

Excellent care, for everyone,  
everywhere, every time.



June 12, 2014

Ref # 15792

Ms. Valery Puetz  
Board Chair  
Campbell River Hospice Society  
70 South Dogwood Street  
Campbell River BC V9W 2X3

MINISTER'S OFFICE HEALTH		
# 1012155		
DRAFT REPLY <input type="checkbox"/>	JUN 17 2014	<input type="checkbox"/> REPLY DIRECT
FYI <input checked="" type="checkbox"/>		<input type="checkbox"/> FILE
REMARKS		
<input type="checkbox"/> AA	<input type="checkbox"/> MA	<input type="checkbox"/> SA
<input type="checkbox"/> EA	<input type="checkbox"/> CCU	<input type="checkbox"/> DM

Dear Ms. Puetz:

Thank you for your letter of May 22nd to Premier Christy Clark regarding End of Life Care beds in Campbell River. Your letter has been forwarded to me for response.

Island Health recognizes the commitment of Campbell River Hospice to End of Life Care, including hospice beds, and we are proud to be a partner with your organization in improving the range of End of Life programs available to area residents.

I am pleased to provide a clarification and an update with regard to the creation of End of Life/Hospice beds in Campbell River.

You are correct that in November 2013 Island Health publicly committed to opening three End of Life beds and four to six transitional care beds in Campbell River as part of a plan to open 40 community care bed spaces prior to the new hospital opening in 2017.

Island Health is currently planning for the End of Life and transitional care beds to be located at Yuculta Lodge, an Island Health owned and operated facility. As a result, it was not necessary to include these beds in the Request for Proposal issued in the spring. Island Health is seeking an operator to provide complex care and licensed dementia care that will allow Yuculta Lodge to have the capacity to provide the committed End of Life and transitional beds.

Island Health will ensure that the bed base number of community care beds is maintained in Campbell River and is planning to transfer, bed-for-bed, any complex care beds that would be 'lost' from Yuculta Lodge to the successful provider.

With respect to Evergreen Senior's Home, this organization is, as you are aware, already a partner with Island Health in the delivery of residential care services. We do recognize Evergreen as a quality service provider and we will welcome any submission they make in response to the RFP.

.../2

**Executive Office**

Located at: 2101 Richmond Road | Victoria, BC V8R 4R7 Canada  
Mailing address: 1952 Bay Street | Victoria, BC V8R 1J8 Canada

Tel: 250-370-8699 | Fax: 250-370-8750

HTH-2014-01002-05  
Page: 1

Please be assured that the three Island Health End of Life beds will be publicly funded, regardless of their location, and access to these beds will be determined according to need based on standardized clinical principles. These same principles will be used to determine access in other hospice cluster beds such as in Comox.

Current plans would see the three hospice beds opening at the same time as the new community care beds, which is prior to the new hospital opening in 2017. We certainly recognize, and share your organization's and the community's desire to have these beds open sooner; however we would be challenged to carry this out without impacting our complex care capacity.

Thank you again for taking the time to bring this important issue to our attention. Island Health looks forward to an ongoing relationship and partnership with the Campbell River Hospice Society as we work to improve End of Life care in Campbell River.

If you have any further questions, please do not hesitate to contact Lois Cosgrave, Director, Home & Community Care at 250-740-6992.

Sincerely,



Catherine Mackay  
Executive Vice President & Chief Operating Officer

cc: Dr. Brendan Carr, President & CEO, Island Health  
Don Hubbard, Board Chair, Island Health  
Lois Cosgrave, Director, Home & Community Care & End of Life Care, Island Health  
Hon. Terry Lake, Minister of Health  
Stephen Brown, Deputy Minister of Health  
Claire Trevena, MLA, North Vancouver Island  
Don McRae, MLA, Comox Valley  
Mayor Walter Jakeway, City of Campbell River  
Bruno Fornika, President, Campbell River Seniors Centre  
Lois Jarvis, Citizens for Quality Health Care

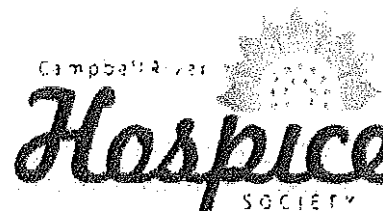
## *The Campbell River Hospice Society*

70 South Dogwood Street

Campbell River, B.C. V9W 2X3

Phone: (250) 286-1121 Fax: (250) 286-1195

Website: [www.crhospice.org](http://www.crhospice.org)



"Support when you need it most"

May 22, 2014

The Honorable Christy Clark  
Premier of British Columbia  
PO BOX 9041  
STN PROV GOVT  
VICTORIA, BC V8W 9E1

EXECUTIVE OFFICE

15792  
MAY 27 2014

ISLAND HEALTH

**Re: End of Life Care Beds for Campbell River, BC**

Dear Premier,

On 28<sup>th</sup> November 2013 Island Health (formerly Vancouver Island Health Authority) announced that in early 2014 it would issue a Request for Proposals (RFP) seeking an owner/operator to provide 40 community-based care beds in Campbell River that would include 3 End of Life (EOL) beds, 4-6 long stay rehabilitation beds and a mix of 31-33 complex care and licensed dementia care beds. Island Health remains committed to opening these 40 new community care beds prior to the opening of the new Campbell River Hospital in 2017.

The announcement continued with "Island Health recognizes the importance of delivering high quality, accessible and appropriate residential care services" said Don Hubbard, Board Chair, Island Health. "We are pleased to be moving forward with our commitment to increase the number of community care beds in Campbell River, including the addition of 3 EOL care beds."

Our Society was very pleased to hear about the commitment for the much needed EOL beds. Currently on Vancouver Island there are only Palliative Care beds in Victoria and Nanaimo, nothing north of there. We were told by a source that initially these 3 EOL beds would be placed in Yucalta Lodge, a residential care facility adjacent to our hospital and owned and operated by Island Health, but would subsequently be moved to the new 40 bed facility once built.

Our Hospice Society has had several meeting over the last few years with the Evergreen Seniors Home a family operated residential care facility located in Campbell River, which has a warm and friendly environment and has been very interested in operating palliative hospice beds. Currently Island Health funds some of the beds in this facility. Evergreen Seniors Home is very interested in the Hospice Society's programs and wishes for the society to have involvement if these EOL beds ever came to fruition in their facility.

Currently Evergreen Seniors Home has started construction on a major expansion in which they would like to include hospice palliative suites. They intend to respond to the RFP once it is announced.

*We thank the following for their ongoing financial support*



Campbell River Chances Bingo Patrons, Playtime  
Community Gaming Centre - Chances and the  
Public Safety and Solicitor General Gaming Policy  
and Enforcement Branch



The demographics of Campbell River have been changing since the pulp and lumber mills closed. Many young families have had to leave to find work and more elderly people have moved in, particularly retirees. Hence the 3 EOL beds are going to be really needed and 3 beds are already probably inadequate.

On May 5, 2014, Island Health issued the RFP seeking proponents to own and operate 40 new community-based beds in Campbell River by 2017. The RFP invites proponents to submit proposals for 20 complex care and 20 licensed dementia residential care beds. It is indicated that Island Health may adjust the mix of complex care and licensed dementia care beds depending on population needs.

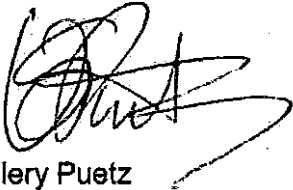
What is of concern to the Hospice Society is the apparent loss of the 3 EOL beds which were promised and which are much needed. Our Society would also like to know where the 4-6 long-stay rehabilitation beds are. Is Island Health falling short of its promises?

Since the RFP does not now ask for 3 EOL beds to be included in the 40 beds proposal, residential facilities such as the Evergreen Seniors home, who have been planning to provide EOL suites/beds cannot now include these in their bid. In fact, the newly worded RFP essentially removes the ability of any residential care facility to have EOL beds funded by Island Health. Since these EOL beds are obviously desperately needed, any such facility that goes ahead and offers these beds will have to do so independently of support from Island Health and will have to recover its costs from its patients. This creates a system in which those who can afford the cost of a private EOL bed will have access to it, whereas those who are unable to do so will be denied access.

If Island Health is planning to keep the 3 EOL beds in their own facility, this also means that they will not be available until 2017 at the earliest.

We request a reply no later than June 18, 2014.

Yours sincerely,



Valery Puetz  
Board Chair  
Campbell River Hospice Society

cc: Terry Lake, Minister of Health  
Stephen Brown, Deputy Minister of Health  
Claire Trevena, MLA, North Vancouver Island  
Don McRae, MLA, Comox Valley  
✓ Dr. Brendan Carr, President & CEO, Island Health  
Don Hubbard, Board Chair, Island Health  
Lois Cosgrave, Director, Home & Community Care/End of Life, Island Health  
Campbell River Mayor Walter Jakeway  
Bruno Fornika, President, Campbell River Seniors Centre  
Lois Jarvis, Citizens for Quality Health Care

Excellent care, for everyone,  
everywhere, every time.



June 26, 2014

Ms. Valery Puetz  
Board Chair,  
Campbell River Hospice Society  
70 South Dogwood Street  
Campbell River BC V9W 2X3

MINISTER'S OFFICE HEALTH		
# 101-2805		
DRAFT <input type="checkbox"/>	JUL 02 2014	
REPLY <input type="checkbox"/>	REPLY DIRECT <input type="checkbox"/>	
FYI <input checked="" type="checkbox"/>	FILE <input type="checkbox"/>	
REMARKS		
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<input type="checkbox"/> FA	<input type="checkbox"/> CCU	<input type="checkbox"/> CM

Ref # 15899

Dear Ms. Puetz:

Thank you for your letter of June 14, 2014 regarding End of Life care beds in Campbell River, addressed to the Honourable Terry Lake, Minister of Health. I anticipate you have now received our June 12 letter, which was written in response to your previous May 22 correspondence, and I hope that many of the topics you raised in your first letter about the plans for hospice services in Campbell River were addressed in our response. I have enclosed a copy of that letter for your reference.

Please be assured that Island Health is committed to moving forward with opening three hospice beds in Campbell River by 2017, as announced in November 2013, and we look forward to partnering with the Campbell River Hospice Society to ensure that area residents have access to a complete range of End of Life services and supports.

I would like to take the opportunity to address two new items you raised in your second letter.

First, you are seeking clarification on the location of the new hospice beds and whether they are part of the 40 community care beds currently subject to a Request For Proposal (RFP) process. The three hospice beds were not included in the RFP because Island Health's plan is to locate these beds at Yuculta Lodge and transfer any impacted complex care beds to another community-based complex care facility. With respect to your reference about comments made at a North Island Hospital Project public meeting, I believe there may have been a misunderstanding or miscommunication about the hospice beds. Island Health has been consistent since the hospice beds were announced that the three end of life beds are part of the 40 beds. This following statement is from our original announcement: "In early 2014 Island Health will issue a Request for Proposals (RFP) seeking an owner/operator to provide 40 community-based care beds in Campbell River that will include three end-of-life beds, four to six long-stay rehabilitation beds and a mix of 31-33 complex care and licensed dementia care beds." See [www.viha.ca/about\\_viha/news/news\\_releases/NR\\_RFP+Campbell+River+Nov+28+2013.htm](http://www.viha.ca/about_viha/news/news_releases/NR_RFP+Campbell+River+Nov+28+2013.htm). We sincerely regret any confusion any statements made at the public meeting may have caused.

Second, you reference the demographic shifts taking place in Campbell River, pointing to the aging and growing population for a need for more beds. Please be assured that Island Health develops our

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**Executive Office**

Located at: 2101 Richmond Road | Victoria, BC V8R 4R7 Canada  
Mailing address: 1952 Bay Street | Victoria, BC V8R 1J8 Canada

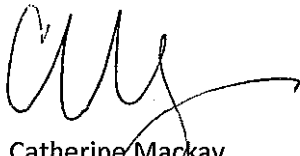
Tel: 250-370-8699 | Fax: 250-370-8750  
HTH-2014-00215  
Page: 5 [viha.ca](http://viha.ca)

planning around Province of BC statistical population data and projections, and we update our plans as this data changes. Based on population need and BC Stats population projections (PEOPLE 2013), Island Health projects a need for 3 hospice beds for residents of Campbell River by 2020. These beds are part of the broader range of End of Life services that are required to ensure fulsome supports and programs that ensure appropriate care is provided to individuals and family members dealing with End of Life issues and decisions.

As Island Health works with our physicians, staff and community partners to enhance our services, we look forward to an ongoing relationship and partnership with the Campbell River Hospice Society.

If you have any further questions, please do not hesitate to contact Lois Cosgrave, Director, Home & Community Care at 250-740-6992.

Sincerely,

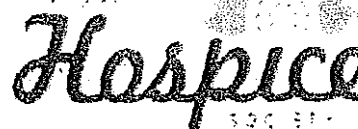


Catherine Mackay  
Executive Vice President & Chief Operating Officer

cc: Dr. Brendan Carr, President & CEO  
Lois Cosgrave, Director, Home & Community Care & End of Life Care  
Christina Rozema, Site Director, Campbell River Hospital  
Hon. Terry Lake, Minister of Health  
Claire Trevena, MLA, North Island  
Walter Jakeway, Mayor, Campbell River

## The Campbell River Hospice Society

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Phone: (250) 286-1121 Fax: (250) 286-1195  
Website: [www.crhospice.org](http://www.crhospice.org)



June 14, 2014

The Honorable Terry Lake  
Minister of Health  
PO BOX 9050  
STN PROV GOV  
VICTORIA, BC V8W 9E2

Re: End-of-Life Care Beds for Campbell River

Dear Minister Lake,

On May 22<sup>nd</sup>, 2014 I wrote to the Honorable Christy Clark enquiring about the apparent loss of end-of-life (EOL) beds that were promised to us by Don Hubbard, Board Chair, and Island Health as follows. *"We are pleased to be moving forward on our commitment to increase the number of community care beds in Campbell River, including the addition of three end-of-life care beds."* In her response of June 3<sup>rd</sup>, 2014 the Premier mentioned that she would be *"asking staff to contact the office of the Honorable Terry Lake on our behalf."*

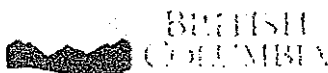
Minister Lake, on May 5th, 2014 a Request for Proposal (RFP) was issued by Island Health seeking proponents to own and operate 40 new community-based beds in Campbell River by 2017. However, what is of concern to us is that within the RFP there was no reference to End of Life beds rather the request was for 20 complex care and 20 licensed dementia residential care beds. The three promised EOL beds were not in the RFP, in fact, the newly worded RFP essentially removed the ability of any residential care facility to have EOL beds funded by Island Health.

Subsequent to reviewing this RFP with our Hospice Board of Directors, two members of our board attended a community information on May 29<sup>th</sup>, 2014 hosted by Island Health at the Maritime Heritage Centre, Campbell River. During the meeting, one of them posed the question to representatives from Island Health as to the missing EOL beds in the RFP. At that time Christine Rozema, Site Director for the Campbell River Hospital responded that *"Campbell River will be getting these beds and they will be in addition to the 40 beds requested in the RFP and they will be housed in a facility run by Island Health."* There was no indication of when or where these beds are to be housed or how care is to be administered. Minister Lake the vagueness of this issue is confusing and distressing and needs to be resolved and we do hope that you are able to do so on our behalf.

Our greatest concern is that Island Health does not fully appreciate the significant demographic changes that are currently taking place in Campbell River. Real Estate agencies here report that homes being sold to retirees moving in continues to rise and at present 49% of all sales are to that age group. In addition to the changing demographics we are currently experiencing a painful situation within our hospital where the average number of people awaiting placement in a long term care facility is 24 with an average wait time for them of 6 months. We are not yet aware of the number who are waiting in their own homes but regardless these people are obliged to take turns for placement in long term care with those still waiting in the hospital.

We thank the following for their ongoing financial support

Campbell River Chances Bingo Patrons, Playtime  
Community Gaming Centre - Chances and the  
Public Safety and Solicitor General Gaming Policy  
and Enforcement Branch



All of these factors point to a desperate need for EOL beds which should be housed in a separate building or wing where the emphasis is on palliation of the terminally ill while at the same time attending to the psycho-social and spiritual needs of our citizens; we cannot stress that point enough. This need for EOL beds has been the focus of many ongoing community meetings between our Hospice, Physicians, health care providers, and seniors groups over several years. Our local media is also very disturbed by these recent events. Any change of heart with regard to these promises will be seen as intolerable. 3 EOL beds are already far from adequate for our community.

Minister Lake, we are very concerned that the resolution to our request for EOL beds funded by Island Health will simply be to relegate our EOL beds to a Long Term Care institution and while we have the greatest respect for those working in such facilities, it is nevertheless an institution and completely inappropriate for those with perhaps only two or three weeks of life left. In addition, it is also our understanding that once the Comox area has their 4 beds in place this fall, it will actually be Qualicum Beach/Parksville area that is next for EOL beds, even though they already have one functioning bed. If Island Health is indeed planning to provide Campbell River with 3 EOL beds and within their own facility, this means that they will not be available until 2017 at the earliest and this is also completely unacceptable to the community of Campbell River.

I look forward to your earliest attention to this matter with a reply no later than July 15, 2014.

Yours truly,



Valery Puetz  
Board Chair  
Campbell River Hospice Society

cc: Christy Clark, Premier of British Columbia  
Stephen Brown, Deputy Minister of Health  
Claire Trevena, MLA, North Vancouver Island  
Don McRae, MLA, Comox Valley  
Dr. Brendan Carr, President and CEO, Island Health  
Don Hubbard, Board Chair, Island Health  
Lois Cosgrave, Director Home and Community Care/End of Life, Island Health  
Christine Rozema, Site Director, Campbell River Hospital  
Mayor Walter Jakeway, Campbell River  
Janet Macdonnell, Division of Family Practice  
Lois Jarvis, Citizens for Quality Health  
Helen Whitaker, President, Campbell River Seniors Centre



## EXPANSION OF HOSPICE PALLIATIVE BEDS

### ISSUE

In June 2013, the government committed to creating a plan for hospice expansion and beginning the process of doubling the number of hospice spaces in British Columbia by 2020.<sup>1</sup> This commitment is in the Minister of Health's Mandate Letter.

### KEY FACTS

- Hospice palliative care refers to the physical, emotional, social, and spiritual care aimed at providing comfort and improving quality of life for persons who are living with or dying from advanced illness or are bereaved.<sup>2</sup>
- Hospice palliative care is provided by a team with specialized skills and knowledge and can be appropriately delivered in a variety of settings: at home, in hospital, in residential care facilities and in free-standing hospice residences (often simply called hospices).
- Hospice palliative care in BC is delivered, in all these settings, directly by health authorities and through health authority contracts with third parties, i.e., hospice societies.
- Hospice societies provide many services that enhance the publically subsidized health care system, ranging from volunteer and bereavement services to fundraising. Hospice societies may also provide the capital costs for the construction of hospice facilities or provide complementary therapies or adjunct services for those designated facilities.
- Research increasingly suggests that Canadians prefer to die at home or in their home communities instead of in hospital settings.<sup>3</sup>
- In BC in 2013, for cancer deaths, 16 percent have occurred in the home setting, 9 percent in the residential care setting, 34 percent in the hospice setting and 41 percent in the hospital setting. While the percentage of deaths in hospitals has decreased slightly in the last 3 years, and the percentage of deaths in hospices has increased slightly, the percentage of deaths in home and residential care settings has remained relatively unchanged.<sup>4</sup>
- The cost of palliative care in a contracted hospice residence ranges from 39 percent to 60 percent more than long term residential care, but approximately 75 percent less than acute care in a standard ward.<sup>5</sup>
- As of September 30, 2013, there were 261 adult residential care beds designated as end-of-life beds, plus a further 58 'flexible' residential care beds in BC<sup>6</sup>. These beds are used to support people at end-of-life as close to home as possible, particularly in small communities, and are located in residential care facilities and hospices.

<sup>1</sup>Government of BC. (2013). *Minister of Health Mandate Letter*. Retrieved on February 18, 2014 from [http://www.gov.bc.ca/premier/cabinet\\_ministers/terry\\_lake\\_mandate\\_letter.pdf](http://www.gov.bc.ca/premier/cabinet_ministers/terry_lake_mandate_letter.pdf)

<sup>2</sup> BC Hospice Palliative Care Association

<sup>3</sup> Bacon, J. (2008) Hospice Palliative Home Care in Canada: A Progress Report. Ottawa: Quality End-of-Life Care Coalition of Canada.

<sup>4</sup> Ministry of Health, December 06, 2013, Number and Percentage of Cancer Deaths in Each Setting, QUARTERLY REPORT: Q3-2013, Year-to-date. CeRTS No. 2013-669. BC Ministry of Health Measurement Site: Hospice Reports

<sup>5</sup> Financial Services, Ministry of Health, contracted hospice ranges from 39% (\$292.65 - 210)/210) to 60% (\$296.65-185)/185) more than long term residential care; and a standard ward bed costs 463% (\$1184 - 210)/210) to 540% (\$1184-185)/185) more than long term residential care

<sup>6</sup> Ministry of Health. *Report 1 – Beds by HA Summary*. Beds as of Sept 30, 2013. Project.Reports posted on the HCC Beds Reports & Inventory SharePoint site. Retrieved on February 18, 2014 from <https://hlth-sharepoint.gov.bc.ca/PI/MIB/HCCBedsRpts/Sub/Forms/AllItems.aspx>. (Note: End of Life beds: VIHA 14, NHA 23, FHA 105, VCHA 50, IHA 69)

## Work Plan

- A phased approach to increasing the number of hospice beds by 2020 is underway as is the work needed to support establishment of expectations and targets.
  - In Phase 1 (2014-15) Island Health has indicated 4 priority hospice beds to be implemented by March 31, 2015. Forecasting for palliative and end-of-life services, and planning and completing strategies are occurring in the other health authorities. A further 56 – 64 beds are being proposed across the province in subsequent phases.
  - Expectations for Phase 1 (2014 – 15) related to service development, including hospice beds will be agreed between Health Authorities and the Ministry by Spring 2014.
- As an outcome of the extensive ministry-led data exercise and health authority forecasting processes, service models and strategies will be developed to identify implementation during Phase 2 (2015/16- 2017/18) and 3(2018/19- 2019/20). A business case to determine the most cost-effective options will be part of this work.
- Health Authorities will lead the planning and implementation to achieve their targets related to increasing hospice beds. A mechanism to monitor progress towards the targets will also be employed.

## **FINANCIAL IMPLICATIONS**

- Expansion of hospice palliative beds represents cost pressure to the Ministry and health authorities, particularly if the analysis demonstrates a need for stand-alone hospice residences or new facilities.
- The Ministry does not provide capital funding to organizations outside the Government Reporting Entity; however, the Ministry has, with approval from Treasury Board, periodically provided one-time operating grant funding to external agencies to help them raise additional funds to invest in infrastructure.
- The Ministry has no capital funding identified in its capital plan to support possible health authority investment in hospice palliative beds. Additional operating and capital funding represents a cost pressure to the Ministry and/or health authorities.

## **APPROVALS**

Approved by: Doug Hughes, ADM, Health Services Policy and Quality Assurance; May 21, 2014

Approved by: Gordon Cross for Manjit Sidhu, Finance and Corporate Services Division; February 18, 2014

Approved by: Jackie Redmond for Carolyn Bell, Health Sector Planning & Innovation; February 20, 2014

## Howard, Leah K HLTH:EX

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**From:** Evernden, Erica HLTH:EX  
**Sent:** Friday, August 22, 2014 2:41 PM  
**To:** Evernden, Brian HLTH:EX  
**Subject:** FW: 1005543 - Mandate Letter Initiatives  
**Attachments:** Template for reporting Target 4 - 500 Addition Bed Enhancements.docx; Template for reporting Target 5 - Double Hospice Beds.docx  
  
**Importance:** High

Request that went out for the plans.

Sincerely,

**Erica Evernden | Manager, Executive Operations**

Assistant Deputy Minister's Office | Health Services Policy & Quality Assurance Division | Ministry of Health  
Phone: 250.952.1125 | Fax: 250.952.1052

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**From:** Evernden, Erica HLTH:EX **On Behalf Of** Hughes, Doug J HLTH:EX  
**Sent:** March-06-14 2:43 PM  
**To:** XT:HLTH Murray, Nigel; XT:HLTH Halpenny, Robert; XT:HLTH Ulrich, Cathy; XT:Roy, Carl EHS:IN; XT:HLTH Ostrow, David; XT:Dr. Brendan Carr HLTH:IN  
**Cc:** Hughes, Doug J HLTH:EX; McQuillen, Kelly HLTH:EX  
**Subject:** 1005543 - Mandate Letter Initiatives  
**Importance:** High

1005543

Dear Health Authority Chief Executive Officers:

As you know, the Minister of Health (the Minister) mandate letter (June 2013), states that the Minister is to continue the Innovation and Change Agenda by driving change in the areas of prevention, primary care, home and community care, and hospitals. The mandate letter also references two specific service delivery enhancement areas which will require your attention.

● Not Responsive

- Target 5: Continue executing our government's end-of-life care strategy and create plan for hospice plan expansion and begin process of doubling the number of hospice spaces in British Columbia by 2020 (ML Initiative #10) – **Doubled hospice beds**

I am writing to clarify the expectations and process for health authorities as it relates to these two service delivery targets. While the end timelines differ, the Ministry of Health (the Ministry) has identified a three phased approach for health authority planning and implementation of these bed enhancements.

**Phase 1:** By March 31, 2014, health authorities will identify their planned approach to:

1. Implement high priority/immediate need beds that address known needs as a result of existing planning processes. Within this, health authorities are required to complete the attached template for specific criteria required for Phase 1 considering:
  - a. Needs across the age range, if applicable (youth, adults, older adults)
  - b. Categorized by metro, urban/rural, rural and remote (see attached map)
  - c. Opportunities to maximize local partnerships with NGO providers, e.g. those that could be/are registered as Assisted Living Residences under CCALA, Hospice Societies, etc.
  - d. Needs of any known special populations related to each target, e.g. those with severe addiction and mental illness (SAMI); First Nations communities and cultural considerations of the community; clients in residential care, etc.
  - e. Cost efficiencies – quick wins with minimal cost/infrastructure implications.
2. Identify the process and targets that will be used to plan for Phases 2 and 3, including engagement of community stakeholders and clients/families.
  - a. Not Responsive
  - b. Hospice bed timeline – Phase 2 2015/16 – 2017/18 (3 years) and Phase 3 2018/19 – 2019/20 (2 years)

Not Responsive

### **Phase 2 and 3:**

### **020 for Hospice Beds**

- Criteria will be defined further based on what is learned about health authority needs in Phase 1.

Not Responsive

- For Target 5, work has begun on identifying palliative populations, both the populations currently receiving palliative services and those that would likely benefit from a palliative approach to their care. This data exercise, using Ministry data holdings, will continue and the Ministry will assist health authorities in utilizing the data for a population needs-based approach to planning palliative and end-of-life care services in Phase 2 and 3.

If you have any questions, or require any additional clarification, please contact Kelly McQuillen, Executive Director, Integrated, Primary and Community Care. She can be reached at [Kelly.McQuillen@gov.bc.ca](mailto:Kelly.McQuillen@gov.bc.ca) or at (250) 952-1204.

Sincerely,

Doug Hughes  
 Assistant Deputy Minister  
 Health Services Policy and Quality Assurance Division

### Phase 1 Template for reporting Target 5: Double hospice beds:

1. What are the high priority bed targets for your health authority to be implemented by March 31, 2015?

[illegible]

2. What data sources/types of data were used to identify priorities?
3. Where will funds to support the priorities be transitioned from?
4. Do these priorities include the not-for-profit sector? If so how?
5. How has client/family voice and need been taken into consideration?
6. How do these priorities align with provincial priorities/direction?  
(e.g. End-of-Life Care Action Plan, Seniors Action Plan, Ministry of Health Service Plan and/or Strategic Guide priorities, etc.)
7. Describe any related planning for end-of-life and palliative populations, in addition to hospice beds.
8. What process will be undertaken for needs based planning for Phase 2 and 3 bed allocations?

<sup>1</sup> Use working definitions of bed type currently being developed by the End-of-Life Working Group

## ESTIMATES NOTE

### Issue: Mandate Letter #10 - End of Life Care Strategy and Hospice Expansion Plan

#### Advice and Recommended Response:

- High quality palliative and end-of-life care is a critical health care service, and our government is committed to continuing to improve access to these services throughout BC.
- In March 2013, building upon the significant accomplishments in the past few years, we released the End-of-Life Care Action Plan, along with \$8 million one-time grant funding to support hospices and \$2 million to establish a BC Centre for Palliative Care.
- In June 2013, our government committed to creating a plan for hospice expansion and beginning the process of doubling the number of hospice spaces in BC by 2020.
- Crucial work has begun to determine where the need is and develop implementation plans for each health authority.
- Health authorities are committed to working directly with our partners such as Hospice Societies to develop the best service delivery models for the diverse communities in BC.

#### Background/Status:

- The Ministry of Health and health authorities provide a range of services to support people to receive palliative and end-of-life care in the care settings that best meet their needs, including: at home, in hospital, in long-term care facilities, and in free-standing hospice residences (often simply called hospices).
- The 2013 Provincial End-of-Life Care Action Plan<sup>1</sup> provides a context, focus and support for the continuing work to develop palliative and end-of-life care services that support people to remain in their homes and communities longer.
- The Action Plan has twelve action items in three priority areas: 1) redesigning health services to deliver timely coordinated end-of-life care; 2) providing individuals, caregivers, and health care providers with palliative care information, education, tools, and resources; and 3) strengthening health-system accountability and efficiency. From the twelve actions three short term priorities have been identified:
  - An extensive data exercise to identify the palliative populations within BC and situate those populations within a standardised framework of service use and need.
  - Identification of issues, barriers and strategies to improve capacity to provide quality end-of-life care in residential care facilities and other housing and care settings.
  - Review of the BC Palliative Care Benefits Program to streamline processes for application and status verification, and review the program's eligibility criteria.
- Province wide achievements in palliative and end-of-life care include implementation of palliative care fee codes for general practitioners and specialists (2009 and 2012)

<sup>1</sup> The Provincial End-of-Life Care Action Plan for British Columbia. Ministry of Health. March 2013. Retrieved online April 24, 2014 from <http://www.health.gov.bc.ca/library/publications/year/2013/end-of-life-care-action-plan.pdf>

## ESTIMATES NOTE

respectively); Practice Support Program's End-of-Life Care education module for physicians; and expansion of the After-Hours Palliative Nursing Service.<sup>2</sup>

- Within the health authorities some key achievements for 2013/14 include:
  - Island Health offers regular free public information and resource workshops on advance care planning in South Island and to health professionals, and the Vancouver Island Federation of Hospice Societies offers periodic free public information sessions and activities in their local areas. In 2013/14, Island Health made 78 public presentations (1202 participants) and 17 to health care professionals (819 participants).
  - In Fraser Health, 100 individuals attended the 6 hour Advance Care Planning classroom education session; 1,164 completed the 30 minute online program; and the BC Health Education Fund Advance Care Planning Project had 478 participants.
  - In Vancouver Coastal, Providence Health Palliative Program has developed an app "iPal" to provide essential information to clinicians at the bedside. This app can be accessed across BC.
  - Northern Health is participating in the Provincial Cardiac end of life work, and taking initial steps to incorporate a palliative approach for all chronic disease management.
  - In progress in Interior Health is e-learning module development about late stage dementia care and palliative needs for persons with developmental disabilities (estimated completion May 2014).
- As of September 30, 2013, there were 261 adult residential care beds designated as end-of-life beds, plus a further 58 'flexible' residential care beds in BC.<sup>3</sup> These beds are used to support people at end of life as close to home as possible, particularly in small communities, and are located in residential care facilities and hospices.
- A phased approach to increasing the number of hospice beds by 2020 is underway as is the work needed to support establishment of expectations and targets.
  - In Phase 1 (2014/15) Island Health has indicated 4 priority hospice beds to be implemented by March 31, 2015. Forecasting for palliative and end-of-life services, and planning and completing strategies are occurring in the other health authorities. A further 56-64 beds are currently being proposed across the province in subsequent phases.
  - As an outcome of the extensive ministry-led data exercise and health authority forecasting processes, service models and strategies will be developed to identify implementation during Phase 2 (2015/16- 2017/18) and Phase 3 (2018/19- 2019/20). A business case to determine the most cost-effective options will be part of this work.

### Budget/Expenditures:

The costs that may be associated with increasing the number of hospice beds and services is not known at this time. Further development of Phases 1, 2 and 3 will inform analysis related to potential cost pressures facing the Ministry and health authorities.

### Approved by:

Mark Armitage, Integrated Primary & Community Care Branch; April 14, 2014  
Gordon Cross, obo Manjit Sidhu, Finance and Corporate Services Division; April 23, 2014  
Doug Hughes, Health Services Policy and Quality Assurance Division; May 21, 2014  
X-Reference to Fact Sheet: End of Life Care

<sup>2</sup> Data for these programs provided on Fact Sheet, FS-IPCC- 2 End of Life Care

<sup>3</sup> Sept 2013 submissions to the HCC Beds Inventory (Proj. 2013\_0354) HSPID, MoH, VIHA 14 EOL beds; NHA 23 EOL beds; FHA 105 EOL beds; VCHA 50 EOL beds; IHA 69 EOL beds, 58 flex beds.