

**SPECIAL MEETING OF THE
HEALTH FACILITIES PLANNING COMMITTEE
May 4, 2005**

**Questions to VIHA Executive
Home & Community Care**

QUESTION 1 – Current Shortage of Residential Care?

Our staff's review of the Assisted Living Initiative and the Home and Community Care system suggests there is a current shortage of residential care in the Region.

This shortage appears to be evidenced in problems in the region's hospitals and for patients and users of the health system through:

- Large numbers of people overstaying in hospitals and delaying treatments of genuine acute patients.
- Added congestion and delays in emergency department with admitted patients unable to find beds to continue their treatment.
- The experience that long waits in hospital can worsen the condition of the elderly.

1. A. Does VIHA agree that there is a current shortage of residential care beds?

1. B. If there is a need for more residential care beds why is VIHA proposing to fund the renovation of existing residential care, which will involve yet more residential care beds losses, in preference to funding new residential care beds?

QUESTION 2 – Financial Impact of Apparent Shortage of Residential Care?

It costs a lot more to house someone in a hospital than a residential care bed or in other support arrangements. This would suggest a shortage of residential care is costing the health system a lot of unnecessary money.

2. A. What does VIHA estimate is the annual financial premium for having approximately 130 people assessed and eligible for residential care waiting over 30 days in hospital?

QUESTION 3 - Future Residential Care and Assisted Living Levels

Our staff report concluded that the net loss of 242 residential care beds between March 2002 and October 2004 appeared to have driven down supply to unacceptably low levels and that this explains many of the hospital occupancy problems mentioned above.

While more assisted living and other community initiatives are being developed it is not clear that they will compensate for the lost residential care or cope with a 16% growth in the over 85 population over the next four years.

The risks that assisted living and these other initiatives will not adequately compensate for residential care and also relieve the hospital problems led to the conclusion to recommend 250 to 300 new residential care beds.

We notice from the material available from the March 30, 2005 VIHA Board meeting that there will be a net increase of three residential care beds to March 31, 2007 with 294 additional assisted living units. This seems to suggest a high level of confidence that assisted living will be sufficient to meet the Region's needs to at least 2007.

3. A. How does VIHA intend to monitor the situation to confirm that this mix of three new residential care beds and 294 assisted living units will work?

3. B. In last year's Integration Plan it was described that VIHA's Home and Community Care Plan would achieve a rate of 86 spaces per 1,000 population over 75, just shy of the Ministry of Health target. What is VIHA's current target?

QUESTION 4 - Assisted Living as a Substitute for Residential Care?

It seems that VIHA is putting most of its Home and Community Care renewal emphasis on reducing residential care and its substitution by assisted living.

4. A. Do you have any early signs of its effectiveness in substituting for residential care?

4. B. What are some of the early positive signs?

4. C. Are there any concerns about assisted living?

4. D. When will an independent evaluation of assisted living be undertaken?

QUESTION 5 - Overly Rigid Residential Care and Home Support Eligibility and the use of Emergency Departments.

The District's 2004 Assisted Living Review included a survey of 25 community agencies that help the elderly mainly through voluntary services.

They mentioned a lot of things including:

- Eligibility for publicly funded services, both residential and home support, has become too rigid.
- Some people can't afford private services and/or have little or no family and friendship support.

This has led to increasing numbers of people not coping well. Among other things, they believe this has led to more seniors going through the emergency departments either because they are failing or because they think they will get noticed and be dealt with more quickly.

5. A. Has VIHA observed any increase in the use hospital emergency service by the elderly over the past two to three years?

5. B. If the rate of use of emergency services has gone up or is too high, what are some of the ways to reduce it?

QUESTION 6 – Use of the District-owned Carey Road site in Saanich and the Gorge Road extended care facility.

Four years ago when the Capital Health Region's Plan was to replace the 287 beds in the Gorge Road extended care unit, the District, with a conditional letter of undertaking from CHR, bought a 4-acre site on Carey Road. The site was rezoned and has the capacity for 174 beds.

Not having received any clear indication of intent from VIHA to use this valuable site we have asked that you do so by June 6, 2005.

6. A. Although there is a month before we expect an answer, is there anything you can say about it right now?

On a related subject we know that the old Gorge Road extended care unit has been used as a temporary placement for the residents of the James Bay Lodge while it is being renovated. Apparently it also has seen an increase in non-James Bay Lodge residents.

6. B. How many additional people beyond the 112 James Bay Lodge residents are in the Gorge Road extended care facility and are there any plans to increase the numbers at the facility?

QUESTION 7 – Feedback on the District’s Assisted Living Review.

The District’s 2004 Assisted Living Review was sent to senior executives of VIHA in February. So far, staff has had no feedback.

7. A. What do you think of the report?

7. B. Does it accurately portray the current and likely future conditions?

7. C. Outside the recommendation for 250 - 300 additional residential care beds what do you think of the other recommendations?