

frequently asked questions

September 2014

Hospice/End-of-Life Beds – Comox Valley

The partnership made up of Island Health, The Views (St. Joseph's General Hospital), the Comox Valley Hospice Society, and St Joseph's General Hospital Foundation is committed to keeping the community and our partners informed and up-to-date regarding the plans and progress to open four initial hospice beds in the Comox Valley. This Frequently Asked Questions document is based on questions asked by diverse members of the community (patients, families, facility staff, service and social clubs, elected officials, donors, etc.) during the Spring and Summer of 2014.

This Q&A is a 'working document' that will be updated as new questions are asked and new information becomes available. We welcome questions on further topics that may not be covered below. Please email your questions to Jill.Gerke@viha.ca or terri@comoxhospice.com and we will be happy to respond.

Question:	Answer:
How is care in a hospice bed different than being in the hospital?	<p>Patients may have differing care needs at various stages of end of life, and hospital and community based palliative care services are available to respond to these differing care needs.</p> <p>Hospital-based palliative care patients generally have more complex medical and care needs (e.g. chest tubes and administration of medications in the spinal canal). Their care requires the direct daily involvement of palliative physicians and other hospital-based palliative team members.</p> <p>Patients in community-based hospice beds generally do not need the level of care or intervention that would be provided in hospital. Hospice patients are typically cared for by their primary health care professional, with occasional consultation to a palliative physician or team.</p>
How will people be chosen for admission to the new hospice beds?	Island Health recognizes the need for timely and appropriate admission to hospice beds and the need to make sure that admission processes are effective during a stressful time for patients and their family. For this reason, the admission criteria for the hospice beds are being jointly developed by a clinical (physicians, end of life care specialists) operations committee that has representation from Island Health and the hospice societies.
Are nursing staff levels adjusted to reflect the increased needs of a palliative patient over time?	Yes, ensuring that staffing levels reflect the care needs of palliative patients is extremely important to Island Health. We are in the process of developing a staffing model for residential hospice beds that will include a combination of RN, LPN and care aide staff.

Is there a cost to the patient or family associated with hospice care?	Yes, the cost of hospice care is determined provincially and is standard and the same province-wide. The rate is the equivalent of what would be charged for short-term respite care, which is currently \$31.90/per day.
If a family or patient is experiencing financial hardship what happens?	There is a fee waiver/reduction process available for clients who may not be able to afford the full rate. For more information about the fee waiver/reduction process, please see www.viha.ca/NR/ronlyres/3DD18447-4DBC-4C67-BA38-FF1EB1D254EB/0/faq_on_revised_trr_process.pdf or talk to your care provider.
What is the difference between the services funded and provided by Island Health and the residential care facilities and those funded and delivered by hospice societies?	<p>The funding and delivery of services for the hospice cluster beds will be a partnership between the Government of BC/Island Health, residential care service providers and community hospice societies. These kind of funding and service delivery partnerships are common in many areas of health care and are practiced across Canada. Regardless of who funds or delivers a service, the aim of everyone who provides care is to make sure the care, services and supports are seamless to patients and their families.</p> <p>Broadly, Island Health will provide annual ongoing operational funding (including for additional staffing), and the clinical expertise and processes to support palliative patients. Broadly, hospice societies will be providing clinical and non-clinical supports and the associated funding for these supports to clients and family members. This includes bereavement support and counselling pre- and post-death, caregiver support and education and training to volunteers to support clients and their families. Depending on the community, local hospital foundations and/or local hospice societies may also be fundraising for renovations and other required capital infrastructure improvements, as well as items such as space, furnishings and equipment.</p>
Will funding from Island Health help support care for family caregivers?	The funding that Island Health is providing to double the number of hospice beds by 2020 to 64 beds is assigned for operating costs related to providing care for patients accessing these beds. Island Health works in partnership with community agencies such as community hospice societies that provide services that support family caregivers.
How was the number of hospice beds for each community determined?	Island Health's planning is based on Province of BC population data and projections, as well as access to human and fiscal resources. More detailed information about this process is available in Island Health's End of Life Program Priorities Update (Summer 2014), accessible at http://www.viha.ca/NR/ronlyres/C5CDC971-A3B6-4899-AF88-ECBB1A4601A5/0/ENDOFLIFEPROGRAM_01Aug14_WEB.pdf .
Will the new hospice beds be in addition to current complex care beds?	Yes, the new residential hospice beds will be in addition to the current number of complex (residential) care beds in each community.

How will Island Health collaborate with community hospice societies in the development of these residential hospice beds?	Representatives from community hospice societies are active members of working groups and committees designing the processes and services which will support the residential hospice “clusters.” (A residential hospice cluster is a number of hospice beds located in a defined and common space in a residential care facility.)
Can End of Life beds be used for more than palliative purposes? (e.g. transition from acute care, dementia respite).	Cluster hospice beds located in residential care settings will be intended for hospice care only.
Will the beds come under the medical supervision of the NRGH Palliative Care Unit or be looked after by local GPs?	Island Health’s plan is to develop a model for local physician care in collaboration with the Divisions of Family Practice in each community and Island Health’s End of Life Care Medical Director.
What is the Island Health cost per bed per day for a residential hospice cluster bed?	Based on current planning, the cost of a residential hospice cluster bed is approximately \$394 per bed, per day.
Will the residents currently in The Views be displaced for the hospice bed renovation? Where will they go? How will this move be handled to make sure there is minimal disruption for residents and their families?	In order to carry out the renovations and open the hospice cluster at The Views, it is necessary to reduce the number of resident beds at The Views by a total of eight. This will accommodate the space needed for the more private setting of hospice cluster beds. The eight beds will move to Comox Valley Seniors’ Village. Only residents who want to move to another facility will be considered for a move. As there are residents who have expressed a preference for another facility, we do not anticipate there will be negative impact or disruption to any client who moves.
Will the hospice beds have adequate staffing and programs to ensure they are not just “decorated rooms”? Will there be space for families?	Appreciating the unique needs and experiences of patients and their families at the end of life, the partners involved in delivering care through the new hospice beds (Island Health, St. Joseph’s General Hospital, The Views and the Comox Valley Hospice Society) are working to establish a staffing model and programs and services that support a full continuum of care for patients and their families, including clinical and non-clinical supports. We are committed to designing the hospice cluster with careful consideration to creating an environment that supports both the patient’s and the family’s needs.
When will the hospice beds be available?	We are currently planning for the beds to be open by Spring 2015. This timeline may be adjusted depending on the time needed to complete the required infrastructure upgrades, and ensure appropriate staffing. It is a priority to ensure that the existing residents of The Views are affected as little as possible.



<p>How will the patient and family experience be incorporated in to the space and care planning?</p>	<p>The perspective of patients and family and other key stakeholders such as First Nations is important to the project partners. The leadership of Island Health, The Views and the Comox Valley Hospice Society work closely with patients and families every day, and together have a strong sense of patients' and families' needs and preferences. In addition to this, a focus group involving families with lived experience, First Nations members, immigrant, other cultural groups and other interested stakeholders will take place this fall to seek input that help inform the space and care planning.</p>
<p>Who will oversee patient care and medication requirements on a regular basis?</p>	<p>The care plan, including medication requirements, is developed by the clinical team which consists of physician(s), registered nurses and other health care professionals.</p>
<p>How is the physician's perspective being incorporated in to the planning process?</p>	<p>The perspective of physicians is critically important to the development and long term success of the residential hospice bed clusters. In the case of the Comox Valley, there is physician representation on the Steering Committee as well as various sub-committees. In addition, there is ongoing work with the Comox Valley Division of Family practice to ensure that physicians who practice in the Valley are involved and engaged with the development of the hospice beds. Outreach will occur to solidify and make more consistent the involvement of the Division as the new beds are planned, built and opened.</p>
<p>Why is Comox getting four beds when the community needs six beds?</p>	<p>Island Health has identified a need for six hospice beds in the Comox Valley by 2020, based on BC population projections (BC Stats PEOPLE 2013). The first four beds will open in Comox Valley by Spring 2015, and a further two beds will open in 2018/19, bringing the number of hospice beds in the Comox Valley to a total of six.</p>

