

September 2005

**Health Authority  
Redesign Accomplishments  
A Four-Year Picture**

**Better Care for Seniors**



# BETTER CARE FOR SENIORS

## Home and Community Care Redesign

Seniors are a vital resource to British Columbia. They bring a wealth of knowledge and experience to our communities and to our growth as a province. Today's seniors are healthier, living longer and more active than ever before in our history.

As this new generation of seniors approaches retirement, British Columbia is striving to ensure they receive the care they deserve. Health authorities are working to provide better care and more options for today and for the future.

British Columbia's strategy involves ensuring seniors receive the right care in the most appropriate setting. Based on extensive research and consultation, health authorities are redesigning health care services to be more senior friendly, to provide more options for independent seniors and to ensure residential care is available if and when seniors need it.

When this government took office in 2001, British Columbia's seniors' care system was outdated and out of step with what today's seniors need and want. Since that time, the province has made significant strides.

- Wait times for residential care facilities have been reduced to an average of 60 to 90 days, compared to up to a year (and two years in some areas) in past.
- Seniors now have more options, in newer facilities that meet modern care standards. Most of all, they are obtaining more timely, appropriate care that supports their independence.
- As of June 2005, 4,142 new and replacement residential care beds, assisted living units and supportive housing units have been developed to upgrade outdated care facilities and create new beds and units where needed. Another 823 supportive housing units have been created for seniors who require affordable housing but do not need health services.
- This brings the total of new and replacement beds since 2001 to 4,965.
- Spending in this area has increased by \$25 million a year.
- Over the next 18 months, strategic investments by government, health authorities, non-profit and for profit housing and care providers will add an additional 2,573 net beds or units with care services. This will bring the total number of beds completed to 2,762 by December 2006, increasing spending by another \$75 million.
- By 2008, government will achieve its goal of adding 5,000 beds to the inventory inherited in 2001.

With change and innovation, comes the recognition that the traditional nursing home is not the best option for every senior with care needs. Seniors have differing needs and abilities. Many live independently into their 80s and beyond. In fact, the average age of seniors entering publicly-funded assisted living for the first time is 81. This government has listened carefully to their desire to have greater choices that respect their independence.

Today's seniors want to remain healthy, independent, participating members of their communities for as long as possible. Health authorities are making that possible by improving in-home care so that even those with high care needs can live on their own, if that is appropriate. Adult day programs and innovative options, such as quick response teams that can intervene when a senior needs brief assistance in the home, are helping seniors to live in the communities they know and love as they age. And new options such as assisted living, mean that now, at last, seniors who need a little more assistance can remain in the community, without having to move to an institutional setting, the only option available in past.



To support these new options, the province has introduced updated legislation, the Community Care and Assisted Living Act, and appointed a provincial assisted living Registrar to protect seniors' health and safety. Consultations on the adult care regulations that govern licensed residential care facilities are just now concluding, leading to additional protections for vulnerable, dependent seniors who require supervision and monitoring.

A long-standing problem in B.C.'s health care system has been the availability of alternative services for seniors in hospital beds. Health authorities are developing transition beds and lower levels of care, called sub acute beds, for seniors who don't require full hospital services. As these services are developed, more and more seniors will be moved out of hospital beds, freeing those beds for people who require high-level hospital care.

Residential care, with its 24-hour professional nursing services, will continue to be available for seniors who require it. And, because of upgrades to older facilities and new construction, these facilities will be more attractive, less crowded and have more amenities for residents.

As the seniors' care system evolves – with the advice and involvement of national and international seniors' care experts, local care planners, advocates, seniors and their families – the Ministry of Health expects that British Columbia will become a better place for seniors of every age. This government remains committed to improving care for seniors and to providing the care they need, throughout their life.

### **Care System Planning**

Health authority reforms to seniors' care services often require big picture planning across many communities. These "care system plans" look at services that benefit seniors as a whole, rather than individual communities. They set the stage by ensuring determinants of health, such as housing, income and social supports, are considered in planning seniors' care. They ensure seniors have an array of services that enable them to enjoy a positive quality of life, whether they live at home, in the community or in a facility.

Since 2001, health authorities have been planning for a better care system through:

#### Vancouver Coastal Health

- Developing a geographical campus of care concept and enhancing linkages between care services by creating internet-based virtual campuses of care.
- Established geriatric triage nurses at emergency rooms across Vancouver Coastal Health to assist in more quickly identifying the specialized care needs of elderly citizens and speed their entry into the system.
- Continuing with implementation of the three care networks – acute, primary and community – that will ensure seamless, comprehensive integration of services for seniors and others, across the spectrum of care.

#### Fraser Health

Recognizing both a significant growth in the general population it services and a growth in the elderly population, Fraser Health has worked to develop a sustainable home and community care service system that provides services that are more appropriate, efficient and effective in meeting clients' assessed needs. The key initiatives in this regard are:

- expanding and redeveloping residential care;
- expanding home health professional and home support resources;
- expanding end-of-life care through dedicated clinical teams and hospice residences;
- implementing 1,176 assisted living units to create enhanced care options for seniors;
- increasing availability of equipment and supplies to support clients being cared for in their own homes;
- implementing standardized assessment and care planning tools for improved long term care case management.

### Vancouver Island Health Authority

- Reallocated funds to support respite beds, assisted living units, an “acuity lift” (increased funding based on the complexity of residents’ care needs) for facilities accommodating complex care clients, geriatric evaluation and management and sub acute programs.
- Expanded overnight, short-term facility stays, community bathing and adult day programs.

### Northern Health

- Improved health information technology. Funding has been dedicated to new information technology to support mental health and home and community care clients.
- Implemented a regional home and community care plan in 2003/04, setting targets for residential care beds, independent living units and the addition of new community services to ensure a continuum of care.

### Interior Health

- Implemented the new provincial access policy for residential care facilities across the region in 2002/03.
- Reinvested \$3.76 million in home and community care services in 2002/03 to prevent acute care admissions and support people to remain living in their homes. Palliative care services, adult day programs, home nursing, community rehabilitation, home support services, meal programs and volunteer support were enhanced.
- Developed strategies for clients requiring dementia care and for clients with a brain injury.
- Allocated \$14.8 million in 2004/05 to increase services to seniors at home and in facility care as follows:
  - o increasing funding to respiratory, physiotherapy and occupational therapy to prevent acute and residential admissions;
  - o increasing capacity for brain injury services in both the East Kootenay and Kootenay Boundary health service areas; and
  - o developing new assisted living residences throughout the region.
- Okanagan University College has developed an eight-month program that allows home support/resident care attendants to fast track to a career as a licensed practical nurse. This program improves access and increases learning opportunities for students and will also help to address the shortage of practical nurses in the health care system.

## **Adult Day Programs**

For seniors who live at home or in the community, adult day programs can provide an opportunity to socialize with others their age and to obtain assistance with personal care needs, such as taking medications. They also give family members a break from their caregiving responsibilities.

Activities vary with each adult day centre, but may include:

- personal care services, such as bathing programs and administering medications;
- therapeutic recreation and social activities;
- caregiver respite, education and support; and
- in some centres, meals and transportation may also be provided or arranged.

Since 2001, health authorities have been expanding adult day programs and exploring innovative options to support seniors so they can live at home as long as possible.

### Fraser Health

- Opened Parkholm Place in Chilliwack, the first program of its kind in Fraser East, with a dedicated interdisciplinary team of health professionals to meet the comprehensive needs of frail seniors in an adult day program. Made possible by renovations to the former Parkholm Lodge, this centre now includes several clinic rooms where patients can be seen by a designated physician, as well as a nurse for foot care and wound care. Enhancements to rehabilitation areas allow for physiotherapy and occupational therapy assessments and treatments, as well as a hydrotherapy pool.

### Vancouver Coastal Health

- Providing care for Asian language clients, who consist of frail seniors living with dementia and chronic illness, through the Chieng Adult Day Care Centre in Chinatown.

### Vancouver Island Health Authority

- Adult day program spaces were increased at Glacier View Lodge in Comox, Cumberland Lodge and the Campbell River adult day program, as well as other locations throughout Vancouver Island.
- Adult day program spaces in south Vancouver Island were increased by 22 per cent, including programs for Cantonese-speaking and aboriginal elders and the addition of a mobile day centre that goes to smaller communities in the area.

### Northern Health

- Increased funding to enhance services at adult day centres in Terrace, Dawson Creek, Fort St. John, Smithers and Prince Rupert and develop a new adult day centre in Kitimat.
- Opened Prince George Regional Hospital's new geriatric day hospital in 2005, offering seniors better access to specialists in geriatric health conditions. This will help seniors more effectively deal with health issues they may face as they age.

### Interior Health

- Adult day program visits increased across Interior Health by 27,254.

## **Home Care and Home Support**

Advances in medical technology and prescription drugs mean seniors are now able to live at home longer, even if they need considerable health care assistance. Supporting seniors to live in the community helps to keep them healthier and more independent.

Research indicates that seniors who enter residential care generally become more dependent on caregivers than those who live at home. To reverse this trend, the province is promoting innovative, in-home nursing services, home support services and rehabilitative care.

Home care nursing helps seniors to manage acute or chronic diseases or to recover from illness or injury. Registered nurses and rehabilitation therapists go to the senior's home to provide nursing care and to ensure their home is suitably arranged for their needs and safety. Home support provides personal assistance with daily activities, such as bathing, dressing and grooming.

As the seniors' population ages and demand for health care services increases, health authorities have had to make difficult choices about how to use home care and home support funding. In 1994, a Ministry of Health directive addressed changing demographics and heavier community care workloads by reducing low care needs clients' access to home support and limiting stand-alone housekeeping to exceptional cases. Since that time, health authorities have been allocating home support to those who need it most.

However, since 2001, home care and home support services have been enhanced in many areas. New federal health accord funding will mean more improvements, throughout the province.

### Vancouver Coastal Health

- Developed, through the community care network (CCN), a community population health and service delivery framework to provide services to clients based on individual needs and characteristics. The strategy will focus on clients with acute or episodic, complex and chronic health conditions.

### Fraser Health

- Increased professional home health staff across Fraser Health by 68 nurses, case managers, occupational therapy, physiotherapy and pharmacy services.
- Increased home support hours by 100,000 hours, along with a small increase in Fraser South day care capacity.
- Implemented standardized home support guidelines in all communities.
- Implemented the InterRAI standardized assessment and care planning tools for improved long term care case management.

### Vancouver Island Health Authority

- Amalgamated home support agencies in Victoria, resulting in significant savings.
- Established community bathing programs in Port Alberni and Nanaimo to meet the bathing needs of high care clients living at home.
- Enhanced staffing in Port Alberni to provide additional home care nursing hours, as well as to provide social work support to community clients (palliative care, frail elderly).
- Established a contract with Nuu-Chah-Nulth Tribal Council whereby registered nurses from Gold River Health Care Clinic will provide home care nursing support to the Tsaxana Reserve near Gold River.
- Enhanced quick response team staff to respond to increased referral rates from acute care hospitals.
- Established emergency room initiatives with home and community care staff to prevent hospitalization and increase supports enabling seniors to remain at home. For example, home support hours were increased for seniors awaiting placement.
- Standardized home support resource allocation guidelines across the health authority.

### Interior Health

- Standardized home support service delivery across the region in 2002/03.
- Interior Health has completed implementation of the home care assessment tool and integrated it with their existing information system.
- Developing an eight-bed home support unit in the Okanagan health service area.
- Allocated an additional \$400,000 for high care needs clients with a brain injury in 2002/03.

### Northern Health

- Implemented a standardized, evidence-based home care assessment tool across the region.

## **Assisted Living and Supportive Housing**

As seniors become more active, many are speaking up about the choices they want to make in their life. They are telling government they want more housing and care options that allow them to live in the community, as independently as possible.

To accommodate this group of seniors, BC Housing, health authorities, the federal government and the private and non-profit housing and care sectors are developing 3,500 assisted living units under the Independent Living BC program. These units are part of the province's 5,000-bed commitment. They include new housing units, conversions of units in existing housing projects, as well as units rented from private sector providers (called rent supplement units). In addition to the units developed through the Independent Living BC program, health authorities have also developed some units independently through partnerships with housing and care providers. Private-sector developers have also been active in creating new assisted living units for seniors who want more amenities.



Publicly-funded assisted living and supportive housing are new options for seniors and people with disabilities who want to live on their own, but need some assistance with daily living activities. Seniors' supportive housing was first developed under the Provincial Housing Program to increase affordable housing options for British Columbians in greatest need.

Supportive housing (also called independent housing with support services) provides apartment-type accommodation, with a low level of support services. Services may include some combination of housekeeping, meals, linen/laundry and social and recreational opportunities. When required, residents receive personal care services, including help with eating, grooming or taking medications, through a home support agency.

Assisted living units offer the full range of these services, but with a higher level of personal care, usually provided on a daily basis, and a 24-hour response system. Residents pay 70 per cent of their after-tax income for their assisted living services. They are responsible for the cost of other services they would normally pay for if they lived in their own home (MSP, Fair PharmaCare, cable TV and phone are examples). Assisted living developments are registered by the provincial assisted living Registrar, who responds to health and safety concerns.

Assisted living and supportive housing are not a replacement for residential care. Rather, they are meant for people who value their independence and don't require the high level of 24-hour professional nursing care provided in a residential care facility. Typical clients need some day-to-day help, but enjoy a full, active life in their communities. Residential care continues to be available for seniors and people with disabilities who have complex care needs.

Since 2001, B.C. has upgraded or developed 4,142 new or replacement residential care beds, assisted living units and supportive housing units, with home support, for seniors and people with disabilities.

Over 800 of the 3,500 assisted living units under Independent Living BC are now completed and opened. The balance are under construction or in planning.

Together, these projects represent an ongoing commitment to improving housing and care services for British Columbia seniors who can live independently.

Accomplishments in assisted living and supportive housing since 2001 include:

#### Fraser Health

- Rapid progress is being made towards adding 1,176 new assisted living units as care options for seniors and people with disabilities. In partnership with BC Housing and local non-profit and private providers, Fraser Health has so far awarded contracts for the construction of 912 new units in 11 communities from Delta to Hope. More than 360 of these units were to be in operation by the end of 2004. In conjunction with the assisted living initiative, Fraser Health is implementing a “campus of care” model, which places assisted living units on the same site as residential care units.
- Among assisted living projects:
  - opened 10 assisted living units at Logan Manor in Agassiz in 2003 and 10 at Riverside Manor in Hope in 2004;
  - completing 40 assisted living units at The Waverley in Chilliwack;
  - opened 59 assisted living units for seniors at Nikkei Home and 40 at Dania Home – these were the Lower Mainland’s first publicly-funded assisted living units;
  - officially opened 46 new assisted living units at Royal Crescent Gardens in Maple Ridge in 2005;
  - constructing a new, 70-unit assisted living, cottage-type development at Hawthorne Care Centre in Port Coquitlam;
  - opened 20 new assisted living units at Augustine House in Delta in January 2004;
  - opened 60 new assisted living units at The Gateway in Surrey in 2005;
  - The Fleetwood Villa in Surrey has another 60 Fraser Health-funded assisted living units;
  - launched construction of 68 assisted living units at Kinsmen Place in Delta in April 2005;

- launched construction of 72 assisted living units at Progressive Intercultural Service Society in Surrey in April 2005; and
- developed additional units in Fraser communities.

#### Vancouver Coastal Health

- Providing HIV/AIDS patients with stronger support networks by providing residency to 24 AIDS patients through the new \$9.89 million Dr. Peter Centre, a unique centre in Canada providing the first HIV/AIDS day health program combined with assisted living.
- Combining residential care beds with independent apartments and 36 new assisted living units through Vancouver's Haro Park Society.
- Re-opened Cooper Place, located in Vancouver's Downtown Eastside, as a 72-bed assisted living residence.
- Continued construction of a campus of care to be built on the Sunshine Coast to enable seniors to retain their independence and age in the communities they know and love. Vancouver Coastal Health, the Good Samaritan Society, BC Housing and the town of Gibsons are building a housing and care facility that will include 60 assisted living units, along with residential care beds. The facility will be completed in late 2005.
- The Powell River Kiwanis Housing Society development of 40 assisted living units is well underway, with construction expected to be complete in mid-2006.
- Officially opened Cedar Garden, a 30-unit assisted living unit in North Vancouver. Formerly part of Cedarview Lodge, the project was supported by the Lions Gate Hospital Foundation with a donation of around \$200,000 for furnishings and to enhance the interior. Vancouver Coastal Health and the foundation jointly funded construction costs of \$2.1 million.
- Began construction of 57 assisted living units at Southview Lodge in Vancouver. Residents should be able to move into their new homes, built in partnership with BC Housing and the Salvation Army, in August 2006.
- Downtown Vancouver residents also benefited from 47 rent supplement assisted living units that came on stream at Millennium Towers in late 2004.
- Received approval in August 2005 for development of 50 assisted living units in Richmond, to be built on the former Austin Harris School site in partnership with SUCCESS.

#### Vancouver Island Health Authority

- Developed 50 assisted living units in Esquimalt, Brentwood Bay and Sidney in spring and summer 2004.
- Broke ground for the new Hillside Terrace centre in Victoria in September 2004. This project will provide 45 units of seniors' assisted living. The project also includes a medical clinic, wellness centre with preventive services and caregiver support and a 12-bed respite hotel.
- Opened 30 assisted living units in Nanaimo in February 2004.
- Partnering with the Cowichan Band Housing Society to develop 50 assisted living units for the Duncan area.
- Opened 16 assisted living units in Ladysmith in June 2003.
- Renovated existing intermediate care building at Kiwanis Village Lodge in Nanaimo to provide 45 assisted living units (May 2004).
- Construction began on a facility replacement project in Qualicum Beach. A new aging-in-place campus, that includes 30 assisted living units, private pay accommodation and residential care beds, will replace Arranglen Gardens. Target date for completion is March 2006.
- Arrowsmith Lodge in Parksville will be renovated to accommodate 30 assisted living units by March 2006.
- Opened 12 temporary assisted living units in 2003/04 at the Anchor Inn in Campbell River. These will be closed when the new 54-unit assisted living residence is constructed.
- Contracted for 13 affordable assisted living units in 2003/04 at Casa Loma in the Comox Valley. Another 15 units are under development.
- Announced an additional 60 assisted living units for the Comox Valley.



### Northern Health

- Opened McConnell Estate Supportive Living Complex in Terrace, a 22-unit assisted living development for seniors and adults with physical disabilities.
- Opened the 32-unit Laurier Manor, Prince George's first assisted living development.
- Completing planning for residential care and assisted living services for Pouce Coupé.
- Opened Southview in Dawson Creek.
- Redeveloped Heritage Manor in Fort St. John.
- Held a groundbreaking for a new assisted living housing complex in Burns Lake in August 2005.

### Interior Health

- During 2004/05 and 2005/06, more than 400 new assisted living apartments will be developed throughout the interior.
- Opened new assisted living units:
  - 37 at Mountain View in Kelowna;
  - 20 at Pioneer Square in Armstrong;
  - 38 at Joseph Benjamin in Kelowna;
  - 35 at Village by the Station in Penticton;
  - 23 at Heritage Square in Vernon;
  - 12 at Carefree Manor in 100 Mile House;
  - 15 at Williams Lake Seniors Village;
  - 20 at Parkside Estates in Chase;
  - 10 at Rocky Mountain Village in Fernie;
  - 15 at Castle Wood Village in Castlegar;
  - 26 at Rose Wood Village in Trail;
  - 33 in Oliver at Heritage House; and
  - eight in Invermere.
- Converting to assisted living residential care sites that no longer meet the needs of clients requiring residential care:
  - Moberly Manor in Revelstoke (11 beds);
  - Pioneer Lodge in Salmon Arm (30);
  - Boundary Lodge in Grand Forks (17);
  - Penticton District Retirement Centre (30); and
  - Halcyon Home in Nakusp (eight).
- Developing assisted living units in:
  - 21 units at Creston;
  - eight at Golden;
  - 29 at Nelson;
  - 25 in Lake Country;
  - 38 in Vernon;
  - 52 in Kelowna;
  - 40 in Westbank;
  - 18 in Summerland;
  - 13 at Keremeos;
  - 11 at Revelstoke;
  - eight at Barriere;
  - eight at Ashcroft; and
  - 76 at Kamloops.
- Opening new assisted living units in Lillooet.

## **Alternatives to Hospital Care**

Alternatives to hospital care relieve pressure on hospital beds by transferring seniors to other care services more appropriate to their needs. Because acute care beds provide a high level of 24-hour medical care, they can exceed most seniors' needs. In communities with heavy demand for hospital (also called acute care) beds, health authorities have been developing transition beds and sub acute beds as an alternative to hospital care.

Transition beds help seniors to recover before being transferred home or to residential care facilities. Sub acute beds provide a lower level of care than a hospital bed. They can be more appropriate for seniors who need 24-hour professional nursing assistance, but whose health problems are not serious enough to warrant full hospital care.

As health authorities upgrade and redevelop seniors' care beds, these improved services and options like transition and sub acute beds will be important to ensuring seniors have the care they require.

Since 2001, health authorities have made the following accomplishments in developing alternatives to hospital care:

### Fraser Health

- Developing a regional, three-year alternate level of care strategy that will support the organization to achieve an alternate level of care target of 3.0 per cent by 2007/08. Transitional care, which provides assessment and rehabilitation services for seniors waiting to return home from hospital or enter residential care, is a key service in the strategy. The strategy will produce a service delivery model for transitional care units, clarifying their role and mandate; the patient populations best served; the desired staff mix and staff levels; and the performance indicators that will ensure the units are fulfilling their mandate. The project will also clarify the next steps to take transitional care units from their current state to the model described, including projected bed needs.
- Sub acute programs are accessible across Fraser Health communities. The program frees up acute beds, provides appropriate levels of care and speeds recovery for patients who require rehabilitation before returning home.
- Opened convalescent care beds in Fraser communities.

### Interior Health

- Developing a nine-bed convalescent care program in Trail.
- Developing a 12-bed alternative level of care unit in the Okanagan health service area.
- Opened three community ambulatory clinics in the Kelowna area.
- Established a 24/7 emergency assessment and stabilization project in Kelowna to address the frail elderly presenting in emergency who do not require acute care.
- Opened a 48-bed transition unit, including an eight-bed convalescent unit and six beds for respite.
- Developing a six-bed CHOICE program in the Thompson Cariboo Shuswap health service area.
- Initiated a pilot telehealth wound care program in Kamloops, Revelstoke and 100 Mile House. Community nurses are equipped with digital cameras and computer technology to share images of patients' wounds with specialists who can provide immediate, knowledgeable feedback.

### Vancouver Island Health Authority

- Opened transitional care and convalescent beds.

## Residential Care

Key to redesign is the need to ensure seniors with complex care needs who can no longer be cared for in their own homes have access to care facilities that provide 24-hour professional nursing care and supervision in a protective, supportive environment.

These facilities provide care for some of the most vulnerable British Columbians:

- seniors with Alzheimer's disease or other types of dementia;
- seniors who are physically dependent, with medical needs caused by advanced age, but remain mentally alert; and
- younger adults with disabilities such as Parkinson's disease.

Residential care is an appropriate care setting for seniors with complex health problems because it combines 24/7 nursing services with assistance with daily activities, such as bathing and dressing. Residents can eat their meals in communal dining rooms and participate in recreational opportunities, providing companionship with other seniors. Residential care staff are also trained to be sensitive to the special care needs of aging adults. For example, most residential care facilities have fall prevention programs that recognize falls are a leading cause of serious injury among seniors. Care facilities are designed to enable seniors to get around easily and safely, in an attractive and relaxing environment.

Since 2001, health authorities have been upgrading outdated residential care facilities, many of them over 30 years old, and building new facilities where needed. A 2002 inventory of residential care facilities found many were inadequate or outdated. About 10 per cent were unsuitable for even upgrading and had to be closed. Health authorities have been working to enhance the quality of care in these facilities by improving patient and amenity spaces, installing needed medical equipment and developing new care beds where needed, including:

- creating larger rooms by reducing the number of seniors in each room and renovating or building new rooms. Previously, some rooms had up to five residents;
- increasing washroom space so that residential care attendants can assist seniors with bathing or grooming. Prior to the renovations, staff often had to leave washroom doors open while attending to seniors because the rooms were too small to accommodate wheelchairs or more than one person;
- reinforcing ceilings to allow installation of overhead lifts;
- expanding hallways for wheelchair access and to provide more room for staff and seniors to move around;
- upgrading or replacing aging flooring, ceiling and air conditioning systems;
- expanding lounge, dining room and activity or social spaces to give seniors a more comfortable home; and
- ensuring care homes have security systems to protect vulnerable, dependent clients.

Accomplishments by health authority since 2001 include:

### Fraser Health

- Developing 314 new complex care beds.
- Increased funding for specialized services within complex care, including ventilator dependent units, specialized care units, services for the young disabled and dialysis. Fraser Health is providing specialized complex care services in Fraser East for clients who use ventilators.
- Co-ordinating 23 redevelopment projects to upgrade physical facilities to improved standards.
- Increased acquired brain injury group home and day care capacity by \$2.5 million.
- Funding 75 of 101 residential beds at Fleetwood Place in Surrey.
- Developing 60 new residential care beds in Chilliwack.
- Redeveloping Hawthorne Care Centre in Maple Ridge to a cottage-type development.
- Redeveloping Allouette Manor and Creekside Manor extended care units, also in Maple Ridge.

- Overseeing construction of the Czorny Center, a 36-bed residential care centre focused on people with dementia, in Surrey.
- Awarded 70 new residential care beds in South Surrey.
- Redeveloping 30 beds at Hilton Villa in Surrey.

#### Vancouver Coastal Health

- Combined residential care beds, independent apartments and assisted living units at Vancouver's Haro Park Society.
- Commenced construction of a campus of care on the Sunshine Coast. Vancouver Coastal Health, the Good Samaritan Society, BC Housing and the town of Gibsons are building a housing and care facility that will include 80 residential care beds, along with assisted living units. The facility is expected to be completed in late 2005.
- Opened 10 residential care beds and provided additional staffing at Olive Devaud Residence in Powell River.
- Opened new residential care beds in Vancouver and Richmond.

#### Vancouver Island Health Authority

- Opened 29 shared care units for adults with physical disabilities.
- Opened 200 residential care beds at Mount St. Mary, a net addition of 74 beds.
- Upgraded intermediate care level beds to accommodate people with complex care and transitional care needs at Cowichan Lodge in Duncan.
- Completed the conversion of Kiwanis Village Lodge in Nanaimo with a 75-bed replacement facility in August 2003.
- Construction began on a facility replacement project in Qualicum Beach. A new aging-in-place campus, that includes 85 residential care beds, along with assisted living units and private pay accommodation, will replace Arranglen Gardens. Target date for completion is March 2006.
- Construction is commencing on a replacement facility adjacent to the future primary health centre in Ladysmith to accommodate 75 complex care residents and 12 mental health patients from Riverview (new facility replaces two outdated sites in Ladysmith).
- Arrowsmith Lodge in Parksville began construction on their 75-bed replacement facility, which will be ready for occupancy in September 2005 and increase capacity by 16 residential care beds.
- Commenced renovation of 10 intermediate care rooms in Cumberland to beds for people with complex care needs.
- Commenced upgrading of four intermediate care facilities in the south island, totalling 262 beds, to provide better care for seniors with complex care needs.

#### Northern Health

- Completed work on the 50-bed, \$7.5 million replacement for Omineca Lodge in Vanderhoof.
- Opened Rotary Manor, a new 44-bed (42 residential care and two respite care) facility in Dawson Creek.
- Design work is taking place on a replacement to Baker Lodge in Quesnel.
- Began design work on the replacement to Acropolis Manor in Prince Rupert.

#### Interior Health

- Allocated \$5.1 million in 2002/03 and an additional \$5 million in 2004/05 to increase residential care facility per diems. The increases will improve the ability to care for residential clients with complex care needs. Staff also received specialized training on managing complex care clients.
- Awarded contracts to private operators for the development of 490 new seniors' care beds in Interior Health. The announcement was made by Health Minister George Abbott at a news conference in Salmon Arm Aug. 2, 2005. The construction of the beds is to start this fall and will make a significant contribution towards the government's goal of developing 5,000 new seniors' care beds and units by 2008.
- Investing \$20 million in renovations to upgrade the following facilities to accommodate complex care clients and provide a better and safer environment for seniors' care:
  - \$492,000 at Henry Durand Manor in Golden;
  - \$1.5 million at Kimberley Special Care Home;

- \$4.2 million at Swan Valley Lodge in Creston, which includes redevelopment of 30 rebuilt resident rooms, general mechanical and other building upgrades;
- \$3.8 million at Columbia House in Invermere, which includes the addition of 15 residential care rooms and shelling in another five rooms for future need;
- \$323,000 at Victorian Hospital in Kaslo;
- \$2 million at Columbia View Lodge in Trail;
- \$2.7 million at Noric House in Vernon;
- \$2.8 million at The Gateby in Vernon;
- \$875,000 at Ashcroft Extended Care; and
- \$980,000 at Coquihalla Gillis House in Merritt.
- Opened new residential care beds:
  - seven at Ashcroft Extended Care;
  - 21 at Dr. Helmcken Memorial Hospital in Clearwater;
  - 100 at Kamloops Seniors Village;
  - 66 at Williams Lake Seniors Village;
  - 50 at Rocky Mountain Village in Fernie;
  - five at the Victorian Community Health Centre in Kaslo;
  - 30 at Rose Wood Village in Trail;
  - 100 (40 are in four dementia cottages) at the Village by the Station in Penticton; and
  - 13 new, along with 37 upgraded beds, at Heritage Square in Vernon.
- Opening new residential care facilities in Salmon Arm, Nelson and Summerland in 2005/06.
- Contracts have been signed to open new residential care beds in 2006/07 as follows:
  - 33 beds at Williams Lake;
  - 84 at Kamloops;
  - 75 at Vernon;
  - 140 at Central Okanagan;
  - 51 at Salmon Arm; and
  - 75 at Cranbrook.
- Seventy-five new residential care beds will be developed in Penticton in the next 18 to 24 months.
- Invested \$55,000 to install Vocera Communications System at Brookhave Care Centre to streamline staff communications and improve resident care and safety.

## End-of-life Care

When seniors near the end of their life – because of advanced age or illness – they want to be supported to have as enjoyable a quality of life as is possible in their circumstances.

End-of-life care preserves seniors' dignity, comfort and quality of life by supporting them during their remaining days, weeks or months. Supportive, compassionate care is provided in the seniors' home, in hospital, hospice, an assisted living residence or a residential care facility, wherever they may be.

Palliative care services relieve, eliminate and/or control symptoms so those facing death and their loved ones can devote their energies to embracing the time they have together. Care providers consult with families and seniors to co-ordinate their care, providing professional nursing or rehabilitation services or home support and respite services to support family caregivers.

Unique to this province, the B.C. Palliative Care Benefits Program covers 100 per cent of the cost of eligible prescription drugs and approved medical equipment and supplies for seniors who choose to spend their remaining time at home.

Since 2001, health authorities have made significant changes to palliative and end-of-life care services through:

#### Fraser Health

- A specialized palliative care team based at Surrey Memorial Hospital will provide leadership to palliative care providers across Fraser Health. The number of patients receiving palliative home care is expected to increase significantly in Fraser Health overall during this fiscal year.
- Opened 10 new palliative hospice beds at the Mission Memorial Hospital in 2005.
- Opened a new tertiary-level, 10-bed palliative care unit at Burnaby Hospital in April 2003 for patients facing life-limiting illness and difficult-to-manage symptoms. The first of its kind in the region, the unit is a regional referral centre for patients in Burnaby, New Westminster, the Tri-Cities, Pitt Meadows and Maple Ridge. An interdisciplinary team delivers care.
- Established 68 hospice beds in seven communities. A total of 20 additional hospice beds will be added in two communities in 2006/07.
- Opened 10 new hospice beds located at the Langley health service campus and another 10 new hospice beds at the Shirley Dean Pavilion in Surrey, both in 2005.
  - Enhanced clinical staff across Fraser Health to improve coverage for evenings and weekends.
  - Established 11 community-based, interdisciplinary consultation teams to provide expert support to primary providers, such as home care nurses and family physicians caring for patients in the community
  - Established an after-hours response program in partnership with the BC Nurseline, which provides advice and support to patients and families living at home once home health offices are closed.

#### Vancouver Coastal Health

- Announced a partnership with the Salvation Army for the creation of the Rotary Hospice House in Richmond. Scheduled to open in August 2005, the new hospice will improve access to and quality of end-of-life care for residents in Richmond and Vancouver.

#### Vancouver Island Health Authority

- Established after-hours medical support to palliative units and home care nursing in Nanaimo and Victoria.
- Developing island-wide palliative care program.
- Established palliative response team in the south island, in connection with Victoria Hospice, which supports people in their homes.
- Opened a 10-bed palliative care unit at Saanich Peninsula Hospital.
- Opened a 12-bed palliative care unit at Nanaimo Regional General Hospital.
- Opened a palliative care bed at Eagle Park health care facility in Qualicum Beach.
- Opened a palliative care bed at Chemainus Health Care Centre.

#### Northern Health

- Developed a palliative care strategic plan aimed at establishing a palliative care network of services that will be a model of excellence for palliative and end-of-life care within rural and northern communities.

#### Interior Health

- Developed a regional palliative care strategy that identifies core services and practice standards to provide consistency across the region and to support local service planning.
- Opened four new hospice beds at Moog and Friends Hospice House in Penticton and three hospice beds in Vernon.
- Developing five palliative care beds and three hospice beds in the Okanagan health service area.
- Enhanced palliative care services in the Thompson Cariboo Shuswap.
- Opened six new hospice beds at Marjorie Wiloughby Snowden Memorial Hospice Home in Kamloops.

For more information on seniors' care services, visit the Ministry of Health home and community care website at: [www.healthservices.gov.bc.ca/hcc](http://www.healthservices.gov.bc.ca/hcc). Please note the ministry website will be changing in the near future to: [www.health.gov.bc.ca](http://www.health.gov.bc.ca).



## GENERAL CONTACT INFORMATION

### **Health and Seniors' Information Line**

1 800 465-4911 Toll-free in B.C.  
250 952-1742 In Victoria

### **BC HealthGuide / BC NurseLine** <http://www.bchealthguide.org>

1 866 215-4700 Toll-free in B.C.  
1 866 889-4700 Deaf and hearing impaired toll-free in B.C.  
604 215-4700 In Greater Vancouver

### **Dial-a-Dietician** [www.dialadietitian.org](http://www.dialadietitian.org)

1 800 667-3438 Toll-free in B.C.  
604 732-9191 In Greater Vancouver

### **BC Smoker's Helpline** [www.healthservices.gov.bc.ca/tobctrl/reduction.html#help](http://www.healthservices.gov.bc.ca/tobctrl/reduction.html#help)

1 877 455-2233

Please note the Ministry of Health website address will be changing to: [www.health.gov.bc.ca](http://www.health.gov.bc.ca). If you are unable to locate the above websites, please try the new address.

The numbers in this document reflect the latest available data as of September 2005.

Please note: Data changes daily, as the planning and delivery of health care services progresses. Data may also differ depending on the type of information that is included in the data and the time period for which it was collected.