

An Action Plan to Strengthen Home and Community Care for Seniors

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Community Care for Seniors

About 853,000 seniors lived in B.C. in 2016.

A population-based strategy for seniors' health care begins with supporting seniors to remain active in their daily life, keep well and live independently. This will remain the cornerstone of the Province's strategy to improve the lives of older British Columbians, along with a continued focus on health aging.

However, for those seniors who experience increasingly complex medical health-care needs and/or frailty, it is critical that they have access to well co-ordinated and integrated services across the continuum of care – from home health services through to residential care. This action plan addresses these needs.

These specialized services require more than a medical lens. They require shifting how the health system approaches seniors care – and partners with other support systems in seniors' lives – to add a greater focus on enhancing quality of life.¹ Many of the medical conditions experienced by seniors are more about how they live with their conditions, with the highest quality of life possible, rather than a cure. In some instances, particularly in terms of frailty, these conditions are linked to the realities of an aging body. People living and managing daily with complex chronic medical conditions, or experiencing frailty, are increasingly dependent on others to maintain their health and well-being, and want more than medical care. They want:

- ▶ As much freedom from the impact of their medical conditions as possible;
- ▶ To retain as much function as possible to engage in their community, with continued autonomy to shape their own life and story; and
- ▶ To be able to take part in meaningful activities, maintain social and family connections, and enjoy the here and now and the everyday pleasures of living.

While it is not government's role to provide for all quality of life considerations, there are many existing community supports that can and should be engaged to support the care of seniors from a holistic perspective along with health-care services. These supports include government programs, as well as non-profit organizations, volunteers, denominational or church-based services, and family caregivers, among others. This requires us to rethink some of our health-care practices, in a medical system concentrated on intervention and cure.

¹ See Atul Gawande's *Being Mortal* (2014)

There are a number of critical and difficult questions: When should we try to fix and when should we not? When should we stop intervening? When should we shift from pushing against limits to making the best of them? When is the right time to choose medical interventions that may be more intrusive or move to comfort care? The answer to these questions takes time, skill, and real engagement with the patient and usually their family. The answers are unique to the individual, and finding them requires discussion of the trade-offs and choices, useful information, promoting and allowing patient control, and giving thoughtful guidance as a therapeutic partner. Creating the space and time for these discussions is essential to our goal of making primary and community care person- and patient-centred.

B.C.'s population is aging, and a growing number of older British Columbians are living with illness, disability and/or frailty. As a result, there is increasing demand for both traditional home support services, including personal care, as well as other supports such as light housekeeping, transportation and shopping. Health authority programs support eligible B.C. seniors to remain living in their own homes as long as possible through publicly subsidized home health services. Community nursing, community rehabilitation, adult day programs, home support for assistance with activities of daily living, and at-home end-of-life care are examples of these services. Family caregivers, volunteers and community services are relied upon to provide other supports required.

Often the home health services being provided to the patient population are disconnected. Our objective is to re-think what services are needed, and how these services can be better aligned, integrated, and co-ordinated, with the person at the centre of the care. This includes identifying how to best link community-based specialist physician services. Consideration should be given to: how to better provide person-centred home care services; how to better use assisted living and long-term residential care resources for promoting social connectedness; and, whether adding specific home support services like laundry and meal preparation to existing home support services can be an effective contributor to avoiding premature entry into assisted living or residential care.

Current and Future Demand for Home and Community Care

Currently, over one-sixth of B.C.'s population is over 65 years old.² In 2015/16, the growth rate of the population aged 65 years and older was 3.5% – about three times the growth rate of the total population.³ While the majority of seniors age well, with this growth in the number of older adults, the incidence of chronic illness and frailty will increase. Publicly subsidized home and community care services provide a range of health care and support services for people who have acute, chronic, palliative or rehabilitative health-care needs ranging from home care to assisted living to residential care services.

Primary care remains the cornerstone of health-care delivery for seniors. As reported by the B.C. seniors advocate⁴, 92% of seniors report having a regular physician.

Home support services deliver personal supports and assistance with activities of daily living to about 20,000 seniors at any one time and is key to keeping seniors from requiring residential care. A 2016 survey by the B.C. seniors advocate showed that, overall, the majority of clients are satisfied with the quality of the home support services they receive (62%). However, many respondents identified that they want more services to be available to them, such as housekeeping (28%) and meal preparation (12%). Additional highlights included an overwhelming recognition that home support staff are caring and respectful (92%), but expressed concerns around the number of different workers (20% of clients say they get too many different regular workers) and the lack of skills and training of some home support workers (only 47% of clients think their workers have all the necessary skills to provide good care). The B.C. seniors advocate also reported⁵ that in 2015/16 the average home support hours delivered per year per client decreased by about two percent from the previous year, while the number of clients increased by two percent – pointing to the challenge of keeping pace with increasing demand from an aging population.

Assisted living is a housing option that provides seniors with enhanced supports to maintain their independence. In B.C., there are currently 139 subsidized registered assisted living residences. As of March 2016, there were 4,408 subsidized registered assisted living units. Legislative changes to the *Community Care and Assisted Living Act* will offer more flexibility and choice for seniors in assisted living residences, while at the same time increasing protections. Bill 16, *Community Care and Assisted Living Amendment Act*, received Royal Assent by the Lieutenant Governor on May 19, 2016. It responds to concerns identified over the past several years in reports published by B.C.'s ombudsperson, B.C.'s seniors advocate and the B.C. Law Institute. Once put into force, the changes to the act will allow seniors to remain in assisted living longer when their care needs change and not have to move into a residential care facility as early as they would have previously– or may not have to move at all. It is anticipated that

² PEOPLE v2015. BC STATS. Ministry of Technology, Innovation and Citizens' Services.

³ www.statcan.gc.ca/pub/91-215-x/2016000/part-partie2-eng.htm

⁴ Monitoring Senior's Services, December 2016.

⁵ Ibid.

as a result of these changes the oversight and monitoring of assisted living will increase. It is not clear what, if any, impacts the changes will have to staffing levels and skillsets.

Residential care facilities offer seniors 24-hour professional supervision and care in a safe and secure environment. About 4.4% of seniors live in residential care. The majority of people moving into residential care are over the age of 75 and make up 83% of all residential care clients. There are about 27,760 subsidized residential care beds in the province in 335 regulated facilities.⁶ In 2015, there were 28,156 resident assessments completed using the standardized interRAI resident assessment tool.⁷

Based on the information from these assessments, the majority of residents are frail and have complex care needs:

- ▶ 93% of residential care clients had some level of cognitive impairment, with 65% having a diagnosis of dementia;
- ▶ 93% had some level of impairment with their ability to perform daily living activities, while 73% required moderate to significant assistance;
- ▶ 69% had bladder incontinence and 49% had bowel incontinence;
- ▶ Just over 21% had suffered a cerebral vascular accident and 12% had congestive heart failure; and
- ▶ 55% of residents had some indication of frailty and health instability, and 10% had a higher level of medical complexity and were at serious risk of decline.

It is not yet known what the full impact of the changes to *Community Care and Assisted Living Act* will be to the residential care sector. It is likely that the proportion of higher needs clients will increase in residential care facilities, which will impact staffing numbers and staffing mix. Also, as more people with lower care needs are able to be supported successfully at home or in an assisted living residence, it is likely that the average length of stay in residential care will decrease from the current average of 500 days. Increasing complexity and more rapid turnover will have affect the number of staff required, the staff mix and the training necessary to meet the higher care needs of residents.

There have been a number of actions taken over the past few years to optimize the scope of practice of all direct care staff. Licensed practical nurses have been added to the skill mix and perform clinical skills within their scope while registered nurses assume leadership and care co-ordination functions within the facilities. Efforts have been made to incorporate residential care aides more fully into the care team. The service model, based on the needs of residents, will influence the staffing levels and staffing mix required in a particular facility. Given the changing demand and after considering broader research findings, a key recommendation of the *Residential Care Staffing Review* and the B.C. seniors advocate is to ensure staffing levels provide for a health authority average of 3.36 direct care hours per resident day, supported by a standard funding and monitoring approach.

⁶ Ministry of Health bed inventory, September 2016.

⁷ B.C. interRAI Minimum Data Set 2.0 and interRAI Home Care data, 2015.

Key Actions

1. Focus on healthy aging.

There are many factors that shape the way that people age, but much of it is influenced by behaviour, illness, disability and loss of independence are not inevitable consequences of aging. A focus on healthy living can prevent, minimize or even reverse frailty and poor physical and mental health in old age.

Through Age-Friendly BC, in partnership with the Union of British Columbia Municipalities, the ministry will continue to provide grants, support, tools and information to help communities meet the needs of an aging population. In an age-friendly community, seniors are able to enjoy good health and active social participation. The grants are targeted toward enhancing healthy living programs that focus on healthy lifestyles, fall prevention and social connectedness.

Hundreds of resources and services to seniors currently are available on HealthLinkBC. There are opportunities to further leverage this platform to support seniors to remain active, live healthy and stay well.

Next Steps:

- ▶ Through HealthLinkBC and in collaboration with the Office of the Seniors Advocate, develop both general and targeted messaging on healthy aging and self-care building to British Columbians at specific ages, building on B.C.'s Aging Well Strategy:
 - Aging Well In Your 60s – Key Actions You Can Take to Maintain Your Health and Independence
 - Aging Well In Retirement – Self Care and Services
 - Aging Well in Your 70s - Key Actions and Plans You Can Take to Maintain Your Health and Independence
 - Additionally, given growing number of seniors maintaining good health into their 80s and 90s, the need for targeted messaging on aging well past your 70s will need to be considered.
- ▶ The Office of the Provincial Dietitian (in collaboration with Dietitian and Physical Activity Services at HealthLinkBC and the Provincial Health Services Authority) is:
 - Updating the Healthy Eating for Seniors handbook. This includes developing a suite of standardized provincial training resources and tools for health professionals and community care workers to support healthy eating for seniors and improve nutrition care for those experiencing frailty.
 - Enhancing the healthy living content within the Healthy Families BC Aging Well platform.
 - Supporting older adults through the Farmers Market Nutrition Coupon program (one of the target populations = low income older adults) and Food Skills for Families program (Active Seniors curriculum).

- Ensuring patient centred care by exploring opportunities to improve nutrition care practices for B.C. seniors across the continuum of care, using recent evidence from the Canadian Malnutrition Task Force to highlight patient safety and quality of care concerns.
- ▶ Create a seniors section on HealthlinkBC.ca to showcase seniors’ resources and services.

2. Provide better co-ordinated and integrated community care for seniors with complex medical needs and/or frailty.

There are 61 geographic health service areas across B.C. made up of metro, urban/rural, and rural/remote areas. Over the coming four years, health authorities will establish an integrated primary and community care service system in each of these areas that is easy to understand and navigate. This new model is intended to improve ease of access and co-ordination of services for seniors who have more complex medical needs, who are experiencing frailty and/or dementia, or who need palliative or end-of-life care. Each area will have a single **Specialized Community Services Program** for seniors that will link together the current suite of services and offer a number of **core health services**. These services will:

- ▶ Actively work with primary care practices to identify patients needing increased supports, and have an efficient intake and assessment process to provide these enhanced patient-centred supports.
- ▶ Provide comprehensive case management and co-ordination services. This includes: co-ordination of care across medical specialists, home nursing and home support services; pharmacist medication review and support services; facilitating access to day programming, respite care in assisted living, and residential care facilities for socializing, eating, laundry, bathing, and personal care as a community resource for people living at home; proactive planning for admission to assisted living and residential care to increase choice of residence and reduce wait times. This approach to supporting clients will provide better co-ordinated care, reduce hospitalizations and increase the length of time older adults can safely and appropriately remain at home.
- ▶ Increase home support services and hours, as well as leverage other health-care professionals (e.g., paramedics) and technology to increase home health monitoring and connectivity for patients and health-care providers.
- ▶ Effectively link and co-ordinate access to other health services in their geographical service areas – such as local diagnostic and hospital care, specialized regional services and specialized provincial services – to provide optimal and rapid care in meeting more complex patient health-care needs.

Next Steps:

- ▶ Refresh policy directions to better articulate and monitor quality service and outcomes (September 2017):
 - Policy on Service Attributes and Practice Expectations for Specialized Community Services Program for Seniors
 - Specific Policy HealthLinkBC and Aging Well
 - Specific Policy Home Nursing and Health Services
 - Specific Policy on Pharmacist Support Services for Seniors
 - Specific Policy Home Support Services for Seniors
 - Specific Policy Assisted Living in Support of Community Care and Assisted Living Act Modifications
 - Specific Policy Residential Care (including Quality and Funding Model)
 - Specific Policy Prioritized Access Diagnostic and Hospital Services for Patients Attached to Specialized Community Services Program for Seniors
- ▶ Develop a detailed geographic service area rollout plan for introducing Specialized Community Care Program for Seniors (September 2017).

3. Work with assisted living residences to implement the new *Community Care and Assisted Living Act* provisions.

The changes to the *Community Care and Assisted Living Act* will allow clients to remain in assisted living who have increased complexity and require more services than is currently permitted under the current model. The ministry worked with stakeholders to develop elements for a new assisted living regulation that will set out the minimum health and safety requirements that an operator of an assisted living residence must meet. The new assisted living regulation will be brought into force at the same time the amendments to *Community Care and Assisted Living Act* are brought into force.

Next Steps:

- ▶ Complete the consultation process on the amendments to the *Community Care and Assisted Living Act* and use the information to inform the development of the new regulations.
- ▶ Complete modelling work with the Canadian Institute for Health Information to establish a clear understanding of the profile of assisted living clients within the revised model of care delivery.
- ▶ Implement an education strategy to inform service providers and health authorities about new regulatory requirements and their impact on operational service delivery.
- ▶ Develop policy and guidelines to support:
 - revised staffing levels;
 - skill mix; and
 - service delivery models to best meet the needs of the clients.

4. Strengthen role and quality of residential care.

A recent review of residential care in B.C. was undertaken by B.C.'s Parliamentary Secretary for Seniors to determine what, if any, improvements should be made in the residential care system. The review focused on opportunities to improve consistency, transparency and accountability across the province in meeting resident's needs, sustainability of the system, and alignment with the ministry's focus on patient-centered care in the community. *Residential Care Staffing Review – March 2017* identifies 16 actions in three areas: funding and staffing; quality of care; and accountability. Between 2017/18 and 2019/20, the ministry will complete the identified actions in collaboration with the Office of the Seniors Advocate, other provincial ministries (e.g., Advanced Education and Jobs, Tourism and Industry), health authorities, industry partners and other stakeholders.

Over the coming four years, health authorities will also establish enhanced services in some residential care facilities to provide a higher level of medical care on a short-term basis for frail, complex older patients to avoid hospital admissions or allow residents to return from hospital sooner. These services will be available to both patients who are living in the community and in the facility who would otherwise require a visit to the emergency department, with a possible hospital admission, or who has been hospitalized but their condition has stabilized. These beds will be supported by the health authority and dedicated staff on-site (nursing and allied health staff such as occupational therapists, physiotherapists, podiatrists, and dietitians), with appropriate access to specialist consultations and services in both planned and emergent situations. The services would be connected to the local area Specialized Community Services Program for Seniors and affiliated with local hospital sites.

Next Steps:

- ▶ Implement the *Residential Care Staffing Review* action plan. (see Appendix 1)
- ▶ Ensure short-term residential care services are integrated into detailed geographic service area rollout plan for introducing the Specialized Community Service Program for Seniors.

Health Human Resources

The Specialized Community Services Program for Seniors will consist of an interdisciplinary team (or teams for larger geographic service areas) of experts to provide appropriate person- and family-centered services and interventions for older adults. It is expected that existing health human resources will be used differently to improve coordination and continuity of care. This will mean that staff roles and functions may change to better meet the needs of the patients within the new system and that all staff work to their full range of competency with clearly defined roles.

Therefore, changes to how we approach and manage health human resources are required:

- ▶ A cultural shift needs to occur where all staff work to a full range of competency, in a team-based model of care, to support complex patients – including those with episodic, short-term and longer-term care needs.
- ▶ Community-based resources (nursing, allied health, social work) must be shifted from existing siloed programs and function as a system across home support, assisted living and residential care.
- ▶ Other unregulated disciplines should be examined for their contribution to the teams (i.e., life skill workers and rehabilitation assistants). This is in addition to the well-established health-care professional roles such as nurses (including nurse practitioners, registered nurses, registered psychiatric nurses, licensed practical nurses) and health-care assistants), physiotherapists, occupational therapists, social workers, etc.
- ▶ Roles of allied professionals (e.g., physiotherapists, occupational therapists, social workers) should be examined and revised to enable more efficient use of resources within teams.
- ▶ Closer working relationships with contracted services providers.

While a fulsome health human resource planning process across the home and community care sector is necessary, there also is a need for an enhanced focus on health human resources in the residential care sector specifically, linked to the *Residential Care Staffing Review*.

- ▶ Within residential care facilities, the ministry has estimated that an increase of about 1,500 FTEs (full-time equivalents) is required to meet a standard of an average of 3.36 direct care hours per resident day by health authority, as follows:
 - Registered nurses increasing by about 165 FTEs.
 - Licensed practical nurses increasing by about 300 FTEs.
 - Allied health-care professionals (physiotherapists, occupational therapists, social workers) increasing by about 50 FTEs.
 - Health-care assistants increasing by about 900 FTEs.
 - Other non-professional allied health-care workers increasing by about 100 FTEs.
- ▶ In some facilities, providing more advanced short-term in-patient medical care as an alternative to hospital will require additional access to medical and nursing staff resources. The ministry will work with health authorities and service providers to prioritize increased staffing levels in all categories to meet these needs. This will start with using the analyses being conducted by the Canadian Institute for Health Information, data within each health authority about their specific client populations in residential care, and the service models required to meet the planned adjustments to staffing mix and levels. This will be a continual process as service models evolve and changes in the community take effect, including expanded services in assisted living residences and greater capacity to manage clients with complex medical conditions and frailty in the community.

- ▶ A multi-pronged health human resource approach will be undertaken that will include:
 - **Regularization of Casual and Part-Time Staff** – Analysis to determine the percentage of casual and part-time positions that can potentially be converted to regular full-time positions will be undertaken to increase the productivity of the existing labour pool. This approach is expected to have an immediate impact in the short-term (i.e., year one), but diminishing impact as opportunities to convert casual and part-time staff to regular full-time positions are maximized over time.
 - **Targeted Recruitment** – The ministry, health authorities, HealthMatch BC and other partners will launch a targeted recruitment strategy for home, and community care staff, including residential care staff. The success of a targeted recruitment strategy will be constrained by factors such as the location of work (urban, rural, remote) and the availability of labour in a local geographic area, and the type of employment being offered (full time, part time, casual).
 - **Training Expansion** – The ministry will work with the Ministry of Advanced Education to determine the need, capacity and costs associated with targeted short-term expansion of education and training spaces.
- ▶ Ongoing in-service education and training for all direct care providers is necessary to improve staff capability to assess, problem solve, and identify appropriate care interventions for seniors with complex medical and/or frailty (including patients with cognitive impairment). The Ministry of Health will work with health authorities, service providers, colleges and unions to assess and then develop a framework for in-service staff development, including developing skill sets necessary to provide quality care for dementia and palliative/end-of-life clients.

Next Steps:

- ▶ Refresh policies for staffing deployment and productivity to support team-based program delivery of specialized services (September 2017).
- ▶ Complete analysis of the percent of casual and part-time positions in residential care that can potentially be converted to regular full-time positions.
- ▶ Complete a health human resource gap analysis for health authority-delivered and contracted home and community care services for seniors. Develop a three-year health human resources plan/budget plan (November 2017).
- ▶ Complete analysis of potential use of home monitoring and other technologies to support home care services (November 2017).
- ▶ The ministry's Nursing Policy Secretariat, will ensure policy is available for the optimal use of the nursing professions' (i.e., NPs, RNs, RPNs and LPNs) scope of practice to meet the patient needs of people living in community and in residential care (November 2017).

Monitoring and Evaluation

Monitoring and evaluation over the next four years will focus on whether quality, staffing, and funding policies and goals are being achieved. Specific actions will include:

- ▶ Develop reporting requirements for all of home and community care based upon established tools currently available in the system, and that are included in or extracted from the current minimum reporting requirements, Home Care Reporting System and Continuing Care Reporting System.
- ▶ Revise the current minimum reporting requirements so they align with the current service delivery model expectations and team-based care.
- ▶ Establish provincial performance metrics to monitor the specialized community services program that supports complex medical and/or frail older adults.

Next Steps:

- ▶ Develop a monitoring and evaluation plan (September 2017).

Funding

Over the coming four years the Ministry of Health will spend an additional \$500M on home and community care. By 2020/21, net new annualized funding will reach \$180M, starting with an additional \$45 million being available for 2017/18, rising to \$125 million in 2018/19, \$150 million in 2019/20, and \$180 million in 2020/21. Detailed spending plans for 2017/18 will be developed over the next three months, and actual expenditures will be reported at the end of each fiscal year as part of the monitoring and evaluation process.

In addition to the above, health authorities will continue to invest in expanding capacity to meet growing demand for home and community care services. This investment will be in the region of \$200 million.

Appendix A

Category	Action	Proposed Timeline
Funding and Staffing	1. Finalize a report, in collaboration with the Canadian Institute for Health Information, to better understand the demand for home health, assisted living and residential care services (including the different profiles of clients using RAI assessment and service episode data) given the changes taking place in the home and community care system, and to inform required changes to existing residential care service models.	May 2017
	2. Confirm the definition of direct care hours per resident day.	July 2017
	3. Establish a baseline for: hours per resident day, client case mix, other identified residential care costs.	September 2017
	4. Work with health authorities and industry to create and implement an interim targeted process that would increase hours per resident day for areas with identified gaps until a costing review has been completed and the funding model has been updated to incorporate client complexity.	October 2017
	5. Move towards a province-wide standard residential care funding model, with a lens to incorporate resident complexity (using RUGs and case mix index from RAI assessments), quality of care and flexibility.	January 2018
	6. Complete an analysis of percentage of casual and part-time positions that can potentially be converted to regular full-time positions in residential care facilities.	June 2017
	7. Develop an interim strategy to address immediate high-priority vacancies in residential care facilities.	June 2017
	8. Develop a health human resources plan to ensure supply of staff will meet the needs of the residential care sector. The plan will include targeted recruitment activities and seat-planning in post-secondary programs.	November 2017

Category	1. Action	Proposed Timeline
Quality of Care	2. Prioritize key quality of care initiatives in residential care and facilitate a co-ordinated approach that promotes consistency and standardization, yet allows for flexibility given varying needs across facilities.	April 2018
	3. Bring into force Part 3 (care facility admission) of the <i>Health Care (Consent) and Care Facility (Admission) Act</i> to protect vulnerable adults. This work will include revising the residential care admission policy to be more person and family-centred.	April 2018
	4. Develop and implement palliative and dementia care policy including requirements and targets for staff education.	April 2018
Accountability	1. Incorporate the requirement to increase hours per resident day through annual bi-lateral agreements between the ministry and health authorities.	April 2017
	2. Monitor health authority progress on achieving the 3.36 hours per resident day and produce annual reports for Leadership Council.	April 2018
	3. Develop and implement a policy to mandate accreditation for all residential care facilities.	April 2018
	4. Develop and implement performance measures that support quality of care and quality of life outcomes using outputs from RAI assessment and survey data including quality indicators.	April 2018
	5. Develop and implement a process and policy for monitoring, reporting and evaluation processes related to resident need, funding, service delivery and operations, building on experience from other provinces such as Alberta and Ontario to assess whether quality, funding and staffing policies and goals are being achieved.	April 2019