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07 June 2010

Hon. Kevin Falcon  
Minister of Health Services  
Room 337  
Parliament Buildings  
Victoria BC V8V 1X4

Dear Minister Falcon,

We, the <sup>1</sup>Association of Advocates for Care Reform (ACR) are writing with regard to the transfer of Riverview patients into community-based residential care facilities. Because, from a patient or client-centred perspective, the move of Riverview patients to occupied residential care facilities seems so counter-intuitive, we are in hope that the public is able to access some record of deliberations that led to the decision.

Clearly, it is exciting to know that the BC Government is initiating the transfer of Riverview patients to community-based facilities for the treatment of mental health, addictions and dual-diagnosis. Implicit in such a transfer is support for the philosophy of community-based facilities, and a willingness to make funding available to support such a transfer.

Specifically, ACR is concerned about:

1. the depletion of the scant supply of residential care beds in the community
2. the negative impact on the lives of the frail elderly who will lose both the familiarity of care providers and familiar surroundings

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<sup>1</sup> ACR (Association of Advocates for Care Reform) has been promoting quality of life and care in residential care facilities in BC since 1991, through both development and support of Family Councils in residential care facilities and systemic advocacy.

3. the co-location of those with mental health challenges with a vulnerable residential care population – a population, due to their illness, frailty or disability that is no less vulnerable than pediatric, neo-natal or adult medical surgical patients.
4. the perception of bias

### **1. Depletion of the supply of residential care beds in the community**

The Vancouver area is at risk for an undersupply of residential care facilities in relation to its population. The proposed reduction of approximately 62 residential care beds at two Providence sites, Youville Residence and St. Vincent's Langara to accommodate Riverview transferees, further exacerbates this potential shortage and adds to the previous loss of Providence Health residential care beds. Additionally, at both sites, this proposal will create a loss of highly desired (and scarce) single and double room accommodation in community residential care at a time when the recent <sup>2</sup>Residential Care Regulations support single bed rooms for those in residential care.

In the last ten years Providence Health Care closed two residential care facilities (Extended Care) in Vancouver - the former St. Vincent's Arbutus site (74 beds) and St. Vincent's Heather site (75 beds) necessitating the relocation of their frail Extended Care residents to other facilities. These closures had already resulted in a net loss to the future supply of Vancouver residential care beds. Might it be the intent for Providence Health Care to gradually divest itself of the provision of residential care? If so, then the Vancouver community would be worse off.

Aging in place is a well known goal of community health programs and services; it is only reasonable that it would extend equally to a necessary move from home or assisted living to residential care. Therefore, the need for sufficient residential care beds amongst communities is simply a part of the continuum for aging in place.

With the proposed Riverview transfers taken into account, there will now be a total of 211 fewer residential care beds than ten years ago, in a community that many aging seniors call home and at time when concern about the increasing need for access to the long term care for the most vulnerable of the ill and disabled elderly is rising.

Thus, this decision to relocate these residents seems to be inconsistent with a <sup>3</sup>News Release (04/30/2010) "Province Breaks Ground on New Surrey Senior's Care Lodge" (Kinsmen Place Lodge), wherein the importance of seniors having access to a range of care options and services in their home

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<sup>2</sup> Residential Care Regulations (Eff: 01 October 2009) Part 3 Division 2 (Bedrooms) Section 24 (1) requires the licensee to ensure that each person in care has a separate bedroom with a proviso (2) that the licensee may accommodate two persons in care under certain circumstances. Youville comes under the CCAL Act and has single rooms. Langara (presently) falls under the Hospital Act and the majority of rooms have 4 beds, with the exception of the first floor East Wing which has single and double rooms. This East Wing is the space proposed for the Riverview transferees. Therefore, those current residents of the Langara East Wing will most likely lose their private or semi-private room. It is a persistent rumour that existing residential care facilities under the Hospital Act will be moved under the CCAL Act.

<sup>3</sup> News Release: Fraser Health 04/30/2010 "Province Breaks Ground on New Surrey Senior's Care Lodge"

community was recognized as was an ‘approach to care so they can remain close to family and friends’.

## **2. Disruption to the lives of the ill, disabled and frail elderly who call Youville Residence and St. Vincent’s Langara their home**

Youville Residence and St. Vincent’s Langara are the only sites proposed for relocation of Riverview patients that are presently occupied. Residents at these facilities are amongst the most ill, disabled, frail and vulnerable of our seniors in residential care. Although we trust that the best of intentions will prevail in plans for their relocation, the reality remains that it will result in significant disruption of the lives of the affected residents, their families and support system. It’s essential to recognize that many of these residents will have a form of dementia; many will have become comfortable with their care providers (who have also come to know them), many have been in their care facility for some time and have become familiar with their particular surroundings and routines that provide structure and a sense of safety. It is well known that when older adults are admitted to long term or complex care they are often told to try to think of it as their new home. What will you tell them when they are evicted or displaced for another group’s need?

There have been many examples within British Columbia of the elderly ill being admitted to residential care facilities (first available bed) far from their community, family and friend support systems. These situations have brought media attention and much outrage amongst citizens of the province. And, as the age of those being admitted to residential care has risen at the same time as their medical complexity and care needs, so has the age of their family and friend support systems.

It would be remiss not to mention the likelihood that many of the residents (especially those at St. Vincent’s Langara) if relocated within the facility, will no longer have a private or semi-private room. The first floor East Wing unlike the rest of the St. Vincent’s Langara facility (where four bed rooms are most common) has very desirable single and double rooms. It is most unlikely that these residents will be able to be relocated within the facility to a comparable room. Other (extended) care facilities in the community with single rooms, which are able to meet their particular high end extended care needs are in short supply. <sup>4</sup>It seems that residential care facilities, like St. Vincent’s Langara, licensed under the Hospital Act, often admit those with the greatest care challenges or needs as they have greater access to hospital resources.

## **3. Co-location of those with mental health challenges with a vulnerable residential care population.**

The co-location of those with mental health diagnoses with a vulnerable residential care population is simply inappropriate. Plans to separate the ‘areas’ and ensure locked and secure access points is well-

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<sup>4</sup> ‘The Best of Care: Getting it Right for Seniors in British Columbia (Part 1)’ Background, Hospital Act pg 20.

meaning, but perhaps less than workable; for example, will Youville Residence have separate elevator access, program areas, garden areas?

There are two issues here:

- Older adults in general, with mild to advanced dementia may be fearful and agitated in the presence of others who exhibit difficult and challenging behaviours and who they may feel have the potential to harm them
- Younger adult psychiatric patients who may encounter older adults in care with mild to advanced dementia and communication difficulties, may be easily frustrated or angered by the older adults inability to communicate with them

Although, there are some examples of ‘secure psychiatric’ units co-located in acute care hospitals, it is noted that these are for short-term stays for diagnosis and acute treatment. As acute care is resourced at a higher level there are more professional staff present on all wards and security services are available 24 hours a day/7 days a week. This is not the case in residential care facilities where staff resourcing levels are much lower and security staff absent or at best ‘on call’.

It would seem unlikely that your proposal for co-location would even be contemplated if the residents rather than being elderly were instead, ill or disabled children or infants - pediatric patients or a neonatal ward - yet the vulnerability is very similar. Those currently in residential care are amongst the most vulnerable in society - as a result of frailty, illness, disability. Most have some difficulty with communication – hearing, vision, speaking, understanding as well as mobility. They typically are unable to stand or walk unaided and must rely on others to physically remove them from a situation they find uncomfortable. These are the reasons they are in residential care.

There is a lack of information on the nature of those with mental health challenges who will be transferred from Riverview.

**For Youville Residents**, the available information indicates renovation of two floors to create 42 elder adult behavior stabilization beds for Riverview patients with severe dementia which represents half of Youville’s 84 beds. There is no information on what is planned to ensure adequate staffing to implement and monitor the programs developed for the care of these severely ill patients. There is no information on what is planned to ensure the care and safety of those remaining in the ‘regular’ residential care floors at Youville (estimated at 42 beds). There is only indication that <sup>5</sup>‘security measures will be in place to keep the other residents safe’ – how physical separation will be achieved is unclear given the structure of the building and outside garden areas.

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<sup>5</sup> Vancouver Sun, Saturday, April 17, 2010: Mental Health ‘Elderly patients forced out of long-term care facility to make way for mentally ill’ – comment attributed to David Thompson, Corporate Director of Seniors Care at Providence Health Care.

**For St. Vincent's Langara**, the available information suggests up to 20 young adult males will be transferred to the proposed 'neuropsychiatric' unit. The rumours and concerns suggest that this population may have a propensity to anger and violence. The identified space to be taken over for this 20 bed neuropsychiatric unit encompasses outside space including the Tranquility Garden (and another enclosed accessible patio and garden area) that was purpose-built with funds specifically donated for its use for all the residents of St. Vincent's Langara. It's also noted that the East Wing, in addition to providing desirable single and double rooms, has been outfitted with costly bed overhead lifts - all for the specific care needs of this population. And, the space includes a multi-purpose room used for important (and ever declining) programs for the community of residents at Langara that would be lost. There is also the question about the 'stand alone' notion of the new use of this area, when both kitchen and laundry facilities are outside the planned 'secure' area. Last but not least the cost to renovate this space for young ill adult males and ensure access to the outdoors, would seem significant and unwise, when the area has been (fairly recently) purpose-built and outfitted to accommodate its present elder adult population.

For both Youville Residence and St. Vincent's Langara, there is also great concern that any decrease in number of beds will lead to a reduction in the programs and services offered the residents who remain.

In summary, we support the initiative to transfer Riverview patients to community based facilities; we do not support their relocation to the Youville Residence and St. Vincent's Langara, the only occupied residential care facilities being so affected.

Lorna Howes, Co-Chair of the Tertiary Mental Health Implementation Committee of Vancouver Health, stated:

<sup>6</sup>“We have significant mental health challenges within our region, so it is crucial that we have the programs, services and beds in place to support them.”

We agree.

It is also the case that:

*We have significant residential care challenges for the frail, ill, elderly within our community, so it is crucial that we have the residential care facilities, care providers, programs, services and beds in place to support them.*

#### **4. Perception of bias**

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<sup>6</sup> News Release "Riverview Redevelopment Continues to Move Ahead". 04/16/2010

Lastly, we have an observation. As the profile of those who are admitted to residential care (and remain in care the longest) is disproportionately female, it seems that this proposal will result in elderly ill women being displaced to the benefit of young, ill males – at least at the St. Vincent’s Langara site. This reality suggests systemic discrimination on the basis of both age and gender.

We recommend that the decision to redevelop the existing and occupied Youville Residence and St. Vincent’s Langara residential care facilities, for Riverview transfers as part of the Riverview Redevelopment Program be cancelled.

We also would like to ensure that Riverview patients will receive appropriate care and treatment in an environment that will address and meet their specific care needs; we recommend that other more appropriate community-based facility sites be found or built for that purpose.

Thank you for your consideration of our recommendations. We look forward to your response.

Kathleen Hamilton and JoAnn Perry  
for, the ACR Board

cc:

Ida Chong, Minister of Healthy Living and Sport  
Dr. David N. Ostrow, President and CEO Vancouver Coastal Health  
Dr. Nigel Murray, President and CEO Fraser Health  
Geoff Plant, Chairman of the Board, Providence Health Care (with cover letter)  
Lorna Howes, Co-Chair of the Tertiary Mental Health Implementation Team of Vancouver Health  
Dr. Moira Stillwell, MLA Vancouver Langara  
Carole James MLA NDP Leader of the Opposition  
Adrian Dix MLA NDP Health Critic  
Kim Carter, Ombudsperson for British Columbia  
Ujjal Dosanjh MP Vancouver South ( with cover letter)  
Joyce Jones, Chair, BC Seniors Advocacy Network Steering Committee  
LEAF – Western (with cover letter)  
St. Vincent’s Langara Family council (c/o T. Park)