

Residential Care and Assisted Living Capacity Initiative Request for Proposals Number: P4-RFP-074

Question & Answer Document

Issued: March 10, 2006

1. **“Residential Staffing” Tab RFP Pro Forma**

Column L references “worked hours per week” and Column M references “work week hours”. Please define the difference.

Worked Hours per Week is the number of hours an employee(s) is(are) paid for (excludes unpaid breaks).

Work Week Hours is the number of paid hours an employee would work in the week if they were full-time (excludes unpaid breaks).

Worked Hours per day per bed is Worked Hours per Week / 7 / total number of beds

For example: Two employees work part-time, Monday to Wednesday, 7:00 am to 3:00 pm (8 hour shifts consisting of one 30 minute unpaid meal break and two 15 minute paid breaks). A full-time person in the same occupation would work 37.5 hours per week.

Worked hours per week:	45.0
Work week (hours):	37.5
Worked Hours per day per bed	0.13
Annual FTE:	1.2

Please note that the formula for “Annual FTE” in the Excel spreadsheet provided is incorrect. It should be: $(L16*52)/(M16*52)$.

Please note that the formula for “Worked Hours per Day per Bed” in the Excel spreadsheet provided is incorrect. It should be: $L12/7/\$G\6 .

2. **Parksville Site**

Will this site need to be re-zoned?

Please contact the city of Parksville for zoning details.

3. Value Added Services

At the Proponents' Meeting questions were raised about the specialized services mentioned in the documents as "value added" services to be considered when developing proposals. The following provides a definition of the services and any design considerations for the space.

Residential Hospices

A "residential hospice" offers end-of-life services to individuals who are identified as palliative, and for whom end-of-life care at home is no longer an option. When pain and symptoms and/or psychosocial, spiritual, cultural and other contextual factors are no longer manageable on an ongoing basis at home, and the level of care required is NOT acute care, "residential hospices" can provide a home-like setting of care for clients and families who wish to move there with the intent of staying until end-of-life. The end-of-life services are supported by baseline residential care staffing with enhancements in Social Work, Nursing and may include additional services in Grief Counselling.

Design Considerations: "Residential hospices" should be based on the Multilevel Care Guidelines, recognizing the additional space requirements in resident rooms to allow for family who may wish to spend the night and/or stay with their loved one. Additional common space should include a "quiet room" which would allow families space for grieving.

Adult Day Programs

Adult Day Programs (Centres) provide a range of services to meet the needs of community-dwelling seniors, and may include programs/services such as: a hot meal program; a bathing program; social programs; a Fall Prevention program; and programming designed to maintain physical and cognitive abilities. Best practice programming meeting the needs of individuals with moderate-to-severe dementia, and individuals who are nearing complex care status.

Design Considerations: Multilevel Care Guidelines should be considered. Additional consideration needs to be given to ensure safety measures to meet the needs of individuals with cognitive impairments and significant supports for physical needs.

Specialized Housing for Clients with Acquired Brain Injury ("ABI")

Design Considerations: Clients would be better cared for in smaller environments (4-6 people maximum). Clients will have severe ABI with functional deficits which require 24-hour supervision/support. Would require assistance with mobility, dressing, feeding (not all clients), and medication management. This client group is often young and still needs social contact with the community and may require periodic occupational therapy to retain functional ability. May be psychiatrically disabled with one or more behaviour problems and have pre-injury history of behaviour that might be described as dysfunctional. Sometimes have a drug and/or alcohol addition. People with an ABI may lack insight regarding their injury and its deficits; may have short attention/retention span; important to understand that memory problems cannot be cured with repetition. May be slow to respond and need time to do so. Often need "cueing" to carry out tasks. May have difficulty planning and organizing; steps need to be broken down; often cannot multitask. Fatigue and cognitive fatigue may be recognized in care planning. Can be socially inappropriate and need frequent, clear, simple explanations for why their behaviour is not appropriate. Irritability and anger management may be an issue; people with an ABI have a low tolerance for frustration and can be impulsive. Often family does not maintain connection. Care staff will need to understand the unique needs of this population,

including the compensatory strategies that can be put in place to help clients live with their disability.

4. **Appendix A, D.4 “Dwelling Unit Features”**

In this section there is a reference to “cooking facilities”. Can you please provide further details regarding this term.

Under this section, "cooking facilities" are noted as a "Desirable" item. A cooking facility may consist of a stove, cooktop or microwave in any combination. Each proposal will be measured upon the Proponent's ability to meet the Mandatory requirements and also the number of Desirable items provided within the proposal.

5. **Site Information**

All available information on both the Victoria (Selkirk) and Parksville sites has been posted on the websites.