



HOUSE OF COMMONS
CANADA

**LONG-TERM CARE FOR VETERANS:
THE WEST COAST CRISIS**

**Interim Report of the Standing Committee on
National Defence and Veterans Affairs**

**David Pratt
Chair**

**Colleen Beaumier, M.P.
Chair
Sub-Committee on Veterans Affairs**

June 2002

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THE STANDING COMMITTEE ON NATIONAL DEFENCE AND VETERANS AFFAIRS

has the honour to present its

FIFTH REPORT

In accordance with its mandate under Standing Order 108(2), your Committee established a Sub-Committee on Veterans Affairs who undertook a study on Long-Term Care for Veterans throughout Canada.

Following its visit to facilities in Western Canada providing Long-Term Care to Veterans, the Sub-Committee agreed that it was necessary to table an interim report on the situation in British Columbia.

Your Committee adopted the interim report, which reads as follows:

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LONG-TERM CARE FOR VETERANS: THE WEST COAST CRISIS

Late in 2001, the Sub-Committee on Veterans Affairs undertook a study on Long-Term Care for Veterans throughout Canada with a mandate to report its findings to Parliament. The Sub-Committee has already heard a number of witnesses from veterans groups, the Department of Veterans Affairs, and other interested parties and has visited some of the numerous centres across the country providing long-term care to veterans, including Ste. Anne's Hospital in Ste-Anne-de-Bellevue, Quebec, administered by the Department. During these meetings and visits, we have already identified some issues which greatly concern us, including the question of national standards for long-term care for Veterans and the problems associated with wait-lists for beds. We intend to submit a full report on our findings with a number of recommendations in late autumn 2002.

However, during the Sub-Committee's visit in May 2002 to facilities in Western Canada providing long-term care to Veterans, we became aware of the disturbing situation regarding the future of long-term care for Canada's Veterans developing in the Province of British Columbia. The members of the Sub-Committee unanimously agreed that it was necessary to table in Parliament, as quickly as possible, an interim report both to expose the immediate and potentially devastating challenges faced by long-term care for Veterans in British Columbia, and to make recommendations aimed at improving the situation for both the Veterans currently receiving care and for those waiting to gain access to long-term care beds. While the focus of our interim report is on developments in British Columbia, many of the issues discussed are of national interest and offer lessons that will be discussed in greater detail in our full report.

The situation in B.C. and its implications were brought to our attention during discussions with the staff at The Lodge at Broadmead and Veterans Health Centre in Victoria, and at the George Derby Centre in Burnaby. Until just recently, the primary focus of The Lodge at Broadmead had been to provide multi-level care for both elderly and disabled veterans as well as for seniors from the local community. A new George Derby Centre opened in 1988 as a 300-bed intermediate care facility providing residential care for Canada's veterans. It replaced the George Derby Centre opened in 1947 and transferred to provincial administration in 1974. During our visit, we saw firsthand the very high standard of care provided by these two centres, and the dedication of the people working there was clearly evident.

Operations with regards to the care of veterans at both The Lodge at Broadmead Centre and George Derby Centre, as well as the Brock Farhni Pavilion in Vancouver, are jointly funded by the Government of Canada and the Province of British Columbia. For example, a transfer agreement was signed on January 11, 1996 between the Government of Canada, the Government of British Columbia, and the George Derby Long Term Care Society to update the original 1974 Transfer Agreement. The Agreement

articulates, in part, the spectrum of services provided specifically to the veteran resident population.

However, in April 2002, the Government of British Columbia announced new health care policies and funding formulas that have dramatically changed the mandates of The Lodge at Broadmead Centre, the George Derby Centre, and other health centres in B.C. providing care to veterans and other seniors. As a result of the changes in policies, only veterans unable to move independently, i.e., those at the extended care level, and a few at the Intermediate Care level III, who need assistance with all activities, will now have access to long-term residential care in British Columbia. The Sub-Committee was disturbed to learn that veterans at the Intermediate Care levels I and II and many at the Intermediate Care level III, who were admitted to the George Derby Centre and other centres in the past, will no longer be eligible for admission.

Funding

While restricting the admission criteria for long-term residential care, the Government of British Columbia is also in the process of reducing and redistributing the amount of funding available for long-term care facilities as one of its initiatives to stabilize its over-burdened health care system. British Columbia's system faces a number of challenges because the province has a large and aging population and has been chosen by a number of Canadians as a preferred retirement destination.

Until April, it was the normal practice of the Province to provide, as a minimum, long-term care funding relief to match, at least, the amount equal to the results of the collective agreements awarded to its health care professionals. However, both The Lodge at Broadmead Centre and the George Derby Centre informed the Sub-Committee that, effective April 2002, their annual provincial allotments will be limited to 70% of the amounts recently awarded to health care professionals within the Province. In addition, while the centres admit increasing numbers of elderly veterans with more and more complex health care needs, the associated additional funding for staff and programs has not been forthcoming.

Inadequate funding levels already translate into a deficit of approximately \$500,000 in the operating budget of The Lodge at Broadmead Centre for this fiscal year and an estimated \$1,000,000 deficit in the next fiscal year. Similarly, the George Derby Centre has a projected operating deficit of \$650,000 for this fiscal year.

The management staff at both facilities told the Sub-Committee that a reduction in funding of this magnitude will have a direct impact on their ability to maintain the current levels of quality care offered to the veterans. They were unable to suggest any other workable solution. Furthermore, they emphasized that without immediate financial intervention, these institutions would be facing a crisis that would have a serious impact

on the standard and spectrum of care provided to our veterans at their respective facilities.

It is not within the purview of this Sub-Committee to pass any judgement on the necessity of the changes in provincial health care and funding policies. However, we are concerned about the effects the policy changes will likely have on the quality of long-term care given to Canada's veterans located in British Columbia. We are also preoccupied by the problems many veterans will face now that they are no longer eligible for admission to the George Derby Centre and other centres until they are seriously ill and need extended care. These veterans may require more help from, among other things, the Veterans' Independence Program (VIP) of the Department of Veterans Affairs.

We are increasingly concerned that there are differences in the quality of care provided to Canada's veterans from one region of the country to another and recent developments in British Columbia do not reassure us. We have already noted some troubling differences in the level of care provided in one province compared to another and indeed between facilities within the same province. Since it is the Department of Veterans Affairs which has entered into contracts or agreements with provincial health care facilities to provide priority beds for veterans, it is up to the department to ensure that adequate funding is available to maintain the quality of long-term care at the required level, even when there is a decrease in the funding provided by provincial authorities. We therefore recommend that:

RECOMMENDATION 1

Veterans Affairs Canada immediately provide additional funding to ensure that the quality of long-term care provided to veterans at The Lodge at Broadmead Centre, the George Derby Centre, and other health care centres in British Columbia is not adversely affected by any shortfalls in provincial and other funding.

Management of the Wait-List

The significant changes effective April 15, 2002 made by the B.C. Ministry of Health Services regarding the Residential Long-Term Care Access Policy means that access to residential care is now based exclusively on a client's need and the urgency of the situation. This change in policy is said to reflect current practices in health care services and is supposed to address the overall deficiencies of the previous provincial approach based on chronology, where the date an individual's name is placed on a wait-list governs admission. It also creates a new context that is quite different from the one which existed when the 1996 Transfer Agreement concerning the George Derby Centre and the agreements concerning other centres were negotiated.

The new policy states that as of April 15, 2002, the local health authorities will manage access to residential care beds in their areas and maintain a priority access list of clients approved and awaiting admission to residential care facilities. The authorities are also called upon to implement a standardized assessment process to determine the need and the urgency for residential care when a client requests it. The aim is to ensure that clients with the highest need and urgency have priority access into the first available, appropriate residential care bed.

Under the provincial government's new wait-list policy, a veteran eligible for admission to veterans' priority access bed is to be placed on the regular health authority priority access list, as well as on the veterans' priority access bed wait-list. If a regular bed is available, a veteran can occupy that bed until the individual's name reaches the top of the veterans' priority access bed wait-list. However, there is no guarantee that the available regular bed will be in a facility preferred by the client.

Concerns regarding the impact of the adoption of the new provincial criteria were expressed to the Sub-Committee by Janice Mitchell, the administrator of the George Derby Centre. Her main preoccupation was that many of the applicants who were once considered eligible for admission would no longer be eligible for admission to long-term residential care. Ms. Mitchell's presentation clearly demonstrates that profound changes have occurred and that they are having an immediate impact on both the admission and placement of veterans into appropriate long-term care facilities within the Province of British Columbia.

Even before the changes in provincial policies, there were already concerns about the wait-list for veterans in British Columbia seeking access to long-term care facilities. For example, on October 25, 2001, the Chief Executive Officer at The Lodge at Broadmead Centre, Bruce Goldsmith, told the Select Standing Committee on Health of the province's Legislative Assembly that this facility had "the dubious distinction of having the longest wait-list in British Columbia, and we have the longest wait-list for veterans in Canada."¹ The Lodge at Broadmead Centre's administration informed us that, on May 31, 2002 just in the Greater Victoria area, there were 140 veterans on the wait-list for admission to The Lodge at Broadmead Centre, another 100 in other regional care facilities requesting access to Lodge programs and services, and another 60 on the wait-list for admission to the Veterans Health Centre. We are concerned that so many veterans are on wait-lists for admission to The Lodge at Broadmead Centre and other services.

Given the changes in provincial policies and the number of veterans waiting for access to priority beds, the Sub-Committee believes that Veterans Affairs Canada has too little control over the administration of the "wait-list" which is primarily subject to

¹ British Columbia, Legislative Assembly, Second Session, 37th Parliament, Select Standing Committee on Health, *Report on Proceedings*, October 25, 2001, p. 253.

provincial criteria for both eligibility and placement of veterans in long-term care facilities. We have the impression that the department is simply an observer in the day to day management of the veterans priority access bed wait-list in B.C. facilities with veterans' priority access beds.

While working in accordance with provincial policies, the department must make every effort to ensure that veterans have access to regular beds and veterans' priority access beds when they become available, when there is a need and an urgency for them to have such access. The more restrictive eligibility criteria for admission to George Derby and other centres raises concerns about what veterans will do until their health deteriorates to the point where they will be added to the priority bed wait-list. It is essential to ensure that the management of the wait-list for veterans' priority access beds takes fully into consideration the needs of the veterans. We therefore recommend that:

RECOMMENDATION 2

Veterans Affairs Canada become more involved in the control and management of the wait-list for our veterans seeking access to long-term residential care facilities in British Columbia.

Transfer Agreements

Any modification to level of involvement of Veterans Affairs Canada in the control and management of the wait-list for veterans in any province likely implies changes in the transfer or contractual agreements between the Government of Canada, provincial governments, and individual facilities. Since the 1960s, the federal government has transferred almost all the care facilities for veterans that were administered by the Department of Veterans Affairs to provincial authorities; it ensures continued priority bed access for veterans at these centres by contracts. Only Ste. Anne's Hospital in the Province of Quebec has not been transferred to provincial authorities and continues to be administered by the department.

In the case of the 1996 Transfer Agreement between the federal government, the government of British Columbia, and the administrators of the George Derby Centre, an update of the 1974 Transfer Agreement, it is stated in paragraph 9(2) that the "Provincial Wait-list Management Policy" shall govern the admission of veterans for care. The agreements concerning other B.C. facilities likely have similar provisions. Thus, any changes in the control and management of the wait-list for veterans seeking access to the George Derby Centre may require new negotiations.

However, paragraph 9(4)(a) also states that the province shall undertake to review a veteran's application, determine the level of care required, and ensure that the application is "properly wait-listed in accord with the Department's determination" of eligibility. Furthermore, in the definition of the care provided by the centre, it is stated that

this means a health service consistent with that delivered to a resident of B.C. under the provincial health care system, that is, to meet a multi-level care need which includes intermediate care to meet a Type II health need as those terms are defined in the *Veterans Health Care Regulations*.” According to the Regulations, a Type II health need means “the need of a person for personal care on a continuing basis under the supervision of a health professional, where the person has a functional disability, has reached the apparent limit of recovery and has little need for diagnostic or therapeutic services.”

Nevertheless, according to the George Derby Centre, the Provincial Long Term Care Program now utilizes a risk assessment tool to identify clients requiring admission to residential care which may not adequately address the unique behavioural and emotional problems of some veterans. Thus, even veterans at the Intermediate Care III level may not have access to the care and services provided by the centre.

In short, the context today with regards to access by veterans in B.C. to long-term health care facilities is quite different to the one which existed when the 1996 Transfer Agreement concerning the George Derby Centre and agreements with other B.C. facilities were negotiated. The changes in policies and funding concerning the Provincial Long Term Care Program of British Columbia are having a definite impact on the situation of Veterans in the province, whether they are in a residential care centre or seeking access to one. There are provisions in the Transfer Agreement for the George Derby Centre for a review of the agreement every five years and for amendments with the consent of all parties. Veterans Affairs Canada must take advantage of these opportunities to revisit the 1996 agreement and other agreements with B.C. centres providing health care and other services to veterans to ensure that the latter continue to receive the care and services they should. We therefore recommend that:

RECOMMENDATION 3

Veterans Affairs Canada undertake the renegotiation of the 1996 Transfer Agreement between the Government of Canada, the Government of the Province of British Columbia, and the George Derby Long Term Care Society and of the agreements with other B.C. centres providing long-term health care to veterans, in light of the changes made by the Government of British Columbia in its funding and residential care access policies, effective April 15, 2002.

LIST OF RECOMMENDATIONS

RECOMMENDATION 1

Veterans Affairs Canada immediately provide additional funding to ensure that the quality of long-term care provided to veterans at The Lodge at Broadmead Centre, the George Derby Centre, and other health care centres in British Columbia is not adversely affected by any shortfalls in provincial and other funding.

RECOMMENDATION 2

Veterans Affairs Canada become more involved in the control and management of the wait-list for our veterans seeking access to long-term residential care facilities in British Columbia.

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REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the Committee requests that the government table a comprehensive response to this report. Notwithstanding the 150 days time limit prescribed in Standing Order 109, the Committee requests that this comprehensive response be tabled within 120 days.

A copy of the relevant Minutes of Proceedings (*Meeting no. 60 including this report*) is tabled.

Respectfully submitted,

David Pratt, M.P.
Chair

MINUTES OF PROCEEDINGS

Thursday, June 6, 2002
(Meeting No. 10)

The Sub-Committee on Veterans Affairs of the Standing Committee on National Defence and Veterans Affairs met *in camera* at 9:10 a.m. this day, in Room 307, West Block, the Chair, Colleen Beaumier, presiding.

Members of the Sub-Committee present: Roy Bailey, Colleen Beaumier, Elsie Wayne, Bob Wood.

Acting Member present: Claude Bachand for Louis Plamondon.

In attendance: From the Parliamentary Research Branch of the Library of Parliament: Wolf Koerner and Michel Rossignol, Research Officers.

Pursuant to Standing Order 108(2), the Sub-Committee resumed consideration of its study on Long-Term Care for Veterans.

The Sub-Committee proceeded to the consideration of a draft interim report on Long-Term Care for Veterans: The West Coast Crisis.

It was agreed, — That the Draft Report, as amended, be concurred in as the First Report of the Sub-Committee and that the Chair or her designate be authorized to present it to the Standing Committee on National Defence and Veterans Affairs at the earliest possibility.

It was agreed, — That, pursuant to Standing Order 109, the Sub-Committee recommends that the Standing Committee on National Defence and Veterans Affairs request that the government table a comprehensive response to this report within one hundred and twenty (120) days.

It was agreed, — That the Chair be authorized to make such typographical and editorial changes as may be necessary without changing the substance of the Report.

At 9:20 a.m., the Sub-Committee adjourned to the call of the Chair.

Diane Deschamps
Clerk of the Sub-Committee

Tuesday, June 11, 2002
(Meeting No. 60)

EXTRACT

The Standing Committee on National Defence and Veterans Affairs met *in camera* at 3:30 p.m. this day, in Room 307, West Block, the Chair, David Pratt, presiding.

Members of the Committee present: Claude Bachand, Colleen Beaumier, John O'Reilly, Janko Perić, David Pratt, David Price, Carmen Provenzano, Elsie Wayne, Bob Wood.

Acting Member present: Roy Bailey for Cheryl Gallant.

In attendance: From the Parliamentary Research Branch of the Library of Parliament: Wolf Koerner and Michel Rossignol, Research Officers; Barry Hamilton, Consultant.

The Committee proceeded to consider a report of the Sub-Committee on Veterans Affairs.

Colleen Beaumier presented the First Report (*Long-Term Care for Veterans: The West Coast Crisis*) of the Sub-Committee on Veterans Affairs.

It was agreed, — That the First Report of the Sub-Committee on Veterans Affairs be concurred in as a report of this committee and that the Chair of the Sub-Committee, or her designate, be authorized to present it to the House at the earliest possibility.

It was agreed, — That, pursuant to Standing Order 109, the Committee request from the Government a comprehensive response to this report but that, notwithstanding the one hundred and fifty (150) days time limit prescribed in Standing Order 109, this comprehensive response be tabled within one hundred and twenty (120) days.

It was agreed, — That the Chair be authorized to make such typographical and editorial changes as may be necessary without changing the substance of the Report to the House.

At 4:00 p.m., the Committee adjourned to the call of the Chair.

Diane Deschamps
Clerk of the Committee