



# RESIDENTIAL CARE IN VANCOUVER COASTAL HEALTH

Presentation to the City of Vancouver

March 2014

# VCH Vision for Residential Care

2

- We are talking about building homes for our frail elderly citizens who require care and can no longer live in their own home
- These homes need to be throughout the city so people can continue to live in their own familiar neighbourhoods
- Priority consideration must be given to providing environments that respect resident needs for privacy, dignity, safety and security

- Society is measured by how well we care for our frail elders

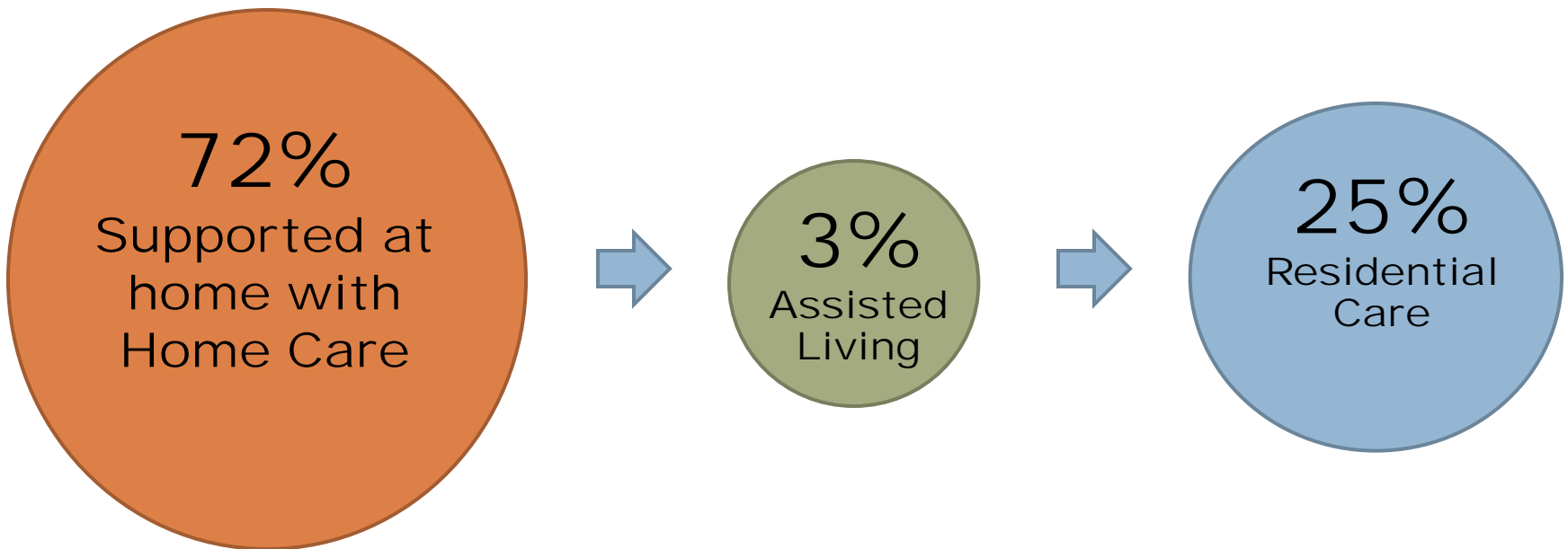


# The Care Continuum



Home (the community) is where our clients spend the majority of their time through wellness and illness

# Continuum of Health Care Services available to Home and Community Care Clients



# HOME IS BEST!

6

- Vancouver Coastal Health believes in the philosophy of Home is Best
- Where the needs of the client can safely and effectively be met in their home, that is the place care should be delivered
- Effort and focus has been put forth toward making this a reality

*170 clients avoid  
admission to  
residential care each  
year*

*HOME IS  
BEST!*



# Impact on Residential Care

8

- With Home is best philosophy, we are able to keep people at home longer
- Referrals for Residential Care services are down 12% from previous years
- When a client does move to Residential Care, they are more physically dependent, cognitively impaired and medically fragile than they have been in the past



# Difference between Assisted Living and Complex Residential Care

9

- Assisted living is for clients who are well enough to make choices on their own behalf but can no longer live at home due to physical and functional health challenges.
- The following elements are incorporated in Assisted Living:
  - Private living unit with a lockable door
  - Hospitality services
  - Personal care services (provided by non-professional staff)

# What is Residential Care?

10

- Residential Care Services provide a secure supervised physical environment, accommodation and care to clients with severe and multiple health concerns who cannot have their care needs met at home or in an assisted living residence
- Provides 24/7 professional nursing care (RN)

# Who does Residential Care Serve?

11



# Who does Residential Care Serve?

12

- Clients have 1 or more of:
  - ▣ Significant cognitive, physical and functional impairment
  - ▣ Health conditions are clinically complex
- Majority are older and nearing end of life
  - ▣ Median age in Vancouver is 87 years
  - ▣ Average length of stay has been steadily decreasing and currently in Vancouver is 18 months

# Types of Residential Care Facilities

13

- Publicly subsidized
  - ▣ facilities owned/operated by VCH or Providence Health Care
  - ▣ not-for-profit or private operators that hold contracts with VCH
- Private pay
  - ▣ facility controls access and contracts directly with consumers for services
  - ▣ Only connection with VCH is through licensing

# Residential Care in Vancouver

14

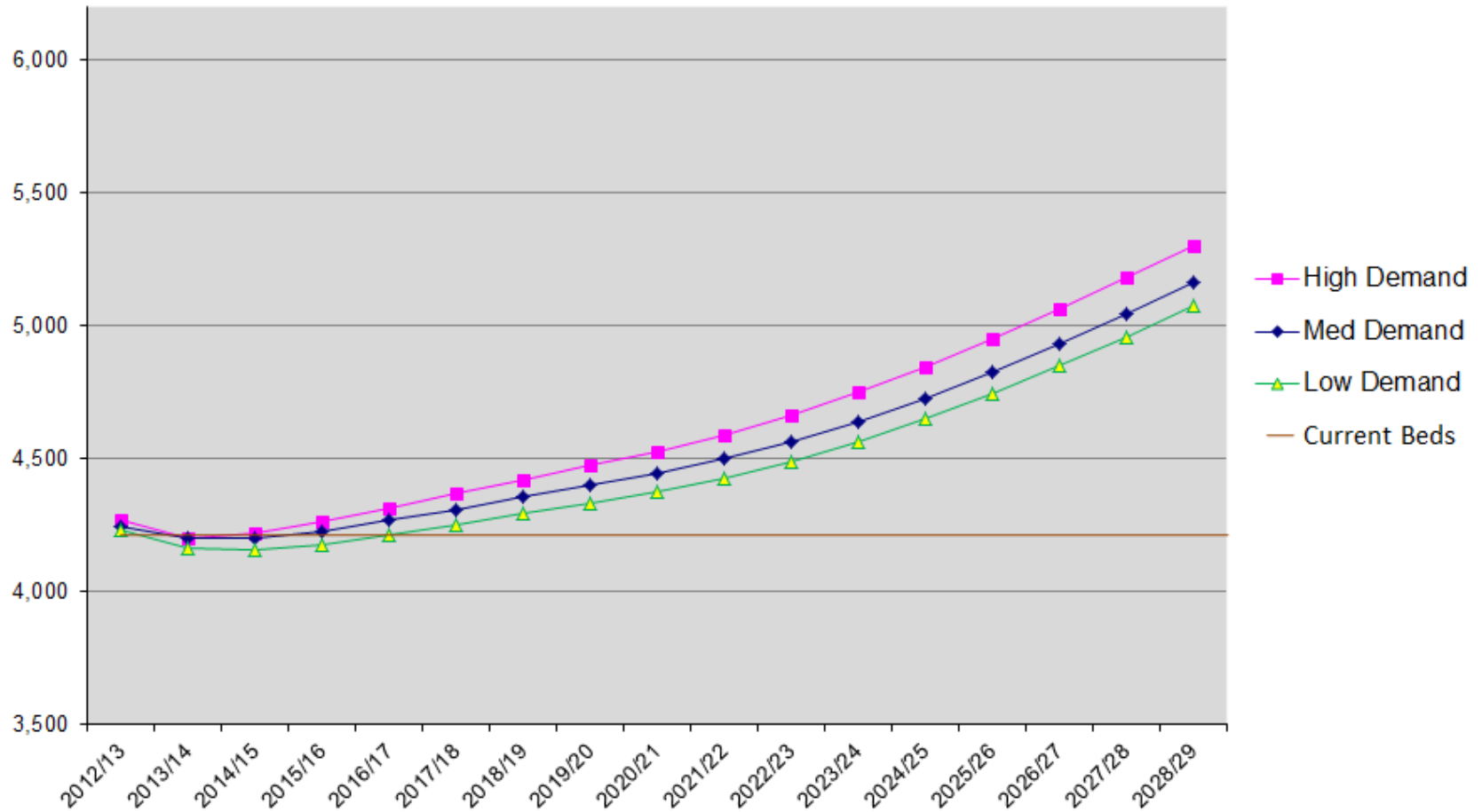
- Vancouver publicly subsidized: 36 facilities (4,194 beds)
  - 9 facilities (1,241 beds) owned and operated by VCH or Providence Health Care
  - 27 facilities (2,953 beds) contracted to VCH by either not-for-profit or private providers
- Private Pay Operators: 3 facilities (316 beds)

# Locations: Vancouver Publicly Subsidized RC Facilities



# Current Demand Forecast: Vancouver RC Beds

Vancouver Projected RC Bed Needs at Year End  
Spring 2013





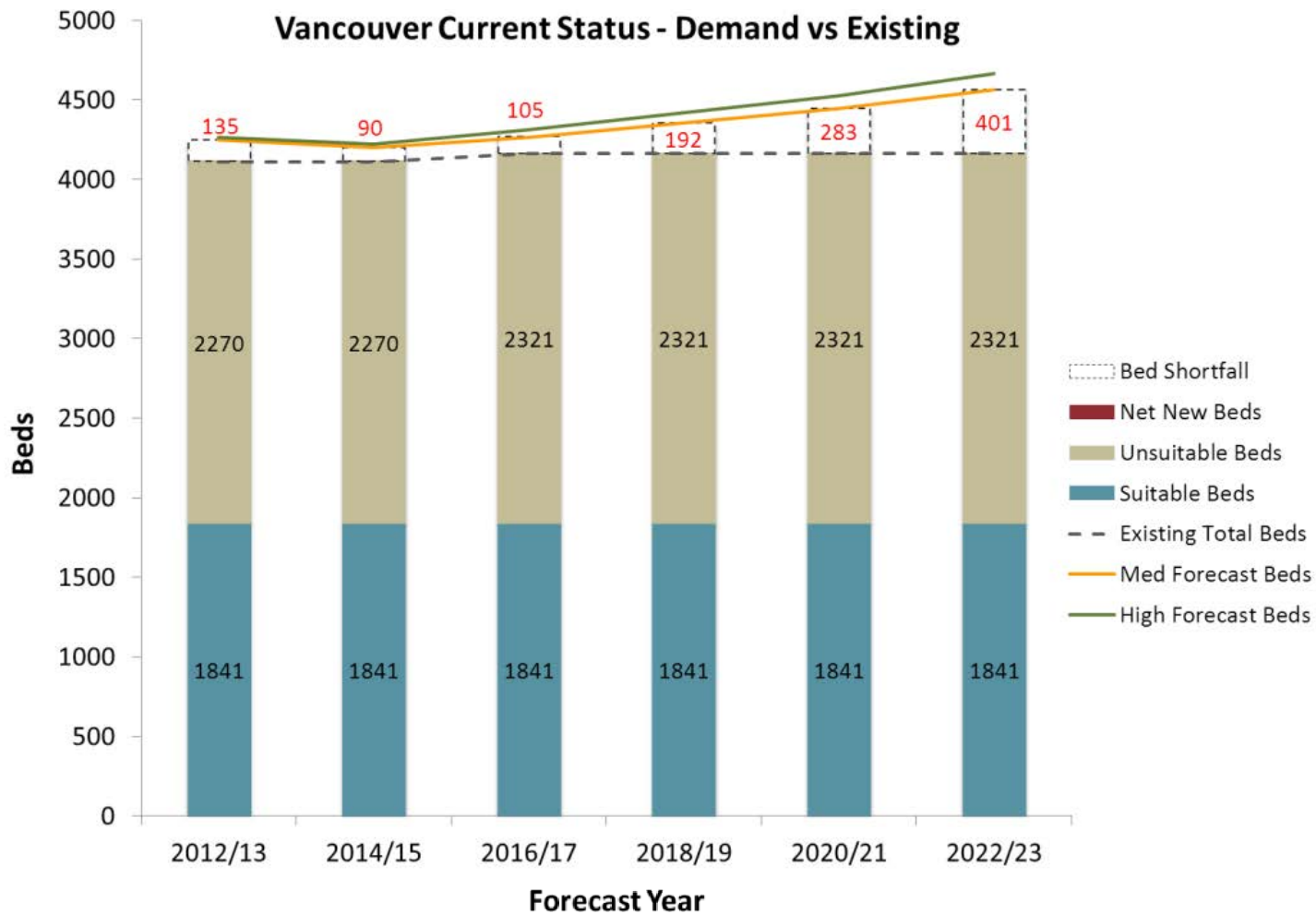
# VCH Strategy for Investment in RC

17

- Primary focus is on rejuvenating or redeveloping VCH facilities to address inadequacies in meeting clinical needs
- Almost half of the bed stock in the region was built prior to 1980 and is approaching the end of its lifecycle
- In addition, these beds do not meet minimum licensing standards nor current design guidelines for complex care







# Homes not institutions

21

- This is a person's home and buildings should provide a home-like environment to enhance quality of life at a person's end of life.
- VCH Design guidelines call for:
  - private rooms with ensuite bathrooms
  - Smaller neighbourhoods that provide the opportunity to cluster residents with similar needs
  - Living and dining space within the neighbourhoods

# VCH Strategy for Investment in RC

22

- Land cost on the Lower Mainland drives the need for larger facilities
- Cost of care delivery for complex care population is high and requires a scale of operation of 125 beds to be operationally efficient

# Society is measured by how well we care for our frail elders

23

