Veterans Affairs Canada

Anciens Combattants Canada

EVALUATION OF THE LONG-TERM CARE PROGRAM AND THE INTERMEDIATE CARE COMPONENT OF THE VETERANS INDEPENDENCE PROGRAM

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Audit and Evaluation Division

Canada

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EXECUTIVE SUMMARY

Program Profile

Veterans Affairs Canada (VAC) supports the needs of Veterans who require facility-based long-term care through the Long-term Care (LTC) Program and the Intermediate Care component of the Veterans Independence Program (VIP-IC). VAC provides financial support for Veterans who require care in the following settings:

- facilities such as nursing homes and other long-term care facilities with beds that are open to Veterans as well as other provincial residents; and
- facilities with beds designated through contractual arrangements with the province, health authority and/or facility for priority access for World War II and Korean War Veterans.

As of March 31, 2018, VAC was supporting 5,110 Veterans in approximately 1,318 nursing homes and other long-term care facilities across Canada with total expenditures of $237,000,000.

In 2016, the preferred admission beds initiative expedited admission to additional groups of Veterans at some former Veterans hospitals. Between June 2016 and June 2018, 211 Veterans accessed preferred admission beds. The preferred admission beds initiative was implemented as a short term measure while the Department undertook work to update its health care regulations (this work has not been completed).

Evaluation Purpose and Background

The evaluation of LTC and VIP-IC was conducted between March 2018 and October 2018 and covered the period April 1, 2014 to September 30, 2018. In support of developing the scope for the evaluation, a risk/calibration assessment was completed. Based on the risk assessment, as well as the identified need of the program area, the evaluation focused on the preferred admission beds initiative. The preferred admission beds initiative was the most significant change within LTC and VIP-IC since these programs were last evaluated in 2013-14.

Evaluation Findings

VAC continues to meet its responsibility to Veterans through its financial contribution to the cost of long-term care. The evaluation found that the preferred admission beds initiative aligns with the priorities and objectives of the federal government and VAC. The initiative aligns with VAC's strategic outcomes and has provided Veterans with greater access in an expedited manner to long-term care.

The evaluation team determined that the majority of Veterans in preferred admission beds are Canadian Armed Forces Veterans who accessed the program through VAC's frail policy. The evaluation found that there is a continued need for preferred admission beds, however, it also found that bed distribution across the country is uneven and

limited to former VAC hospitals located in urban centres. Preferred admission beds are not available in all provinces.

Performance measures were not developed specifically for the preferred bed initiative, making it difficult to assess the initiative's success. Performance information should be collected and analyzed to inform future direction of the initiative. Clarification of governing authorities for the preferred bed initiative is also required.

In light of VAC's focus on care, compassion, respect, Veteran centric service, and service excellence towards Veterans, the current long-term care strategy must be renewed. To that end, the evaluation recommends that:

Recommendation – It is recommended that the Assistant Deputy Minister, Strategic Policy and Commemoration develop and implement a renewed long-term care strategy that takes into consideration, among other things:

a) Departmental focus on care, compassion, respect; Veteran centric service; and service excellence;
b) Authorities (e.g., regulations, eligibility groups, frail);
c) Changing demographics (e.g., aging CAF Veterans, aging Canadian population, bed requirements);
d) Funding arrangements with stakeholders (provinces, health authorities, and facilities, resource requirements);
e) Data requirements and performance measures; and
f) Agreements currently in place.

1.0 Introduction

Canada's commitment to the care of injured, disabled, and aging Veterans dates back to the First World War. As part of this commitment, Veterans Affairs Canada (VAC) supports the needs of Veterans who require facility-based care. Through the Long-term Care (LTC) Program and the Intermediate Care component of the Veterans Independence Program (VIP-IC) (here after collectively referred to as the "Program") VAC provides financial support for Veterans who require care. This care is provided in provincially licensed regulated or operated health care facilities, most of which provide care to other provincial residents as well as Veterans, including in the following settings:

- facilities such as nursing homes and other long-term care facilities with beds that are open to Veterans as well as other provincial residents; and
- facilities with beds designated through contractual arrangements with the province, health authority and/or facility for priority access for World War II and Korean War Veterans.[1]

The support that VAC provides for Veterans who need long-term care is laid out in the *Veterans Health Care Regulations* (*VHCR*s). Veteran eligibility for long-term care support, as well as the type of long-term care setting, depends on the type and location of military service, income, health care need, and whether or not the need for long-term care is related to a disability from military service.

1.1 Program Overview

Generally speaking, Second World War and Korean War Veterans can access a fixed number of contract beds designated in certain facilities across the country. Factors taken into consideration when determining eligibility include:

- health care need;
- service-related disability;
- income; and
- military service.

VAC contributes up to 100% of the cost of contract beds, depending on the Veteran's eligibility and the facility they access. As of September 30, 2018, VAC had an allocation of 3,309 contract beds at over 156 facilities across Canada.

All other Veterans, such as those who served with Allied armed forces[2], War Veterans who served in Canada only, and Canadian Armed Forces (CAF) Veterans who need

[1] World War II Veterans and Korean War Veterans are known as war service Veterans.

[2] An allied Veteran is any former military member who served with a military force considered an ally to Canada during the Second World War or the Korean War. The Veteran must have lived in Canada prior to enlisting or lived in Canada for 10 years after enlisting. For example, a Canadian born Veteran who served in the British Army during World War II would be considered an Allied Veteran. A British born Veteran who served in the British Army during World War II then moved to Canada after the war would also be considered an Allied Veteran.

care due to service-related disability or frailty[3] may be eligible for financial support for long-term care in community beds. Veterans can access these beds in the same manner as other Canadians and may be placed on a provincial waitlist. See Appendix A for program eligibility groups and group definitions.

As of March 31, 2018, VAC was supporting 5,110 Veterans in approximately 1,318 nursing homes and other long-term care facilities across Canada. Long-term care funding for 2,012 Veterans was issued through VIP-IC while 3,098 Veterans were funded through the LTC Program. Significantly more Veterans resided in community beds than contract beds (3,300 versus 1,810).

A breakdown of VAC expenditures and Program recipients for 2017-18 is detailed in Table 1 below:

Table 1 – 2017-18 LTC and VIP-IC Recipients and Expenditures

Care Setting	Recipients	Expenditures ($M)
Long-term Care (Contract Beds)	1,810	$175.6
Long-term Care (Community Beds)	1,288	$16.8
VIP-IC (Community Beds)	2,012	$44.6
Totals	**5,110**	**$237.0**

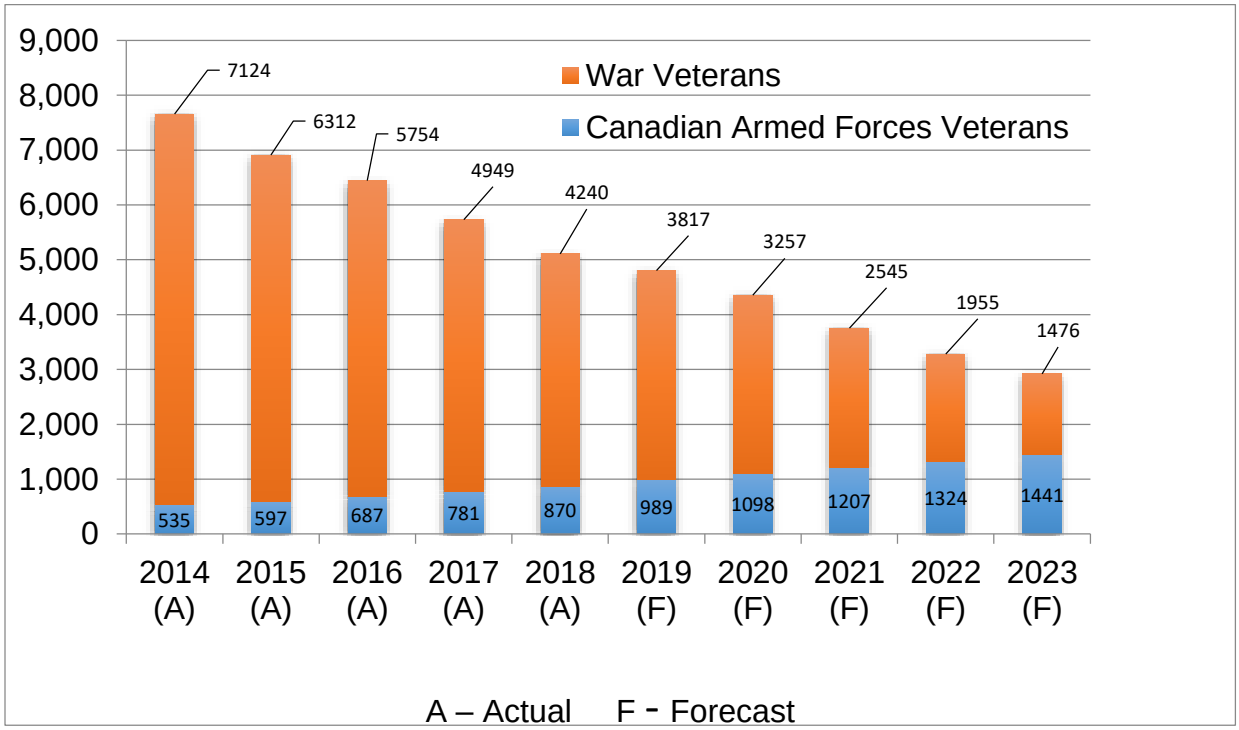
Source: VAC Facts and Figures March 2018.

The number of CAF Veterans receiving support for long-term care is rising as the CAF cohort ages (as of March 2018, 32% of CAF Veterans receiving VAC benefits are over age 70 and 14% are over age 80). However, this is being more than offset by a declining war service long-term care population that is forecasted to decrease by 61% between 2019 and 2023.

As of March 2018, over 99% of war service Veterans receiving any VAC benefit or service were over the age of 80, with 86% being over the age of 90. As Figure 1 shows, by 2022-23 the total number of Veterans in receipt of long-term care benefits is forecasted to decline to approximately 2,900.

[3] Frailty is defined as the occurrence of a critical mass of physical conditions that place an individual at risk for falls, injuries, illnesses or the need for supervision or hospitalization. Frailty also results in a severe and prolonged impairment of function with little or no likelihood of improvement. More information on frailty is contained in VAC's *Frail Pensioner and Award Recipients* policy located at www.veterans.gc.ca.

Figure 1 – Actual and Forecasted LTC and VIP IC Recipients 2014-23



Source: VAC's Statistics Directorate

1.2 Long-term Care in Canada

Interviews with VAC staff and representatives from long-term care facilities indicate that a growing demand for beds is putting pressure on available resources and that provincial waitlists are growing. Research shows that the need for long-term care is rising. A 2017 Conference Board of Canada report on LTC projects a near doubling in the need for long-term care beds as the number of Canadians aged 75+ significantly increases. The report indicates that the 2016 national complement of 255,000 beds must be increased by 199,000 between 2017 and 2035 to meet demand.[4] As Figure 1 above shows, VAC is forecasting an 85% increase in demand by CAF Veterans, which is similar to the increase the Conference Board of Canada is projecting for the broader Canadian population.

Long-term care waitlists in Ontario are a good example of how shifting demographics in Canada are placing high demands on provincial long-term care programs. As of April 2018, 32,835 residents in Ontario were waiting for placement in long-term care facilities, with an average wait time for admission of 158 days. This list has grown from 26,495

[4] Gibbard, Robyn. *Sizing Up the Challenge: Meeting the Demand for Long-Term Care in Canada*. Ottawa: The Conference Board of Canada, 2017

(24%) in 2015, despite increased investment in home care (i.e., aging in place strategies).[5] In some facilities, the wait time for admission far exceeds the average.

1.3 Program Eligibility and Funding

The delivery of long-term care in Canada is a provincial/territorial responsibility. Veterans are assessed by Provincial Health Authority staff and/or VAC nurses to determine if they need long-term care before receiving long-term care financial support.

To be eligible for long-term care financial support from VAC, a Veteran must:

- be assessed as needing long-term care by a health care professional; and
- meet service eligibility requirements.

Long-term care can be assessed through 29 eligibility gateways (when including frailty). See Appendix A for a listing of the eligibility gateways.

Since the Department first began transferring former Veterans hospitals from federal to provincial jurisdiction in the mid-1960s, various funding arrangements have been put in place depending on the province, the facility and bed type as well as the realities of the provincial health care systems at that time.[6] For example:

- in some instances, VAC pays for the full cost of care including facility operating costs;
- in some instances, VAC pays for the care of the Veteran, but not for additional facility operating costs; and
- in some provinces or facilities VAC only pays for enhanced programming for Veterans.

1.4 Preferred Admission Beds Initiative

Prior to June 2016, there was increased demand on the Department to broaden the eligibility to contract beds at former Veterans hospitals. The Department responded by working with provincial partners to reach agreements to re-profile beds that respected existing program eligibilities and allowed expedited access to a broader group of Veterans (including Allied Veterans, Canada Service Veterans and Canadian Armed Forces Veterans) at 18 former Veterans hospitals. This became known as the preferred admission beds initiative. [7]

[5] Budget 2017 confirmed an investment of $11 billion over 10 years to provinces and territories specifically targeted to improve home and community care and mental health and addiction services.

[6] Over the past fifty years, VAC has transferred control of all 18 federal Veterans hospitals to provincial authorities.

[7] Preferred admission beds are sometimes referred to as New Agreement Beds, Specialized Veterans Beds, or VIP Beds.

To date, short-term agreements have been signed with 10 of 18 former Veterans hospitals to re-profile contract beds to preferred admission beds (see Table 2). Negotiations continue with the remaining eight facilities. As Table 2 indicates, most preferred admission bed agreements were initially signed for a two-year period. This was intentional as the preferred admission beds initiative was designed as a short-term measure while the Department completed a review of its health care programs, including the Program's eligibilities. The review, however, was not completed, necessitating the renewal of agreements at several facilities.

Table 2 – Facilities with Preferred Admission Beds as of September 30, 2018

Province	Facility	Contract Length	Initial Bed Allocation	Bed Allocation (as at September 30, 2018)	Number occupied (as at September 30, 2018)
Alberta	Carewest Colonel Belcher	2 year	10	10	10
British Columbia	The Veterans Memorial Lodge at Broadmead	2 year	10	10	12*
New Brunswick	Ridgewood Veterans Wing	2 year	10	15	16*
New Brunswick	Veterans Health Unit	2 year	7	7	6
Nova Scotia	Camp Hill Veterans Memorial Building[8]	2 year	15	25	25
Ontario	Parkwood Institute	2 year	10	20	13
Ontario	Perley and Rideau Veterans' Health Centre	2 year Pilot between the facility and the province of Ontario supported by VAC	25	25	23
Ontario	Sunnybrook Health Sciences Centre	2 year	30	50	54*
Quebec	Maison Paul-Triquet	2 year	15	15	13

[8] Since the completion of the evaluation team's fieldwork, the Minister of Veterans Affairs has announced an expansion of 25 additional preferred admission beds at the Camp Hill Veterans Memorial Building, bringing their allocation to 50 (effective November 2018).

Province	Facility	Contract Length	Initial Bed Allocation	Bed Allocation (as at September 30, 2018)	Number occupied (as at September 30, 2018)
Saskatchewan	Wascana Extended Care/Veterans Program[9]	1 year	5	5	0
Total			**137**	**182**	**172**

Source: VAC's Service Delivery and Program Management Division LTC Contract Bed Report September 30, 2018. Note that occupancy numbers are a snapshot in time and not an indication of demand. Open beds may be a result of natural turn-over duration (e.g. it may take several days for an empty room to be prepared). Also, Veterans could be waiting for a bed in a unit that is better able to meet his or her needs.

* These facilities have provided preferred admission to Veterans in addition to the formal allocated number of preferred admission beds. These Veterans have eligibility for care in a community bed.

2.0 Scope and Methodology

The evaluation was conducted in accordance with VAC's 2017-22 Risk-Based Audit and Evaluation Plan, and in compliance with the directive and standards specified in the Treasury Board of Canada's 2016 *Policy on Results*.

In support of developing the scope for the evaluation, a risk/calibration assessment was completed as informed by preliminary interviews, a document review, and data analysis. Based on the risk assessment results, as well as the identified need by the program area, it was agreed that the evaluation would focus on the preferred admission beds initiative.

The preferred admission beds initiative has been the biggest change within the Program since it was last evaluated in 2013-14.

The time period covered by the evaluation was April 1, 2014 to September 30, 2018.

2.1 Multiple Lines of Evidence

The evaluation was formative[10] in nature, utilizing a research methodology that incorporated multiple lines of evidence to ensure reliability of collected information and reported results. The lines of evidence used to evaluate the preferred admission beds initiative are shown in Table 3.

[9] The contract for preferred admission beds at Wascana was signed in June, 2018. All contract beds at the facility are currently occupied; as vacancies become available, Veterans will be admitted to the facility through the preferred admission beds initiative.

[10] Formative evaluations focus on program improvement. Formative evaluations typically assess program implementation, or specific aspects of a program, and try to understand why a program works or doesn't, and if there are any impacting factors at play.

Table 3 - List of Methodologies

Methodology	Source
Departmental Documentation and Secondary Research Review	The following Departmental documents/information were reviewed to understand the program objectives/intent, its authorities and requirements, complexity, context and any key issue areas: Departmental planning documents, previous audits and evaluations, legislation, regulations, policies, business processes, records of decisions, strategic documents, performance reports, research papers, survey results, and correspondence.
Non-Departmental Document Reviews	Various non-Departmental documents were reviewed such as: program literature from both federal and provincial government Departments/agencies, Parliamentary reports, Budget Speeches, industry research, media documents, and Speeches from the Throne.
Interviews	Forty-nine interviews were conducted with: VAC senior management; VAC staff involved in the management and operations of the LTC Program and VIP-IC; subject matter experts; and administration/staff at select long-term care facilities.
Statistical Analysis	Financial and operational data collected by VAC for fiscal years 2014-15 to 2017-18 was analysed, where available. Client forecasts and demographic data was also analysed.
Site Visits and Observations	Site visits were conducted at five former Veterans hospitals and five VAC Area Offices to speak with staff and long-term care providers. Facility observations were also conducted.
File Review	A file review of 211 Veterans who accessed long-term care through preferred admission beds was conducted to develop a profile of recipients and to provide a secondary line of evidence to corroborate evaluation findings.

Key evaluation issues and questions are contained in Appendix B.

2.2 Limitations and Considerations

The limitations and considerations noted below should be considered when reviewing the evaluation findings:

1. The Program has evolved over the years to accommodate Veterans' needs.
2. Delivery of the Program is complex with numerous eligibilities, models of funding and delivery partners (e.g., provinces and health authorities; not-for-profit; and for profit facilities etc.).

3. Regional, socio-economic, and demographic differences across the country result in diverse provincial long-term care systems and varying levels of demand for long-term care services.
4. Limited program performance measurement information has been collected and monitored since the preferred admission beds initiative was launched in June 2016. The evaluation team conducted a file review and analysed available data to support the evaluations findings and conclusions.

3.0 Findings – Relevance

The Program has remained relatively stable in terms of programming and delivery since the last evaluation in 2013-14. The Department's mandate continues to support the need for the Program as a whole. In line with the results of the evaluation risk assessment and scoping, the remainder of the report will focus on the preferred admission beds initiative.

3.1 Profile of Clients Accessing Preferred Admission Beds

The majority of recipients are Canadian Armed Forces Veterans who accessed the program due to frailty.

Analysis of a file review conducted on Veterans in preferred admission beds indicates that 211 Veterans accessed beds between June 2016 (when the initiative began) and June 1, 2018. The average age of Veterans in preferred admission beds is 86.3 years old (85.6 for men, 91.7 for women) with an age range from 51-102. This is mainly due to a higher percentage of CAF Veterans in preferred admission beds (63%) who are typically younger than war service Veterans (the average age of CAF Veterans receiving long-term care is 82 versus 94 for war service Veterans). For the entirety of the Program, the average age of Veterans in long-term care is approximately 91.

In line with VAC's overall client demographics, Veterans accessing preferred admission beds are predominantly male (187 or 89% men vs. 24 or 11% women). See Table 4 for gender and service type breakdown.

Table 4 – Breakdown of Service by Type and Gender for Veterans who accessed Preferred Admission Beds (June 2016 – June 2018)

Service Type	Total number of Veterans who accessed Preferred Admission Beds	Total Number of Male Veterans	Total Number of Female Veterans
Canadian Armed Forces Service			
Regular Force and Reserved – Released (non-Special Duty Area[11])	89	85	4
Special Duty Area	43	42	1
Total Canadian Armed Forces Service	***132***	***127***	**5**
War service			
World War II	14	10	4
Allied	64	49	15
Korea	1	1	0
Total War Service	***79***	***60***	**19**

Source: Audit and Evaluation Division file review analysis of data provided VAC Statistics Directorate.

As identified previously, there are 29 eligibility criteria through which Veterans can access the Program. The file review indicates Veterans have accessed preferred admission beds through 15 of these eligibility streams, however, the vast majority of Veterans (87%) entered the long-term care under the following criteria (see Table 5).

Table 5 – Veteran Eligibility Streams

Veteran Eligibility Stream	Number of Veterans
Frail	120
Allied	44
Income Qualified (all have Allied Service)	20

Source: Audit and Evaluation Division file review analysis of data provided by VAC Statistics Directorate.

CAF Veterans account for 98% of those who received preferred admission eligibility under VAC's frail policy. Income qualified recipients are exclusively Allied Veterans (8 Korean War Allied Veterans and 12 World War II Allied Veterans).

[11] A special duty area (SDA) is defined as any country or area of the world where Canada participates in peacekeeping operations required because of war, civil conflict, or breakdown of law and order. Over 30 such areas have designed as SDAs since 1949 including Cyprus (1964), Kuwait (1990), and Ethiopia (2000).

3.2 Continued Need for the Program

There is a continued need for preferred admission beds. However, the bed distribution across the country is uneven, limited to former VAC hospitals located in urban centres, and not available in all provinces.

VAC contributes to Veterans' long-term care to ensure their physical, mental, and social needs are being met. The preferred admission beds initiative has allowed expedited access for Veterans at facilities such as Camp Hill Veterans Memorial Building or Sunnybrook Health Sciences Centre which were formerly reserved for World War II and Korean Veterans (100% of the beds in these facilities were contract beds). In addition, preferred admission beds provide Veterans with an alternative to community beds which are often fully occupied and have long waitlists. At locations where there are waitlists, wait times vary from weeks to several years.

Facilities offering preferred admission beds provide Veterans with access to enhanced programming. This enhanced programming stems from the arrangements for contract beds. The evaluation team visited five of the 10 facilities where VAC has agreements for preferred admission beds and observed enhanced programming such as music therapy, woodworking, and horticultural therapy. The team observed that these facilities incorporate a Veteran-friendly approach towards commemoration by providing an atmosphere that incorporates Veterans' art, memorial walls, enhanced remembrance ceremonies, and interaction with current Canadian Armed Forces personnel.

The introduction of preferred admission beds allows a new group of Veterans to receive long-term care services in facilities with other Veterans that have similar shared experiences. Interviews indicate that co-locating Veterans fills a social need and that community is an important aspect of well-being. A Veteran's cultural and social environment is included in VAC's seven interdependent domains of well-being[12].

There are growing waitlists for preferred admission beds at facilities such as Camp Hill Veterans Memorial Building[13], Sunnybrook Health Sciences Centre, and the Perley and Rideau Veterans' Health Centre. Interviews with VAC staff and officials at these facilities suggest that there is a growing demand for preferred admission beds that cannot be met under the current bed allocation. As stated in section 1.4 *Preferred Admission Beds Initiative*, Table 2, multiple facilities sought and received an increase in their preferred admission bed allocation.

[12] Domains of well-being are factors that contribute to a Veterans overall needs. At VAC, the domains include Employment or other meaningful activity, Finances, Health, Life Skills and Preparedness, Social Integration, Housing and Physical Environment, and Cultural and Social Environment. Well-being in one domain is affected by others (e.g., employment can impact finances which can impact housing which can impact health).

[13] As indicated earlier, since the completion of the evaluation team's fieldwork, the Minister of Veterans Affairs has announced an expansion of 25 additional preferred admission beds at the Camp Hill Veterans Memorial Building (effective November 2018). It is anticipated that the waitlist will be reduced significantly, but it may not be fully eliminated.

Officials at the Perley and Rideau Veterans' Health Centre indicated that the wait time for a preferred admission bed has grown to between 2 and 2.5 years (58 Veterans on the waitlist as of June 2018). Camp Hill Veterans Memorial Building had a waitlist of approximately 23-30 Veterans who have been deemed eligible for preferred admission beds.[14] At the same time, the facility has unused contract beds (see Appendix C).

VAC does not have a consistent approach for monitoring preferred admission bed waitlists. In some instances VAC controls and monitors the waitlist, while in other instances the waitlists are controlled by the provincial health authorities. This limits the Department's ability to accurately gauge demand for preferred admission beds across the country and respond to inquiries from Veterans or their families.

Though preferred admission beds appear to be fulfilling a need in the areas they are located, the distribution of beds across the country is uneven, limited to former VAC hospitals located in select urban centres. There are three provinces (Newfoundland and Labrador, Prince Edward Island, and Manitoba) where no formal agreements are in place for preferred admission beds. In addition, Veterans in several large urban centres, such as Vancouver and Montreal, do not have access to preferred admission beds in their community. Negotiations continue in some of these locations for preferred admission beds (e.g., Vancouver). While Veterans always have the option of moving, long-term care facility staff indicated that it is rare that a Veteran will leave his or her province for the purposes of receiving long-term care (though in some cases Veterans will make the move to be closer to family members).

3.3 Alignment with Government Priorities

> The preferred admission beds initiative appears to align with the priorities and objectives of the federal government, as well as VAC. It also aligns with VAC's strategic outcomes.

The evaluation finds that the use of preferred admission beds appears to align with the Government of Canada's priorities as outlined in the 2015 Speech from the Throne which states that "…the Government will do more to help them [Veterans] and their families". Budget 2016 also reiterated the Government's commitment to Veterans, saying "Our veterans have dedicated their lives to the defence of their country. They deserve our gratitude, our respect and our support. We made a solemn promise that they will have it. And we will keep that promise." In addition, a series of announcements were made related to the establishment of preferred admission beds by the then Minister of Veterans Affairs. The Minister stated the Department was "…changing the rules and regulations around this process, as we identified them as being too stringent and too inflexible, to have more veterans get beds in various locations".[15] The preferred

[14] It is expected that the recent addition of 25 preferred admission beds at Camp Hill will significantly reduce wait times.

[15] As mentioned in section *1.4 Preferred Admission Beds Initiative,* the Department has not completed its review of health care programs. As a result, regulations have yet to be changed.

admission beds initiative has allowed expedited access to long-term care beds in former Veteran's hospitals for a new cohort of Veterans, in line with the government's pledge to do more to help and support Veterans.

3.4 Alignment with Federal Roles and Responsibilities

VAC continues to meet its responsibility to Veterans through its financial contribution to the cost of long-term care. However, clarification of governing authorities for the preferred admission beds initiative is warranted.

VAC's mandate to deliver the Program is derived from s. 4 (a) (1) of the *Department of Veterans Affairs Act* which assigns the Minister of Veterans Affairs the powers, duties, and functions to provide for:

> "…the care, treatment or re-establishment in civil life of any person who served in the Canadian Forces or merchant navy or in the naval, army or air forces or merchant navies of Her Majesty, of any person who has otherwise engaged in pursuits relating to war, and of any other person designated by the Governor in Council…"

VAC's responsibility to deliver the Program is further cemented in Sections II, III, and IV of the *VHCR*s, which outline program eligibility, financial support, and appeal rights.

During World War I, the federal government began constructing a series of hospitals for the care of ill and injured Veterans returning from overseas. The care of military matters was considered a federal responsibility under s.91 of the *Constitution Act, 1867*. Over time, the Department has devolved its responsibility to provide direct care for Veterans to the provinces as the provinces assumed a greater role in providing Canadians health care (VAC has transferred ownership of all federal Veteran hospitals to the provinces). Although VAC no longer provides direct long-term care to Veterans, the evaluation finds that the Department continues to meet its responsibility through its financial contribution towards the cost of the Program.

While the evaluation finds that VAC has a mandate to deliver the Program, it is not clear whether authorities extend to the provision of preferred admission beds to those who do not otherwise have access to a contract bed. Current governing authorities (e.g., acts and regulations) do not reference preferred admission beds. Legal advice is currently being sought to determine what authority changes, if any, are required.

4.0 Findings – Performance

4.1 Performance Measurement

The initiative has allowed some Veterans expedited access to long-term care. Performance measures were not developed specifically for the preferred bed initiative, making it difficult to assess success. Performance information should be collected and analyzed to inform future direction of the initiative.

Performance measurement is generally described as the regular measurement of indicators and outputs established to track progress towards achieving the intended outcomes of a program. The preferred admission beds initiative was implemented as a short term measure while the Department reviewed potential updates to its health care regulations (this work has not been completed). As a result, performance measures were not developed for the initiative. A performance information profile is currently in development for the Program as a whole.

With regards to preferred admission beds, data is kept on the number of beds in use on a monthly basis. A snapshot taken September 30, 2018 showed 172 out of 182 preferred admission beds were occupied on that date (95% occupancy). The evaluation team was unable to obtain additional evidence of performance data being regularly collected, reported, or monitored by program management and used to support decisions related to the initiative. Information relating to outputs, outcomes, and expenditures would provide value related to the initiative to inform decision making.

As stated above, formal outcomes were not identified for the preferred admission beds initiative. Planning documents state that the objective of the initiative was to negotiate preferred access for Veterans who are eligible for community beds, but are not eligible for contract beds in former federal Veterans hospitals.

In line with the objective of the initiative, preferred admission beds have provided Veterans with expedited access to long-term care in former Veterans hospitals. As of September 30, 2018 10 agreements for preferred admission beds have been signed and implemented. A further eight are in various stages of negotiations. Preferred admission beds are mostly full and agreements have been renegotiated for additional beds in some facilities. This is evidence of the initiative's success. Growing waitlists are also an indicator of the success of the initiative. However, there remains a complement of contract beds that could be further utilized (see Appendix C).

Interviews with field staff indicated positive views of preferred admission beds. Staff view preferred admission beds as another option for assisting Veterans who need long-term care. VAC staff and facility staff indicated positive feedback from families and Veterans on the Veterans' placement in these facilities. However, some interviewees questioned the use of the frail policy as the eligibility gateway to a preferred admission

bed when there does not appear to be a link between the need for a bed and the Veterans service related disability.

4.2 Long-term Care Strategy

The current long-term care strategy must be renewed in light of the Department's focus on Care, Compassion, Respect, Veteran Centric Service, and Service Excellence towards Veterans.

Interviews with VAC staff and long-term care stakeholders point to a growing need for VAC to reconsider its current long-term care strategy. Representatives from long-term care facilities indicated that there is a desire to expand the preferred admission beds initiative as the number of Veterans in contract beds continues to decline (see Section 1 *Introduction*, Figure 1) and the demand for preferred admission beds continues to grow. Also, the evaluation team heard of the need for longer term planning to better allow facilities to make their own operating plans (uncertainty leads to challenges related to staffing, occupancy, overhead, financial planning, etc.). This is especially relevant for facilities in which VAC pays the full operating costs irrespective of the number of beds occupied and the province is not using the excess capacity for their citizens.

VAC's long-term care strategy has evolved since a 2008 central agency decision to decommission 300 contract beds by March 31, 2012, in anticipation of contract bed utilization declining in future years[16]. A 2012 LTC strategy document stated its purpose was:

> "…to position the Department to implement a per diem approach to funding care for Veterans in certain facilities with contract beds. It does not envision any changes with respect to the nature or scope of current eligibilities as set out in the *Veterans Health Care Regulations*. More specifically, expanding Veterans' access to long-term care does not form part of this discussion".

The strategy was developed during a period of strategic operating review and fiscal constraint and was aimed at cost control and containment. In recent years, the Department's long-term care strategic direction has been to work bilaterally with provinces, health authorities and facilities to:

- monitor occupancy of contract beds and identify expected vacancies;
- release contract beds when there are ongoing vacancies and no waitlists; and
- alter funding to a per diem approach or re-align annual budgets based on occupancy.

[16] In addition to the 300 contract bed reduction directed by central agencies in 2008 (implemented by March 31, 2012), the Department has reduced the contract bed allocation by a further 241 beds.

The strategy does not fully take into consideration the Department's focus on Care, Compassion, Respect, Veteran Centric Service[17], and Service Excellence towards Veterans. Other factors that need to be considered include:

- VAC is not utilizing its full complement of contract beds;
- there are waitlists for preferred admission beds at most facilities;
- some facilities are seeking to expand their preferred admission complement beyond the agreed allocation;
- contract beds are, on average, significantly more expensive than community beds (see Appendix D). In addition, provincial subsidies for long-term care beds vary between provinces (e.g., VAC pays the full cost of beds in Nova Scotia and Prince Edward Island while in British Columbia VAC pays for enhanced programming only);
- changing Veteran demographics;
- complex eligibilities; and
- the impact of preferred admission beds on the sustainability of the Program has not been determined.

Recommendation – It is recommended that the Assistant Deputy Minister, Strategic Policy and Commemoration develop and implement a renewed long-term care strategy that takes into consideration, among other things:

a) Departmental focus on care, compassion, respect; Veteran centric service; and service excellence;
b) Authorities (e.g., regulations, eligibility groups, frail)
c) Changing demographics (e.g., aging CAF Veterans, aging Canadian population, bed requirements);
d) Funding arrangements with stakeholders (provinces, health authorities, and facilities, resource requirements);
e) Data requirements and performance measures; and
f) Agreements currently in place (e.g., contract beds, preferred admission beds).

Management Response:

Management agrees with this recommendation.

[17] Veteran Centric is a philosophy of focusing on Veterans in every aspect of the Department's operations.

Management Action Plan:

Corrective Action to be taken	Office of Primary Interest (OPI)	Target Completion Date
To develop a renewed long-term care strategy for Veterans that takes into consideration, among other things: a) Changing demographics of Veterans and their future needs; b) Future projections for expenditures and demand; c) Mandate, authorities, and existing agreements; and, d) Federal/Provincial/Territorial responsibilities.	Director General, Policy and Research Division	December 2019

4.3 Unintended Impacts

The evaluation team noted several unintended impacts surrounding the preferred admission beds initiative, as outlined below:

- The rate of uptake for preferred admission beds has resulted in expanded bed allocations. As previously mentioned, there are waitlists for preferred admission beds at most facilities.

- Veterans' coverage of extended health care benefits varies when in a preferred admission bed and may not be the same as other Veterans in contract beds. This has led to some confusion for facility staff who are dealing with new rules surrounding the benefits VAC will approve. For example, Veterans in contract beds have full coverage for special equipment such as wheelchairs, vision care, and dental care while some Veterans in preferred admission beds may not.

- Veterans do not have equal access to preferred admission beds across the country as preferred admission agreements are only in place in 10 locations. There is opportunity to have preferred admission beds at all locations in which VAC has contract beds. Staff indicated families are asking why their family member cannot access beds in facilities with empty contract beds.

- Preferred admission beds have added complexity for staff to an already complex program (e.g., eligibilities, systems and processes, funding, federal/provincial responsibilities and waitlists).

5.0 Conclusion

VAC continues to meet its responsibility to Veterans through its financial contribution to the cost of long-term care, including contract beds, community beds, and preferred admission beds. The preferred admission beds initiative appears to align with the priorities and objectives of the federal government, as well as VAC, and with the strategic outcomes identified by the Department. The majority of recipients of preferred admission beds are Canadian Armed Forces Veterans who accessed the program due to frailty.

There is a continued need for preferred admission beds, as evidenced by the demand for the beds and waitlists at several facilities. However, the bed distribution across the country is uneven, limited to former VAC hospitals located in urban centres, and not available in all provinces. Although the preferred admission beds initiative was intended as a short term measure, the initiative is already in its third year. Minimal performance measurement data is being collected, and there is a lack of clarity surrounding authorities. No decisions have been made as to whether the initiative will be continued, modified, or ended.

The current long-term care strategy must be renewed in light of Department's focus on Care, Compassion, Respect, Veteran Centric Service, and Service Excellence towards Veterans.

Appendix A – Groups of Veterans with Eligibility for the LTC Program and/or VIP-IC

Client Groups	Definition of Client Groups
Allied Veteran The provisions of the *Veterans Health Care Regulations* (*VHCRs*) recognize various types of Allied Veterans depending on when and where the Veteran served, whether the Veteran was domiciled in Canada prior to or after serving in the Allied Force, and whether the Veteran is entitled to a disability pension.	a) Allied Veteran – Pre-War Domicile (World War II) 1945 b) Grandfathered Allied Veteran – Post-War Domicile (World War II) 1995 c) Allied Veteran – Pre-War Domicile (Korean War) 2010 d) Allied Veteran – Post-War Domicile (World War II) 2010 e) Allied Veteran – Post-War Domicile (Korean War) 2010 f) Allied Veteran – Post-War Domicile (World War II) Post 2003 g) Supplementary Pensioner – Pre-War Domicile (World War II – UK Forces) h) Supplementary Pensioner – Pre-War Domicile (World War II – Commonwealth and other Allied Forces)
Canada Service Veterans (CSV):	Full-time active service, other than service in a theatre of actual war, as a member of the naval, army or air forces of Canada or similar forces established in Newfoundland and Labrador, or a Canadian Merchant Mariner other than a Merchant Navy Veteran, who: o served for a minimum of 365 days during the period beginning on September 1, 1939 and ending on August 15, 1945 (See the guide to determining service time in Annex A, part B); o is 65 years of age or more; and o satisfies the income requirement of an income-qualified Veteran (see the guide to calculating income in Annex A, part C). The War Veterans Allowance income factor and income calculation for determining if a Canada Service Veteran is income-qualified is not to be misconstrued as establishing eligibility for War Veterans Allowance.
Civilians	Civilian means a person who meets the service requirements described in subsection 56(1) of the *Civilian War-related Benefits Act*.
Civilian Pensioner	Civilian pensioner means a person who is entitled to a pension under (a) Parts I to III or VI to X of the *Civilian War-related Benefits Act*, or (b) the Civilian Government Employees (War) Compensation Order, namely: • Canadian Saltwater Fishers; • Auxiliary Services Personnel; • Newfoundland Overseas Forestry Unit; • Corps of (Civilian) Canadian Firefighters for service in the United Kingdom; • Air Raid Precautions Workers; • Voluntary Aid Detachment (World War I or II); • Overseas Welfare Workers (World War II or Korea); or, • Ferry Command.
Medium Disabled Civilian Pensioner	See Civilian Pensioner.
Seriously Disabled Civilian Pensioner	See Civilian Pensioner.
Income Qualified Civilian	Income-qualified civilian means a civilian who is in receipt of an allowance under subsection 57(1) of the *Civilian War-related Benefits Act* or in respect of whom a determination has been made that the civilian would be eligible for such an allowance if the civilian or their spouse or common-law partner were not in receipt of, or eligible to receive, payments under the *Old Age Security Act* or similar legislation of another country.
Overseas Service Civilian	Overseas service civilian means a civilian described in paragraph (e), (f), (g), (h) or (i) of the definition civilian in subsection 56(1) of the *Civilian War-related Benefits Act*.
Income Qualified Overseas Service Civilian	Income-qualified overseas service civilian means an overseas service civilian who is an income-qualified civilian.
Dual Services Veteran	Not applicable as no longer any living First World War Veterans in Canada.
Military Service Pensioner	Military service pensioner means a former member or reserve force member who is entitled to a pension under the *Pension Act* for a disability related to military service that was not: (a) active service in World War I or World War II, (b) service in a theatre of operations, as that expression is defined in section 2 of the *Veterans Benefit Act*, or (c) special duty service, as defined in subsection 3(1) of the *Pension Act.*
Client Groups	**Definition of Client Groups**

Former Member Entitled to a Disability Award	Entitled to a disability award in relation to a member or former member, means a member or former member who: (a) has received a disability award under subsection 45(1) or 47(1) of the *Veterans Well-being Act*, (b) is waiting for the Minister to determine that their disability has stabilized pursuant to section 53 of that *Act*, or (c) but for subsection 54(1) of that *Act*, would have received a disability award under subsection 45(1) or 47(1) of that *Act.*
Former Member entitled to a Disability Award in respect of Special Duty Service	Entitled to a disability award in respect of special duty service in relation to a member or former member, means that the injury or disease, or aggravation thereof, for which the member or former member is entitled to a disability award, was attributable to or was incurred during special duty service as that term is defined in subsection 2(1) of the *Veterans Well-being Act*.
Detention Benefit Recipient	A former member or a reserve force member who has received a detention benefit under Part 3 of the *Veterans Well-being Act*.
Special Duty Service Pensioner	Means a former member or reserve force member who is entitled to a pension under the *Pension Act* for a disability attributable to or incurred during special duty service, as defined in subsection 3(1) of that *Act*.
Overseas Service Veteran	**Overseas service veteran means** (a) in respect of Parts I and III, a veteran referred to in any of paragraphs (a) to (g) of the definition veteran who, before April 1, 1946, served during World War I or World War II, (i) in a theatre of actual war, as that expression is defined in subsection 37(8) of the *War Veterans Allowance Act*, or (ii) as a merchant navy veteran of World War I or World War II within the meaning of subsection 37(7.3) of that *Act*, (b) in respect of Part II, a veteran referred to in any of paragraphs (a) to (g) of the definition veteran who served during World War I or World War II as defined in subsection 37(10) of that *Act*: (i) in a theatre of actual war, as that expression is defined in subsection 37(8) of that *Act*, or (ii) as a merchant navy veteran of World War I or World War II within the meaning of subsection 37(7.3) of that *Act*, (c) a veteran who: (i) was on service in a theatre of operations, as that expression is defined in section 2 of *the Veterans Benefit Act*, as a member of the Canadian Forces, including the special force, or (ii) served as a Canadian merchant navy veteran of the Korean War, within the meaning of subsection 37(7.4) of the *War Veterans Allowance Act*, or (d) an allied veteran described in paragraphs 37(4)(c.1) and (d.1) or subsection 37(4.2) of the *War Veterans Allowance Act*.
Prisoner of War	A prisoner of war who is entitled to basic compensation under subsection 71.2(1) of the *Pension Act*,
Income Qualified Veteran	Income-qualified veteran means a veteran referred to in any of paragraphs (a) to (g) of the definition veteran who is in receipt of an allowance under the *War Veterans Allowance Act* or in respect of whom a determination has been made that the veteran would be eligible for such an allowance if the veteran or their spouse or common-law partner were not in receipt of, or eligible to receive, payments under the *Old Age Security Act* or similar legislation of another country.
Veteran Pensioner	A Veteran pensioner means a veteran referred to in any of paragraphs (a) to (g) of the definition veteran who is entitled to a pension for a war-related pensioned condition.
Seriously Disabled Veteran Pensioner	Seriously disabled, in relation to a client, means that the client's extent of disability, in respect of the aggregate of all of the client's disability assessments under the *Pension Act* and the *Veterans Well-being Act*, is equal to or greater than 78%.
"Medium Disabled Veteran Pensioner" (term does not appear term in VHCRs but placed here for clarity)	A veteran pensioner or a civilian pensioner if the extent of their disability in respect of the aggregate of all of their disability assessments under the *Pension Act* and the *Veterans Well-being Act* is equal to or greater than 48%.
Frailty	Frailty is defined as the occurrence of a critical mass of physical conditions that place an individual at risk for falls, injuries, illnesses or the need for supervision or hospitalization. Frailty also results in a severe and prolonged impairment of function with little or no likelihood of improvement. Combined with a service related disability, frailty provides and additional gateway into long-term care. More information on frailty is contained in VAC's *Frail Pensioner and Award Recipients* policy located at www.veterans.gc.ca.

Appendix B – Evaluation Matrix

Issues / Questions	Indicators	Collection Methods	Data Sources
Relevance			
1. What need is the preferred admission beds initiative addressing?	Needs of targets group(s) Needs the initiative targets Extent to which program has evolved to meet new/changing needs Extent to which clients are utilizing, or may be eligible for other long-term care programs or services.	Document Reviewed Interviews / Observations File Review Data Analysis	Legislation, policies, processes Program documents VAC staff Provincial and facility staff Veteran files Statistical and program data
2. What is the federal government's role and mandate to deliver this initiative?	VAC's mandate and responsibilities are clearly defined and appropriately applied Program is appropriately linked to federal government regarding role and mandate in delivering long-term care to Veterans	Document Review Interviews	Legislation, policies, processes Program documents Parliamentary documents Central agency documents
Performance			
3. Are appropriate tools and measures in place to assess performance of the initiative?	Performance targets are clearly defined, measurable and appropriate Performance data is being consistently collected and utilized	Document Review Interviews Data Analysis	Statistics Directorate Program Management
4. To what extent is the initiative project achieving its outcomes?	Level of outcome achievement (short-term, medium term)	Data Analysis Interviews	Statistics Directorate Program Management
5. Are there any unintended impacts (positive or negative) that have occurred?	Positive and/or negative outcomes realized from the initiative Measures in place to mitigate unintended outcomes	Interviews Data Analysis	Program data VAC staff Provincial and facility staff
6. Are there alternatives or modifications to the initiative that would help achieve the outcomes?	Potential modifications to the initiative Potential alternatives models to the initiative	Document Review Interviews	Program documents VAC staff Provincial and facility staff

Appendix C – Bed Allocation and Utilization at Facilities that have Preferred Admission Beds

Facility	VAC Bed Allocation	Contract Beds Occupied	Preferred Admission Beds Occupied	Remaining Allocation
Carewest Colonel Belcher	135	81	10	44
The Veterans Memorial Lodge at Broadmead	115	79	12*	24
Ridgewood Veterans Wing	80	34	16**	30
Veterans Health Unit	47	34	6	7
Camp Hill Veterans Memorial Building	175	102	25***	48
Parkwood Institute	141	105	13	23
Perley and Rideau Veterans' Health Centre	230	187	23	20
Sunnybrook Health Sciences Centre	474	376	54****	44
Maison Paul-Triquet	61	28	13	20
Wascana Rehabilitation Centre	33	32	0	1

Note 1: As per LTC Contract Bed Report September 30, 2018. Occupancy numbers are a snapshot in time.

Note 2: Preferred Admission beds are made available from the existing number of allocated contract beds for Veterans who are otherwise not eligible for a contract bed. Contract beds not being used by Veterans may be used by the facility, health authority, and/or province for the care of other provincial residents at no additional cost to Veterans Affairs.

*The preferred admission agreement with Broadmead allows for 10 Veterans. Currently, there are 12 Veterans residing at Broadmead who are eligible for care in a community bed and who have been provided preferred admission.

** The preferred admission agreement with Ridgewood allows for 15 Veterans. Currently, there are 16 Veterans residing at Ridgewood who are eligible for care in a community bed and who have been provided preferred admission.

*** Since the completion of the evaluation team's fieldwork, the Minister of Veterans Affairs has announced an expansion of 25 additional preferred admission beds at the Camp Hill Veterans Memorial Building (effective November 2018). The number of preferred admission beds filled is expected to increase and the number of unused beds at the facility is expected decrease significantly in the near future as Veterans from the waitlist are admitted.

**** The preferred admission agreement with Sunnybrook allows for 50 Veterans. Currently, there are 54 Veterans residing at Sunnybrook who are eligible for care in a community bed and who have been provided preferred admission.

Appendix D – Average Bed Cost by Province and Type (2017-18)

Province	Community	Contract
Newfoundland and Labrador	$27,914	$224,271
Prince Edward Island	$68,837	Not Applicable
Nova Scotia	$76,541	$175,635
New Brunswick	$27,052	$139,454
Quebec	$13,822	$67,867
Ontario	$10,894	$91,444
Manitoba	$10,429	$19,812
Saskatchewan	$ 9,688	$118,996
Alberta	$11,779	$21,445
British Columbia	$17,618	$32,191

Source: VAC's Statistics Directorate