

TO: CITY MANAGER

1995 April 25

FROM: MEDICAL HEALTH OFFICER

SUBJECT: FOUR HEALTH DEPARTMENT CONTINUING CARE PROJECTS

PURPOSE: To obtain the approval of Council to undertake four high priority projects and provide the one-time funding from surplus for their costs.

RECOMMENDATION:

THAT \$195,000 be allocated from 1994 surplus to fund the four highest priority Continuing Care Program projects as detailed in this report.

The Continuing Care Program (Health Department) has experienced significant challenges in service delivery due to events that have occurred in 1994. Four one-time projects have been identified that will restore service to the levels required by the community. These projects will not result in a need for ongoing additional operating funds or provincial grant money.

BACKGROUND

1. The Continuing Care Program serves seniors far more than other age groups.
2. Burnaby's population is aging (highest percentage of 70-75 year olds in the G.V.R.D.).
3. The City is experiencing a shift from hospital to more community care.
4. The Continuing Care Program experienced significant pressures in 1994:
 - a) Medical Health Officer left the organization
 - b) Nursing strike in May to September
 - c) Provincial government initiative to regionalize health care.

PROPOSED PROJECTS

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1. Intake/Liaison

The Continuing Care Program admits clients to three program streams (Long Term Care, Home Care Nursing and Rehabilitation). Referrals are received from hospitals throughout the Lower Mainland, families, clients, and potentially fifteen Continuing Care Facilities.

Access to the system for the clients and referral linkages with the hospitals need substantial improvement to overcome a system that has, over time, grown to be fragmented.

This is a large and complex project involving Burnaby Hospital and the other referring agencies. The project will develop more effective referrals, discharge planning protocols, and patient follow-up mechanisms. It will require the coordination of a health management consultant with expertise in health systems.

The budget for this work provides for 500 working hours including benefits, out-of-pocket expenses and all other costs. The total funding requested is \$25,000.

2. Residential Care Liaison

The Continuing Care Program's twelve Case Managers are responsible for the management of clients both in their homes and in facilities. The average caseload of a case manager is 360 clients.

Increases in the number of case loads and their complexity have resulted in the case manager's intervention and liaison with residents, families and facility staff to become fragmented and difficult to manage.

To deal with client issues more effectively, it is proposed to assign a case management position to the role of residential care (or facility care) liaison. This approach is intended to create a more coordinated and responsive approach to dealing with the myriad of client, family and facility issues that occur on a daily basis.

A one year pilot of this position would allow time to evaluate the project and determine its effectiveness. If the outcome is positive, staff will be shifted internally to a permanent case liaison position.

The budget for the pilot evaluation project includes the funding of one temporary full-time case liaison position for one year at a cost, including benefits and other expenses of \$65,000.

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3. Occupational Therapist

The need for rehabilitation services is continually increasing and has reached the point where existing staff can no longer serve the number of families and patients requiring help adapting to the special needs of individuals with respiratory, orthopaedic, neurological or other medical conditions.

This request is for one year's funding of a temporary full-time occupational therapist to address the overwhelming requests for rehabilitation services. A one year evaluation of this position will allow time to assess its effectiveness. If the outcome is positive, staff will be shifted internally to permanently provide for the position.

4. Facility Planning and Development

To meet the requirements for licensing and standards of care the Long Range Facility Planning Document, completed in April 1994, outlines the need for substantial re-design and remodeling of the eighteen Long Term Care Facilities in Burnaby.

Burnaby is considered, by the Ministry of Health, to be "overbedded" for Long Term Care Facilities. However, the facilities and the types of beds they offer do not meet Ministry guidelines for standards of care. Project proposals from a number of facilities have highlighted the need to conduct a review of the physical facilities as they now exist in order to make recommendations to the Ministry for capital project expenditures.

It is proposed that a consultant with expertise with geriatric populations and experience in facility design be retained to conduct the review. The budget for this work provides for 668 working hours at a cost of \$40,000.

FUNDING

The following presents a summary of the funding requested:

1. Intake/Liaison	\$25,000
2. Residential Care Liaison	65,000
3. Occupational Therapist	65,000
4. Facility Planning and Development	40,000

Total one-time cost	\$195,000
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In 1994 the Health Department ended the year with a surplus of \$583,552, a portion of which may be considered to be from Provincial funding. The entire surplus has been included as part of the overall city year-end surplus.

As the Board of Health, Council has the authority to allocate the Provincial portion of the year-end surplus to health projects that are deemed to be of the highest priority to the Board. The acting Medical Health Officer, Dr. Bonham, recommends the above four projects as the highest priority for the Continuing Care Program in Burnaby.



G. Bonham, MD FRCP(C)
Medical Health Officer