

TO: CITY MANAGER 2000 JULY 27

FROM: DIRECTOR PLANNING AND BUILDING OUR FILE: 17.465

SUBJECT: BURNABY CONTINUING CARE FACILITY BEDS

PURPOSE: To respond to Council's request for information regarding changes in Burnaby's inventory of Continuing Care facility beds over time.

RECOMMENDATIONS:

1. **THAT** a copy of this report be sent to Paul McDonell, Chair of the Simon Fraser Health Region, along with a letter which
 - a) expresses Council's concern with ensuring that an appropriate number, type, and quality of Continuing Care beds continue to be available in Burnaby to meet the needs of local residents over the longer term, and
 - b) indicates the City's ongoing willingness to consult with and assist the Health Region, within the City's mandate and resources, in identifying needs and developing innovative approaches to addressing care facility and related requirements for the local population.
2. **THAT** a copy of this report be sent to the Community Issues & Social Planning Committee.

REPORT

1.0 BACKGROUND

At its meeting of 2000 May 29, in reviewing a report regarding the replacement of the Cascade Residence, Council expressed concern over the loss of Continuing Care beds in the city over time. Council thus passed a motion requesting a staff report on the matter.

In reviewing a report regarding the rezoning of the Dogwood Lodge site on 2000 June 26, Council again expressed concern over the net loss of care facility beds in Burnaby. The concern was reiterated at the July 10 Council meeting, when a motion was passed to send a letter to the Simon Fraser Health Region (SFHR) deploring the net loss of beds.

To provide context for the bed loss issue, and respond to Council's request of May 29, this report examines Burnaby's Continuing Care facility bed statistics from 1981 to the present, reviews recent planning efforts regarding facility bed needs, discusses some key challenges pertaining to facility planning and development, and proposes a role for the City to play in assisting the Health Region in future facility planning efforts.

2.0 BURNABY CONTINUING CARE BEDS

2.1 1981 to the Present

A table showing Burnaby's Continuing Care bed inventory for 1981, 1991, and 1999 is presented in Appendix 1, *attached*. Key points to note from the table are as follows:

- The supply of funded Continuing Care beds in Burnaby dropped from 1585 in 1981 to 1536 in 1999 - a decrease of 49 beds, or 3% of the total inventory. During the same period, the city's seniors (65+ years) population rose from 16,800 to 24,910 - an increase of 48% (*Source: BC Statistics*).
- Since 1981, eight facilities were closed - primarily smaller private Personal Care homes, but also the larger Dogwood Lodge Intermediate Care facility.
- Five facilities underwent extensive redevelopment or renovations since 1981: Canada Way Care Centre, Dania, New Vista, St. Michael's, and Willingdon.

2.2 1997 - 1999

A table showing Burnaby's Continuing Care bed stock for 1997, 1998, and 1999 is included in Appendix 2, *attached*. The table shows the levels of care being provided at each facility and compares Burnaby's totals with those of the overall Simon Fraser Health Region.

Highlights of the table are as follows:

- Burnaby had 1594 beds in 1997 and 1536 beds in 1999 - a net loss of 58 beds over the two year period. During the period, the 139-bed Dogwood Lodge was closed, while the 100-bed Normanna multi-level care facility was opened. Also, minor increases occurred at Deer Lake Private Hospital (two beds) and Carlton Lodge (one bed).
- Between 1997 and 1999, the Health Region had a net reduction of six beds, with the total bed count decreasing from 3164 to 3158.
- Burnaby's share of the SFHR's bed total dropped marginally, from 50.4% to 48.6%, between 1997 and 1999.

2.3 Comment

Tables 1 and 2 clearly show that Burnaby's facility bed totals have decreased over time. It must be stressed, however, that without differentiating amongst the types of care being offered, the physical condition of the facilities, or the availability of community-based alternatives to facility care, it could be misleading to draw firm conclusions from the data. Two further points should be noted:

- 1) The Province began phasing out funding for Personal Care facilities in the 1980's, and for Intermediate Care 1 facilities in the 1990's. Several facilities that offered Personal Care in 1981 (e.g., Dania, New Vista) subsequently converted their beds to Intermediate Care status. The result has been twofold: i) bed totals were reduced, in order to meet the higher Intermediate Care or multi-level care standards, and ii) Burnaby's Continuing Care beds have shifted towards costlier and higher levels of care over the past two decades.
- 2) Related to the above point, a key objective of health authorities, in BC and beyond, has been to promote development of community-based alternatives to keep seniors living independently and out of institutions for as long as reasonably possible. This objective has merit from both a social (i.e., seniors able to remain in the community) and financial (i.e., health spending) perspective. As pressures on health resources tighten, however, it will be increasingly challenging to ensure that the needs of those requiring facility care, *and* those remaining in the community, can be satisfied.

3.0 FACILITY BED PLANNING

3.1 A Frame Work for Long Range Facility Planning

In 1993, prior to the establishment of the Simon Fraser Health Region, the then Burnaby Health Department initiated a review of Continuing Care facility bed needs for the city. The review was coordinated by a team consisting of Health Department and Planning Department staff. The final project document, *A Frame Work for Long Range Facility Planning in Burnaby, 1993 - 2003* was released in 1994 April.

Key conclusions from the document were as follows:

- With no additions in bed stock, Burnaby *should* have a sufficient number of care facility beds to serve local needs until the year 2003 (a contention not borne out with time).
- Almost 70% of Burnaby's care facility beds did not meet the care and design criteria used for the study (based on the Province's 1992 *Multilevel Design Guidelines*)
- The area of Burnaby north of Highway 1 was seriously 'underserved' by care facilities (i.e., while the area had roughly 40% of the city's seniors, it had only 7% of its care beds).

The document proposed the following three guidelines for action:

- Between 1994 and 2003, health authorities should focus their attention on upgrading or replacing beds within the current system, rather than adding new beds.
- For future facility redevelopment, consideration should be given to selling and replacing existing sites with ones that are more appropriately located and configured.
- The Health Department should initiate preparation of a detailed long range plan for care facilities in Burnaby.

3.2 The Road Ahead

Following completion of the *Frame Work for Long Range Facility Planning*, the Burnaby Health Department was subsumed by the Burnaby Health Region, and later by the Simon Fraser Health Region (SFHR). In 1999, the SFHR published *The Road Ahead: A Directional Plan for Residential Care*, which outlined a strategic direction for residential care facilities in the region. The document presented an expanded vision of residential care, with the aim of reshaping the demand for facility beds, expanding the range of responses available to meet the needs of an aging population, and redefining the roles of facilities. From Burnaby's perspective, and for purposes of this report, the most salient points of the *Road Ahead* document were as follows:

- The recent waitlists for people seeking to move into care facilities in the Simon Fraser Health Region have been substantial (e.g., 475 people in 1998 April; 580 people in 1998 December; and 535 people in 1999 March). The overwhelming majority of the waitlisted clients were seeking placement at the Intermediate Care 2 level.
- Based on the criteria used for the review, 56% of Burnaby's care facilities had high investment needs, requiring major upgrades or replacement. These facilities accommodated 52% of the city's beds, and 31% of the beds for the entire Health Region.
- Assuming past utilization patterns continue, and in the absence of other substitute services or program alternatives to care facility admissions, the Health Region is projected to require 3239 facility beds by 2001 (an additional 114 from the 1998/99 totals), and 3756 beds by 2006 (an increase of 631 beds from the 1998/99 totals).
- In the absence of alternate ways of providing and funding services, the Health Region's bed supply will be unable to keep up with future bed demand and the pressure on the acute care system will intensify.
- The future for Continuing Care will depend largely on the system's ability to re-frame its approaches to community- and residential-based supports (e.g., encouraging development of assisted and supportive housing facilities).

Based on the foregoing, the *Road Ahead* proposes several strategic initiatives for the Health Region. The initiatives fall under the following eight broad headings: facility design requirements; support for people to remain at home in the community; healthy housing; balancing the supply and demand for residential care beds; responding to the impact of health reform; planning for dementia care; expanding the capacity in the community to provide services as alternatives to residential care; and public policy advocacy.

4.0 DISCUSSION

To summarize, this report has revealed the following:

- The care facility bed stock in Burnaby has decreased since 1981, while the seniors population has increased.
- Lower levels of care have been phased out, with the facility bed stock progressively moving to higher care levels since the 1980's; both for financial and social reasons, efforts have been made to help people remain independent and in the community for as long as reasonably possible.
- Several Burnaby care facilities have been renovated and upgraded since 1981; however, the Health Region has deemed that the majority of Burnaby's care facilities and facility beds require major investment.
- The SFHR and its predecessor, the Burnaby Health Department, have undertaken planning exercises to try to respond to future facility requirements for Burnaby and the Region; however, implementation of the plans will be challenging and require cooperative and innovative approaches - particularly in light of tightening of resources for health care.

As noted in the *Road Ahead*, in the absence of alternate ways of providing and funding services, the Health Region's bed supply will be unable to keep up with future bed demand, and pressures on the acute care system will intensify. The primary responsibility for the planning and funding of care facilities rests with the Simon Fraser Health Region and Ministry of Health. That said, the City can play an important supportive role (e.g., ensuring that our community plans and policies can accommodate future care facility development, assisting with site selection, sharing pertinent local information).

At the staff level, the City has enjoyed a good working relationship with the SFHR. With respect to the needs of seniors, the most recent area of cooperation has occurred with the Cascade replacement process. There is reason for optimism that the process should set a foundation for improved and expanded cooperation in the future.

5.0 CONCLUSION

This report has responded to Council's request for information on the change in Continuing Care facility bed stock over time. Specifically, the report examined Burnaby's Continuing Care facility bed statistics from 1981 to the present, reviewed recent planning efforts regarding facility bed needs, discussed some key challenges future care facility planning and development.

The overwhelming conclusion of this report is that Burnaby has reason to be concerned about the situation and prospects for care facilities in the city. The fact that the city became subsumed under a larger health region in the 1990's may also exacerbate Burnaby's abilities to ensure that local needs gain the attention they deserve in the future.

Given the foregoing, it is recommended that a copy of this report be sent to Paul McDonell, Chair of the Simon Fraser Health Region, along with a letter which

- a) expresses Council's concern with ensuring that an appropriate number, type, and quality of Continuing Care beds continue to be available in Burnaby to meet the needs of local residents over the longer term, and
- b) indicates the City's ongoing willingness to consult with and assist the Health Region, within the City's mandate and resources, in identifying needs and developing innovative approaches to addressing care facility and related requirements for the local population.

Is also recommended that a copy of this report be sent to the Community Issues & Social Planning Committee.


D.G. Stenson, Director
PLANNING AND BUILDING


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Attachments(2)

TABLE 1
Burnaby Continuing Care Beds: 1981 - 1999^{1,2}

Facility Name	1981	1991	1999	Net Change: 1981 - 99
Braemaire	39	39	0	-39
Canada Way ³	127	127	106	-21
Capitol Hill ⁴	12	0	0	-12
Carlton Lodge	76	76	77	1
Carlton Pvt Hospital	75	75	75	0
Cascade	211	211	205	-6
Central Park Manor	96	91	94	-2
Cirjak ⁴	2	1	0	-2
Craigend ⁴	9	0	0	-9
Dania ³	95	91	71	-24
Deer Lake	37	37	37	0
Dogwood	152	152	0	-152
Elizabeth ⁴	9	5	0	-9
Everett ⁴	12	0	0	-12
Fair Haven	59	59	100	41
Fellburn Care	75	112	109	34
Finnish Manor	60	60	60	0
Kingsway ⁴	31	0	0	-31
New Vista ³	301	301	234	-67
Normanna ⁵	0	0	100	100
Rotary	0	0	5	5
St. Michael's ³	32	80	168	136
Willingdon ³	75	93	95	20
Burnaby Total	1585	1610	1536	-49

Notes:

1. The 1981 and 1991 statistics were obtained from Burnaby Health Department records. The 1999 figures were obtained through the Simon Fraser Health Region. The statistics represent 'funded' beds - i.e., those receiving operating funding from the Ministry of Health or Health Region.

2. Although the 300-bed George Derby Centre is located in Burnaby, it is not included in this list because it is a specialized resource intended to serve war veterans from throughout BC and other parts of Canada.

3. These facilities underwent substantial renovations or redevelopment after 1981. Some upgraded from Personal Care to Intermediate Care, meeting more demanding design standards and often reducing their bed totals in the process.

4. These facilities were small private rest homes providing Personal Care. All have closed since 1981, with the exception of the Cirjak home, which currently accommodates one mental health client. The scale, design, and service levels of these Personal Care homes were much more modest than those of present-day Intermediate Care, Extended Care, or multi-level care facilities. It would thus be misleading to draw firm conclusions about Burnaby's Continuing Care facilities without knowing about the facilities' levels of care or their physical condition or quality.

5. Although Normanna had long functioned as a small non-profit Personal Care facility, it did not receive Continuing Care operating funding until the mid-1990's, when the decision was made to fund development of a multi-level care facility on the site. Therefore, this table shows Normanna as having no funded beds in 1981 and 1991, and 100 funded beds in 1999.

TABLE 2
Burnaby Continuing Care Beds: 1997 - 1999^{1,2}

Facility Name	Type	1997	1998	1999	Change: 1997-99
Canada Way	Intermediate Care (IC)	106	106	106	0
Carlton Lodge	Intermediate Care (IC)	76	76	77	1
Carlton Pvt Hospital	Private Hospital	75	75	75	0
Cascade	Extended Care (EC)	205	205	205	0
Central Park	Intermediate Care (IC)	94	94	94	0
Dania	Intermediate Care (IC)	71	71	71	0
Deer Lake	Private Hospital	35	35	37	2
Dogwood	Intermediate Care (IC)	139	78	0	-139
Fair Haven	Multi-Level Care (MLC)	100	100	100	0
Fellburn Care	Extended Care (EC)	109	109	109	0
Finnish Manor	Intermediate Care (IC)	60	60	60	0
New Vista	Intermediate Care (IC)	234	234	234	0
Normanna ³	Multi-Level Care (MLC)	22	22	100	78
Rotary	Group Home	5	5	5	0
St. Michael's	EC/IC	168	168	168	0
Willingdon	Private Hospital	95	95	95	0
Burnaby Total		1594	1533	1536	-58
Health Region Total		3164	3125	3158	-6
Bby Beds as % of Health Region Total		50.4	49.1	48.6	

Notes:

1. Source: Simon Fraser Health Region. The statistics represent 'funded' beds - i.e., those receiving operating funding through the Health Region.
2. Although the 300-bed George Derby Centre is located in Burnaby, it is not included in this list because it is a specialized resource intended to serve war veterans from throughout BC and other parts of Canada.
3. In the mid-1990's, the Ministry of Health decided to fund 22 beds in the old Normanna Rest Home (at IC levels), prior to development and opening of the new Normanna multi-level care facility.

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