

TO: CITY MANAGER 1998 OCTOBER 14

FROM: DIRECTOR PLANNING AND BUILDING OUR FILE: 17.465

SUBJECT: **SIMON FRASER HEALTH REGION ACUTE AND PALLIATIVE CARE REVIEWS**

PURPOSE: To examine the implications of the Simon Fraser Health Region's Acute and Palliative Care Reviews for Burnaby residents.

---

**RECOMMENDATIONS:**

1. **THAT** the Mayor, on behalf of Council, write to Ms Joanne Konnert, Vice President Acute Care Services, Simon Fraser Health Region, to
  - a) acknowledge the planning challenges facing the Simon Fraser Health Region and extend credit to the Region for attempting to address these challenges through the Acute and Palliative Care Reviews,
  - b) indicate support in principle for the client and family-centered thrust of the Palliative Care Review proposals, but strongly urge that the proposed closure of the palliative care unit at Burnaby Hospital be reconsidered, based on reasons cited in Section 4.0 of this report, and
  - c) request that the Health Board delay a decision concerning closure of beds at Burnaby Psychiatric Services' Willingdon site pending a more comprehensive review of mental health needs in the Region.

**R E P O R T**

**1.0 BACKGROUND**

At its meeting of 1998 September 14, Council received a letter from J.S. Fair, President and CEO of the Simon Fraser Health Region, concerning recommendations from the review of the acute care sector of the Health Region. Arising from discussion, Council passed a motion requesting staff to prepare a report regarding implications of the proposed changes for Burnaby citizens.

This report responds to Council's request. It begins with an overview of the review process and proposals, then focuses on the specific implications for Burnaby.

## 2.0 OVERVIEW OF REVIEW PROCESS

The Simon Fraser Health Board initiated the Acute Care Review in 1997, seeking to address the following objectives:

- a) identify the future size of the acute care sector
- b) recommend opportunities for the redesign, restructuring or consolidation of the care process
- c) develop a plan to reduce expenditures by 5 - 10%.

Pressures prompting the Review included:

- projected population growth and changing demographics in the Health Region - notably the increase in the seniors population, particularly those aged 85 years and over
- anticipated continuation of funding constraints, resulting in need to increase system efficiencies and reduce both operating and capital expenditures in the future.

To undertake the Review, the Health Board appointed a steering committee and retained the consulting firm, the Hay Group. The final project report, *Transforming Simon Fraser's Hospital System*, was submitted in 1998 June. It is important to note that while the steering committee, consisting of Health Region employees, played an extensive role in the Review, it was not involved with development of recommendations. That responsibility rested solely with the Hay Group. With the exception of a direction from the Health Board to preclude the option of closing any of the Region's hospitals, the consultants were given autonomy in developing their recommendations.

In a process paralleling the Acute Care Review, the Health Region also initiated preparation of a strategic plan for the palliative care system. This work was undertaken by a Regional Palliative Care Planning Group, a group of stakeholders involved with palliative care in the Region. The group's mandate was to review, coordinate, and plan comprehensive palliative care and bereavement services across the Health Region, integrating all relevant sectors. Its final report, *Regional Palliative Care: A Proposal and Conceptual Model* was submitted in

1998 September. The report recommends a significant restructuring of the approach to palliative care delivery, increasing the emphasis on community-based services and reducing reliance on inpatient beds. The proposed shift in palliative care delivery has been reflected in the Acute Care Review document.

The Health Board held a series of community consultation sessions on the Acute and Palliative Care Reviews in 1998 September and October. The Burnaby session took place on September 24. The Health Board is inviting comments until October 23 and will be making final decisions on the proposals at a retreat scheduled for November 20 and 21.

### 3.0 OVERVIEW OF PROPOSALS

#### 3.1 Acute Care Review

There are currently five acute care hospitals in the Simon Fraser Health Region: Burnaby Hospital, Royal Columbian Hospital, St Mary's Hospital, Eagle Ridge Hospital, and Ridge Meadows Hospital. The crux of the Acute Care Review proposals is to retain four of the hospitals for acute care delivery (Burnaby, Royal Columbian, Eagle Ridge, and Ridge Meadows), while designating one for delivery of specialty services (St Mary's).

The specific recommendations of the Acute Care Review are presented in Appendix 1, *attached*. In summary, they involve the following:

- developing Burnaby Hospital, Eagle Ridge Hospital, and Ridge Meadows Hospitals as community hospitals that meet the needs of residents of local and surrounding communities
- allowing Royal Columbian Hospital to fulfill a dual mandate of being i) a major tertiary care provider of specialized programs and services for residents of the Health Region and ii) a secondary level care provider for residents of its local and surrounding communities
- developing St Mary's Hospital as a specialty hospital which delivers such services as rehabilitation, sub-acute care, palliative care, and ambulatory services
- maintaining maternity services at Burnaby, Ridge Meadows, and Royal Columbian Hospitals

- maintaining a Level III nursery at Royal Columbian Hospital
- aggressively pursuing funding for redevelopment of maternity services at Royal Columbian as the Region's first priority for new construction or renovations
- reopening the critical care area at Eagle Ridge Hospital
- consolidating the existing critical care services at Burnaby Hospital (i.e., the Intensive Care Unit and Critical Care Unit)
- designating child and adolescent mental health beds at Eagle Ridge Hospital
- shifting elective joint procedures from Royal Columbian to Eagle Ridge Hospital
- shifting all ophthalmology services from St Mary's to Burnaby Hospital
- confirming that ophthalmologists providing services in the Region have a responsibility to support emergency rooms throughout the Region
- creating a single inpatient specialty unit for pediatric services at Royal Columbian Hospital
- creating small 24 hour pediatric observation units at Burnaby and Ridge Meadows Hospitals
- developing criteria for the types of conditions that can be treated in the pediatric observation units
- identifying the range of pediatric services required at Eagle Ridge Hospital
- exploring new models for integrating pediatricians into the health system
- allocating rehabilitation beds at Burnaby, Eagle Ridge, and Ridge Meadows Hospitals and creating a regional rehabilitation unit at St Mary's Hospital
- allocating sub-acute care beds at Burnaby, Eagle Ridge, Ridge Meadows, and St Mary's Hospitals
- allocating additional geriatric assessment beds to St Mary's Hospital and strengthening geriatric day programming at the site.

An overview of bed requirements for hospitals in the Region for the year 2001, based on the foregoing recommendations, is presented in Appendix 2, *attached*.

### 3.2 Palliative Care Review

As indicated, the Palliative Care Review was conducted parallel to, but separate from, the Acute Care Review. To gain information, the planning group coordinating the review examined models for palliative care delivery from other Canadian jurisdictions, held community consultation sessions throughout the Health Region, and interviewed care providers. To ensure that its recommendations would be culturally sensitive, the group also used facilitators to interview families with Chinese and Indian ethnic backgrounds who had recently lost a loved one.

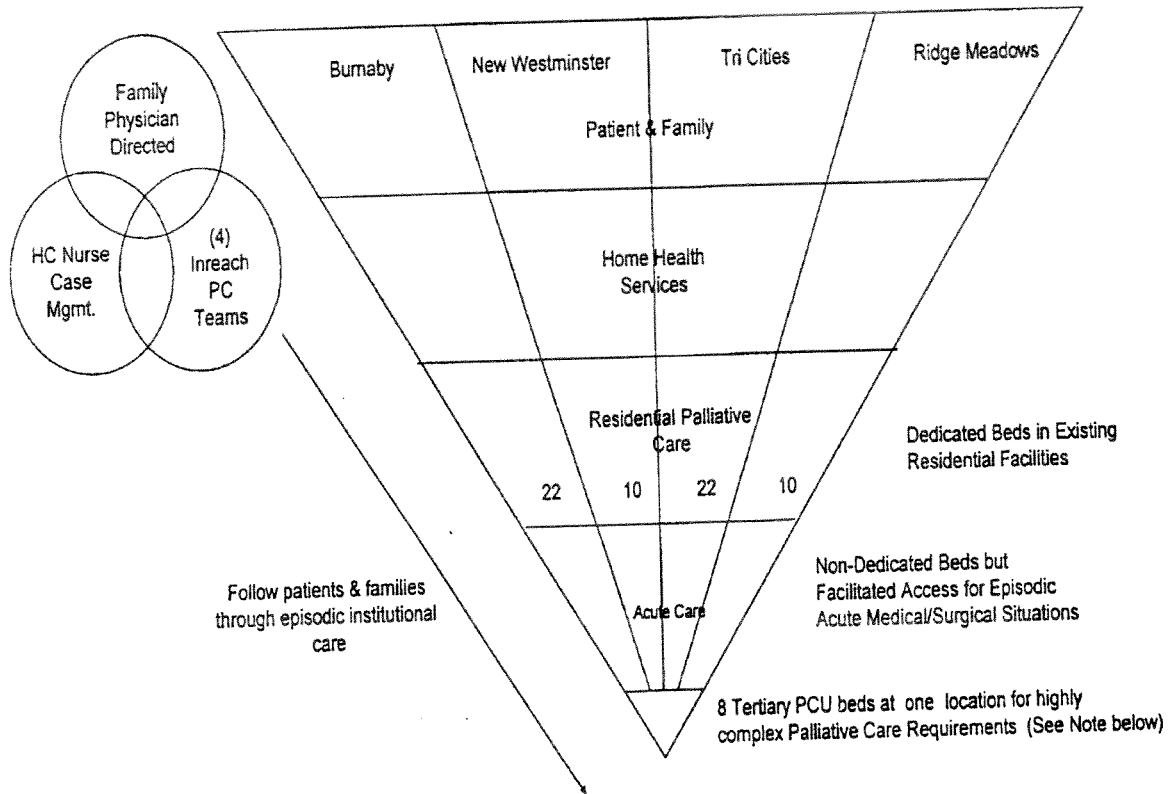
Based on its assessment of the foregoing information, the Palliative Care Review team recommended a model intended to provide “seamless client/ family centered care in the community, continuing care facilities and acute hospitals, depending upon what is the most appropriate and cost effective locale as determined by client and family needs.”<sup>1</sup> Two key aspects of the model are i) the proposed establishment of 64 residential palliative care beds in the Health Region (22 in Burnaby) and ii) establishment of tertiary palliative care unit (PCU) beds at a single location in the Region (proposed for St Mary’s Hospital in the Acute Care Review).

Family doctors and home care nurses are seen as playing a lead role in managing the care plan for patients and families. The Palliative Care Review proposes that multi disciplinary “inreach teams” be established to assist the doctors and nurses, as required. Team members are suggested to include a clinical nurse specialist and team leader, a social worker, a palliative care physician, and other professionals.

A summary of recommendations from the Palliative Care Review are included in Appendix 3, *attached*. The proposed model is depicted graphically below:

---

<sup>1</sup> Simon Fraser Health Region. *Regional Palliative Care: A Proposal and Conceptual Model*. September 1998. Page 4.



*Note: The Acute Care Review is recommending 12 PCU beds rather than 8, taking into account the projected population increases from 2001 and 2006.*

#### 4.0 DISCUSSION

The Acute and Palliative Care Review documents are detailed, complex, and technical in nature, with wide ranging implications for Burnaby and other municipalities in the region. It is beyond the scope of this report to attempt an exhaustive assessment of the documents. As requested by Council, the focus is on key implications for Burnaby.

At the outset, it is worth noting that the pressures being faced by the Simon Fraser Health Region (and others) are real - i.e., continuing to meet needs while senior government funding declines and the population grows, ages and increases in diversity. While some of the proposals being considered may cause concern, clearly preserving the status quo is not an option. Notwithstanding the comments that follow, it is believed that the Simon Fraser Health Region deserves credit for taking the initiative to address its planning challenges and launch the Reviews.

With respect to implications for Burnaby, the most significant proposal is to retain and clarify the role of Burnaby Hospital. Indeed, the Acute Care Review proposes that ophthalmology services be moved from St Mary's Hospital to Burnaby. The proposed retention of Burnaby Hospital should ease the uncertainties that had faced the hospital in recent years (at least for the short term). The proposal should thus be seen as good news for the City and its residents.

Despite the positive message regarding Burnaby Hospital, questions exist about the palliative care and mental health proposals.

Beginning with palliative care, as noted, the reviews propose that a system of "seamless client/family centered care" be established. This would involve closing the existing palliative care unit at Burnaby Hospital, developing 22 residential palliative care beds in the city, and establishing 12 "tertiary" PCU beds at St Mary's Hospital in New Westminster. The proposal contains several positive aspects, including

- focus on needs of both clients and their families
- establishment of "inreach teams" to follow patients and families when the location of care changes to acute or residential care
- culturally sensitive approach (i.e., recognizing people from different cultures have different attitudes about death and dying)
- efforts to provide 24 hour access to support and resources
- commitment to develop community resources *before* closing hospital resources
- increased focus on education for clients, families, and the public regarding death, dying, and bereavement.

Notwithstanding these positive features, the proposals raise the following questions or concerns:

- *Lack of acute care back up at St Mary's Hospital:* By developing St Mary's Hospital as a specialty hospital, back up acute care services such as x-ray, pharmacy, physiotherapy, and anesthesiology will not be available. A key question is whether, without such services, St Mary's can adequately meet the needs of acutely ill palliative care clients. Nurses attending the Burnaby community forum on the Reviews raised a related concern: without the backup and "balance" of an acute care component, palliative care staff at St Mary's could feel isolated, with morale declining and the quality of patient care potentially being compromised.
- *Compromised ability of Burnaby Hospital to meet the needs of dying patients:* Palliative care nurses are trained in providing compassionate care and symptom management to terminally ill people whose diseases no longer respond to traditional

treatment. Their removal from Burnaby Hospital could have at least two impacts. First, without the nurses' presence, the hospital could be limited in its ability to respond to acutely ill palliative care patients who report to the emergency ward - particularly in off peak hours. Second, in addition to directly serving patients and their families, palliative care nurses also provide information and support to other hospital staff dealing with dying patients (i.e., not all patients die in palliative care wards). Closure of the palliative care unit would thus remove an important resource from Burnaby Hospital, affecting other hospital staff and patients.

- *Adequacy of proposed bed totals:* If pursued, the proposal to establish 12 palliative care beds at St Mary's would result in a net reduction of 22 acute palliative care beds in the region (including the loss of Burnaby Hospital's beds). The proposal is based on information from Edmonton's experience with restructuring of the palliative care system in that city, as well as an assessment of patient demographics for the Simon Fraser Health Region. The assumption is that only 15% of the palliative care population will need to make use of the tertiary palliative care beds. The Hay Group and Palliative Care Review team did an extensive review of demographics and care trends in developing their bed projections . With respect to Burnaby, however, two points are worth noting. First, Burnaby had 46.3% of the Health Region's 65+ year population in 1996. This share is projected to drop only slightly to 37.4% in 2021 (source: PEOPLE 23 projections). Second, Burnaby had 62.4% of the Region's population claiming a Chinese ethnic origin in 1996. To quote the Palliative Care Review, "because the subject of death is taboo for traditional Chinese patients, arrangements for a home death are often impossible."<sup>2</sup> Given the Burnaby's relatively large share of seniors and people of Chinese origin, it would be reasonable to request the Health Region to take another look both at i) the adequacy of the number of palliative care beds (hospice and PCU) being proposed for Burnaby residents and ii) the appropriateness of closing the palliative care unit at Burnaby Hospital.
- *Care provision in residential palliative care beds:* The concept of keeping people in a community setting, out of hospital unless absolutely necessary, has merit. Nonetheless, acute palliative care nurses attending the September 24 Burnaby community forum raised some important questions about the option that deserve attention. For example, will the community based settings only be capable of providing comfort, not active treatment? Will staffing levels and expertise at the community settings be sufficient for meeting the needs of dying patients and their families?

---

<sup>2</sup> Simon Fraser Health Region. *Ibid.* Page 12.



- *Accessibility of St Mary's Hospital:* People, tend to be physically and psychologically stressed in supporting family members through the process of death and dying. Many of these people have difficulty driving - particularly if they are older and in poor health themselves. For Burnaby residents in this situation, access to St Mary's Hospital may be difficult. Only one bus from Burnaby travels to St Mary's (the #106). The Columbia Skytrain Station is near the hospital; however, the grade from the station to the hospital is steep - a challenge for seniors and others having difficulty walking.

The second area of concern for Burnaby involves proposals for mental health services. The Acute Care Review indicates that a review of mental health services is currently underway in the Region. The Vice President, Acute Care Services for the Region has informed staff, however, that the review is indefinitely on hold.

The Acute Care Review makes two proposals concerning mental health that deserve Burnaby's attention. First, it proposes that child and adolescent psychiatric beds at Eagle Ridge Hospital be designated. Second, it proposes closure of the psychiatric beds currently located at the Willingdon site of Burnaby Psychiatric Services. The assumption is that these beds could be accommodated within Burnaby Hospital.

At the Burnaby community forum on the Reviews, mental health clients, family members, and caregivers cited several concerns regarding the proposal, including:

- *Accessibility of proposed child and adolescent psychiatric beds:* While acknowledging the need for dedicated psychiatric beds for children and adolescents, concerns were raised about the location of the Eagle Ridge site. As with concerns about the accessibility of the proposed tertiary PCU beds at St Mary's, there was concern that Burnaby families could have difficulty traveling to Eagle Ridge Hospital to visit their hospitalized loved ones.
- *Appropriateness of hospital setting for Burnaby beds:* Several people at the forum spoke highly of the existing residential program of Burnaby Psychiatric Services. A mother of a woman with a history of mental health problems described the program as a "haven," contrasting it to hospital emergency wards, which she described as "worst" place for people with mental health problems. This view was echoed by a woman who had received care both at Burnaby Hospital and Burnaby Psychiatric Services.

- *Level of resources for mental health problems:* An overarching concern raised at the forum was that mental health needs often take a “back seat” to other needs in planning for health care. This concern is not unique to the Simon Fraser Health Region. Nonetheless, the point was made that overall needs for mental health services will increase as the population grows and the downsizing of Riverview Hospital proceeds. Consequently, mental health advocates are urging the Region to focus greater attention and resources on mental health concerns in the future.

## 5.0 CONCLUSION AND RECOMMENDATIONS

The Acute and Palliative Care Reviews are complex and technical documents, covering a broad spectrum of health services. This report has provided an overview of the Reviews and examined the key implications for Burnaby.

At the outset, the report acknowledges the very real pressures facing the Health Region (e.g., growing, aging, and “diversifying” population; decreasing health care funding). While issue may be taken with some of the proposals, it is believed that the Regional Board deserves credit for acknowledging the challenges before it and launching the Reviews. The difficult task facing the Board is to strive to improve efficiencies and reduce duplication while, at the same time, maintaining (and ideally enhancing) the quality of health services for residents of the Region.

With respect to implications for the city, the key proposal involves retaining Burnaby Hospital - a proposal which should be welcomed by the community. The implications of the palliative care and mental health proposals are less certain, however, and deserve further consideration by the Health Region.

The Chair of the Health Board has stressed that the proposals are just that: proposals. The Health Board will be considering comments received through community forums, written submissions, and other sources before making decisions about which directions to pursue at a retreat in November. The deadline for submissions is 1998 October 23.

With the foregoing in mind, it is recommended that the Mayor, on behalf of Council, write to Ms Joanne Konnert, Vice President Acute Care Services with the Region, to

- a) acknowledge the planning challenges facing the Simon Fraser Health Region and extend credit to the Region for attempting to address these challenges through the Acute and Palliative Care Reviews,

- b) indicate support in principle for the client and family-centered thrust of the Palliative Care Review proposals, but strongly urge that the proposed closure of the palliative care unit at Burnaby Hospital be reconsidered, based on reasons cited in Section 4.0 of this report, and
- c) request that the Health Board delay a decision concerning closure of beds at Burnaby Psychiatric Services' Willingdon site pending a more comprehensive review of mental health needs in the Region.



D.G. Stenson, Director  
PLANNING AND BUILDING

JF\sa

Attachments(3)

cc: Director Parks, Recreation, & Cultural Services

### Summary of Recommendations From The Final Report Of The Acute Care Review<sup>1</sup>

It is recommended that:

1. The Simon Fraser Health Region should confirm a plan for the future configuration of its hospital system that allows the following sites to function as community hospitals meeting the needs of the residents of their local and surrounding communities:
  - Burnaby Hospital
  - Eagle Ridge Hospital
  - Ridge Meadows Hospital
2. The Simon Fraser Health Region should confirm a plan for the future configuration of its hospital system that allows the Royal Columbian to fulfill its dual mandate as:
  - the major tertiary provider of specialized programs and services for the residents of the Region (and adjacent Regions as appropriate), and
  - the secondary level care provider meeting the needs of the residents of its local and surrounding communities.
3. The Simon Fraser Health Region should confirm a plan for the future configuration of its hospital system that allows the St. Mary's Hospital to function as a specialty hospital providing services in defined areas to support the restructuring of the broader health system. Such services may include:
  - Rehabilitation
  - Subacute Care
  - Palliative Care
  - Ambulatory Services
4. The Simon Fraser Health Region should confirm a plan for the future configuration of its hospital system that maintains maternity services at each of the following sites:
  - Burnaby Hospital
  - Ridge Meadows Hospital
  - Royal Columbian Hospital

---

<sup>1</sup>Hay Group. *Transforming Simon Fraser's Hospital System. Final Report of the Acute Care Review.* July 1998, pp. 44:53.

5. The Simon Fraser Health Region should confirm a plan that maintains the Level III nursery at Royal Columbian Hospital.
6. The Simon Fraser Health Region aggressively pursue funding for redevelopment of maternity services at the Royal Columbian Hospital site as its first priority for new construction/renovations. This redevelopment strategy should incorporate the following:
  - A plan to vacate the current space used for the provision of maternity services,
  - A plan to develop new maternity space, thus leading to patient care improvement and operational savings, and
  - A plan to redesign the space vacated to accommodate expansion of critical care and Operating Rooms.
  - A plan to redesign the space vacated to accommodate expansion of critical care and Operating Rooms.
7. The Simon Fraser Health Region confirm a plan for the future configuration of its hospital system that re-established critical care capacity at the Eagle Ridge Hospital site by re-opening the critical care area and staffing it for operation as an 8 bed unit.
8. The Simon Fraser Health Region confirm a plan for the future configuration of its hospital system that consolidates the existing critical care services at the Burnaby Hospital site (i.e. the existing ICU and CCU).
9. The Simon Fraser Health Region confirm a plan for the future configuration of its hospital system that includes designation of child and adolescent beds at the Eagle Ridge Hospital site.
10. The Simon Fraser Health Region confirm a plan for the future configuration of its hospital system that shifts elective joint procedures from the Royal Columbian Hospital site to the Eagle Ridge Hospital site.
11. The Simon Fraser Health Region confirm a plan for the future configuration of its hospital system that ships all ophthalmology services from the St. Mary's Hospital site to the Burnaby Hospital site.
12. The Simon Fraser Health Region confirm that ophthalmologists providing services with the Region have a responsibility to support the Emergency Rooms throughout the Region.
13. The Simon Fraser Health Region confirm a plan for the future configuration of its hospital system that creates a single inpatient specialty unit for paediatric services at the Royal Columbian Hospital site.

14. The Simon Fraser Health Region confirm a plan for the future configuration of its hospital system that creates small 24 hour paediatric observation units at the two other acute site that currently have a paediatric inpatient unit (Burnaby and Ridge Meadows).
15. The Simon Fraser Health Region develop criteria for the types of conditions that can be treated in the observation units and those patients that more appropriately should be transferred to the specialty unit.
16. The Simon Fraser Health Region confirm the range of paediatric services required at the Eagle Ridge Hospital Site which could include support for cases presenting in the ER, the continuation of outpatient surgery and appropriate supports for the child and adolescent psychiatry unit.
17. The Simon Fraser Health Region explore new models for integrating paediatricians into the health system that could include incentives for providing service in each of the sites and new models of compensation.
18. The Simon Fraser Health Region confirm a plan for the future configuration of its hospital system that allocates rehabilitation beds to support acute care restructuring in each community which shall include:
  - the allocation of some beds at each of the Burnaby, Eagle Ridge and Ridge Meadows Hospitals and
  - the creation of a regional rehabilitation unit at the St. Mary's Hospital site.
19. The Simon Fraser Health Region confirm a plan for the future configuration of its hospital system that allocates sub-acute care beds to support acute care restructuring in each community which shall include the allocation of some beds at each of the Burnaby, Eagle Ridge, Ridge Meadows and St. Mary's Hospitals.
20. The Simon Fraser Health Region confirm a plan for the future configuration of its hospital system that:
  - allocates increased geriatric assessment beds to the St. Mary's Hospital, and
  - maintains/strengthens a geriatric day program at the St. Mary's site.

JF:sa

## APPENDIX 2

### Simon Fraser Health Region - Bed Requirements (2001)<sup>1</sup>

	BH Burnaby Hospital	ERH Eagle Ridge Hospital	RCH Royal Columbian Hospital	RMH Ridge Meadows Hospital	SMH St. Mary's Hospital	SFHR Simon Fraser Health Region
Acute Beds	164	130	317	75	-	686
Critical Care Beds	11	6	29	3	-	48
Operating Rooms	8	8	11	3	-	30
<i>Special Programs (additional beds):</i>						
<i>Shift in Paediatric Beds</i>	(7)	(1)	12	(4)	-	-
<i>Palliative Care</i>	-	-	-	-	12	12
<i>Child and Adolescent Psychiatry</i>	-	8	-	-	-	8
<i>Inpatient Services from Burnaby Psych</i>	20	-	-	-	-	20
<i>Rehabilitation</i>	6	12	-	4	48	70
<i>Sub-Acute</i>	15	10	-	10	30	65
<i>Geriatric Assessment</i>	-	-	-	-	20	30
<b>TOTAL BEDS</b>	209	165	358	88	110	930
<i>Optimal Site Capacity (1)</i>	236	224	395	114	147	1,116
<i>Surplus Beds (2)</i>	27	59	37	26	37	186

- (1) Assumes that current Discharge Patient Unit (DPU) beds at BH (29 beds) and Psychiatry beds at RCH site (30 beds) are not used. Also assumes that reclaimable beds at all sites are not required (i.e. 40 beds at RCH, 56 beds at RMH and 24 beds at SMH).
- (2) If DPU beds at BH, Psychiatry beds at RCH and reclaimable beds at RCH, RMH and SMH were used, surplus capacity would be 368 beds.

<sup>1</sup> Hay Group. *Transforming Simon Fraser's Hospital System. Final Report of The Acute Care Review.* July 1998, Page 54.

## APPENDIX 3

### RECOMMENDATIONS FROM REGIONAL PALLIATIVE CARE REVIEW<sup>1</sup>

1. Client and family centered approach to care, where client is the focus of care, but where family care providers are supported as well;
2. Support of client and family choices: flexibility of care options to meet patients' and families' fluctuating needs;
3. Culturally sensitive approach to care of patient and support of family;
4. Provision of the appropriate support and intervention from the time of diagnosis of a life threatening disease through to the end of the expected bereavement period;
5. Access to resources and support 24 hours a day;
6. Education of patient and family, primary care providers and public about death, dying and bereavement;
7. Continued reliance on primary care providers who are supported by expert palliative care clinicians;
8. Coordination and enhancement of resources for dying and bereaved children and teens;
9. Reduction of barriers to home deaths including the provision of medication and medical - surgical supplies;
10. Provision of care as close to patients' and families' homes as possible, with a tolerance for greater travel if care needs are acute, but episodic;
11. Central coordination of equitably accessible, locally delivered services;
12. Extension of the Meditech platform to all care providers and creation of systems for integrated patient documentation and meaningful data collection.

---

<sup>1</sup>Source: Simon Fraser Health Region. *Regional Palliative Care: A Proposal And Conceptual Model*. September 1998.