

**THE REPORT OF THE PRESIDENT AND EXECUTIVE DIRECTOR TO
THE CITY CENTRE CARE SOCIETY (CCCS) AGM
On July 10, 2018**

Our caring for 191 residents in three programs (Complex Care, Assisted Living and Addiction Recovery) has improved as a result of increasing staffing levels, continuing education, focusing on making improvements in quality indicators and upgrading both buildings.

Our Programs are recognized as specialized care sites. Our speciality is caring for residents who have experienced poverty, addictions and/or mental health problems. They may have behavioural issues and have lived in the Downtown Eastside. Our theme is “Maximizing the Value of Our Contribution for the Benefit of the Residents”. Our staff use their unique skills and participate in Care Planning meetings to address the specific needs of our residents.

RESIDENTS

Our organization exists in order to care for residents. In order to keep this top of mind we made two symbolic changes this year. First we upgraded our website to include wonderful pictures of residents interacting with staff. Secondly, large portraits of several residents were mounted in our main meeting room.

In Complex Care, our population is younger, more mobile and has a much higher proportion of males than the typical care facility. Our residents are potentially more aggressive and more prone to wander than residents in other care facilities. We have a much higher percentage of smokers who are at risk for burning themselves or burning property. Staff monitor by supervising the smoking areas and resident rooms. Smoking in bed is particularly a high risk activity should a resident fall asleep with a lit cigarette. Smoke detectors have been installed to reduce this risk

All of our programs have residents who are prescribed methadone. In Complex Residential Care, eight residents are currently on methadone and this number has been increasing over time. Methadone reduces withdrawal symptoms in people addicted to heroin or other narcotic drugs without causing the "high" associated with the drug addiction. Methadone is used as a pain reliever and as part of drug addiction detoxification and maintenance programs. Physicians need a special licence to prescribe methadone.

Many residents have very challenging behaviours when they first move into our facilities. Some other facilities have declined admitting these residents due to their challenging behaviour. Thanks to the skill and patience of staff many of these residents become more physically and mentally stable. We have had success trialling residents with challenging behaviour and accepting those that are suitable.

During the year we celebrated with our first resident to turn 100 years old and will celebrate with another resident who has lived at Central City Lodge for 25 years since its opening in 1993.

STAFFING

We applied for and received funding for additional staffing to meet the increasing needs of our residents. During the last four years, Vancouver Coastal Health (VCH) provided funding for Complex Care to hire additional staff. For 2018/19 this additional funding permitted the hiring of another 30 hours of Care Aide service per day starting June 16, 2018. We undertook a major planning exercise to determine how to use the additional hours to best enhance the quality of life of our residents. Managers created new shift routines and schedules as well as hired many more staff. Recruiting is a challenge as there are staff shortages in the health care sector.

With the additional work hours, staff can spend more time addressing individual resident's social and physical needs. Such needs include helping with activities of daily life, assisting in the dining room and participating in outings for the less mobile residents.

Starting April 1, 2018, at Cooper Place we added a daily 4 hour Care Aide shift.

The additional funding from VCH for increased staffing levels has resulted in many benefits. We were able to increase our Case Worker hours in our Addiction Recovery Program (ARP) by 7.5 hours per day 7 days per week. This allowed each resident to have additional time with his Case Worker. Programming was expanded to 7 days per week and was re-distributed throughout the day. Exercise, external presenters and aboriginal components were added to the program. The extra hours allowed the transition of staff from 12 hour to 8 hour work days without the loss of any full time jobs.

Management staff are dealing with a lot of turnover at VCH and are developing new working relationships to best meet the needs of our residents.

One troubling trend is that our health care sector is encountering an aging workforce that is carrying out physically demanding jobs. Some staff have to work beyond 65 years of age and/or work at more than one job in order to survive financially in our very expensive city.

QUALITY INDICATORS

Licensing standards, which are numerous and onerous, are one measure of the quality of our care. We have received good ratings in our two licensed programs – Complex Residential Care and Addiction Recovery. Both programs received the best rating of low risk and no substantiated complaints. VCH has complimented us on our care of residents with challenging mental health and substance use conditions as well as our care for residents with responsive (aggressive) tendencies. VCH conducts site visits to monitor Cooper Place's Assisted Living Program. The last visit resulted in a good rating.

Another measure of the quality of our complex care program is a comparison of current and previous year's ratings as provided by the Senior Advocate. Compared to the previous year we improved in 8 of 18 factors and retained the same rating in five factors. We continue to work on reducing the amount of psycho tropic drugs prescribed to residents and reducing the number of restraints. We were successful in increasing the number of residents receiving physiotherapy, occupational therapy and recreational therapy.

FINANCES

From a financial point of view we also had a successful year by effectively breaking even with an \$883 deficit on a \$12,000,000 worth of revenue. The spreadsheet below shows a summary of our audited “Combined Statement of Operations”.

REVENUE	2018	2017
VCH Grants - Operating	9,045,343	8,593,388
Resident User Fees	2,370,195	2,300,929
Amortization of Deferred Capital Contribution	269,199	274,753
Ministry of Social Development	223,907	264,149
Miscellaneous	50,739	60,706
BC Housing Mortgage Subsidy	51,013	51,013
Interest	63,905	40,018
VCH Accommodation Fee Subsidy	34,572	24,124
Donations	490	1,684
Total Revenue	12,109,363	11,610,764
EXPENSES		
Salaries and Benefits	9,390,090	9,048,203
Building and Property	871,119	764,549
Supplies	782,694	753,906
Amortization	698,828	717,596
Administration	227,040	192,792
Interest on Long Term Debt	14,675	26,288
Replacement Reserve	125,800	105,800
Total Expenses	12,110,246	11,609,134
(DEFICIENCY) EXCESS OF REVENUE OVER EXPENSES	(883)	1,630

Our Society purchased Capital Assets totalling \$49,000. Security upgrades were completed for both Complex Care and ARP. Complex Care purchased a wheelchair washer. The ARP program purchased a heating chamber to kill bed bugs. Cooper Place bought smoke detectors for resident rooms.

Our Society upgraded the organization’s computerized accounting system. After a serious random ware attack, which did not compromise our system, we purchased a new backup system that will allow us to restore our data in the event a virus damages our data.

In order to maintain our two aging buildings in good repair, we hired building consultants for advice on several matters. Consultants prepared reports on parkade drainage, roof repair and elevator replacement at Cooper Place. A report on a repiping project was prepared for Central City Lodge. At Cooper Place, we made major repairs to both the drainage system and, the emergency generator system. Major repairs were made to the air conditioner at Central City Lodge. In 2018/19, we hope to replace our two elevators at Cooper Place.

There are several other finance related items of note. We established reserves for building projects at both Central City Lodge and Cooper Place. Secondly, our Administration costs are relatively low. Thirdly, we are making improvements in our systems for collecting outstanding rent from residents. Finally, our new accountant started this year.

EDUCATION

The quality of our care improves with the increased knowledge and skill that staff acquire from education. Vancouver Coastal Health's (VCH's) educational priorities for all care facilities are courses dealing with dementia care, palliative care, and pain management. We will continue to have staff attend VCH courses on these topics.

Staff attended a variety of in house courses. Some topics were "Trauma Informed Practice" and "Understanding and Managing Personality Disorders". ARP staff attended courses on Non-Violent Intervention Training and Medication Management. Other courses attended by staff were on Conducting Workplace Investigations, Occupational Health and Safety and Labour Relations.

Management have completed training in conducting investigations as a variety of issues can arise. These issues include WorkSafe claims for bullying and harassment and time loss due to mental disability; discrimination claims under the collective agreement and/or human rights code; and resident/family complaints which may involve Licensing or the Patient Care Quality Office. Thanks to the training and our experiences, our investigations are more thorough and timelier. We have adopted the attitude that we learn and improve from each investigation.

Members of the Health and Safety Committee attended a two-day workshop on Health and Safety Committee effectiveness. WorkSafe is focusing on violence prevention and musculoskeletal injuries. We have done a lot of in-house training on violence prevention. Having a younger more mobile and predominantly male resident population increases the risk of a violent incident occurring.

IN CLOSING

We would like to thank our Board, staff and volunteers for their contributions of time and energy to enhance the quality of life of our residents who have very diverse needs. We want to acknowledge that staff face many challenging circumstances and are to be commended for their tolerance and respect for residents. We appreciate that the Management team has initiated many resident centred changes. We would also like to thank Marie Whelan who resigned during the year after providing many years of valuable service as a Board Member on the Finance Committee.

Our Board Members for the past year are:

Linda Ruiz:	Board President	John Hood:	Director
Patricia McDonald:	Vice-President	Michael SoroChan:	Director
Anne Murdock:	Treasurer		

For the future, we will continue to operationalize our theme of "Maximizing the Value of our Contribution for the Benefit of the Residents." We can be proud of our organization's ability to care for residents with very complex needs. We will continue to strive to improve the quality of life for our residents.

Linda Ruiz
President, Board of Directors

Seamus O'Melinn, CHE, CPHR
Executive Director