

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON

REPORT
RAPPORT

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DATE 9 June 1998

TO/DEST. Coordinator, Community Services Committee

FROM/EXP. Commissioner, Homes for the Aged

SUBJECT/OBJET **REQUEST FOR PROPOSAL: NEW LONG TERM BEDS**

DEPARTMENTAL RECOMMENDATIONS

That the Community Services Committee recommend and Council approve the following:

- 1. Submission of a Request for Proposal to the Ministry of Health for the RMOC to build and operate 90 new long term care beds;**
- 2. Incorporation of the dementia care project developed by the Alzheimer Society of Ottawa-Carleton into the Peter D. Clark Long Term Care Centre;**
- 3. Development of an Advisory Committee for the dementia care facility project in conjunction with the Alzheimer Society of Ottawa-Carleton to provide a mechanism for community input on the facility program and to oversee the development, implementation and evaluation of research and education initiatives in the field of dementia care.**

BACKGROUND

A major factor driving the provincial health system restructuring is the challenge of meeting the needs of an ageing population. Ottawa-Carleton has the fastest growing elderly population in the province with about 70,000 residents, or 11% of the population over 65 years of age. This proportion of the over 65 years of age population will increase to 15% by the year 2011 and the over 85 years of age group, those most likely to need institutional care, is expected to double by then. To respond to this dramatic growth, the Health Services Restructuring Commission (HSRC) has recommended reinvestments in community and institutional long term care.

Following on the HSRC recommendation, the Minister of Health recently announced that by the year 2006 there will be \$1.5 billion added to community and facility long term care programs. In addition, \$2.5 billion will be spent on new beds and to renovate existing beds. The \$2.5 billion includes capital funding for construction of 20,000 new beds, to be built over an eight year period, and to renovate or rebuild 13,000 current beds. The Minister announced that a total of 1,313 new beds have been allocated to Ottawa-Carleton with 320 beds to be awarded in 1998.

The waiting list for a long term care bed in Ottawa-Carleton today is 1,400 people. The District Health Council estimated the region needs 350 long term beds to meet the immediate need and would need 1,500 more beds to meet the need by 2011.

Currently, Ottawa-Carleton has 3,335 long term care beds, or 39.1 beds/1,000 people over the age of 65 years. The provincial average is 40.3 beds/1000. When the 320 new beds come into service, the average beds per 1,000 people over age 65 will be 41.0 beds/1,000 compared to a revised provincial average of 41.2/1,000. It will take up to two years to build the new beds and by then the over 65 years of age population will have grown and the gap will begin to increase again. With the fastest growing elderly population in the province, it is imperative that Ottawa-Carleton continue to press home to the Ministry of Health, the need for additional long term care services in this region to ensure subsequent bed allocations keep up with population growth.

The Minister also announced that facilities will receive \$602 million in funding to operate 20,000 new beds (estimated to equal 175 new facilities) and increase operating funding for existing facilities. This will result in additional operating funding for the regional homes.

As well, \$551 million has been committed for community services, with 75% flowing through Community Care Access Centre (CCAC) funded programs and 25% through community (day programs, Meals-on-Wheels, etc.) and supportive housing.

DISCUSSION

The RMOC currently operates 651 beds in three homes or about 20% of the long term care beds in the region. The RMOC provides community support programs including seniors day care, Alzheimer respite care and Meals-on-Wheels. In 1988, the RMOC began a capital program to upgrade the three homes to current Ministry standards. The new Carleton Lodge opened in 1989 and the expanded and renovated Centre d'accueil Champlain will be completed in September 1998. When the renovation of Centre d'accueil Champlain is complete later this year, the department will expand the French language Alzheimer day centre program, a high priority for the community. Currently, the Peter D. Clark Centre, phase one of the replacement of Island Lodge, is in the design process with tender expected this Fall. When this centre is opened in early 2000, phase two will begin on Porter's Island for completion in 2001.

As the Peter D. Clark Centre is in the design phase, expansion of the facility is feasible and the site is more than adequate to accommodate a larger home. This project presents a unique opportunity to incorporate the dementia care facility project developed by the Alzheimer Society of Ottawa-Carleton (ASOC) into the centre. The ASOC project has been four years in development and

shares many of the same principles and design concepts as the Clark Centre. The designs are at approximately the same stage of development and integration of the two would present an opportunity for the ASOC project, developed with extensive community involvement, to become a reality and for the RMOC and ASOC to partner in dementia care research and education. The Clark Centre functional plan includes a senior day centre and flexible short stay beds to address community dementia care needs. The new beds could be added to the centre within the current project schedule.

The department analysis has concluded that the RMOC can help to meet the community need for long term care beds and community dementia care in a timely manner with no additional cost to the region and maintain the municipal share of long term care beds at approximately 20%.

ALZHEIMER SOCIETY OF OTTAWA-CARLETON DEMENTIA CARE FACILITY PROJECT

Building an innovative facility for people with dementia has been a priority for the ASOC for the past four years. The society has done extensive research, community consultation and planning to make this vision a reality. The society completed two significant research projects in support of this project; a Family Needs Study in 1993 that identified a “care facility specifically designed to meet the needs of people with dementia” as the top priority for families coping with dementia, and an extensive study of innovative facilities around the world completed in 1994. Following this research and community consultation, the ASOC Board of Directors made a decision to develop and build an innovative dementia care facility in Ottawa-Carleton.

The primary goal of the project was to demonstrate how high quality care can be provided to people with dementia in a home-like setting and through this model to influence the way care is delivered to people in this region and across Canada. The ASOC initiative is a grass roots project which has received widespread support from local organizations serving the needs of the elderly and support in principle from the District Health Council. Extensive consultation has been part of the planning process and volunteer task forces comprising over fifty professionals from the community have been involved in architect selection, site selection, building design, resident population definition and other tasks.

The society has developed a facility design with Barry Padolsky, Architect, that incorporates the best features of three innovative residential dementia care facilities; the ADARDS Nursing Home in Tasmania, Australia; McConnell Place North in Edmonton and Woodside Place in Oakmount, Pennsylvania. These facilities have achieved impressive results in terms of improved quality of life for residents, and family satisfaction with care. The key common elements of these facilities are small, residential style, self-contained bungalows grouped around a central core that can convert at night to a single unit for efficient supervision. There are indoor and outdoor wandering paths, camouflaged exits and special features such as rummaging cupboards. The program is focused on quality of life and purposeful activities of daily living. Staff training and volunteer support are key components of the facility. The facility has been designed to serve the needs of the most difficult dementia population and the evaluation process will assess the effectiveness of the design, program and staff training on resident behaviour and quality of life.

In 1996, the ASOC selected a site at the Queensway-Carleton Hospital (QCH) and developed a partnership that included a proposal to share some services. The society has been working with the QCH and the surrounding community to plan the site and develop the project. The society hoped to fund the program through the supportive housing policy of the Ministry of Health. A fundraising campaign was initiated in 1997 and discussions with the Ministry began.

Unfortunately, the changes to long term care funding and supportive housing policy made implementing the project as planned impossible. The society determined that building and operating a stand-alone facility was not a realistic alternative. The ASOC then decided, with the concurrence of the QCH, to consider partnering with an existing long term care provider. The society met with the Regional Chair, Chair, Community Services Committee and Commissioner, Homes of the Aged, earlier this year and had discussions with other providers. The ASOC decided that incorporating the project into the Peter D. Clark Centre was the best option to realize the society goal.

The dementia care facility project, as designed, would be attached to the Clark Centre and operate as an integral part of the facility. A Dementia Care Advisory Committee, a sub-committee of the Home Advisory Committee, would be established to develop and monitor research and education programs related to dementia care. The ASOC proposes to fund some of the research and education programs associated with the project.

Historically, the RMOC homes have been leaders in dementia care. Today over seventy percent of the residents in our homes are in dementia care programs. The Clark Centre has been designed to provide state-of-the-art dementia care and the alliance with the ASOC will strengthen the program. It would provide a unique opportunity to work with the society and the broader medical, academic and caregiver communities to evaluate current dementia care programs. It will also provide an opportunity to develop research and education programs, particularly related to the difficult to serve dementia population and plan for future needs.

The department has examined the feasibility of the proposal and believes it will strengthen the RMOC dementia care programs and benefit the community through a focus for dementia care research and education.

FRENCH LANGUAGE SERVICES

The region has made a commitment to the provision of French language long term care services at Centre d'accueil Champlain. The expansion, currently nearing completion, will add 44 beds to serve the francophone community. In addition, the Day Centre program plans an expansion from three to five days a week to meet a growing demand. The centre will provide two days a week for an Alzheimer Day Centre program.

The centre has developed a dementia care program with the support of the Royal Ottawa Hospital, Alzheimer Society and other community agencies. The issue of language of service is particularly important in dementia care because of the cognitive losses and the need for familiar and supportive care environments.

Centre d'accueil Champlain provides placements for students in nursing, social work, recreology and gerontology from three universities and two community colleges and provides placements associated with ageing for students from four high schools. We will build on these partnerships to ensure programs continue to develop in both official languages. The department will seek community input to identify opportunities for additional research and education projects at Centre d'accueil Champlain.

THE REQUEST FOR PROPOSAL (RFP) PROCESS

As a means of selecting the best qualified applicants to develop long term care facility beds across the province, the Ministry of Health has established an RFP process. Proposals will be evaluated by a team consisting of five Ministry of Health staff (i.e., the Evaluation Team) with specific expertise in long term care facility management, structural design, operations and financing. The Evaluation Team will be assisted by three advisors, one each from the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), the Ontario Nursing Homes Association (ONHA), and the Ontario Association of Resident Councils (OARC). The three advisors will have experience in the long term care system and will be expected to provide input based on their practical experience.

Proposals will be scored using a pre-set marking scheme according to the following evaluation criteria; a demonstrated understanding of the relevant legislation and demonstrated ability to develop and operate a long term care facility in keeping with relevant legislation, the Long Term Care Facility Manual and Long Term Care Facility Design Manual, the Residents Bill of Rights and all financial requirements. In addition, past experience in operating long term care or other health-related facilities will be considered. The selection of applicants will be based on a point ranking. A short-list of applicants who score highest will be invited for an interview with the Evaluation Team. The names of applicants will be public and a meeting will be held at which time the public may express opinions and comment. The public may also comment in writing. Applicants will have the opportunity to respond to public comment at the interview. The short-listed applicants will be scored on their interviews based on the clarifying information obtained at interviews and the results of any public comments made regarding them. The proposals will then be ranked from highest score to lowest score.

On completion of the interview process, the selection of the successful applicants will be made based on the highest ranked proposal or proposals. All applicants will be notified of the outcome in writing. Each successful applicant will be required to sign an agreement with the Ministry of Health on notice of the award. The agreement will consist of the conditions of the award, based on the information and commitments made in the applicant's proposal and in the interview.

To qualify for the process, the RMOC must register with the Ministry of Health by June 15, 1998, and submit a fully completed RFP by 12 noon local time, July 31, 1998.

PUBLIC CONSULTATION

Given the timeframe for the submission of the RFP, no comprehensive public consultation has been undertaken. To prepare for the projected growth in demand for dementia care in the next five years, the department proposes that the RMOC organize a Forum on Dementia Care this Fall to determine community priorities for dementia care in Ottawa-Carleton.

FINANCIAL IMPLICATIONS

An analysis of the recent provincial announcements related to operating and capital funding indicates that there would be no additional cost to the region for the operation of the new beds. There would be no additional capital funding requirement beyond that already committed for the replacement of Island Lodge. Should the beds be awarded, a detailed report would be prepared for approval of Committee and Council.

CONCLUSION

The RMOC has considerable experience in the operation of long term care facilities and community support programs. The submission of an RFP to add 90 beds and to expand community support programs would respond to community needs and maintain the RMOC share of facility beds in the region at about 20%. The incorporation of the ASOC dementia care project into the Peter D. Clark Centre would strengthen our dementia care programs, particularly our ability to meet the needs of the difficult to serve dementia population, and provide a unique opportunity to develop dementia care research and education in the region. A Forum on Dementia Care in Ottawa-Carleton is proposed for the Fall which would provide an opportunity for the community to have input into development of priorities for dementia care in the region and assist the department in future program and facility planning.

Approved by:
Garry Armstrong