



Staff Report

DATE: September 1, 2020

FILE: H-G

TO: Chair and Directors
Regional Hospital District Board

FROM: Russell Dyson
Chief Administrative Officer

Supported by Russell Dyson
Chief Administrative Officer

R. DYSON

RE: Long Term Bed Care Requirements

Purpose

To provide background material on long term care (LTC) bed requirements in the Comox Strathcona area.

Recommendation from the Chief Administrative Officer

None

Executive Summary

At its February 2020 meeting, the Comox Strathcona Regional Hospital District (CSRHD) Board approved a path forward for a strategic planning session to be conducted in fall 2020. That session was to review the CSRHD's current mandate and consider future service delivery options and opportunities, specifically exploration of topics such as patient centred primary and community care, specialized care beds, rural and remote community health care centre supports and working with Island Health on local important aspects of community health care, such as focussing on mental health supports or laboratory services. In discussion with Chair Cornfield and as a result of the COVID-19 pandemic, the strategic session has been paused to await a time when face-to-face meeting opportunities return. For reference, as approved in February 2019, the CSRHD Board recognized its mandate is "to provide capital funding support to Island Health for acute care facilities."

In May 2020, Chair Cornfield participated in an Island Health / Regional Hospital Districts meeting where information was shared regarding the important role that long term care beds have in the community health care system and opportunities identified for potential partnerships between Island Health and Regional Hospital Districts (RHD). While the February CSRHD Board meeting resulted in 'long-term care beds' being removed from the list of potential areas the CSRHD might explore, the information provided by Island Health describes a compelling reason to consider a partnership. Of note, Island Health has provided a description of long term care in appendix A.

The current North Islands Hospitals (Campbell River and Comox) officially opened in 2017 and Island Health confirms that as of early 2020 high occupancy rates were reported. This has led to some concerns that the communities do not have sufficient acute care space. Upon closer examination, many acute care beds are being occupied by patients that should otherwise be placed in other community care settings including long term care beds. Island Health reports that the Comox Valley and Campbell River have a shortage of long term care beds, meaning that patients who attend an acute care facility (namely the North Island Hospitals) and are treated to a point where they can

be discharged but are not suitable to return home, do not have a space to then be placed. The patients will therefore remain in the acute care facility. If new long term care facilities are constructed in the Comox Strathcona area, pressure will be reduced (not resolved) at the North Island Hospitals. Further, Island Health verifies the following:

- In terms of LTC capacity: the North Island has 10% fewer LTC beds per 1,000 population than the Vancouver Island average
- In terms of LTC demand: Campbell River in particular has LTC demand per 1,000 population that is 35% higher than the Island average, and is the highest of any community on Vancouver Island
- In terms of hospital capacity: In 2019, the percentage of patients in the North Island Hospitals that could have been cared for outside of hospital if space existed ranged from 17% to 33%. This means that on the low end, there were approximately 51 hospital beds that could have been freed up through investment in the community and on the high end approximately 77 beds could have been freed up.

Long term care beds are one component of the community care model, which is part of the CSRHD’s strategic planning scope and Island Health is identifying partnership potential. As the CSRHD considers its 2021-2025 financial plan later this year, it may want to explore such a partnership and/or request that Island Health propose some options for long term care facilities. Of note, while the current *Hospital District Act* and related legislation do not expressly permit a broad range of purposes for RHDs, the legislation also does not prohibit partnerships with health authorities and funding activities beyond acute care facilities. Other RHDs have pursued such arrangements; the Ministry of Health may need to identify the named facilities for a partnership between the CSRHD and Island Health.

Prepared by:

J. WARREN

James Warren
Deputy Chief Administrative
Officer

Government Partners and Stakeholder Distribution

Island Health	✓
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Attachments: Appendix A – “Long Term Care (description provided by Island Health, August 2020)”

Long Term Care (description provided by Island Health, August 2020)**Long Term Care**

Long-term care offers 24-hour care for people who have complex care needs. Our safe environment supports those who can no longer be cared for in their own home or in an assisted living residence. All long-term care homes funded by Island Health offer a comparable level of services and care. In British Columbia, all homes are either licensed under the Community Care and Assisted Living Act or governed by the Hospital Act.

What is provided in Long-Term Care?

- A private or shared room
- Safe and secure living environment
- Medication supervision and administration
- 24-hour nursing and personal care that follows an individualized care plan
- Help with activities of daily living (bathing, eating, dressing, grooming)
- Clinical support services such as rehabilitation and social work
- Planned physical, social, and recreational activities
- Nutritious meals, including options for special diets
- Management of residents' petty cash (comfort funds)
- Basic laundry services, including personal clothes
- General hygiene supplies such as soap, shampoo, and tissues
- Routine medical supplies and basic incontinence management products
- Basic wheelchair if prescribed

What is the Difference between Long-Term Care and Assisted Living?

Long-term care is for people who need 24-hour nursing care or may not be capable of directing their own care. They may have complex care needs that include medical, physical, and mental conditions. Those in long-term care may have already tried all other community care options (such as home support), but can no longer be safely cared for in the community. Assisted Living is for people who are able to make their own care and safety decisions, and need a moderate level of support to maintain their independence and remain in their community. In Assisted Living settings, residents have their own living unit and receive scheduled personal care as well as hospitality services such as meals, housekeeping, and social/recreational activities.