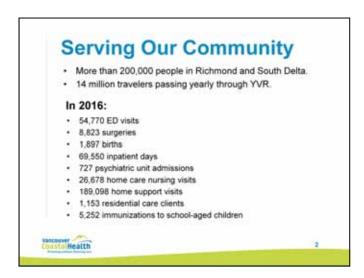
Richmond Community of Care

Your Health. Your Health Care System.

Jennifer MacKenzie Chief Operating Officer – Richmond February 22, 2017





- We are a busy Community of Care, comprising five very different service areas:
 - Population & Family Health
 - Acute Care (Richmond Hospital)
 - Mental Health & Substance Use Services
 - Home & Community Services
 - Residential Care
- The story not told by these facts and figures is how changing demographics will influence our provision of care into the future.



- Richmond is growing and aging.
- Richmond has among the fastest growing senior's population in the province. The 75+ age group will increase by 77% over the next 10 years (vs BC avg of 53%), with a sharp increase occurring in 2021.
- Due to this fact, much of our work through 2016 focused on development of a new Cross-Continuum Seniors' Strategy.
- VCH-Richmond completed an **extensive seniors' community engagement strategy** in English, Mandarin and Cantonese in early 2016. Participants told us that they want to remain in their homes for as long as possible with the appropriate supports.
- Not only is home where they want to be, it's also the best place for them. People feel better, are
 happier and more secure when they are in their own home. And they actually function better in their
 own environment.
- When admitted to hospital, seniors risk:
 - A loss of mobility 10% of muscle mass erodes, within 5 days of hospital stay
 - Hospitalized seniors experience double the decline in memory and cognitive skills compared to those who aren't hospitalized
 - Exposure to infections such as c-diff, MRSA
- In keeping with this demographic shift, work began last year across VCH Richmond to shift services from Acute to Community while increasing supportive resources in the community. The goal of this shift is to keep people at home where they want to be and for longer.
- This is our **Home is Best** philosophy, and we strive to apply it in all cases where it is safe to do so.
- One of the best ways to keep people in their owns homes is to ensure they have access to robust primary care because we know that seniors who have a family doctor -- and who have access to supportive home services -- thrive at home for longer than those without these linkages.



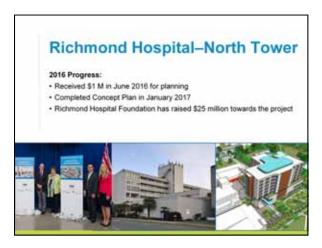
- To strengthen the link between seniors and their GPs, **VCH Richmond** and the **Richmond Division of Family Practice** have been working in partnership over the past year on a projected called the Primary Care Home.
- The **Primary Care Home** is a place where frail seniors can access their GP as well as other healthcare professionals social workers, nurses, pharmacy, occupational and physiotherapy when needed.
- It is estimated that more than 12,000 seniors -- living with moderate to significant health issues in the community -- are supported across Richmond by family, friends and their family doctor.
- Due to increasing levels of frailty, however, many are just a slip, trip or fall away from landing in our ED.
- The **Primary Care Home** model aims to wrap services around this population, shifting the system of senior care away from a reactive, acute-care focus to a proactive, holistic and patent-centred approach.
- Elements of Richmond's first **Primary Care Home** are now in place, with full implementation expected by early 2017.
- First-phase implementation will take place in Steveston, and encompass as many as 500 frail seniors from six local physicians' offices in that neighbourhood.



- VCH Richmond has worked throughout 2016 to grow and improve access to community-based services. I'd like to share a few of these success stories with you now...
- Our **Community Care Clinic** opened in February, quadrupling IV chair capacity and treatment space. Our new clinical space allows us to serve more clients -- with a wider variety of services -- than we can at home.
- Our Adult Day Program (ADP) will also expand in 2017.
- Currently, we can accommodate 25 people in our existing ADP at Kinsmen Care Centre in Central Richmond.
- Later this spring, we'll be able to accommodate as many as 50 people -- across two sites -- in our newly expanded program. This will have the benefit of reducing ADP wait times considerably.
- Most importantly, though, by expanding access to ADP services, we will also be providing welcome respite for caregivers who may be experiencing burnout.
- Our ADP Phase One expansion will take place later this spring in Steveston, at Austin Harris Residence, in a partnership with SUCCESS.
- A second ADP expansion announcement is coming shortly.
- Mental Health and Substance Use services were also expanded in 2016.
- Not only did we double capacity for home-based detox, but we are also opening 5 new community beds to support adults in recovery.
- We're also making changes to our care model at **Richmond Hospital** to ensure that individuals admitted for substance use are quickly and easily connected with the community aftercare services they need.
- 2016 also saw **Transitions**, VCH Richmond's mental health & substance use disorders clinic, become a walk-in, self-referral model. This allows people to meet with a Mental Health central intake clinician the same day they decide they need help.



- Residential Care was also a focus of work in 2016
- Richmond currently has 56 residential care beds per 1000 population aged 75+, which is considerably lower than the notional benchmark of 75 per 1000. The provincial average is 79.
- A recently completed VCH-wide multi-year renewal process will bring 210 net new beds to Richmond by 2020; at South Richmond's Fraserview Lodge and East Richmond's Hamilton Care Centre.
- As these facilities are new builds and they won't be operational until 2019/2020 -- we have purchased, as an interim measure, 75 new beds to see use through the construction period.
- I am pleased to report that the purchase of these interim beds has effectively **reduced current wait times for admission into Residential Care by 50%**. *Note: Individuals assessed as high risk are prioritized and usually placed within days.*
- Hopeful, too, that 2017 brings approval to move on the much-anticipated rebuild of the Richmond Lions
 Manor replacement project. That Business Case is with the Ministry of Health now.



- We celebrated to 50th birthday of Richmond Hospital in February 2016 which means that the North Tower of RH, which houses almost half of our beds and our surgical program, is obsolete.
- The North Tower has a seismic capacity of 17% of current code requirements, posing a safety hazard even at moderate levels of earthquake (moderate = 5.0 5.9 Richter scale).
- The ground floor -- housing all of the surgical suites and virtually all electrical systems -- is below the established flood plain, making it inaccessible in a flood.
- Also:
 - Acute care capacity does not meet current needs of our growing population. Richmond has the lowest number of beds per 1000 population in BC (Richmond= 1.0, Canadian avg= 1.7, BC avg = 1.8; Vancouver = 2.2, Coastal = 1.3)
 - Acute care design and room sizes do not meet current quality standards or best practices for example for infection control and single occupancy rooms
 - The operating room are significantly undersized from current standards.
- In June 2016, we received \$1M to complete a **Concept Plan** for a new acute care tower for Richmond. That concept Plan is now complete and is with the Ministry of Health.
- We remain hopeful that we will receive Ministry approval to begin a Business Plan shortly.
- Our hopes for a construction start on this project were heightened on February 3 with the Richmond Hospital Foundation announcement that it has now raised \$25 million dollars toward the total cost of the North Tower project.
- I expect to be updating the community regularly as this important project progresses.
- I'd like to now take a moment or two to speak to our Continuous Improvement successes...



- Our daily work across VCH Richmond centres upon improving patient care quality.
- VCH Richmond's workplace culture is is filled with passionate, dedicated and engaged staff, physicians and volunteers who work collaboratively to provide evidence-based care of the highest quality.
- The following is only a sampling of some of the ways we improved patient, community and family care in 2015/16:
 - Richmond Mental Health & Substance Use Team has championed new ideas and opportunities to
 include the patient and family in every aspect of care. They were honoured in the spring with an
 Award of Merit in the category of Teamwork and Collaboration in the 2016 VCH People First Awards.
 - For our youngest patients at BC Hospitals, the **BC Women's Provincial Milk Bank** opened a depot here, in Richmond in August, where mom's can donate their excess breast milk to support babies at provincial neonatal intensive care units. It has the **highest** level of breast milk donations across VCH.
 - Other work that garnered surveyor praise included **Pediatric Early Warning system in SSP/ED** and **Code Pink in Maternal Care. Both** were noted as important quality and safety tools.
 - Thanks to support from the Richmond Hospital/Healthcare Auxiliary, we're able to bring **Music**Therapy to more patients who derive benefit from it.
- I'd like to mention one more piece of work that, for clinicians and staff, was a highlight of 2016.
- Every three years VCH facilities are visited by Accreditation Canada surveyors who audit our services and programs. VCH Richmond underwent this week-long process in September. We were assessed on 2,326 standards across all of our services in acute care, community and residential care and we met 97% of them truly outstanding work that our teams are doing everyday.
- Truly, Richmond residents can be confident that when they enter through the doors of any VCH Richmond program or service, they are assured of receiving the best care quality possible.
- I am so very proud of the work done here throughout 2016 and look forward to what will be accomplished in 2017.



- If you'd like to connect with me directly with a Richmond-based question or concern, please do so at any time. I can be reached directly via email, and my address is up on the slide.
- Thank you for your time tonight.

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