throughout British Columbia.

2016 Provincial Budget Recommendations to BC Minister of Finance

In October the BCCPA provided our annual submission to the Minister of Finance regarding his 2016 Budget. We raised with the Minister a number of items that were addressed in our recent policy paper titled *Quality-Innovation-Collaboration: Strengthening Seniors Care Delivery in BC*.



The submission also touched on the important need of finding new ways to recruit and retain care aides outside of the Metro Vancouver area – in particular the Okanagan.

To read the full submission [click here](#).

Quick Brief: Comparing Funding Lifts by Region

In BC, residential care operators across the province are facing critical fiscal challenges in order to meet existing cost pressures while also delivering high quality care for seniors. This is despite an aging population and increasing levels of acuity for residents.

- Currently, a large portion of residents in care homes have one or more chronic conditions at varying levels of severity. For example, according to Ministry of Health data, 61.4 % of residents in care homes have dementia and 20.2% have diabetes. In BC, the growth in demand for health care for frail elderly living in residential care, who already utilize about 25% of health services, is projected to increase by 120% by 2036.
- Despite multiple chronic conditions, particularly as new entrants are coming into residential care homes with much higher levels of acuity, funding for residents and operators is often less than collective agreement increases, while cost of living increases are not recognizing inflationary pressures and/or enhanced service delivery requirements.
- Another major issue is that some residential care operators are not being advised of their annual fiscal year funding increases until well into the fiscal year. Overall, this uncertainty with respect to funding increases adds undue financial stress and operational challenges for BC Care Providers Association (BCCPA) members who are unaware of what their final operating budgets are until well into or even after the fiscal year in which the services were delivered.
- In light of these and other challenges, the BCCPA passed a special resolution at its May 25, 2015 Annual General meeting outlining some of the following points:

- There is no standard province-wide methodology used by health authorities regarding how base funding and/or annual funding increases are calculated for contracted service care providers;
 - There is no consistent province-wide standards linking funding to the level of acuity and medical complexity of seniors in care;
 - That 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
 - That it has become increasingly challenging for residential care and contracted home support members to remain fiscally sustainable due to an identified shortage of funding to cover inflationary costs.
- As part of the resolution, it also advocated that the Ministry of Health and Health Authorities formally establish a new *BC Continuing Care Collaborative* to help improve health outcomes for seniors and further enhance partnerships, dialogue and planning between government, health authorities and service providers.
 - The resolution also advocated that the Collaborative establish as one of its priorities the adoption of four core principles that would help the business-to-business relationship between contracted providers and the health authorities. These four core principles include:
 - **Timeliness:** Health Authorities will aim to provide care providers in writing with their funding notice prior to March 31st but no later than 90 days after the start of the fiscal year on April 1st.
 - **Fiscal Sustainability:** Contracted care providers are provided the necessary funding to cover identified year-over-year costs related to inflation in order to ensure they remain financially whole.
 - **Equity:** The calculation of funding lifts and direct care hours is consistent within and across health authorities.
 - **Communication and Transparency:** Contracted service providers are provided with timely and appropriate communication regarding any significant issue related to their funding relationship with the health authority; and the methodology used to calculate annual funding lifts will be shared openly with care providers.
 - In conjunction with the unanimous passage of the special resolution at the AGM, the BCCPA sent letters to the Health Authorities articulating these and other concerns facing care operators.
 - In follow-up, the BCCPA has also been meeting with Health Authority representatives, namely Chief Financial Officers, to outline these and other concerns. As part of this process and in accordance with the principle of fiscal sustainability as outlined in the resolution, the BCCPA has also attempted to get a better idea of funding lift comparisons between Health Authorities.
 - After contacting the Health Authority Chief Financial Officers and receiving follow-up information, the BCCPA has developed the following table which shows funding lift percentage increases to residential

care operators for 2014/15 along with various cost increases facing operators including Medical Service Plan (MSP), Municipal Pension Plan (MPP), CPP, utilities, etc....

- As seen in the graph attached, only the following Health Authorities identified that their funding lift covered the identified costs: Vancouver Coastal (MSP, MPP, Non-compensation support and other); Fraser Health (Non-compensation support costs and utilities); and Vancouver Island Health (Non-compensation support costs and other).
- In general, while non-compensation support costs were largely covered by funding lifts the other areas, however, were not. This demonstrates, as outlined earlier, the insufficiency of current funding lifts and the need for further progress to ensure that residential care operators are appropriately funded.

2014/15 Funding Lift Comparisons Between BC Health Authorities

Health Authority	Medical Service Plan (MSP)	Municipal Pension Plan (MPP)	Canadian Pension Plan (CPP)	non-comp support costs ¹	Utilities ²	Insurance	Wages ³	Work-SafeBC ⁴	Other ⁵	Actual Funding Lift (2014/15)
Interior Health Funded	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Actual increase	3.98%	1.4%	2.10%	8.42%	4.00%	1.50%	1.0%	10%	7.18%	
Vancouver Health ⁶ Funded	✔	✔	0%	✔	0%	0%	0%	0%	✔	0.65%
Actual increase	3.98%	1.4%	2.10%	8.42%	4.00%	1.50%	2.0%	10%	7.18%	
Fraser Health Funded	0%	0%	0%	✔	✔	0%	0%	0%	0%	0.39%
Actual increase	3.98%	1.4%	2.10%	8.42%	4.00%	1.83%	1.69%	10%	7.18%	
Island Health Funded	0%	0%	0%	✔	0%	0%	0%	0%	✔	1.18%
Actual increase	3.98%	1.4%	2.10%	8.42%	4.00%	1.50%	1.75%	10%	7.18%	

Actual Increase: BCCPA surveyed members to determine an estimate of the actual year-over-year cost increases in a number of categories as listed above.

✔ Indicates that the Health Authority funding lift covers this identified cost

¹ These would include, Medical Supplies, Food & Dietary, Housekeeping & Laundry and Plant Services.

² Gas, Electricity, Water

³ This includes contracted workers

⁴ Average increase for this [classification code](#)

⁵ Extended benefits, EI

⁶ The funding lift for Vancouver Coastal was taken from the average lift (\$.98/bed/day) divided by the average per diem (\$150.69) provided to contracted residential care sites in the fiscal year 2014/15.

Provision of Home Support by Third Party Operators in an Assisted Living Setting

Over the last several months, the Emerging Issues and Policy Committee (EIPC) has been dealing with an issue related to the provision of services by a third party contractor in an assisted living setting.

Currently, if a senior is living in an assisted living unit but is also eligible for publically subsidized home support services, they cannot always access these services through the onsite provider. This is due to the fact the senior can only receive these services from a Health Authority approved offsite provider. It

should be noted that the issue can be resolved if the service provider has sub-contracted the provision of those services to the onsite assisted living provider.

For example, in some cases two seniors living next door to each other in the same building must receive their home support services from two different providers (see Figure 1). The senior residing in one suite receives their care from on-site staff that they are familiar with, see on a regular daily basis, and who works as part of an integrated team. The senior in an adjacent suite receives publically subsidized home support must receive their care from staff employed by an outside agency, even if their preference would be to have the flexibility of receiving the service from onsite staff, similar to their neighbour.

Within a campus of care setting in which assisted living is also provided, the BCCPA has determined that the potential exists for greater cost efficiencies. As such, the BCCPA has undertaken a review of the practice of contracting with assisted living site operators for funded home support. This review has focused on cases where assisted living sites provide home support for funded clients, but the Health Authority (HA) brings in a third party agency to provide services to private pay clients within the same building. In some cases this practice is not cost-efficient, goes counter to the commitment of a person-centred approach to care, and does not permit flexibility for the care provider or senior.

In 2015, there were 7600 registered assisted living units in BC: 4,441 publically subsidized units, and 3,159 private pay units. In 2009/10, the regional health authorities spent a total of approximately \$339 million providing subsidized home support services throughout the province. It typically costs the health authorities \$30 to \$40 to provide each hour of subsidized home support.

A number of assisted living sites in BC are in the position to provide an enhanced suite of home care services to their residents as they have a full complement of highly qualified clinicians and allied health providers working as part of the integrated site based team. Given the fact that these staff already provide these services to their funded residents within the same site it would be seamless and beneficial to extend their services to private-pay clients within the same building, particularly if that is the preference of the client.

An example of a Canadian province that has effectively promoted assisted living within their care sector is Alberta, which has moved to a model that involves the provision of home support services by site operators and, as a result, has been able to achieve cost savings by housing clients for longer periods.

In summary, the BCCPA Board has advised the Ministry of Health that it has taken the position that in an assisted living setting whereby the home support provider has not already sub-contracted their service obligations to an onsite care provider:

- *Where feasible, the client should have flexibility as to whether their home support services are provided by contracted home support service providers or directly by the home in which they reside.*

BCCPA Proposes Significant Transformation of Seniors Care – Media Release Sept 30

British Columbia care providers are proposing the provincial government and health authorities commit to transferring one per cent of their annual acute care budget to improve the quality of community care and implement more responsive continuing care models to meet the growing needs of a rapidly ageing population.



These are two of five recommendations being proposed in a new policy paper from the BC Care Providers Association (BCCPA) that responds to the provincial government's February 2015 request for ideas to sustain and strengthen BC's mental health, primary and community care system. The BC Ministry of Health estimates the growth in demand for health care for frail seniors living in residential care will increase by 120% over the next 20 years.

[Click here](#) to view the report titled: *Quality-Innovation-Collaboration: Strengthening Seniors Care Delivery in BC*.

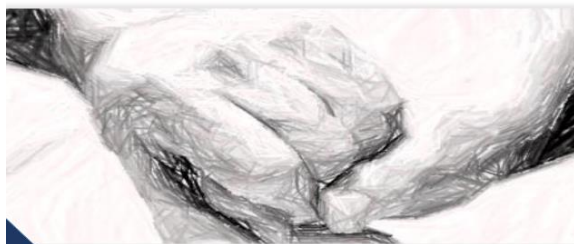
"Our population is rapidly ageing and we won't be in a position to deal with this demographic dilemma unless we innovate," says Elaine Price, President of the BCCPA. "By redirecting only one percent funding from acute care into the continuing care sector we can improve health outcomes for seniors and provide more British Columbians with access to hospital treatments and surgeries."



Within five years, the report estimates this approach would result in over \$320 million that could be re-directed to support annual operation of 4,300 new long term care beds; or 12 million more care aide hours; or 8 million home support hours.

At a recent BCCPA convention, Dr. Chris Simpson, past-President of the Canadian Medical Association told the assembled delegates "the reason your father has to wait nine months for a hip replacement is that the beds are being used by dementia patients...that is the single biggest reason why elective surgery wait times are so long."

Quality • Innovation • Collaboration



Strengthening Seniors Care Delivery in BC

September 2015

By Michael Kary



"We've got to get away from the tendency to institutionalize these patients in the acute care sector because once they're in there it's hard to get them out," said Simpson. "Long-term care facilities, in an ideal situation, know how to deal with the management of complex diseases."

The Report also calls for exploration of new seniors care delivery models – including *Continuing Care Hubs* that will integrate community health services and emergency professionals around residential care facilities to help take pressure off emergency rooms and acute care hospital units.

"New continuing care models can be developed with redirected funding to help seniors live in the most

appropriate care setting," says Michael Kary, Director of Research and Policy and the author of the report. "This report demonstrates a growing need for significant transformation of the traditional care home into a new 'Care Hub' that offers a suite of community services – including some that are not currently funded or allowed by the Ministry or health authorities."

Other BCCPA recommendations to the Minister of Health include:



- Establishment of a new Continuing Care Collaborative with the Ministry of Health, health authorities and non-government providers to reshape seniors care and implement recommendations outlined in recent provincial policy papers and this report.
- Using vacant residential care beds and assisted living units to reduce acute care pressures, unnecessary ER admissions and hospital visits.
- Creation of a public registry to track vacant beds and ALC beds.
- Re-define existing eligibility criteria for complex care and remove the restrictions relating to the number of prescribed services in Assisted Living to allow seniors to remain at home longer or the most appropriate care setting.

“Over the coming weeks and months, we will reach out to government leaders and seniors care stakeholders across the province to promote these recommendations and deliver results on behalf of our members and the seniors we serve,” says Daniel Fontaine, CEO for the BCCPA. “We look forward to reporting progress in the year ahead.”

Serving private and non-profit community care providers, the BCCPA was established in 1977. It is the leading industry association for BC’s continuing care sector. Its growing membership includes over 265 residential care, assisted living, home support/care and commercial members across BC.

Backgrounders

- [Reinvesting from Acute to Continuing Care – The Proposed 1% Solution](#)
- [Innovation: New Continuing Care Models](#)
- [Continuing Care Collaborative](#)
- [Backgrounder – Reducing ALC](#)
- [Complex Care Eligibility Criteria and Assisted Living Guidelines](#)

Policy Paper Opinion Piece by Michael Kary

What follows is an opinion piece written by Michael Kary and published on our BCCPA website regarding the release of our policy paper.

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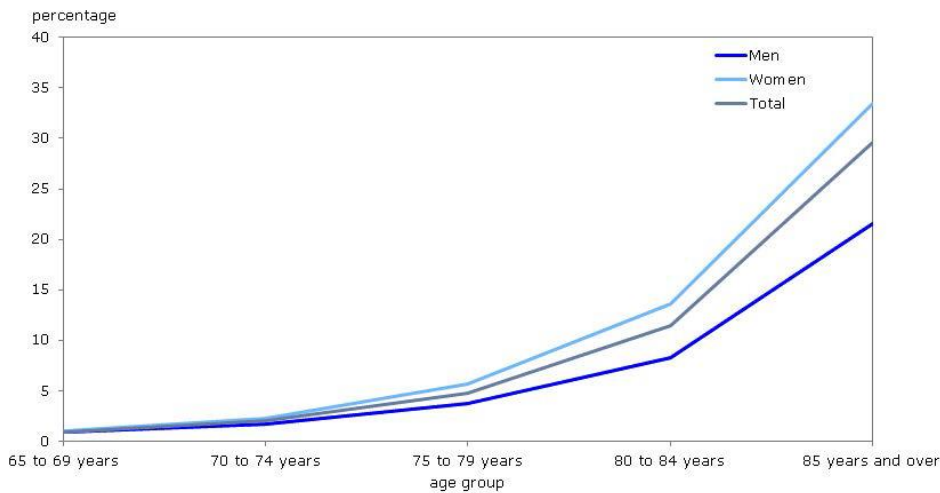
When Canada’s Medicare system was created 50 years ago, the average life expectancy in Canada was 68.1 years. Today, the average life expectancy is 81.7 years, yet the health system has only marginally adapted to meet the needs of our aging population.^[ii] In particular, the health care system in Canada is still largely acute care oriented and not optimally designed to provide care for those with ongoing care needs, such as chronically ill elderly.^[iii]



Currently seniors comprise about 14% of Canada’s population but account for almost half of health costs. By 2036, it is projected more than 25% of Canadians will be older than 65 and, by then, will account for 62% of this nation’s health costs.^[iv] The number of seniors living in residential care will also increase as the proportion of seniors living in care homes increases with age. As Figure 1 below shows, only about 1% of

people between the age of 65 and 69 live in residential care homes in Canada, yet nearly 30% of people aged 85 and older live in care-homes. [lvi](#)

Figure 1: Percentage of Canadian seniors living in Residential Care (by Age Group)



Along with challenges with respect to costs and a health system that is not adequately designed to meet the needs of an aging population, there are also serious access issues. In 2012, for example, it was reported that 461,000 Canadians were not getting the home care

Source: Statistics Canada, Census of Population, 2011.

they thought they required. Wait times for access to long-term care in Canada also ranged anywhere from 27 to 230 days. [lvi](#)

With the aging population and increased pressures facing the acute care system, now is the time to explore new solutions to meet these challenges and improve seniors care. Part of this will include redesigning the health system with new care models, but also targeted investments. A 2015 BC Care Providers Association (BCCPA) Commissioned Poll, conducted by Insights West, for example, indicates that the BC government should increase funding for long-term care. In particular, it found that:

- 62% believe that the health care system focuses too much on acute care and not on providing ongoing care needs, such as long term care or caring for the chronically ill elderly;
- 68% believe that the government does not provide adequate funding for residential care; and
- 84% believe that as seniors enter residential care homes with increased acuity or medical complexity, government funding should increase to meet these care needs. [lvi](#)

In response to these challenges and the BC Ministry of Health's current strategic priorities, [lviii](#) the BCCPA has released a paper entitled [Quality, Innovation, Collaboration: Strengthening Seniors Care Delivery in BC](#). As outlined in this new paper, the BCCPA advocates that the Health Authorities and Ministry of Health better utilize the existing capacity and expertise amongst non-government care operators, including developing strategies to reduce alternate level of care (ALC) beds and offset acute care pressures. As noted in the paper at a minimum such strategies should include the creation of a new publicly accessible online registry to report on ALC and vacant residential care beds as well as the use of current vacant beds within residential care homes, assisted living units and home support to reduce acute care pressures.

The BCCPA also recommends that these strategies be developed in the context of a new Continuing Care Collaborative comprised of government and non-government stakeholders, in order to foster open dialogue and a spirit of cooperation. Along with a new Collaborative, the paper also recommends that

new designated funding be redirected to home and community care, including a minimum of 1% of acute care funding annually by the Health Authorities. As outlined in the paper, this funding could be allocated on annual basis over a five-year period into the continuing care sector.

This redirected existing funding would amount to approximately \$320.8 million in the fifth year, which the BCCPA believes could go a long way to support the long-term sustainability of the sector and improve seniors care across the province. For example, based on initial cost estimates, \$320.8 million directed to the continuing care sector could potentially fund the annual operation of 4,395 long term care beds;^[viii] or 12,832,000 care aide hours;^[ix] or 8,020,000 home support hours.^[x]

Along with improving access, the new funding – in conjunction with the development of new continuing care models – will also help seniors to live in the most appropriate care setting. The BCCPA believes some of the acute care funding that is redirected to continuing care sector could be also be obtained through a reduction of ALC days. For example, assuming 50% of ALC days could be reduced by caring for patients in residential care homes instead of a hospital it could generate savings of over \$200 million annually.

As outlined in the [Quality, Innovation, Collaboration](#) paper one of the focal points of redesigning the health system should be on the development of new continuing care hubs, which can provide enhanced care for seniors, including additional services such as dialysis, IV, sub-acute care, wound care, etc... The four key elements of the new continuing care hubs as outlined further in the paper include: 1) Integration of health professionals and family in seniors care; 2) New roles for care providers; 3) New funding models; and 4) Expanded role and co-location of services.

Finally, the paper in alignment with a recent report from the Seniors Advocate recommends that the province undertake a review of Assisted Living to remove the restrictions relating to the number of prescribed services (currently two) that may be provided in this care setting.

By undertaking the recommendations outlined in the paper the BCCPA believes it will help seniors access timely and appropriate care, reduce overall health system costs, and bring BritishColumbia to the forefront of innovation and sustainability in the continuing care sector.

Be Care Aware Day & SafeCare BC

The government of British Columbia has proclaimed Thursday, Sept. 24, 2015 as Be Care Aware Day in the province of B.C. This proclamation represents a monumental achievement in raising awareness of the importance of caring for those who care for B.C.'s seniors – one of the main objectives of the Be Care Aware campaign.

“We are pleased to have the support of the provincial government for such an important cause,” said Jennifer Lyle, Executive Director of SafeCare BC. “This proclamation recognizes and emphasizes the importance of staff safety in the continuing care sector.”

In proclaiming Sept. 24th as Be Care Aware Day, the provincial government demonstrates a continued commitment to improving B.C.'s health care sector through supporting the creation of safer workplaces for continuing care staff.



“The provincial government is honoured to proclaim September 24 as Be Care Aware Day,” said Parliamentary Secretary for Seniors, Darryl Plecas. “We support a safe work environment for all health care workers and we are actively working with our partners to make health care spaces as safe as possible for staff and patients.”

The importance of staff safety is gaining momentum as a key issue in the continuing care sector, as evidenced by the broad base of support for the Be Care Aware campaign, including from the BC Care Providers Association.



“The Be Care Aware campaign is great initiative and will act as a conversation starter across the continuing care sector about safety and health in the workplace,” said Daniel Fontaine, CEO of the BC Care Providers Association. “The official proclamation from the government shows that people are taking this important issue seriously.”

Dave Hurford Appointed A/Executive Director of SafeCare BC

SafeCare BC has just announced that Dave Hurford will be taking over as the Acting Executive Director during Jennifer Lyle’s maternity leave absence.

Hurford is no stranger to the continuing care sector having served as the BCCPA’s Director of Public Affairs for a number of years. Hurford will start in his post later this month. We want to wish Jennifer all the best during her one year absence.

WorkSafe Set to Lower Premiums for Long-Term Care Providers

WorkSafeBC has released its preliminary rates for 2016, coinciding with the first of several rate consultation sessions planned this year. The overall story was one of positive news; province-wide trends in lower injury rates and lower claims costs have persisted, as well as better-than-anticipated investment returns.

At the Classification Unit level, the preliminary rates spelled good news for the continuing care sector. In 2016, the preliminary base rate is expected to decrease from \$2.66 to \$2.42 per \$100 payroll.

SafeCare BC Executive Director Jennifer Lyle welcomed this announcement with cautious optimism.

“I know this will be welcome news for our members,” she said. “Overall, our sector is making headway in addressing our high injury rates. It’s important that our members know the current base rates are not



WORKING TO MAKE A DIFFERENCE

future rate increases as a sector, and we are demonstrating positive momentum in that regard.”

reflective of the actual costs our sector is incurring when it comes to claims. That said, looking at the total cost rate, we are seeing promising downward trends which, if they continue, will close the gap between the base rate and the actual costs to the system. It’s critical we continue on this path if we’re to avoid

One of the goals in establishing SafeCare BC was to help get a handle on WorkSafe BC premiums. It’s great to see the downward trend in injuries which means lower costs, better care for BC seniors and a



healthier workplace. With the work SafeCare BC is doing now to ramp up the education and training opportunities for care providers, this bodes well for the future.

WorkSafeBC has posted information on the preliminary 2016 rates. Interested individuals can [click here](#) to access this information.

Two Day Dialogue – Towards Better Care for Older Adults

The BCCPA was invited by the Deputy Minister of Health to participate in a major two-day forum discussing the future of seniors care delivery in BC.

The Minister of Health provided opening remarks whereby he encouraged the assembled group of health leaders to move beyond the discussion phase and into the action phase. Deputy Minister Stephen Brown also spoke to the attendees about the need to innovate in order to better handle the health care needs of an aging population.

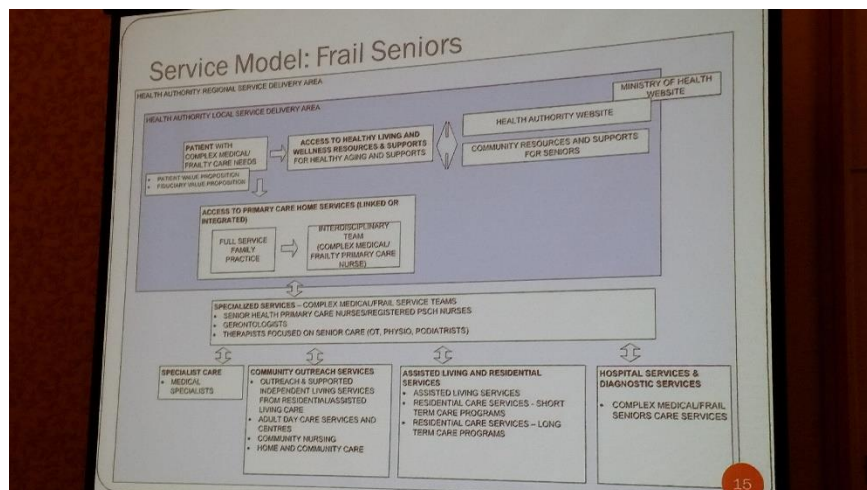


FIGURE 1 A NEW SERVICE MODEL FOR FRAIL SENIORS IN BC

The BCCPA was then invited to present for 20 minutes on what the future of the continuing care might look like in 2045. It was a real “Back to the Future” experience as we looked ahead at some of the challenges facing policy makers.

In his remarks to the crowd on Day two of the dialogue, Stephen Brown made a point of publicly acknowledging the expertise that exists within the BCCPA and our

membership. He encouraged all Health Authorities to work more closely with us as they map out future strategies for care.

The Ministry will be summarizing the discussion and putting forward an action plan for consideration this fall. The earliest we will likely begin to see some of the results of this dialogue will be in the 2016/17 fiscal year. The BCCPA will keep our members posted via The Insider if there are any more public developments.

Meetings with Ministry of Health

The BCCPA meets every four to six weeks with the Ministry of Health to discuss a range of issues facing BC’s continuing care sector. Here are a few of the topics discussed since my last report.

1. Funding lifts – cost pressures – transparency & consistent approach
2. Hiring of Former Health Authority Staff – new restrictions
3. Wheelchair Entitlement Policy
4. BC Continuing Care Collaborative

5. Private Live-in Home Care – Employment Standards Ruling – impact on services & seniors
6. Seniors Care for a Change – one year update released
7. Province-Wide Emergency Response Planning i.e. fire, earthquake, flood, poor air quality
8. BCCPA White Paper in response to MoH policy papers
9. Ceiling Lifts – WorkSafe BC orders
10. Provincial Hospice Commitment – 20,000 spaces
11. Medical records retention – impact on space allocation within a care setting
12. Site by site financial audit requirements from health authorities

Augustine House Wins Tribunal Ruling on Ceiling Lifts

On September 11, 2015, the Review Board of WorkSafeBC overturned a work order pertaining to preventing musculoskeletal injuries (MSI) when transferring residents in Augustine House, a BCCPA member. The work order charged Augustine House with installing 12 new ceiling lifts in their complex care home in order to facilitate safer resident transfers, at an estimated cost of \$120,000. The BCCPA has been closely monitoring this appeal as there are several other care homes facing a similar situation in the Metro Vancouver area. The BCCPA supports the Review Board’s decision to repeal the work order and find alternative measures to ensure worker and resident safety.

[Click here](#) to view the full review decision.

Background:

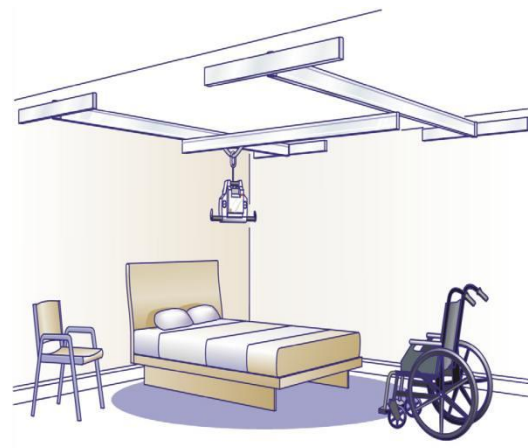
On February 12th of 2015, WorkSafeBC issued Augustine House Society a work order based on their alleged violation of Section 4.50(1) of BC’s Occupational Health and Safety Regulation, which states “the employer must eliminate or, if that is not practicable, minimize the risk of MSI to workers.”[1] WorkSafeBC was concerned that because Augustine House’s 12-unit complex care home did not have overhead ceiling lifts installed, there was a potential risk of injury to workers during resident transfers.

The subsequent work order charged Augustine House Society with installing overhead lifts in their complex care home in order to minimize the risk of MSI during resident transfers.

Augustine House contested the decision, arguing that their current health and safety practices meet both the spirit and intent of the regulation. While they had deemed overhead ceiling lifts not feasible, Augustine House had purchased additional stand-to-sit lifts, and made it mandatory for two people to assist with resident transfers.

The Review Board investigation found that given the relatively small degree of risk to the workers and the alternative safety measures Augustine House had taken, it was not practicable under these circumstances to require Augustine House to install overhead lifts at \$10,000 per unit.

WorkSafe BC is a valued partner and we are pleased to see they are willing to work collaboratively with the goal of improving worker safety. As a sector we need to be flexible and innovative to find solutions that ensure worker safety, without imposing unnecessary costs and red tape.





“Augustine House Society absolutely puts the safety of our workers and residents first,” says Tanya Snow, Executive Director of Augustine House Society. “Over the next 12 months, we will continue to work with WorkSafeBC to reduce the risk of MSI and other preventable injuries to our employees through best practices and procedures.”

SafeCare BC – Working to Prevent Injuries

In 2013 the continuing care sector in BC spearheaded the establishment of a new safety association committed to reducing and preventing injuries in long-term care homes in the province. To learn more about SafeCare BC and its various programs and initiatives, please [click here](#).

Seniors Care for a Change – One Year Update

The BC Care Providers Association (BCCPA) provided its members with a one-year progress update on the report it released on [July 14, 2014](#), entitled [Seniors Care for a Change](#). The *Seniors Care for a Change* report outlined various examples of excessive regulations and other challenges affecting care homes on a daily basis. In particular, the report provided real-life stories of the increasingly complex regulatory and policy environment facing care providers across the province. Overall, the report included five key recommendations to help improve British Columbia’s continuing care sector, including:




- 1) Strengthen client payment and collection of outstanding debts;
- 2) Develop a new funding model of government’s role in care;
- 3) Implement a person-centred approach to care;
- 4) Reduce overlap with the investigation and inspection process; and
- 5) Streamline and standardize reporting and data collection.

Within these five key areas, the report outlines fifteen specific recommendations in areas such as debt collection, improving the existing funding model and the RFP process, reducing unnecessary regulations, reforming the Care Aide Registry, and streamlining reporting requirements.

The BCCPA has discussed the *Seniors Care for a Change* report a number of times with the Ministry of Health including attending a [meeting in November 7, 2014](#) with a number of key representatives from the BC Health Authorities and the Ministry of Healthy to discuss opportunities to develop solutions regarding issues faced by front-line care providers. At this meeting, the creation of a new [Continuing Care Collaborative](#) comprised of key stakeholders from the sector was also discussed. The BCCPA has also provided the Ministry an opportunity to review and provide any feedback to the progress report.

One-year Progress Report

Along with providing some commentary, the one year progress report released by the BCCPA highlights the progress on each of the recommendations using color coded ranking, with red indicating little to no progress made; yellow where some progress made; and green where good progress has been made. Overall, two-thirds of the recommendations received a red ranking, with the remaining five either green (2) or yellow (3).

Summary of Progress Seniors Care for A Change Report September 2015		
<small>* Ranking is based on colour: red (R) = little to no progress made for the recommendation; Yellow (Y) = some progress made; green (G) = good progress made.</small>		
Recommendation	Update on progress	Ranking
Develop a policy similar to Fraser Health Authority's Residential Care Contracted Service Provider Collections Policy, a well-defined mechanism that if followed, care providers could ensure that the debt is 100% covered.	<ul style="list-style-type: none"> Little or no progress made on this recommendation. If such a policy was advanced it would implement a clear process that is followed in the event of nonpayment of client user fees for a mentally incapable resident in a publicly funded bed. Or where a client is receiving publicly funded home support. 	
Separate the bodies that fund, allocate funds, and regulate care homes, from those that operate care homes.	<ul style="list-style-type: none"> Little or no progress made on this recommendation. If this recommendation was advanced it would enhance fairness and transparency in the continuing care sector, which in turn would promote accountability and credibility. 	
Improve the request for proposals (RFP) process by ensuring that a RFP process is followed whenever possible.	<ul style="list-style-type: none"> Some progress has been made on RFP process. In particular, the BCCPA has had some dialogue with the Vancouver Health Authority and the Ministry of Health on improving and ensuring a more fair RFP process. If the RFP process was improved it would ensure that the best use of tax-payer dollars is made possible by the RFP process. 	
Increase flexibility in nutrition regulations, specifically	<ul style="list-style-type: none"> The BCCPA sought clarification from the Ministry of Health on 	

“While the BCCPA is disappointed that there has been a lack of significant progress overall, we are pleased that some positive action is being undertaken in key areas such as the Care Aide Registry, and clarifying regulations related to nutrition and the *Cremation, Internment and Funeral Services Act*,” says **Michael Kary**, BCCPA Director of Policy and Research. Kary also notes, “we hope to address these and other issues through ongoing dialogue including the Collaborative.”

Along with continuing to advocate for reducing unnecessary red tape and regulations through the creation of a Collaborative, the BCCPA is preparing to respond to the [BC Ministry of Health policy papers](#) released earlier this year, as well as consultations scheduled for the October on potential changes to BC’s health system including continuing care.

Download the one year progress report by [clicking here](#).

Seniors Advocate Reports

On September 14, 2015 the BC Office of the Seniors Advocate released a report entitled [Caregivers in Distress: More Respite Needed](#). Generally, the latest report from the Seniors Advocate is focused on one aspect of support for caregivers – namely, providing respite from caregiving duties. In B.C., as noted in the report, respite is primarily achieved through three provincially funded programs: adult day programs, home support, and respite beds. The report, although it includes no recommendations, suggests the need to increase access to adult day programs, greater home support, and access to respite beds. It also reports that B.C. has a caregiver distress rate 45% greater than Alberta, yet clients in Alberta are accessing more home support for less complex needs. The report also suggests perhaps moving respite beds out of existing care homes to dedicated facilities. As noted on page 20 of the report “the current model places the overwhelming majority of respite beds within residential care facilities where they might account for 5% or less of the total beds.”

It also observes that the model of dedicated respite care facilities, of which there are a few in the province, holds promise of a better outcome for clients and their stressed caregivers. It suggests that dedicated respite facilities, or dedicated units within a facility, can develop programs that recognize the

transitory nature of respite. Assessment, treatment, and therapies geared to clients who primarily live independently in the community can be more effectively administered if there is a group of 10 or more respite clients. For further information click [here](#). For copy of the full report click [here](#). The Seniors Advocate has outlined that their office plans to release future reports on caregivers. The BCCPA has also responded to this report, which you can find by clicking [here](#).

2016 Annual Conference Off to Great Start

The 2016 Annual Conference Committee has been extremely busy over the summer. They announced in June that the theme would be: ***Ensuring Excellence: Building a Stronger Continuing Care Sector***. A request for speakers has already been issued and over 50 policy and educational workshops are being planned for the two day event.

This summer we announced that **Angel Accessibility** was the successful bidder for the Title Sponsor of the conference. On October 1st we opened up the remaining sponsor packages and business has been brisk. Well over 40 exhibit booths were sold in the first week alone! It is anticipated that a record 500+ service provider and commercial member delegates will be in attendance next May.

Canadian Association of Long Term Care – Annual Meeting

The annual two day meeting of the [Canadian Alliance for Long Term Care](#) (CALTC) took place in Charlottetown, PEI in late August. The event is the one time per year whereby all of the provincial associations meet in-person to discuss strategy and find ways to strengthen the voice of the continuing care sector in Canada. British Columbia representatives included both the CEO and the Chair of the BC Care Providers Association as well as the Executive Director and Chair of the Denominational Health Association.

This gathering is always a great opportunity to share ideas, identify areas to collaborate and pave a path toward increasing our influence on the national scene. Last year BC hosted the event which set the stage for a number of key decisions to be made this week regarding the future direction of CALTC.



Highlights of the CALTC meeting:

- Attendees participated in a briefing on the recent in-depth Nanos Research poll commissioned by CALTC regarding public perceptions relating to seniors care in Canada. The poll was discussed in a column written by Andre Picard and [published by the Globe and Mail](#) on Monday, August 24th.
- A decision was made to maintain increased funding for another year to ensure CALTC retains adequate staff resources to assist in the development of a new 3 year strategic plan and other identified priorities.
- For the first time-ever, two representatives from the Province of Quebec were in attendance. They have decided to become new corporate members and will determine the feasibility of establishing a continuing care association in Quebec.

- A motion was introduced and unanimously passed that CALTC reach out to the Canadian Medical Association to determine the feasibility of becoming a member of their alliance supporting the “Demand a Plan” campaign.
- The first-ever joint working session of CALTC and all the provincial industry funded workplace safety associations took place on Tuesday morning. This initiative was jointly spearheaded by SafeCare BC and the BCCPA.
- There was agreement in principle to reach out to the Yukon and determine their interest in participating in CALTC.
- Members approved a motion which empowers the Executive to draft a new Strategic Plan that would identify key policy priority areas of common interest and resources required to implement them.
- Members approved a motion requesting CALTC be officially renamed the “Canadian Association of Long-Term Care”. The word “Alliance” will be dropped in order to better reflect CALTC’s new formal status as a federally incorporated non-profit society.
- The Secretary-Treasurer presented and reviewed the 2014/15 financial statements of CALTC.

Other topic areas discussed included:

- The need to establish several working committees comprised of member staff which could focus on communications, research and policy and clinical/quality standards.
- A need to revise our by-laws to become more inclusive and support the growth in membership.

The members of CALTC also participated in a vote to select the 2015/16 executive committee. The following individuals were elected:

- Candace Chartier (OLTCA), President
- Daniel Fontaine (BCCPA), 1st Vice-President
- Tammy Leach (ACCA), 2nd Vice-President
- Jan Legros (LTCCAM), Secretary-Treasurer

Representatives from various provincial continuing care associations gather for the annual CALTC meeting in Charlottetown, PEI



“It was great to see industry leaders gather and actively commit to find ways to strengthen the sector and seniors care throughout Canada,” says Elaine Price, President of the BCCPA. “There is a real momentum with the organization now and you can’t help but think it will accomplish great things in the months and years to come.”

In addition to the annual meeting, the CALTC membership meets quarterly via conference call. Members of the executive meet on a more frequent basis throughout the year. The next annual general meeting has been set to take place in Fredericton, New Brunswick on Aug 21-23, 2016.

More in-depth analysis regarding what British Columbians told Nanos Research will be posted on the BCCPA website in the coming days.

BCCPA attends National Conference on Frail Elderly

From September 27-29, 2015 the BCCPA Director of Policy and Research, Michael Kary, attended the third annual [Technology Evaluation in the Elderly Network](#) (TVN) conference in Toronto, Ontario. The conference, entitled [Improving care for frail elderly Canadians](#), included academic and research representatives from across Canada.

On the first day of the conference, health care sector representatives discussed better ways to engage with the frail elderly and their caregivers. TVN also developed and shared a discussion paper on this topic and participants held a series of round tables discussing four major themes, including:

- Strategies to engage frail elderly citizens and their family care givers in meaningful partnerships in research settings;
- Strategies to empower frail elderly citizens and their family care givers in decisions regarding their health needs;
- Strategies to influence planning and policy directions of the health care systems; and
- Methods for TVN to share and implement the ideas generated at the conference.

The second and third day of the TVN conference also heard a number of engaging topics relating to the frail elderly discussed. In particular, one session included panelists from the United Kingdom and Denmark, who shared international perspectives on frailty and late life issues, as well as current initiatives in those jurisdictions.

It was noted that Denmark is undertaking a number of initiatives including a new Dementia Initiative (2016 – 2025) and an Assisted Living Strategy (2013 – 2020). Denmark is also installing ceiling lifts in all of its care homes and is consolidating many of its hospitals. In 1996, Denmark also introduced a law mandating preventative home visits for seniors over 75 that has reduced hospitalizations and mortality rates. The speaker from UK, John Young, Director of Integration and Frail & Elderly Care for National Health Service (NHS) England also noted the importance of focusing on the person rather than the disease, and that the NHS has developed partnerships with fire fighters where these emergency responders will do over 670,000 home visits across the UK over the next 12 months.

Other sessions included how to better engage frail elderly and their caregivers when conducting research and how to better measure frailty in practice – including the development of clinical frailty tools and scales, and the use of [InterRAI data](#). With respect to InterRAI data, Professor John Hirdes from the University of Waterloo reported that currently 10 provinces and territories across Canada are using InterRAI tools for assessing seniors' health status for home care, residential care and acute care.

On the final day of the conference, specific themes relating to frail seniors were discussed, including in community and residential care, as well as acute and critical care. On this same day, [Statistics Canada](#) reported that for the first time Canada now has more seniors than youth under age 15. Another topic discussed was the importance of better advance care planning, including through advance care directives and living wills. Several sessions held concurrently in the afternoon dealt with issues around rehabilitation and nutrition, end-of-life and medication for frail elderly.

To close the conference John Muscedere, TVN's Scientific Director, discussed the potential development of a national strategy on frailty, including work the organization would be undertaking in the coming months and years. Some of the highlights of Professor Muscedere's presentation included that by 2025 there will be only 2.84 working adults for every senior, while 20% of total costs occur in the last year of life. With respect to building a national frailty strategy, key areas were identified, such as having improved evidence based research, developing small regional projects that can be scalable across Canadian jurisdictions as well as the development of appropriate tools including for routine screening, assessment, and measurement of frail elderly.

Overall, some of the major points and themes derived from the Conference include:

- Approximately 1.1 million seniors in Canada could be classified as frail elderly, and this number is growing rapidly.
- Particular deficiencies in caring for the frail elderly that were identified include: the poor transfer of information from acute to home and community care; the difficulty in engaging and conducting research on the frail elderly population; and the lack of coordinated team based care.
- TVN will be looking to renew its funding application for end of June 2016 and is contemplating a name change to reflect the scope of its work.
- Terminology referring to 'frail elderly' may also need to be revisited as many seniors prefer not to be referred to as frail.
- A number of programs and initiatives were highlighted such as the Palliative and Therapeutic Harmonization (PATH) program and Choosing Wisely Canada.

Overall, the themes outlined during the conference align with many of those in the recent policy paper produced by the BCCPA entitled [Quality, Innovation, Collaboration: Strengthening Seniors Care In BC](#). This includes looking at new approaches and models of care for an aging population, particularly to deal with frail seniors. In the BCCPA paper, for example, it highlights the concept of new Continuing Care Hubs, which could provide enhanced services to seniors including chronic disease management and frailty screening. Other similar themes including the need to focus more on home and community care and looking at new team based care approaches involving multiple care providers.

For further information on TVN click [here](#). To access its Annual Report click [here](#).

About TVN

Technology Evaluation in the Elderly Network (TVN) is funded by the [Government of Canada's Networks of Centres of Excellence \(NCE\) program](#). The NCE program's goal is to mobilize collaborations between researchers, industry, and other organizations to produce programs and products that further Canada's economic strength and improve the quality of life of Canadians. As a research network, it collaborates with industry, health care, academic, non-governmental organizations and private partners to improve the care of seriously ill older adults and their families.

Care to Chat Event Focusing on Dementia Village Sold Out

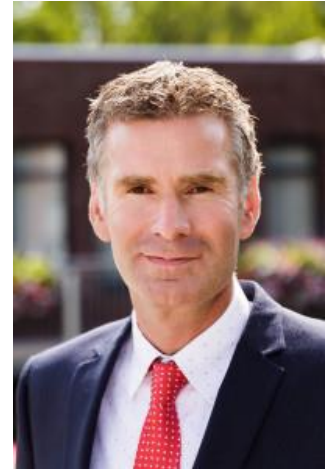
On November 25, 2015 the BC Care Providers Association (BCCPA) and **SafeCare BC** will be co-hosting a **sold out** Care to Chat event, with one of the primary architects of the Dementia Village in the



Netherlands, Eloy Van Hal (Senior Consultant and Founder of Hogeweyk Care Concept). The BCCPA hopes this will begin an important discussion on exploring new dementia care models in Canada. The Dementia Village in the Netherlands is home to approximately 150 seniors living with severe cases of dementia.

About 240 employees, who are trained geriatric nurses and caregivers dressed in street clothes, also provide 24-7 care.

Globally there are an estimated 47.5 million people living with dementia, and the number is expected to increase to 75 million by 2030 and 135 million by 2050. In B.C. it is estimated that over 70,000 individuals are currently affected by dementia, while the number is expected to rise to over 105,000 by 2025. Data from the BC Ministry of Health also shows that over 60% (61.4%) of residents in care homes across the province have dementia.



With the growing and aging population, the prevalence of seniors with dementia, including those within residential care, will increase considerably. These trends will challenge government, the continuing care sector, and health care professionals to explore new and innovative approaches, such as the Dutch model, when it comes to providing care for those affected by dementia. In this regard, the BCCPA is pleased to have Eloy Van Hal presenting at the upcoming November 25, 2015 Care to Chat and potentially discussing these and other dementia issues further.

Nominate Someone Today - BCCPA Annual Awards

Do you know a care aide who goes above and beyond his or her call of duty? How about a cleaning staff person who is dedicated to keeping your care home clean and virus free? If you do, the BC Care Providers is currently seeking nominations for a front line care provider or support staff person who should be recognized by their peers.

The process to apply is extremely simple and is only a [click away!](#) Two awards are available for a front-line worker in both residential care and home care. Award winners are provided with transportation and accommodation in Victoria whereby they will be presented with their award by the Minister of Health.



We want to support quality care across BC and this award is geared to support that effort. We hope to receive a number of excellent nominations from across the province this year and celebrate their work at a packed house in Victoria. While we realize it takes a few minutes to complete the online application it can make a world of difference to the person who is both nominated and wins the award.

Members of the 2016 Awards Committee include Board directors Bob Boulter, Henry Lu and Sue Emmons. The deadline for applications is December 1, 2015. Applications can be submitted online by clicking [here](#). All BC Care Provider of the Year nominees will be recognized in a special BCCPA web post. Please note, only staff working for bona fide members of the BCCPA are eligible to be nominated.

The following are two other categories of award recipients.



Ed Helfrich Long-Service Excellence Award:

Awarded to a member owner/operator or a member employee/contractor who has a 15+ year industry track record of developing and delivering quality care for individuals in care.

Innovation of the Year:

Awarded to a member care provider or one of their employees who can demonstrate an innovation they have developed or introduced within the sector to improve the quality of care delivered.

Two previous award recipients include [Louise Johnson](#) and [Wendy Miller](#). See a [YouTube video](#) of Wendy Miller accepting her award.

Please take a moment to consider someone working with you who deserves our recognition and [nominate them today!](#)

3rd Annual Minister of Health Lunch Attracts Large Crowd

Over 400 people were in attendance at the annual Minister's Lunch held on October 14th. To learn more about what policy issues were discussed, click on the [link here](#).

Events Fall/Winter 2015/16

- Boston
- Minister's Lunch
- 2 Day Dialogue
- Care to Chat
- Member Roundtable – Vancouver Club

Upcoming workshops

- Flooding, fire, restorations and insurance topics for our members – Nov.18, 2015
- Role of Dental Hygienists in Continuing Care – Jan. 13, 2016
- Value of Accreditation in B.C.'s Aging Services Sector – Feb. 17, 2016
- Delicious and Nutritious on \$6 a Day – March 2, 2016
- Nurses (Licensed Practical) Regulation Changes - TBD

BCSLA & BCCPA Agree to Joint Task Force

In August, both President Elaine Price and I attended a board meeting of the BC Seniors Living Association (BCSLA). It provided us with an opportunity to update them on the activities of the BCCPA as well as extend an invitation to participate in a joint task force. The task force would be comprised of two board members from each association. The president has appointed board directors Andre Van Ryk and Aly Devji to represent the BCCPA.



BC SENIORS LIVING ASSOCIATION

Discussions could include opportunities for both associations to work more closely together including the possibility of sharing support services and co-location. The inaugural meeting of the task force should take place in November.



Media Coverage of BCCPA Activities

- Care to Chat:
 - [Vancouver Sun](#) story
 - [CKNW](#) story
 - [News 1130](#) story
- BCCPA Policy Paper:
 - [Vancouver Sun](#) story
 - [CBC Radio](#) story
 - [CBC Early Edition](#) interview with Rick Cluff
 - [CKNW](#) story
 - [News 1130](#) interview
 - [CBC Almanac](#) podcast with Gloria Macarenko
 - CKNW John McComb Show
 - CBC Vancouver French TV
 - CBC Radio Victoria

CareView Pilot Project Update

Thanks to all our members who completed the survey on the CareView electronic newsletter the BCCPA piloted this summer. The response was very positive and we are looking at our internal operations to determine how we can provide this as a regular, complimentary service on a regular basis. We should be in a position to report more before the Christmas break.

Welcome to our New Members

Commercial:

- [Better Buy Chairs](#)
- [Britco](#)
- [CanAssist](#)
- [Community Therapists](#)
- [Kinetic Wireless](#)
- [LPNABC](#)
- [Quart Healthcare](#)

Service Provider:

- [Dover House](#)
- [Rest Haven Lodge](#)
- [Sunrise of Lynn Valley](#)
- [Sunrise of Vancouver](#)
- [Sunrise of Victoria](#)

BCCPA Can Help With Your Human Resource Recruitment

Did you know that the BCCPA website has had over 150,000 page views in the last 24 months! In September alone we had over 9,000 page views. It's clearly become the "go to" site for everyone working in BC's continuing care sector.



That's perhaps why the following service provider members have posted vacancies on our site over the last few months.

- Park Place Living
- New Vista Society
- Baybridge-Baltic (Nicola Lodge) (2 ads)
- Retirement Concepts
- Broadmead Care



If you would fill a vacancy within your organization, the best place to do it is by advertising with the BCCPA. For more information on rates, please contact **Jesse Adamson**, Communication and Events Coordinator, at jesse@bccare.ca or [click here](#).

Affinity Program Launch

We are pleased to announce that this fall the BCCPA will be launching Phase I of its new Affinity Program. This program is available to **members only** and is designed to provide our members with significant savings on the purchase of their insurance and employee benefits.

An agreement has been signed with the Independent Contractors and Business Association to deliver the health benefits component. Marsh Canada will be providing our members with discounted liability and property insurance.

The Affinity Program is set to launch within the next month. If existing care providers would like to receive a quote to determine what their savings would be, they should contact Hart Dashevsky, Director of Membership Services and Sponsorships. He can be reached at hart@bccare.ca.

A special page will be launched on our website www.bccare.ca/affinity whereby members can get more information. Non-members of the BCCPA are also entitled to obtain a quote, but they must become members in order to access the savings.

Additional revenue to the BCCPA as a result of this program will directly help to keep membership dues low as well as permit us to further increase our policy, communications and training capacity.

Phase II of the Affinity Program will include the introduction of a “preferred supplier/contractor” list as well as targeted discounts for purchases made at select retail outlets.