Cowichan Valley Residential Care RFP 844

Request for Proposals

RFP Number: 844
Issue Date: July 22, 2016
Closing Date and Time: September 30, 2016, at 14:00:00 PST

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Closing Location: Vancouver Island Health Authority
Attention: Michael Zary
Contract Policy & Standards
Receiving Area – Nanaimo Regional General Hospital
1200 Dufferin Crescent
Nanaimo, BC V9S 2B7

Introduction

The purpose of this RFP is to solicit Proposals through a competitive selection process ("Competitive Selection Process") to enter into Agreements for the development of beds that would be suitable for Residential Care ideally in a Community of Care model and provided from a facility or facilities ("Facility" or "Facilities").

A Community of Care model typically includes a number of choices for community living such as assisted living units and complex care beds. It typically provides a continuum of integrated residential and community programs on one site, or in immediate proximity, and the opportunity for other aligned services that result in an integrated, comprehensive and cost effective array of services.

The Vancouver Island Health Authority ("VIHA") has established the following objectives for this RFP:

- Increased access (increased number of beds) to appropriate residential care defined as:
  - Increased number of beds meeting complex care standards;
- Development of Communities of Care;

- A high level of quality in Facility Design including the incorporation of safety features, evidence based design features, and the use of wood (Wood First policy); and
- Expansion potential (the ability to meet future capacity needs).

VIHA reserves the right to choose a combination of proposals that provide best value to VIHA and may identify more than one Preferred Proponent and may negotiate with and conclude agreements with more than one Proponent.

VIHA's objectives include: diversity of approaches to delivery of services, collaboration, and innovation. VIHA intends to select service providers that foster and contribute to the advancement of those objectives.

It is VIHA's view that diversity of service providers in a community facilitates the advancement of VIHA's objectives

VIHA intends to evaluate respondents in part based on the approaches to fostering and advancing VIHA's objectives as outlined in this RFP.

Proponents are solely responsible for checking the website www.bcbid.ca for Addenda to this RFP that may be issued from time to time.

The development of any new project and the expansion/upgrading of any existing facility will only proceed with approval from both VIHA and the Province's decision making bodies.

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1. Project Overview

1.1. Overview of VIHA

VIHA is one of the five regional health authorities in British Columbia. It provides a full range of health care services to over 760,000 people living on Vancouver Island, the Gulf and Discovery Islands and the portion of the lower mainland located adjacent to the Mt. Waddington and Campbell River areas. Facility and community-based services are provided as well as public health services, which include education and prevention.

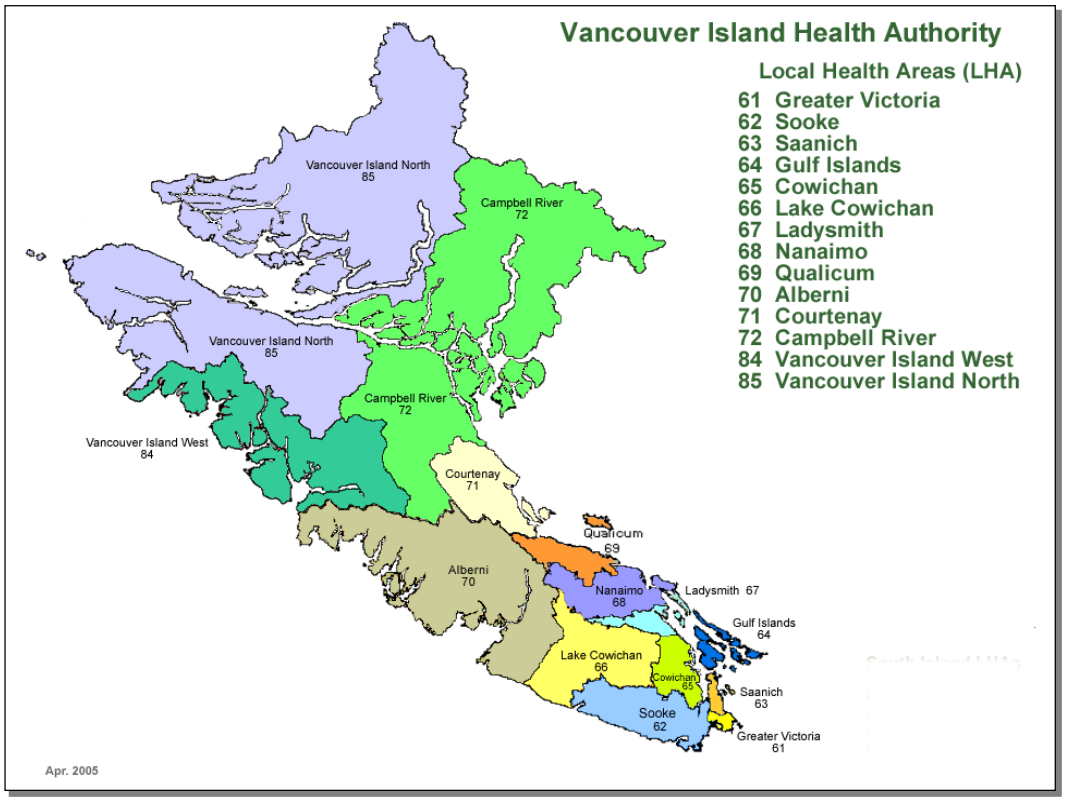

Figure 1 – VIHA Local Health Areas

The population served by VIHA includes a fast growing concentration of people over the age of 75. In comparison to the province's 6.4% of the population being 75 years and older, VIHA's population for the same demographic is about 8.6%. The percentage of the population older than 85 years is also higher for VIHA at 2.2% compared to the province's 1.6%.

1.2. VIHA's Strategic Direction

VIHA is transforming the Island's health system to better meet the needs of the people we serve and support our vision of "Excellent health and care for everyone, everywhere, every time." In alignment with the Ministry of Health's strategic plan for BC's health

system and its strategic and operational priorities for the delivery of health services, Vancouver Island Health Authority is committed to:

- supporting the health and wellbeing of our residents, and
- delivering responsive and effective health care services.

Residential Care is the overarching term for services provided to all clients who meet the assessment criteria and who are admitted to facilities using the Complex Care client groupings outlined in the Ministry of Health Services policy. Within this client group are sub-populations and specific policies and processes to support high quality care and the services these sub-populations require. Details in regard to the sub-populations are provided in Appendix 2.

1.3. VIHAs RFP Objectives

1.3.1. Access to Appropriate Residential Care

In order to ensure clients assessed as needing residential care are placed in the appropriate environments, VIHA requires facilities that provide a range of settings that meet the following requirements:

1.3.1.1. Facilities that meet building design guidelines.

Facilities should meet building design guidelines contained at Appendix 3.

1.3.1.2. Secure Units

All capacity should meet Level 2 security requirements as outlined in Appendix 4 and there should be one unit of 12-16 beds that meets Level 3 security and low stimulation requirements for behavior management.

1.4. Communities of Care.

VIHA's preferred service model envisions residential complex care and related services provided in a Community of Care setting. A Community of Care approach creates a community where clients can "age in place" with their housing and care needs met in the most appropriate setting. This environment supports the principles of independence, individuality, and choice and facilitates flexible service delivery to clients as their care needs change.

1.4.1. Future Capacity Needs.

VIHA values proposals that offer private capacity and an expansion option that will, in the future, offer increased capacity beyond that proposed.

2. The Opportunity

VIHA will enter into necessary legal contracts with successful Proponent(s) for the delivery of the Services (see Appendices 6&7).

A successful Proponent can provide capacity by designing and constructing a complex care Facility, or expanding an existing facility or campus. A successful Proponent will be responsible for all aspects of operating the Facility and all expenses and risks associated with such a Facility.

Facilities will be expected to accept and provide care for the full range of residents' needs. VIHA will manage the admission of residents to the new/expanded Facilities as directed by Ministry and VIHA policies. Selective admissions to Facilities will not be accepted.

The Facility will be located within the Cowichan Valley area (defined as Local Health Areas 65&66). VIHA may in its sole discretion consider alternative designs or locations for the facility if during negotiations unforeseen circumstances such as zoning issues impact the design or location of the proposed Facility(ies).

2.1. Capacity

VIHA is seeking additional and/or replacement residential care capacity in LHAs 65&66 (Cowichan Valley) of 40-60 beds by 2019. Proponents can submit proposals that increase Complex Care as an addition to an existing facility or as a stand-alone new facility. As part of this RFP, VIHA may negotiate with proponents to develop options that would allow for cost effective expansion of up to 20 additional beds by 2020, subject to resources being available. VIHA would consider additional capacity in the form of Private beds (non-VIHA funded) to be an asset and would expect these beds to be staffed equal to or higher than the funded Complex Care beds subject to verification through quarterly reports.

2.2. Facility & Services

Proponents should:

1. Have demonstrated experience in the provision of Residential Care including dementia and responsive behaviour management services, preferably in a Community of Care model;
2. Have demonstrated experience in industry leading human resource practices that emphasize the recruitment and retention of highly trained staff;
3. Be able to commit to timely completion of the Facility with occupancy, including all permits and licenses for the provision of Residential Care services required by applicable legislation and regulation, optimally by January 2019 (with the latest acceptable preferred date of April 2019);
4. Be willing to provide the residents high quality care and high quality of life and minimize their need for hospitalization; and
5. Be willing to execute VIHA's Project Development Agreement (PDA) and Residential Care Service Agreement (RCSA) without material amendment. Appendices 6&7 provide generic copies of these agreements.

Key goals of VIHA include:

1. Increased options for dementia care aligned with evidence based best practices;
2. Care that addresses the challenges of clients with responsive behaviours who may pose a risk to themselves or others;
3. The building (or part of a building), equipment and services incorporating evidence based best practices for residents with dementia and responsive behaviours;
4. Potential integration with the local community, for example, the shared utilization of program space in the Facility or provision of space for health related service providers such as pharmacists or laboratory services;
5. Progressive human resources practice that emphasizes the long term retention of employees and ensures continuity of staffing over the term of the contract to minimize disruption to residents and families;
6. Staffing models (including activity staff and professional therapy services) that improve residents' care, safety, and satisfaction and/or workplace safety and satisfaction for staff;
7. Design elements that reduce operational and/or staffing costs and promote sustainability;
8. Design flexibility that will allow the Facility to adapt to changes in service delivery models and/or expand over time;
9. The possibility of including community services, such as adult day programs or therapeutic bathing programs should be addressed. Proponents are advised that while any such additional services are considered desirable, they should be proposed without an expectation of additional funding; and

Successful Proponents may not subcontract the Services, or any portion thereof, without the prior written consent of VIHA. VIHA shall consider any factor it deems appropriate in connection with providing its approval of any subcontracting of an aspect of the Services, and without limitation, VIHA may withhold its approval of any subcontracting if in the opinion of VIHA, the subcontracting: (a) may reasonably be expected to lead to a disruption in continuity of Client care; (b) any other subcontracts entered into or reasonably expected to be entered into by the Service Provider will result in a material deviation from the Staffing Plan; or (c) is in connection with all or substantially all functions performed by personnel providing Client care or ancillary support services.

In addition, any financial impacts to VIHA resulting from collective agreement obligations of employers to employees pertaining to layoffs as a result of sub-contracting will be recovered by VIHA from the Operator.

VIHA may require other agreements appropriate to the negotiated structure.

2.3. Service Continuity

If existing VIHA funded services will be impacted by the Proposal, VIHA will require a service continuity plan that provides for those services to continue at a high quality level (similar to what is currently provided) until all residents have been relocated.

3. Procurement Process

3.1. Procurement Timelines

The following table outlines the milestones and timelines.

Anticipated Procurement Process Schedule	
Milestones	**Timeline**
Request for Proposals issued	July 22, 2016
Proponents' meeting	August 23, 2016
Closing Date for Clarification Questions	September 7, 2016
RFP Closing Date	September 30, 2016
Proposals evaluated	October 2016
Agreements signed	January 2017
Facilities open	January 2019

3.2. One Stage Process

This Request for Proposal (RFP) is the only stage of the Competitive Selection Process. At the end of this phase, VIHA will select the Preferred Proponent(s) with whom it will enter into negotiations for each of the sites and the Facilities development.

3.3. Proponents' Meeting

A Proponents' meeting will be held to provide additional information and clarifications regarding the RFP process, and to answer any questions. Although attendance at this meeting is optional, Proponents are strongly advised to attend. Oral questions will be allowed at the Proponents' meeting. For questions of a complex nature, or if a Proponent requires anonymity respecting a particular question, Proponents are permitted to forward questions by e-mail to the Contact Person. All costs of attending the Proponents' meeting are at the expense of the Proponent.

The Proponents' meeting is planned to take place on August 23 at 1:00 p.m. at the Cowichan District Hospital, in the boardroom. This is at 3045 Gibbins Road, Duncan. Proponents must advise the Contact Person of their intention to attend.

An Addendum may be issued to address any request for clarifications or amendments that arises from the Proponents' meeting.

3.4. Negotiation Phase

Once Preferred Proponents have been selected, each Preferred Proponent will be notified in writing of its selection as a Preferred Proponent (the "Selection Notice").

The Selection Notice will constitute the only valid notice of a Proponent's selection as a Preferred Proponent, and will not constitute in any way confirmation of an award of a contract to the Preferred Proponent. VIHA will not be obligated in any manner to any Proponent until negotiations are completed and appropriate written Agreements have been duly executed relating to an approved Proposal. Upon receipt of the Selection Notice, the Preferred Proponent and VIHA will proceed to the Negotiation Phase.

Negotiations may then be held with each Preferred Proponent regarding the terms of any required agreements and VIHA may agree, in its sole discretion and as part of such negotiations, to modify the terms of any agreement and/or negotiate whatever terms of any other agreements as may be required by VIHA, in its sole discretion.

VIHA may also, in its sole discretion, negotiate with the Preferred Proponent(s) on whatever other matters VIHA may deem necessary.

3.5. Agreement Finalization

VIHA anticipates the Negotiation Phase with a Preferred Proponent will last a maximum of fifteen (15) business days commencing five (5) business days following the date the Selection Notice is provided to that Preferred Proponent. If negotiations with that Preferred Proponent have not been successfully concluded within that time frame or if VIHA determines, at an earlier date, in its sole discretion, that the negotiations have no reasonable prospect of success, VIHA may in its sole discretion terminate that Preferred Proponent's status as a Preferred Proponent and notify another Proponent of its selection as a Preferred Proponent and commence a Negotiation Phase with that Preferred Proponent. VIHA may decide in its sole discretion, at any stage, to extend the Negotiation Phase with a Proponent.

4. Preparation of Proposals

4.1. General Instructions to Proponents

All Proponents should exercise extreme care in completing their Proposals as failure to comply with the requirements of this RFP may cause a Proposal to be rejected.

A Proponent is deemed to have accepted and be bound by the terms and conditions of this RFP by the submission of a Proposal.

4.2. Receipt of Complete RFP

Proponents are responsible to ensure that they have received the complete RFP.

From time to time VIHA may, in its sole discretion, issue additions to, deletions from, or clarifications to this RFP (collectively referred to as "Addenda"). All Addenda shall be published on BC Bid and shall form an integral part of this RFP and must be considered by the Proponents in their Proposals. Proponents are responsible for checking www.bcbid.ca periodically to check for any Addenda.

Before submitting a Proposal, it is the responsibility of a Proponent to ensure that they have received all Addenda that have been issued by VIHA through BC Bid.

Each Proponent submitting a Proposal pursuant to this RFP shall be deemed to have read and understood the nature and effect of all of the provisions of the RFP including any Addenda. Proponents are responsible for examining all instructions and documentation provided by VIHA in connection with this RFP. Inadequate knowledge on the part of a Proponent will not be accepted by VIHA as a justification for errors or omissions in a Proposal. Proponents are encouraged to seek the advice of their professional advisors prior to submitting a Proposal pursuant to this RFP.

Submission of a Proposal constitutes a representation by that Proponent that it has verified receipt of the complete RFP.

It is the responsibility of each Proponent to seek clarification from VIHA with respect to any particulars of this RFP which are not understood by the Proponent. VIHA will make reasonable efforts to respond to requests for clarification received on or before the Closing Date for Clarifications and Questions.

All requests for clarification concerning the RFP must be emailed to the attention of the Contact Person. Selected responses to the request for clarifications may be posted on www.bcbid.ca in VIHA's sole and absolute discretion, either in the form of a Questions and Answers document or via Addenda.

Responses to questions from Proponents made in any other manner, including without limitation orally, in person, via mail, via fax, or electronic mail, by any employee, agent or representative of VIHA shall not constitute an official response by VIHA and may not be relied upon by a Proponent in any manner.

A Questions and Answers document or written Addenda are the only means of amending or clarifying this RFP.

4.3. Proposals

Where a Proponent believes that certain amendments to the draft Agreements would deliver significant value to VIHA, the Proponent may submit a Proposal predicated on the form of Agreements in the attachments and an additional Proposal (or Proposals) together with a black line version of the Agreement(s) showing suggested amendments and a memorandum summarizing the value to be provided to VIHA by such changes on a change by change basis. This memorandum should clearly identify the qualitative and/or quantitative benefits of the proposed amendment(s) including but not limited to impact on quality of service, per diem cost and construction costs. These benefits should be separately identified for each proposed change.

VIHA reserves the right to accept, reject, or counter any Proposal. Each separate Proposal should be clearly marked with a unique identification in the Proposal documentation.

4.4. Format of Proposals

The format of the Proposal should be as follows.

1. The Proposal should be submitted with written information on 8 ½" x 11" paper, and any drawings in black or white or renderings (in colour), on paper which is no less than 11" x 17" (1:200 scale drawings of each floor of each building and an initial landscape plan are also desirable);
2. The Proposal should contain a table of contents identifying the page numbers of all major sections as well as identifying relevant appendices and attachments;
3. Proponents should complete all required pro forma templates in full and without alteration;
4. The Proposal should be brief. Design and technical details of the Proposals can be provided in appendices and attachments. The emphasis should be on completeness, conciseness and clarity;
5. The contents of the Proposal should address the information and material referred to and requested in Section 5 Evaluation Criteria and Proposal requirements including the Desirable Criteria in section 5.3 below.

   Proposal contents should be sequenced as follows:

   1. Title Page – includes Proponent and project name
   2. Table of Contents – including page numbers
   3. Proposal Covering Letter
   4. Response to Evaluation Criteria
   5. Pro Forma Templates
   6. Appendices – if applicable
6. Proponents submitting multiple Proposals should clearly mark each Proposal with a unique identifier.

7. Each Proposal should include three bound copies of the Proposal and one unbound printed copy suitable for photocopying, as well as one electronic version on a compact disk (the proposal on the disk should include both MS Word and PDF formats, along with excel versions of the Pro Formas);
8. Proposals are to be sealed and the Proponent's full legal name and return address clearly displayed on the package the Proposals are delivered in; and
9. The following information should be displayed on the face of the package for each Proposal:

PROPOSAL FOR ***Cowichan Valley Residential Care*** enclosed.
Closing Date and Time: September 30, 2016 at 14:00:00 PST

5. Evaluation Criteria and Proposal Requirements

5.1. Evaluation

The Proposals will be evaluated upon the basis of the various criteria that are described in the following sub-sections of this section 5.

The Evaluation Committee will evaluate each Proposal in accordance with the evaluation criteria set out in this section.

This RFP is subject to the application of the *Freedom of Information and Protection of Privacy Act.*

The Evaluation Committee may conduct interviews or reference checks as required and use the information disclosed thereby in its evaluation process.

The Evaluation Committee will report the results of the evaluation process to the appropriate decision making bodies within VIHA and recommend Preferred Proponent(s). These bodies will consider, but are not bound by, the recommendations of the Evaluation Committee. These bodies will determine, in their sole discretion, to accept or reject the recommendation of the Evaluation Committee. If the appropriate decision making bodies reject the recommendation of the Evaluation Committee, this RFP will be cancelled in which outcome the subject matter of this RFP may or may not become the subject of a new request for proposals.

By submitting a Proposal in response to this RFP, a Proponent is deemed to have accepted VIHA's evaluation process as described herein and the ultimate selection of the Preferred Proponent(s), if any.

5.2. Closing Date and Time

VIHA will only evaluate Proposals that have been received on or before the Closing Date and Time at the Closing Location. Proposals may only be submitted by pre-paid courier or delivered by hand.

Proposals received after the Closing Date and Time will be rejected without being opened. In case of a dispute over the date or time on which a Proposal was submitted, the receipt date and time as recorded at the Closing Location by VIHA shall prevail.

5.3. Facility Proposal Criteria

Proposals will be assessed relative to the Criteria as follows:

Desirable Criteria	Maximum Points
5.3.1 Delivery of VIHA's objectives	**20**
5.3.2 Program Delivery	**40**
5.3.3 Proponent Strength & Experience	**15**
5.3.4 Financial Considerations	**25**

5.3.1 Delivery of VIHA's objectives

5.3.1.1 Access to Appropriate Facilities

a. Describe the number of beds that you propose to include in your proposal including those available to VIHA and those available to private pay clients.

b. Identify how your proposed facility(ies) will improve the overall quality of residential care in LHA 65 & 66 (see Article 1.1).

c. Describe your approach to design in regards to the provision of care for clients with dementia and/or responsive and/or socially inappropriate behaviours.

d. Describe how your approach and experience will facilitate innovative evidence based services including dementia care and the provision of care for clients with dementia and/or responsive and/or socially inappropriate behaviours.

e. Describe how your organization's model of care differ from other organizations in your industry.

f. Describe your proposal for staffing and managing a 12 – 16 bed level 3 secure unit for residents with responsive behaviours.

5.3.1.2 Communities of Care

a. Describe how the proposed facility(ies) will meet the Community of Care model initially and over time.

b. Describe how clients will age in place with their housing and care needs met in the most appropriate setting.

c. Describe how the environment of your facility(ies) supports the principles of independence, individuality, and choice and facilitates flexible service delivery to clients as their care needs change.

5.3.1.3 Ability to Expand

a. Describe how your proposed building systems are scalable to allow for increased capacity in the future.

b. Provide details of the cost/benefit to VIHA of the facility(ies) in regards to increased capacity in the future.

c. Provide detail of the projected per diem for future expansion and the associated increased number of beds associated with this projection.

5.3.1.4 Project Development and Residential Care Service Agreements

a. Provide any details on any terms of the Project Development Agreement (Appendix 6) that you do not agree with.

b. Provide any details on any terms of the Residential Care Service Agreement (Appendix 7) that you do not agree with.

5.3.2 Service Delivery and Facility Design

5.3.2.1 Service Plan

The Proposal should include a service plan that identifies strategies for meeting the physical, spiritual, emotional and psycho-social needs of clients. The plan should identify how residents and family members will have input into the service delivery and, in particular, into decisions that affect them. The strategies should also address how to integrate the community and service providers with the activities of the clients. This outline should list the organizations, resources, and service agencies that will be accessible to the residents of the Facility, and demonstrate the involvement of community groups before, during and after Project completion.

The Proposal should incorporate flexibility into all aspects of services and programs, including type and hours of staff to meet residents' unique needs and should outline any strategies that are designed to promote the rights and welfare of the residents.

The service plan should outline how the Proponent will provide services according to evidence-based leading practices, health management data, VIHA's strategic goals, value for money and compliance with regulations.

For Proposals that include the development of a new or expanded Facility, VIHA's assessment of how the Proposal addresses the service requirements for complex care clients including those with dementia and/or responsive and/or socially inappropriate behaviours will depend on the Proponent's design, service model, staffing model, and quality management program, including the following:

a. Provision of high quality care and services for the residents;

b. The ability of the Facility and its design elements to deliver an environment that suits the needs of the clients, e.g. clients with dementia and/or

responsive and/or socially inappropriate behaviours. This may include the ability to convert beds between levels of security up to level 3 (Appendix 4) if required over time;

c. Quality of the Proponent's service plan in relation to their care model, best practices and environment;
d. Quality of the Proponent's human resources and staffing plan; and
e. Quality of the Proponent's quality improvement and assurance plan.

The Proposal will state the Proponent's philosophy, mission, values, beliefs and policies with regard to the provision of services.

If applicable, the proposed service plan should describe the strategies and practices for assisting residents and families to ensure the transition and client placement process is aligned with VIHA's transition processes and the Ministry of Health Services Guidelines for Closure of a Residential Care Facility.

5.3.2.2 Human Resources and Staffing Plan

Providing appropriate care for all residents requires a skill mix that guarantees the right care or service at the right time. The skill mix to be provided must improve resident's quality of life, be client centred, and be affordable and sustainable by ensuring that each team member is working to his/her full potential. While the skill mix may vary for each care group identified in Appendix 2, components such as leadership, continuing education, specialized knowledge, expert clinical skills, and receptiveness to innovation are key attributes for all. VIHA is seeking Proponents that have a demonstrated strength and commitment to continuity of staff.

The Proposal should state the Proponent's human resources philosophy and staffing plan that includes:

a. Staff recruitment, screening and hiring procedures;
b. Start-up/orientation and on-going training;
c. Professional development and education policy and opportunities;
d. Competency monitoring;
e. Physician availability, coverage and payment mechanism;
f. Plan for on-site supervision (include days, weekends, statutory holidays, and emergencies);
g. Roles of personnel within the outlined service areas. Job descriptions and qualification requirements for all key positions including management should be included. Proponents are to describe the qualifications, experience, and

personal attributes and capacities required for the position(s) of Manager/Administrator and the Director of Care; and

h. A staffing schedule (see Appendix 8) that reflects expectations below and demonstrates levels and shift patterns which reflect the organization's program philosophy and VIHA's care standards;

   VIHA expects that the number of direct care worked hours per resident day should reflect evidence currently available to promote best practices in VIHA and BC. In their responses, Proponents must include the following criteria:

   i. RN staff coverage must be provided on site 24 hours a day 7 days a week;
   ii. Professional therapy (OT/PT) of at least 0.02 hours per resident day in the staffing plan
   iii. Proponents must include a completed Pro forma (Appendix 8) for all beds being proposed. The Pro forma for Complex Care beds should be based on 3.36 total direct care hours worked (DCH) per funded bed day and should be based on a staffing model that will provide the best possible quality of life for residents.
   iv. Final staffing models and make-up of beds will be determined during the Negotiation Phase and may be subject to change. A blended funding model will be derived up to a maximum of 3.36 DCHs per funded bed day.
   v. A minimum 20% ratio of professionals to non-professionals providing direct care ("professional" as defined under the Health Professions Act or under Social Worker Act) with a mix of professionals appropriate to meet the identified needs of each resident.

i. Details on how you will maintain continuity of staff over the term of the agreement, maintaining stability for clients and families.

j. The Proponent's current level of staff turnover per annum and staff's average length of service. Labour stability is highly desirable and will strengthen a proponent's evaluation. Details are to be provided if the Proponent has at any time contracted out staff or changed labour delivery model that resulted in the majority of their staff being displaced.

k. An outline of the Proponent's policies and practices on retaining and developing its work force. (Please do not provide all Human Resources Manuals, please aim to summarize relevant parts of the Manuals as appropriate).

l. Detail on any services that are contracted out (ie housekeeping, food services, nursing services, etc.) including the sub-contractor.

The Proposal should also provide the following information:

m. What staff lay-offs has your company issued over the last three years? Please explain.
n. Please confirm whether the Proponent's staff are union members, and if so, which union. Where more than one union is involved, please provide the numbers of staff in each union.
o. Please confirm that your organization agrees that during the Term of the Agreement, you will not terminate any employees, other than in the ordinary course of business, without the prior written consent of VIHA.

5.3.2.3 Quality Improvement and Assurance Plan

The Proposal should include comprehensive quality improvement and assurance plans that:

a. Describes the Proponent's quality improvement philosophy and program. Where applicable, identify initiatives implemented by the Proponent within the past five years that addressed trends in senior's services or areas requiring improvement as identified through performance monitoring;
b. Outlines the Proponent's goals and objectives to enhance the provision of Complex Care services;
c. Includes a performance measurement plan (such as program outcomes, client satisfaction, milestone achievements);
d. Describes how services will support the utilization of the RAI Assessment Tool and care planning;
e. Demonstrates how consistent and well trained staff are part of quality;
f. Specifically demonstrates how the clients and their families will be involved in service development;
g. Confirms they are accredited or have a process to become accredited with Accreditation Canada. Once accredited, the Proponent must have a process to maintain accreditation; and
h. Complies with the *Patient Care Quality Review Board Act* and the *Community Care and Assisted Living Act* and regulations issued under both Acts. Proponents are to provide information related to any conditions or restrictions placed on the operation of any facility operated by the Proponent.
i. Describes how residents needs will be met on site, avoiding unnecessary emergency department visits and hospital admissions
j. Describes how health system efficiency will be supported through optimal bed utilization leading to an average bed turnaround time of four calendar days.

5.3.2.4 Land

A description of the land available for operating the Facility, including, but not limited to the following:

a. Ownership status; if not owned, the extent to which appropriate land has been secured;
b. Current zoning and status of re-zoning (if required) and the expected length of time for a re-zoning process;
c. Description and diagram of land including topography, size, building footprint, setbacks and any limitations;
d. Environmental assessment;
e. Proximity to related services such as cafés or pharmacies, proximity to residential neighbourhoods and transit services and consideration in regards to surrounding noise levels; and
f. Municipal address and legal description.

5.3.2.5 Residential Care Facility Development Plan

Proponents should provide a full outline of a Residential Care Facility development plan for the Facility including:

a. A "Gantt" chart demonstrating the number of weeks/months from execution of the Agreements to completion of each phase of the Project;
b. Detailed information around the timing and strategy for commissioning and opening the facility;
c. The overall strategy for risk management during program delivery including identification and assessment of risk, the potential of risk occurrence and plans to mitigate each risk.
d. Items that need to be in place prior to opening the facility for clients; including but not limited to approvals, permits and licenses; and
e. Plans for ongoing investment in the Facility, with major capital asset maintenance planning.

5.3.2.6 Building Design

Proponents should submit sufficient information to clarify the floor plans and overall layout so that it is clear how it will meet VIHA's care needs and the Building Design Guidelines within the Project Development Agreement (e.g. concept plans including site, floor layout, landscaping and massing elevations.

Demonstrate how:

a. The facility(ies) will meet evidence based building design guidelines.
b. The building's design considers safety and security needs;
c. The building meets Level 2 security requirements (e.g. unit and building security);
d. The building's design provides a secure low stimulation environment (level 3 security) in at least one unit of 12-16 beds;
e. The building design has a number of units (with multiple rooms) which have security features that do not allow residents of the unit to leave the unit without staff supervision;
f. The building design accommodates clients with electric wheelchairs and scooters;
g. One bedroom (including ensuite) and neighbourhood bathing room compliant with bariatric requirements contained in Appendix 3 Building Design Guidelines, Section 9;
h. The building has an approved outdoor smoking area;
i. The building facilitates high quality care, services; and
j. The building design positively impacts the operating budget and future sustainability;

The Proposal should also demonstrate how the building's design and specified materials, equipment and systems contribute to better life cycle costs including reduced operating, maintenance and cyclical renewal costs.

Outline any special design features that are being planned to meet the requirements of clients with dementia and/or responsive and/or inappropriate behaviours, medical complexity and/or specialized medical care.

Display a complete understanding of the licensing requirements and the need for Facilities designed for and in the best interests of the resident population that will be served by the Facility and for the staff providing the care.

Specific detail should be provided in the Proposal on how the care management plan, and Facility design and development plan are integrated to meet the needs of residents. This integration should reflect current best practices and ensure the right care is provided at the right time.

5.3.3 Proponent Strength and Experience

Proponents should submit sufficient information to facilitate VIHA's assessment of:

5.3.3.1 Corporate Stability and Team

a. A contact person (Proponent's Representative) and the person's title, telephone, fax and email information;
b. A description of the Proponent (corporation, proprietorship, partnership, not-for-profit society, etc.), legal entities, registrations, registration number, etc.;
c. Identification of any other name that the Proponent has operated under including when and why the organization name was changed;
d. A description of any current or pending litigation or legal disputes which could materially affect the Proponent's ability to successfully complete the Project or Facility;
e. A list of the Proponent's parent or subsidiary corporations and any related firms and entities; and
f. A list of Proponent Team Members and responsibilities.

5.3.3.2 History and Experience

a. A brief history of the Proponent including the number of years in business. The history should include a description of any agreements with Health Authorities during the past three years, including those currently in effect.
b. The depth of experience of the Proponent in terms of the number of similar projects that Proponent has successfully completed and in the number of years the Proponent has been involved in projects that are similar in nature to the project(s), including:
    I. Delivery of similar projects;
    II. Management of community involvement and municipal processes on similar projects and the operation and maintenance of similar facilities; and
    III. Management of all required permits and approvals on similar projects and the operation and maintenance of similar projects.
c. Verification that the Proponent has an understanding of all legal and regulatory requirements;
d. The names and a brief description, including experience, of the Proponent's intended Key Individuals with respect to the Project. Key Individuals to be listed are the Project Manager, Architect, Construction Manager, Site Administrator, Facility Manager/Administrator and the Director of Care, as applicable;
e. Detail how you maintain stability of the labour force as a source of continuity for clients and care;
f. A demonstration of the Proponent's experience with development of similar projects and permit requirements for similar projects and facilities; and

g. Any other significant details that demonstrate the experience of the Proponent in similar projects.
h. Provide annual licensing reports, and any investigation reports and outcomes for the past 2 years for all of the Proponent's facilities.
i. Describe and provide samples of the Proponent's contract reporting practices, benchmarks, frequency, and key performance measurements which ensure success, compliance, and service/quality standards.
j. How many beds does your organization provide care to in the Cowichan Valley?
k. How many beds does your organization provide care to on Vancouver Island?
l. How many beds does your organization provide care to in BC?
m. How many beds does your organization provide care to in Canada?

References

Six references should be included in the Proposal. Any references that are included should have agreed to provide such a reference. Those selected should be able to supply an informed opinion of the Proponent and have no conflicting interest in the outcome of the RFP.

VIHA has a strong preference for references from other health funding bodies. Contact information for those who have agreed to act as references should also be included (name, designation, phone number and e-mail address). The references can be from the following sources:

a. A health funding body;
b. A recent licensing report;
c. A community partner; or
d. A lender.

If the Proposal is being submitted by more than one legal entity or company, then the Proposal should address the above issues and contain the information set out above for each Team Member, except that only one Proponent's Representative would be required for the entire team. The Proposal should also contain a description of the intended role of each Team Member in the Project and in the operation and maintenance of the Facility, and the main terms of the agreement(s) among the Team Members as to their respective roles and responsibilities.

5.3.4 Financial Considerations

VIHA is interested in cost effective, quality service delivery that is financially viable. Proponents should submit sufficient information to facilitate VIHA's assessment of the following:

1. Describe the Proponent's ability to finance the Proposal, including committed Capital;
2. Describe the Proponent's ability to manage financial risks so as to meet all contractual obligations;
3. Describe the Proponent's ability to absorb risk and account for unexpected expenditures.
4. Please confirm whether the company has changed its ownership structure in the last 5 years. Has your company been formed following a merger with, or takeover of, another company? Please note any planned or anticipated changes in the ownership or management of your firm in the next 5 years.
5. Is your company currently for sale or involved in any transactions to expand or become acquired? Do you foresee this happening in the next 5 years?
6. Describe any current or foreseeable risk to VIHA;
7. The degree of commitment from the Proponent's lenders and any requirements of VIHA from the lenders, if applicable; and
8. The financial benefits to VIHA, including:
    a. Delivered value for money;
    b. Capital investment that reduces borrowing costs;
    c. Revenues to VIHA, if any;
    d. Cost effective service delivery; and
    e. Benefits from any proposed partnerships with VIHA.

Each Proposal should contain at least the following information, as applicable to each proposal:

1. Two years of the Proponent's most recent audited financial statements;
2. Complete information on the composition of the total capital budget;
3. Financing information regarding the capital structure of the Proposal with terms and rates for all elements with supporting documentation;
4. Cost of services to be provided for 3.36 direct care hours per funded bed day. Proponent's assumptions regarding client mix, pricing, escalation of revenues and cost inflation, pro-forma operating budgets must be

completed. Proponents at a minimum must submit pro-forma operating budgets for the ranges they are proposing; and

5. Summary of approach and process for gain sharing or revenue sharing.

5.4 Claims Against VIHA

VIHA reserves the right in its sole discretion to reject a Proposal from any Proponent that in the past commenced a claim or legal proceeding against VIHA, has notified VIHA of the possibility of commencing a claim or legal proceeding, is currently bringing a claim or legal proceeding against VIHA, or against which VIHA has in the past either considered or actually commenced a claim or legal proceeding, in each case where such a claim or legal proceeding involved previous contracts, tenders, or business transactions. VIHA may in its sole discretion take any such claims or legal proceedings into account in the evaluation of a Proponent's Proposal.

5.5 Overall Comment on RFP Process, and Evaluation Process

Proposals submitted in response to this RFP may vary considerably from one another in a number of material aspects including the size of the proposed Facilities set out in the various Proposals, the advantages of the location of a proposed site for a Facility, the possible scalability of such Facilities, the nature of the proposed Projects necessary for the design, building, renovation etc. of such Facilities, and the proposed amendments in any Alternate Proposals to the contract documents attached to this RFP. Therefore, a strictly objective comparison evaluation process may not be possible.

By submitting a Proposal, a Proponent acknowledges and agrees that the evaluation of a Proposal under this RFP process, the determination of how the Proposal addresses the Evaluation Criteria and the resulting allocation of points to a particular Proposal, in assessing which Proposal provide(s) the greatest benefit to VIHA as compared to the other Proposal(s), is a discretionary and subjective process.

VIHA shall have the sole discretion to determine the appropriate number of points to be awarded to a particular Proposal. By submitting a Proposal in response to this RFP, a Proponent shall be deemed to have accepted results of VIHA's evaluation of its Proposal(s).

6. Definitions

Submission of a Proposal in response to this RFP indicates acceptance of all the following terms. Throughout this RFP, the following words and phrases have the following meanings:

Term	**Definition**
Addenda	Formal amendments to this RFP, if issued. Addenda will be read in conjunction with this RFP in the sequence issued. Any changes in any aspect of content will have reference to the most recent addendum replacing any previous content unless otherwise noted.
Agreement(s)	Legal documents to be negotiated between the Preferred Proponent and VIHA development, design, construction, financing, operation, and maintenance of a facility meeting the terms described herein.
Alternate Proposal	A proposal based on proposed changes to the PDA and/or the RCSA or other components of this RFP.
Ancillary Community Services	Health care services that are complementary to the delivery of services within a Community of Care such as Adult Day Program, Physician Support Services.
Appendix	Any one of the appendices attached to this RFP.
Assisted Living	A premises or part of a premises in which housing, hospitality services, and at least one but not more than two prescribed services are provided by or through the operator to three or more adults who are not related by blood or marriage to the operator. Assisted Living settings are regulated under the *Community Care and Assisted Living Act* (CCALA).
Bariatric	Bariatric individuals are considered to be those weighing within the range of 225 kg to 453 kg.
Closing Date and Time	The date and time, as described on the cover page of this RFP, that is the deadline for the submission of Proposals.
Closing Location	The location, as described on the cover page of this RFP**,** to which Proposals must be submitted on or before the Closing Date and Time.
Community of Care	An environment or philosophy within a Facility where a full range of housing and care options are offered in one location, thereby minimizing the disruption for seniors when their care needs change.

Term	**Definition**
Complex Care	24-hour professional care within a residential setting for seniors and people with significant physical and cognitive disabilities.
Contact Person	VIHA's contact person identified on the cover page of this RFP.
Desirable Criteria	Refers to the evaluation criteria that will be assessed based on the Proponent's submission of evidence demonstrating their ability to meet the stated quality.
Disqualify, disqualify, Disqualification, disqualification, Disqualified or disqualified	Where used in this RFP in reference to a Proposal means the disqualification and exclusion of the Proposal from any further consideration under this RFP process whether before, during or after the review and evaluation of the Proposal or the designation of the Proponent who submitted the Proposal as a Preferred Proponent.
Direct Care	Services provided by staff or contracted service providers whose responsibility includes the provision of care and other services involving one-to-one/first level of care interactions with residents and other interactions (e.g. with family members and physicians) focused on resident care or care planning. Direct Care does not include support service functions such as housekeeping, food services, laundry, and administration.
Equity Members	Individuals, corporations, joint ventures, partnerships or other legal entities who have an ownership or equity interest in the Proposal, as described in the Proposal.
Evaluation Committee	The team selected and appointed by VIHA in its sole discretion to evaluate Proposals.
Facility	The building(s) and included equipment and furnishings from which services are provided.
Key Individuals	The specific persons, exclusive to one Proponent, including the Project Manager, Architect, Construction Manager, Site Administrator, Facility Manager/Administrator, and the Director of Care.
LHA 65 & 66	Local Health areas in the Cowichan Valley.

Term	**Definition**
Negotiation Phase	The fifteen (15) working day period commencing five (5) working days following the date of Selection Notification to the Preferred Proponent(s) during which negotiations are to be finalized.
PDA	The Project Development Agreement.
Person	An individual, corporation, partnership, trust, joint venture, society or any other legal entity.
Preferred Proponent	The Proponent deemed to have the best overall proposal by the Evaluation Committee for a given project or bundle of projects, and that is recommended to VIHA for approval; Preferred Proponent includes a successor Preferred Proponent if negotiations with the first or subsequent Preferred Proponent are not successful.
Project Development Agreement	The Project Development Agreement included in specimen form at Appendix 6 to this RFP where this RFP is expressly or implicitly referring to an unexecuted Project Development Agreement.
Project(s)	Means the design, construction, maintenance, finance, ownership, and operation of appropriately designed facilities to provide additional Complex Care and related program services.
Proponent	Means the entity, company, or consortium that submits or intends to submit a Proposal.
Proponent Team	With respect to a particular Proposal, means all of the Proponent Team Members with respect to that Proposal.
Proponent Team Member	Includes with respect to a particular Proposal, the Proponent itself, the Equity Members of the Proponent, and the Key Individuals of the Proponent.
Proposal	The entirety of a formal submission by a Proponent in response to this RFP.
RCSA	Refers to the Residential Care Services Agreement.

Term	**Definition**
Reject, reject, rejected or rejection	Where used in this RFP in reference to a Proposal means the disqualification and exclusion of the Proposal from any further consideration under this RFP process regardless of whether before, during or after the review and evaluation of the Proposal and whether before or after the designation of the Proponent who submitted the Proposal as a Preferred Proponent.
Residential Care	Residential Care is the overarching term for services provided to clients who meet the access criteria and are admitted to facilities using the Complex Care client groupings outlined in the Ministry of Health Services policy.
Residential Care Service Agreement	The Residential Care Service Agreement attached in specimen form at Appendix 7 to this RFP where this RFP is expressly or implicitly referring to an unexecuted Residential Care Service Agreement.
Restricted Party	Any Person who meets the definition of a Restricted Party set out in Section 11.2 of this RFP.
RFP	This Request for Proposal and any Addenda thereto.
RFP process	The entirety of the process set out in the RFP for the preparation and submission of Proposals to VIHA, the evaluation of Proposals by VIHA, the negotiations between Preferred Proponent(s) and VIHA, and the possible execution of Agreements and other related contracts between VIHA and Preferred Proponents.
Services	Has the meaning given to that term in the Residential Care Service Agreement.
Should	A requirement having a significant degree of importance to the objectives of the RFP. The significance will be determined solely by VIHA.
Site	Has the meaning given to the term in the Project Development Agreement.
Team Member	Means any entity or company comprising part of a Proponent consortium or partnership structure.

Term	**Definition**
Terms and Conditions	Refers to the terms and conditions of the RFP.
VIHA	The Vancouver Island Health Authority.
Direct care hours	Direct care hours include: • Hours worked in the direct delivery of services to residents Direct care hours do not include • Non-paid hours • Hours worked in the support of delivery of services to residents, hours earned, taken or paid in lieu of: o Statutory holidays o Annual vacation o Sick time

Any terms not defined here which are defined in either capital or uncapitalized letters elsewhere in this RFP shall have the same meaning throughout this RFP as set out in that definition.

7. RFP General Terms and Conditions

1 Permitted Proponents

Any interested Person, may submit a Proposal in response to this RFP except those identified as Restricted Persons in Section 11.

2 General Interpretation

The captions and headings contained in this RFP are for convenience only and do not form part of this RFP and in no way define, limit, alter or enlarge the scope, meaning or intent of any provisions of this RFP. The appendices referred to in this RFP form an integral part of this RFP. The Terms and Conditions of this RFP are set out in Sections 3 to 5 and Section 7 of this RFP. Sections 1 and 2 contain background and introductory information relevant to this RFP. Except where expressly indicated otherwise in Sections 3 to 6, the background and introductory information in Sections 1 and 2 does not form part of the Terms and Conditions of this RFP and those Sections do not define, limit, alter, or enlarge the scope, meaning or intent of any of the Terms and Conditions of this RFP.

In this Agreement, the words "including" and "includes", when following any general term or statement, are not to be construed as limiting the general term or statement to the specific items or matters set forth or to similar items or matters, but rather as permitting

the general term or statement to refer to all other items or matters that could reasonably fall within the broadest possible scope of the general term or statement as if such words read "including but not limited to", "includes but is not limited to", "including without limitation", or "includes without limitation" as applicable.

In this Agreement the words "discretion", "sole discretion" or "sole and absolute discretion" or similar wording with respect to VIHA and or VIHA's decision making bodies decision making process shall be interpreted as providing VIHA with the right to make the decision in question in the absolute and sole discretion of VIHA or (its or other) decision making bodies acting in whatever manner VIHA deems fit and in what VIHA determines to be in the best interests of VIHA.

The Terms and Conditions are to be interpreted as complimentary, and in the event of any conflict or inconsistency between them, the interpretation most favourable to VIHA shall apply.

3 RFP Documents Errors and Omissions

It is a Proponent's responsibility during the preparation of its Proposal to use its best efforts to determine whether there are any errors or omissions in this RFP including its Appendices or any inconsistency or conflicts among or between the terms and conditions of the RFP ("Errors or Omissions"). If a Proponent believes it has noticed any Errors or Omissions, the Proponent shall forthwith inform the Contact Person of such Errors and Omissions in writing delivered by courier, fax or e-mail.

If prior to the Closing Date and Time, VIHA determines, on the basis of notification from a Proponent or otherwise, that there are Errors or Omissions, VIHA may, in its sole discretion, take whatever steps are necessary in VIHA's opinion to deal with the situation including, without limitation:

1. posting an Addendum setting out the appropriate clarification or amendment to the RFP Documents;
2. extending the Closing Date and Time by an Addendum to this RFP.

If prior to the Closing Date and Time VIHA determines, on the basis of notification from a Proponent or otherwise, that there are Errors or Omissions but VIHA in its sole discretion decides not to post an Addendum or Addenda to address the situation, or alternatively if VIHA makes such a determination on or after the Closing Date and Time, then in either case, VIHA may, in its sole discretion, take whatever steps are necessary in VIHA's opinion to deal with the situation including without limitation:

1. exercising its right of cancellation and possible re-issuance of this RFP process;
2. following the submission and/or opening of Proposals, notifying Proponents who have submitted Proposals of the Errors or Omissions and the correction thereof, and obtaining revised Proposals from them prior to VIHA's evaluation of the Proposals; and/or

3. negotiating changes or modifications to the terms of the Agreements forming part of this RFP with a Preferred Proponent prior to execution of Agreements to correct the Errors or Omissions on such terms and conditions as may be agreed upon between VIHA and the Preferred Proponent.

4 General Provisions concerning Delivery of Documents and Communications with VIHA by Fax and Email

The following provisions shall apply to any communications with VIHA or the delivery of documents to VIHA by fax or email where such fax or email communications or delivery is permitted by the terms of this RFP:

1. VIHA does not assume any risk or responsibility or liability whatsoever to any Proponent:
    a. for ensuring that any facsimile transmission equipment or electronic email system being operated for VIHA is in good working order, able to receive transmissions, or is not engaged in receiving other transmissions such that a Proponent's transmission cannot be received including without limitation withdrawals or amendments of Proposals; and/or
    b. if a permitted fax or email communication or delivery is not received by VIHA, or is received in less than its entirety, within any time limit specified by this RFP.
2. all permitted fax or email communications with or delivery of documents to VIHA will be deemed as having been received by VIHA on the dates and times indicated on VIHA's, as the case may be, facsimile transmission equipment or electronic equipment.

5 Interview of Proponent

VIHA reserves the right to have some or all Proponents attend an interview with the Evaluation Committee during the evaluation process. The purpose of the interview is to receive an oral presentation from each Proponent to clarify the information contained in its Proposal. A written copy of the presentation shall be submitted to the Evaluation Committee at the end of the interview. Proponents will be given at least five business days notice to prepare for any such interview.

In the event of an interview, the Evaluation Committee may, but is not obligated to, utilize the information provided by the Proponent in the evaluation of its Proposal.

6 Right to Verify and Conduct Background Investigations

VIHA reserves the right in its sole discretion to verify any and all information regarding a Proponent whether contained in the Proposal or not, and to conduct any background investigations including criminal record investigations, credit enquiries, litigation searches, bankruptcy registrations, taxpayer information investigations and any other investigations that it considers necessary. By submitting a Proposal, a Proponent authorizes VIHA to conduct such searches, enquiries, and investigations regarding the Proponent, Proponent

Team Members, their respective directors, officers, or Key Individuals as VIHA may in its sole discretion deem necessary. At the request of VIHA, proponents will provide formal Consents to Criminal Record Checks for Key Individuals.

7 Clarification of Proposal

A Proposal, or any amendment(s) thereto that in the opinion of VIHA in its sole discretion contains an alteration, qualification, omission, inaccuracy, or misstatement or that for any other reason does not comply with the requirements of this RFP, may or may not, in the sole discretion of VIHA, be rejected. VIHA may, in its sole discretion, waive the alteration, qualification, omission, inaccuracy, or misstatement.

Following the opening of Proposals, VIHA reserves the right in its sole discretion to contact any Proponent for the purpose of obtaining additional written information with respect to any part of that Proponent's Proposal:

1. that in the sole discretion of VIHA requires clarification or more complete information, or
2. that in the opinion of VIHA contains an alteration, qualification, omission, inaccuracy or misstatement or that for any other reason does not comply with the requirements of this RFP.

Following the receipt of such additional information, VIHA shall in its sole discretion be entitled to either apply or to refuse to consider such additional information in whole or in part in its review and evaluation of any such Proposal.

8 Reference Checks

To assist in evaluation of the Proposals, and in determining their suitability, acceptability, and credibility, VIHA may, in its sole discretion:

1. Conduct reference checks with any or all of the references cited in a Proposal;
2. Rely on and consider any information from such cited references, and/or
3. Take into consideration information from other sources and seek clarification from the Proponents on such information.

If an experience, capacity or other information contained in a Proposal is not verified to VIHA satisfaction through such reference checks, VIHA is not obliged to consider such cited experience, capacity or other information.

9 Proponents' Expenses

Proponents are solely responsible for their own costs and expenses in preparing, and presenting their Proposal and for subsequent negotiations with VIHA, if any. VIHA is not liable to pay such costs and expenses or to reimburse or to compensate a Proponent for same under any circumstances.

10 Completeness of Proposal

A Proponent's Proposal must contain all the components necessary to satisfy the Proponent's obligations under this RFP.

11 Relationship Disclosure and Review Process

11.1 No Use or Inclusion of Restricted Parties

VIHA may, in its sole and absolute discretion, disqualify a Proponent that uses in any manner, or who includes in its Proposal preparation, a Restricted Party. The onus is on the Proponents to ensure that they do not use or include any Restricted Party.

A Restricted Party:

1. is not eligible to advise any Proponents with respect to their participation in the Competitive Selection Process; and
2. must not participate as an employee, advisor, consultant or member of any Proponent or Team Member.

11.2 Restricted Parties

A Restricted Party is a Person whose involvement in the RFP process would give rise to either a conflict of interest or an unfair competitive advantage. A conflict of interest occurs where a person owes a duty of good faith to two opposing parties, and is unable to act fairly as a result. An unfair competitive advantage will be determined on the specific facts of each situation, and may include one or more of the following circumstances:

1. Prior possession of material, non-public information regarding some aspect of the RFP process or the Projects and/or Facilities;
2. Prior possession of material, non-public information as a result of a disclosure, in advance of disclosure to other competitors, where prior possession of the information provides an unfair competitive advantage; and/or
3. An opportunity, through previous or current relationships, to influence a material aspect of the RFP process, including the design of the RFP process, the evaluation criteria set out in the RFP, the evaluation of Proposals, and the award of Agreements.

Neither VIHA nor any of its employees, advisors or representatives is liable to any Proponent for any claims, whether for preparation costs of the RFP, loss of anticipated profit, loss of opportunity or any other matter whatsoever for the use or inclusion of Restricted Parties in any submission for the RFP process.

11.3 Request for Advance Rulings

A Proponent or a prospective Proponent Team Member who has any concerns regarding whether a Person is or may be a Restricted Party, is encouraged to request an advance ruling in accordance with this section to avoid the Proponent's potential Disqualification.

To request an advance ruling as to whether a Person is a Restricted Party, a Proponent or prospective Proponent Team Member should submit to the Contact Person, not less than ten days prior to the Closing Date and Time by hand, courier delivery, email or facsimile, the following information:

1. the names and contact information of the Proponent and the Person for which the advance ruling is requested;
2. a description of the relationship that raises the possibility or perception of a conflict of interest or unfair competitive advantage;
3. a description of the steps taken to date and future steps proposed to be taken to mitigate the conflict of interest or unfair competitive advantage; and
4. copies of any relevant documentation.

Proponents and prospective Proponent Team Members agree that by submitting a request for an advance ruling, the advance ruling will be final and binding on all Persons participating or interested in participating in this RFP process, including all Proponents, Proponent Team Members and VIHA. VIHA does not guarantee the timely provision of an advance ruling.

All requests for advance rulings will be treated in confidence. If a Proponent or prospective Proponent Team Member or advisor becomes a Restricted Party, it may be listed in an Addendum as a Restricted Party.

12 No Collusion Between Proponents

By responding to this RFP, a Proponent is attesting and agreeing that:

1. the contents of its Proposal has been developed independently from the Proposal of any other Proponent;
2. the contents of its Proposal will not knowingly be disclosed directly or indirectly by the Proponent to any other Proponent or competitor prior to the execution of the Agreements for which Proposals are being sought as a result of this RFP process; and
3. no attempt has been made, nor will any attempt be made, to induce any other Proponent to submit, or not to submit, a Proposal in response to this RFP for the purpose of restricting competition.

Without limiting any rights or remedies VIHA may otherwise have against a Proponent as a result of non-compliance with the requirements of this Section, such non-compliance may result in the rejection of the Proponent's Proposal by VIHA in its sole discretion.

13 No Lobbying

Proponents will not engage in any form of political or other lobbying whatsoever with respect to this RPF process, or otherwise attempt to influence the outcome of the RFP process. In the event of any such lobbying or communications, VIHA, in its sole discretion may, but is not required to, reject any Proposal by that Proponent without further consideration, and either terminate that Proponent's right to continued participation in the RFP Process, or impose such conditions on that Proponent's continued participation in the RFP Process as VIHA in its sole discretion, may consider in the public interest or otherwise appropriate.

14 Notification of Success

The provision of a Selection Notice to the Proponent Representative, (as named in the Proposal), is the only valid form of notification of selection in this RFP process. Upon the delivery of such notice, VIHA and the Preferred Proponent(s) will proceed into the Negotiation Phase.

15 Debriefing

Debriefing arrangements will be made for Proponents upon request. During such debriefing, confidential information will not be disclosed, and only the relative strengths and weaknesses of that Proponent's Proposal will be disclosed and discussed. Requests for debriefing can only be made after all Agreements that result from this RFP Process have been concluded. VIHA will make best efforts to schedule a debriefing session within thirty days of the receipt of a qualified request.

16 Advertising

The completion of Agreements with a successful Proponent shall not permit that Proponent to advertise its relationship with VIHA without VIHA's prior written authorization.

17 Disclosure and Transparency

1. VIHA is committed to an open and transparent Competitive Selection Process. To assist VIHA in meeting this commitment, Proponents will cooperate and extend all reasonable accommodation to this endeavor.

2. To ensure that all public information generated about this Project is fair and accurate and will not inadvertently or otherwise influence the outcome of the RFP Process, all public information generated in relation to this RFP, including communications with the media and the public, must be coordinated with, and is subject to prior approval of VIHA.

3. Proponents will notify VIHA of requests for information or interviews from the media.

Proponents will ensure that all Proponent Team Members and others associated with the Proponent also comply with these requirements.

18 Licences, etc.

Neither the completion of Agreements nor the execution of Agreements pursuant to this RFP process shall constitute the issuance of any approvals, permits, consents, approvals or licences required by the Proponent from VIHA, any other government or governmental authority, or private party to carry out the Proponents' obligations under the Agreements. The Proponent accepts the risk that it will not be able to obtain any such approvals, permits, consents, approvals or licenses.

19 Ownership of Proposals

All Proposals, documents and records, including any intellectual property rights associated with such Proposals, documents and records, submitted by a Proponent to VIHA as a result of this RFP process become the property of VIHA.

20 The Freedom of Information and Protection of Privacy Act

All documents and other records in the custody of or under the control of VIHA are subject to the *Freedom of Information and Protection of Privacy Act.*

Subject to the requirements of the *Freedom of Information and Protection of Privacy Act,* all Proposals and other documents and records submitted by a Proponent in connection with this RFP will be considered confidential.

The *Freedom of Information and Protection of Privacy Act* can be accessed as follows:

http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00.

21 Standard Residential Care Services Agreement

Vancouver Island Health Authority, in cooperation with other health authorities in the province, participated in the development of the Standard Residential Care Services Agreement with the intention that it be a reference standard agreement for use across the Province to provide efficiencies and benefits for public and private sector parties who are involved in the provision of residential care. VIHA has used this Standard Residential Care Services Agreement as the basis for the attached Residential Care Service Agreement (Appendix 7) and Proponents agree that should its proposal be successful the Proponent will enter into an Agreement in substantially the form attached as Appendix 7, or otherwise in such form as is acceptable to the VIHA.

22 Proposal Validity

Proposals should be open for acceptance for at least 120 days after the Closing Date and Time.

23 Revocability of Proposals

Although VIHA expects that every Proponent will be committed to executing Agreements with VIHA if designated as a Preferred Proponent under this RFP process, a Proponent may amend or withdraw its Proposal prior to the Closing Date and Time.

24 No Obligation to Award Agreement

Despite any other provisions of this RFP, VIHA is not under any obligation to award and/or execute an Agreement as a result of this RFP process with any Proponent regardless of the ranking of the Proposal submitted by that Proponent relative to other Proposals and whether or not the Proponent has been designated a Preferred Proponent. For greater certainty, but not so as to restrict the generality of the foregoing:

1. if VIHA receives a Proposal from only one Proponent in response to this RFP, VIHA reserves the right in its sole discretion to reject that Proposal without evaluating it or alternatively to review and evaluate the Proposal and then either

reject same or declare the Proponent a Preferred Proponent for the purposes of this RFP; and

2. VIHA has the sole discretion to decide for any reason at any time during this RFP process to cancel this RFP process, and to then re-issue or not re-issue this RFP process.

25 Non-Warranty of RFP Information

VIHA has used reasonable efforts to ensure an accurate representation of the information in this RFP and in any other communications from VIHA concerning this RFP. However, such information is not guaranteed, represented or warranted by VIHA to be complete, comprehensive, or exhaustive and shall not be considered or treated as such by a Proponent. Proposals should be prepared and submitted on the basis of information independently obtained and verified by the Proponent and the Proponent's independent investigations, examinations, knowledge, analysis, interpretation, information and judgment, rather than in reliance on information provided in this RFP or other VIHA communications concerning this RFP or on the Proponent's analysis or interpretation of such information. Nothing in this RFP shall relieve Proponents from undertaking their own investigations and examinations and developing their own analysis, interpretations, opinions and conclusions with respect to the matters addressed in this RFP in the preparation and submission of their Proposals.

VIHA shall have no responsibility nor will it incur any liability whatsoever to any Proponent, including a Proponent designated as a Preferred Proponent, as a result of any information, statements, representations or conclusions in this RFP, including any liability, damages, or claims in contract, tort, or otherwise, for without limitation, the costs of preparing Proposals, lost profit, lost overhead, or loss of business opportunities.

26 Arbitration

At the option of VIHA, any dispute or claim arising out of or in connection with this RFP process shall be referred to and finally resolved by arbitration by the British Columbia International Commercial Arbitration Centre pursuant to the *Commercial Arbitration Act*, R.S.B.C. 1996, Chapter 55. In such case, the place of arbitration shall be Victoria or Vancouver, British Columbia at VIHA's option.

27 Applicable Law and Jurisdiction of British Columbia Courts

This RFP is governed exclusively by and is to be enforced, construed and interpreted exclusively in accordance with the laws of British Columbia and the laws of Canada applicable to British Columbia which shall be deemed to be the proper law of this RFP without regard to conflict of laws requirements. Subject to the arbitration provisions of section 27, all Proponents shall be deemed to have irrevocably attorned to the exclusive jurisdiction of the Courts of British Columbia with respect to any disputes, claims and legal proceedings arising in any way out of this RFP process.

Appendix 1 - Proposal Covering Letter and RFP Compliance Table

Please fill out the following RFP Compliance Table, complete this letter, and attach one copy of these documents to the outside of your proposal envelope; a second copy is to be included in your proposal, following the Table of Contents, as indicated in the "Desirable Criteria

Proponent (or lead Team Member)'s name and address

Date

Closing Location:

Receiving Area – Nanaimo Regional General Hospital

1200 Dufferin Crescent

Nanaimo, BC V9S 2B7

Attention: *Jim Dempsey*

Subject: Request for Proposals Cowichan Valley Residential Care Renewal

By signing this Proposal Covering Letter, we agree we have read and completed the appropriate box to indicate our Proposal's compliance for each of the mandatory and desired criteria as detailed below. Where additional space was required to explain our response, we have provided the reference page within our Proposal in the space allocated in this RFP Compliance Table.

Comply	
☐ Yes ☐ No	Proposal is in English and delivered by courier to the closing location. The package is properly addressed as defined in the RFP
☐ Yes ☐ No	Proposal discloses the identity of and is signed by a duly authorized signing officer of each entity, or company on whose behalf it is submitted. This is in the format of Appendix 1 - Proposal Covering Letter and RFP Compliance Table

The enclosed Proposal is submitted in response to the above-referenced Request for Proposals.

I, *[name of person*], state that I am [*position title, director, owner*] of [*name of company or entity*] and that I am authorized to submit this proposal.

[*name of company or entity*] has the authority to bind and make representations for the Proponent and any resultant Agreement.

(If Proponents are a consortium or Proponent team you should add the following paragraph:)

[*name of company or entity*] is authorized to submit the enclosed proposal on behalf of the Proponent Team identified below in the Proponent Team List.

Through submission of this Proposal we agree to all of the terms and conditions of the Request for Proposal.

We have carefully read and examined the Request for Proposals and have conducted such other investigations as were prudent and reasonable in preparing the Proposal. We agree to be bound by statements and representations made in this proposal and to any agreement resulting from the Proposal.

(Add any other information you deem necessary and any applicable information)

Except as identified in this Proposal, we certify that:

A) No person either natural, or body corporate, other than the preparers has or will have any interest or share in this Proposal or in the proposed agreements which may be completed between the parties, and

B) There is no collusion or arrangement between the Proponent and any other Proponents in connection with this Proposal, and

C) The Proponent has no knowledge of the contents of other Proposals and has made no comparison of figures or agreement or arrangement, express or implied, with any other party in connection with the making of the Proposal.

Except as identified in this proposal, we certify that:

A) There is not and we will not have any actual or potential conflict of interest between our interests and the interests of VIHA under this RFP process, or any Agreement that may be entered into pursuant to this RFP process, and

B) We have declared in the Proposal any situation that may in our opinion be a conflict of interest in submitting the Proposal or with the terms, provisions and conditions of the Request for Proposal, and

C) If such a conflict does exist, VIHA may, at its discretion, withhold consideration of our Proposal, or the award of an Agreement, until the matter is resolved to the satisfaction of VIHA.

We hereby consent to VIHA performing checks with the references listed in the Proposal and with other persons where VIHA deems appropriate. We confirm that our Proposal meets the foregoing requirements and we agree to be bound to them.

Yours truly

_____

Signature (please provide a signature block for each team member if applicable)

Name: _____

Title: _____

Legal name of Proponent: _____

Date: _____

The Proponent Team consists of:

Name	Address	Prime Member, Equity Member, or Key Individual

Appendix 2: Specialized Sub-Populations of Residential Care (see below)

Appendix 3: Building Design Guidelines (see below)

Appendix 4: VIHA Residential Care Security Level Definitions (see below)

Appendix 5: VIHA Licensing Residential Care Floor Plan Checklist
Attached as a separate document.

Appendix 6: Project Development Agreement
Attached as a separate document.

Appendix 7: Residential Care Service Agreement
Attached as a separate document.

Appendix 8: Pro Forma Templates
Attached as a separate document

Appendix 2: Sub-Populations of Residential Care

1	**Medically Complex Clients - (No Security / Security Level 1)** These are clients whose care needs necessitate 24-hour professional support – often the frail elderly. Clients can have end-stage disease, significant physical challenges and/or multiple complex health conditions, which may include mild to moderate dementia. Medical needs can include ventilator use, tube feeding, IV therapy, and dialysis. Appropriate care for these residents supports "aging in place" and minimizes the frequency of hospitalization.
2	**Younger Clients with Complex Neuro / Health Issues - (No Security / Security Level 1)** This population represents a small and unique group of individuals within Residential Care. These clients have complex and diverse health needs arising out of chronic complex conditions such as Multiple Sclerosis (MS), ALS and Acquired Brain Injury. Some of these individuals may also have challenging behaviours and/or substance use. Supports and services need to be age appropriate and provided by staff with expertise relevant to the population. Services must be resident centred and holistic. Resources will focus on the physical, social and psychological health of the clients and have a psychosocial behavioural approach.
3	**Clients with Moderate to Severe Dementia - (Security Level 2)** These are clients whose primary diagnosis is moderate to severe dementia in addition to medical needs. They may have responsive behaviours but can generally be redirected. Their functioning will be maximized in environments that extend their abilities and compensate for cognitive deficits. Care will include opportunities for residents to engage in activities that build on retained abilities and skills and maintain functional mobility as long as possible.
4	**Clients with Responsive Behaviours requiring Enhanced Monitoring and Security – (Security Level 3)** These are clients who display behaviours that are challenging to manage, making them incompatible for placement with the frail elderly. They may have moderate to severe dementia and/or needs arising out of chronic complex conditions such as Parkinson's Disease; MS; Acquired Brain Injury from trauma or previous substance use; or a mental illness including but not limited to bipolar disorder, schizophrenia, or personality disorders. They may exhibit disinhibited behaviors and/or are now developing complex medical challenges related to aging. Residents in this group require a fully secure supportive environment with low stimulation and ongoing assistance and supervision.

Appendix 3: Building Design Guidelines

INTRODUCTION

1. Intent. The intent of the Request for Proposal is to provide a Facility for complex residential care which will operate 24 hours a day, 365 days per year, complete in every respect and ready to operate. This document identifies and describes important design elements. It is not intended to address every design element, and is intended to be flexible enough to allow for a variety of "best practice" building solutions that have a positive impact on service delivery and care outcomes.

2. Mandatory Code Requirements. The National Building Code, the BC Building Code and other legal or jurisdictional requirements take precedence and may supplant these Guideline requirements.

3. Service/Care Profile. Residents have complex care needs, which may include heavy physical care and/or complex health care (medical and/or behavioural), and they are not able to live outside a residential care setting within available home and community support services.

The complex care populations are anticipated to have some of the following characteristics:

- Clinically complex; often with multiple chronic conditions;
- Cognitively impaired and unable to direct their own care (e.g. dementia);
- The frail elderly (aged 80 to 100+ years); and/or
- Young adults with varying disabilities who will need to be located in age-appropriate environments, and who are unable to direct their own care.

Residents may have a combination of characteristics that could include the following:

- Difficulty in expressing needs or inability to express needs;
- Inability to adapt to visual or hearing losses;
- Requiring a varying amount of assistance with dressing, washing, grooming and bathing;
- Are depressed or agitated;
- Have impaired comprehension and a short retention span;
- Demonstrate varying degrees of difficulty in orientation to time, place and persons; and
- May have one or more severe behavioural problems which make the person unacceptable in the usual residential settings.

4. Program Objectives. Research indicates that placing elderly or disabled persons in an institution where they become passive recipients of care, often results in rapid mental and physical deterioration which may jeopardize quality and duration of life.

Environments that facilitate mobility and offer a variety of opportunities to engage in self-directed activities of daily living, as well as socializing and recreating, provide the necessary stimulation and pleasure that may slow, arrest, or even reverse deterioration. Built environments provide the flexibility to support the individual's remaining abilities, compensate for lost abilities, and optimize participation in daily life. Each Facility is considered a unique project with its own community and site. Careful attention to solar orientation, prevailing weather conditions, street access, desirable or undesirable views, topography, and other site conditions are essential for optimal quality of life and care outcomes.

5. Guiding Principles. Guiding principles have been established to assist in designing buildings that

reduce resident isolation, helplessness, and boredom; and which support a philosophy wherein the physical environment facilitates optimal care and social outcomes.

The design of the Facility should incorporate as many of the following as possible:

- A homelike environment for residents; respecting that it will likely be the resident's home for the remainder of their lives;
- A resident "house" concept consisting of smaller groupings of resident rooms co-located with living, dining, and kitchen areas;
- A "neighbourhood" concept, which involves co-location of support services between or amongst houses;
- Encourage resident interaction and privacy by providing adequate space for larger social and leisure activities as well as quiet rooms and private spaces;
- Encourage autonomy and independence by incorporating design features that facilitate activities of daily living;
- Provide amenities for cooking meals using fresh ingredients on site;
- Facilitate accessibility in and around the building by designing meaningful destinations, short corridors, and safe indoor and outdoor space for healthy wandering and exploration;
- Enhance accessibility for residents, caregivers and visitors by providing clear spatial, organizational and "way-finding" cues. Wherever possible, corridors and outdoor space should allow the resident to wander in a loop;
- Preserve privacy, dignity, safety and security by understanding the relationship between private spaces for residents and common spaces;
- Provide adequate space for supplies and equipment to promote worker safety and ease of care delivery (e.g. ceiling lifts, electric wheelchairs and scooters);
- Ensure adequate storage space is provided in all areas.
- Locate facilities in areas close to community services and transportation routes, and otherwise welcome/encourage integration with the outside community;
- Use energy efficient designs that respect the principles of sustainability, including harmonizing environmental, social and economic factors;
- Maximize the use of natural light in all living spaces and provide a variety of amenity and seating spaces that encourage normal activities of life;
- Build flexibility into resident groupings to accommodate need and changes in resident acuity.

Staffing Considerations. Designs must reflect the importance of staff safety and injury prevention. The staffing model envisioned for the Facility should be consistent with providing excellent care to residents by reducing unnecessary workload and optimizing staff resources. As such, the design will permit staff to gain efficiencies and reduce effort, enjoy the deployment of communications devices and the use of other aids. The Facility itself should be an integral aspect in meeting the care needs of all residents.

THE RESIDENTS' NEIGHBOURHOOD

6. The Neighbourhood Concept. The intent of the concept is to create relatively autonomous living, dining (and possibly kitchen) spaces that function independently for groups of residents. These areas replicate the atmosphere of a large family home and also provide the opportunity to co-locate residents with similar care needs together to optimize care delivery.

In addition to reducing the institutional feel and appearance of a facility, the neighbourhood

concept also reduces resident confusion and anxiety that stems from noise and other stimuli resulting from congregating many people in one area. Ideally, neighbourhoods should be designed for a maximum of 22-24 residents with a preference for smaller where quality, cost effective care can be delivered. Different populations, e.g. dementia, may benefit from smaller neighbourhoods of 18-20 residents.

7. The Neighbourhood Concept. A neighbourhood is formed when facility spaces are combined for staffing and spatial efficiencies to share functions such as activity areas, personal laundry, care stations, and clean and soiled utility rooms.

8. Resident Bedroom. Ideally, private rooms should be provided for each resident. A limited number of rooms should be double rooms that are able to accommodate couples. Single resident rooms should have an interior room dimension of at least 21 square meters (including the ensuite bathroom) and double resident rooms not less than 36 square meters (including the ensuite bathroom). The rooms must contain the following:

- An ensuite bathroom, which provides privacy for the resident when the door to the resident room is opened and is visible from the bed. The bathroom should be designed for disabled access including millwork, vanity for resident's toiletries and lockable supply cupboard for staff use. Rooms are to be equipped with accessible non-stall-type showers that are lip-free and have appropriate safety devices (grab bars, etc);
- Resident ceiling lifts are to be installed in all resident rooms with the ceiling track to be continuous from over the bed to over the toilet. There is a preference for ceiling lifts that can pick-up from any point in the room;
- Operable windows with the opening location and size to be safe for cognitively impaired residents and operable by physically frail residents, insect screens and privacy window coverings. Window sills should be low enough to permit a view of the outdoors, and downward, from a low bed or wheelchair position;
- Wheelchair accessible door widths;
- Multi-level lighting to permit residents with eyesight difficulties to read, staff to perform medical treatments, reduced level lighting for night monitoring and lighting in washroom areas for safety at night, e.g. night lights or motion-activated lights; and
- Visual and acoustic privacy for residents is important and shall be designed into all personal care spaces. There must be no direct view of the bed head, the resident's washroom or the bathing facilities from the corridor. It is important to be aware of the journey the resident will make for personal services (such as bathing or physiotherapy) and ensure private areas and public areas are discreetly separated.

9. Bariatric Resident Bedrooms. One bedroom (including ensuite) should have the following spatial features:

- Ceiling lift track weight capacity of 454 kg (1000 lbs);
- Ceiling lift motor weight capacity of 454 kg (1000 lbs);
- A full boom and gantry system with full patient room and bathroom coverage;
- 1,525 mm (5') of clear space on both sides and at the foot of the bariatric bed;
- A maximum of 454 kg (1000 lbs) capacity for beds, equipment, furniture, ceiling supports and accessories;
- Reflective surface at baseboard height throughout room and washroom to facilitate client visualization of feet and immediate floor area;

- Standard door widths of 107 cm (42″) with a side light of 46 cm (18″);
- Floor-mounted toilet located at least 610 mm (24″) to the centerline of wall;
- Sink and any countertop structurally sufficient to resist pulling away from the wall;
- Sink with 180 degree access (ie. not situated in an alcove);
- Sink controls located on a lateral edge of the sink (not the back edge); and
- 1,700 mm (5′6″) turning radius in washrooms.

10. Hallways. Memory boxes or areas for display that provide way finding and cueing for the resident;

11. Lounge Area. The lounge is the main activity space for social interaction, daytime activities and programs within the house. This space can be adjacent to the dining space to create one large open living/dining area or separated into a distinct room to provide "away space", which is quieter and offers more privacy for residents and their visitors. Provide a minimum of 1.5 square meters per resident per house.

12. Activity Rooms. The activity room or space can be fully or partially located within the house or its space allocation can be combined with other houses to create a larger space. Provide a minimum of 1.0 square meter per resident.

13. Dining. The dining space may be used as an activity or social space outside of mealtimes, but is not to function as the sole activity space for the house. The dining area should be located and designed to maximize the availability of natural light. Provide a minimum of 3.0 square meters per resident to include provision for residents in self propelled wheel chairs.

14. Serveries. Each neighbourhood should be provided with a servery to permit staff to serve food. Facilities for food storage, coffee and hot drinks, soups, toast, ice and cold water should be provided. These facilities must be separate from resident kitchens and designed to comply with all applicable health standards and regulations.

15. Resident Kitchens. A resident kitchen adjoining the dining area is preferred. The kitchen area permits residents, staff or families to prepare and serve special meals or snacks. Resident kitchens should include food storage, stove, hot drink preparation, microwaves, toasters and dish washing appliances that comply with all applicable health standards and regulations. Design in a way that minimizes risk to residents and staff (e.g. master switch to turn off all power to appliances).

16. Care Stations. Care stations should be provided for each neighbourhood (or house if neighbourhood design impedes the supervision of residents) with vision to corridors and dining/common areas. Where direct vision is not possible, CCTV should be provided to permit nursing staff to view all corridors and dining/common areas where residents can reasonably be expected to access. Nurse stations should contain the following as a minimum:

- Space for 4 to 6 nurses/care staff to prepare reports;
- Millwork for office type functions;
- Cabinets for storage of forms and other office supplies;
- Separate lockable room for medication carts including lockable cabinets, sink and counter unit;
- Computer workstations in a number suitable to the staffing model; and

- Access should be controlled while maintaining an appearance of openness.

17. Bathing Room. Each neighbourhood must include a bathing area with an assisted bathing tub, a private washroom and space to accommodate a stretcher shower. Design and finishing should reflect a "spa" environment. Particular care must be taken with lighting and HVAC. The bathing room should be equipped with a ceiling lift with at least 1,000 pounds of lifting capacity, to facilitate the transfer of residents. The suggested size for the bathing room is 15 square meters.

18. Outdoor Recreational Areas. Residents should have access to the outdoors from their neighbourhood. This may be in the form of a balcony of sufficient size to accommodate several residents at once. In addition, a ground level area should be provided which permits residents and their guests to have access to the natural environment. All outside areas must be secure. The design should provide audible privacy while maintaining visual contact with staff. The outdoor recreational area design must include adequate provision for the residents who have regular access.

19. Support Areas. Appropriate support areas must be included within each house, neighbourhood, or floor as appropriate and include:

- Storage rooms should be provided to store equipment and supplies. Provision should be made for storage of wheelchairs complete with outlets for charging these devices. Corridors are not to be used as storage space;
- Housekeeping rooms should include a sink for janitorial purposes and lockable cupboard (for toxic substances) and storage solutions; and
- Provide separate rooms for clean and soiled utilities.
  - Clean utility rooms should be provided with a sink and counter unit, storage to store bedding, linens and incontinence supplies.
  - Soiled utility rooms must be provided with a sink and a means for staff to rinse heavily soiled clothing and linen.

20. Food Preparation Kitchen. The Facility should be provided with a central facility to prepare resident food. Proponents should incorporate into their design sufficient area for a food preparation process. In addition, fixed equipment must be provided for frozen and cold storage and washing dishes, equipment and utensils.

21. Other Support Areas. Appropriate support areas that serve the entire care facility should be provided including:

- A multipurpose room;
- An activity room;
- A hairdressing salon;
- A gift/tuck shop;

- Appropriate space for support services staff including occupational and physical therapists and recreational therapists; and
- A treatment room for the performance of dental, podiatry and medical procedures.

TECHNICAL REQUIREMENTS

22. Building Access. Design should permit easy access for Handi-Dart type buses and visitors with

limited mobility. Provide for undercover drop off and wheelchair accessibility. Entry doors should be equipped with automatic door openers. Parking should be provided for staff and visitors to municipal requirements in a location convenient to the main entrance.

23. Exterior Lighting. Exterior lighting must permit staff to access parking spaces in safety after hours.

24. Nurse Call System. The nurse call system must be designed to permit staff to reduce unnecessary movement while allowing for quick response to residents' needs. It should include wireless communications, resident call, staff assist and emergency call capabilities.

25. Emergency Power. The Facility must be provided with emergency power to permit medical equipment and basic services to function, elevator operation to permit evacuation of residents and visitors, maintenance of emergency lighting systems to permit basic services to continue and emergency lighting for extended periods. Each resident room should be equipped with one electrical outlet tied into the emergency generator that allows for the operation of medical equipment during power outages.

26. Interior Finishes. Interior finishes should be designed with quality, durability, ease of maintenance and support infection control practices. Hospital quality sheet flooring products should be employed. Low friction carpeting is acceptable in areas other than bedrooms, bathrooms, dining rooms and storage rooms. Particular flooring systems have been proven to positively impact on resident fall outcomes. Designs should incorporate this element. Materials should be durable while ensuring the look and feel is warm and residential in nature. Corner protection and handrails must be provided in all high traffic areas.

27. Access Control. The building should be provided with an access control system. Control must be provided to prevent vulnerable residents from leaving the facility, but allow access by family and other visitors. All exterior doors are to be equipped with security devices to detect elopement and intruders. Methods of security shall be confirmed with the authority having jurisdiction.

28. Resident Room Lighting. Particular attention must be paid to resident room lighting design. In addition to ensuring the residents rooms are well lit with multilevel controls, lighting design must include provision to reduce glare, shadowing and bright spots. Lighting should be less clinical and more home like, while emphasising safety (e.g. night lights in washrooms).

29. Lighting in Corridors, Dining and Other Residents Areas. Lighting in corridors, dining and other resident areas should be designed to be less clinical and more home like while ensuring adequate light levels for aged residents. Lighting in the dining and recreational areas should be designed with multiple levels to permit higher light levels for crafts and other detail activities. Lighting in bathrooms should be equipped with motion-detection safety features.

30. Elevators. Elevators should be designed to permit residents to be moved while in bed.

31. Resident Telecommunication Requirements. Each resident's room should be provided with access to telephone, cable television and internet services.

32. Fire Alarm System. A two stage addressable fire alarm system with voice communications to

direct staff and residents/visitors is required. The system must be designed for complex residential care facilities. Level 2 and 3 security units should have doors that remain locked until the stage two fire alarm is sounded.

If a paging system is required by the BC Fire Code or other applicable laws, it should be interfaced with the telephone system permitting either all building or neighbourhood paging. Otherwise, general paging will occur by cell phones and voice to voice nurse call systems.

33. HVAC Requirements. The HVAC should be designed with the following principles in mind:

- Residents rooms will be provided with individual heat controls, ideally designed with maximum patient comfort in mind, e.g. consider in floor slab heating;
- Ventilation in residents rooms should be a combination of natural and mechanical ventilation, including air supply and washroom exhaust;
- Residents rooms will not need to be provided with cooling except through the cooled air transferred from corridors;
- Corridors and common areas will be provided with full mechanical ventilation including cooling with sufficient capacity to provide resident rooms with cooled air;
- Staff offices and nurses stations will be provided with full mechanical ventilation including cooling;
- HVAC design will conform to current industry practice for complex residential care facilities with particular attention to energy efficiency; and
- Direct digital controls will be incorporated where appropriate.

Standard #1

DEMENTIA CARE WILL PROVIDE A REASSURING AND FAMILIAR ENVIRONMENT

Impact of Dementia

People living with dementia may lose their ability to understand different ways of doings things, changes to their environment and finding their way in new situations. Dementia can reduce people's ability to sustain attention and make sense of what they see and hear.

Desired Outcome	Examples
Dementia care creates a familiar environment that looks and feels home like . This can reduce resident anxiety and assist them with orientation and finding their way around the house.	• Differentiated units within complex care that appear more homelike. • Staff and the environment provide reference points that reassure residents they are where they should be and with people who care for them. • Staff wear simple name tags, resident's names and pictures are widely distributed in key locations and phrases such as "come in" and "everyone welcome" are visible in transition points into some rooms. • Multiple environmental cues, such as sofa, overstuffed chairs and table lamps, reinforce the purpose of spaces and create a homelike atmosphere. Utility carts, medication carts and medical equipment are not readily visible. • Food is prepared on site to allow for aromas and observation of meal time preparations. This creates a sense of participation in the preparation as well as enabling interaction between the cook and the residents. • Family style dining provides cues telling people what to do if they are having trouble planning and initiating actions. Clues are provided by observation of others, familiar table setting and food servings and residents socially cuing others by natural comments on the tastes and aromas. • Environment invites participation with familiar accessories such as books, puzzles, bird feeders etc. Ideally visible, accessible within reach, not locked, and located where they can be accessed and used spontaneously.

Standard #2

DEMENTIA CARE USES CONTINUAL ASSESSMENT AND INNOVATIVE RESPONSES TO PROMOTE ABILITIES AND MAINTAIN MOBILITY

Impact of Dementia

The cognitive changes that accompany dementia may interfere with the ability of the person to pursue activities that they are still physically able to do. Additionally, the normal aging process may result in sensory and motor decline that is more difficult to compensate for when cognition is impaired. The impact of dementia varies between persons and for each person during the course of their disease. A regimented approach will not meet their changing needs.

Desired Outcome	Examples
Dementia Care modifies the physical environment and approach to activities to assist the person to retain their ability to engage and be functionally mobile for longer. Dementia Care uses an approach that is flexible and innovative and seeks to provide care that is unique and specific to the needs of individuals. This approach allows each person to utilize their retained abilities and experience a sense of well being and quality of life.	• Noise and clutter are reduced as much as possible by removing extras from the table such as ketchup, salt, pepper and flowers. This allows each person to focus on meaningful items such as the cutlery, a cup and the food. • The room design, layout and furnishings allow changes that maintain as flexible an environment as possible. This accommodates changing needs that result from shifts in cognition and mobility. • Natural light is as generous as possible to enhance mood as well as provide optimum visual conditions. • Activities that do not rely on language are offered such as puzzles, handicrafts, chores, music, animals. • A design that enables room and spaces to be visible and recognizable with minimum effort assists with orientation and ease in finding the way. Dining tables or an easy chair visible through an open doorway helps to identify the intended purpose of each room. • Programs that are part of the daily living process and that support former life roles such as cooking, laundry, cleaning or gardening are incorporated. • Residents are encouraged to assist in chores that they want to be involved in such as dusting, folding clothes, meal preparation and clean up. • If someone is not eating it may be a symptom of dementia that prevents them from initiating an activity rather than lack of appetite. Helping them bring their

	spoon to mouth may start the process and once begun they may be able to carry on. • Opportunities for residents to stay fit and mobile are an important part of the activity programming. Muscle strength and balance can be enhanced through a variety of exercises. • Choose activities that build on the abilities and skills that the person has retained. By focusing on abilities, the person will experience success and a sense of pride and accomplishment. • Strategies such as laying out clean clothes in exact order of donning can help residents retain a degree of independence while still compensating for their cognitive challenges. • Cleaning spills & stains, tidying clutter, putting furniture and objects back in the same place routinely, leaving routes and walkways clear of unnecessary objects, all help to reduce risk of falls. • A flexible environment is one that can accommodate changes in each person's needs and/or behaviour. This can mean anything from revising care plans to rearranging schedules or adjusting the seating arrangement. • Regular reviews by staff of what is working or not working with each person encourage successful interactions and reduce frustration on behalf of both the residents and staff. • Communication between all members of the staff on observed behaviours is an important element in determining the cause and finding solutions. • Reluctance to eat might signal emotional or physical problems that should be properly assessed and looked into. • When planning and leading activities staff are able to change the planned program if that is what would enhance the residents' enjoyment. • Staff recognize that their approach to each person and interpersonal technique may need to be revised on a daily basis to meet the resident's needs. Staff look for behavioral causes and solutions before resorting to medication to manage behaviours.

Standard #3

DEMENTIA CARE INCLUDES PERSONAL PREFERENCE AND PERSONAL CHOICE EVEN WHEN THE PERSON IS NOT ABLE TO EXPRESS THEMSELVES BY USING KNOWLEDGE OF THE PERSON'S PAST TO INFORM THE PRESENT

Impact of Dementia

People living with dementia frequently struggle making choices and experience a loss of control as their abilities and confidence decline and others make decisions for them.

A person with dementia can be robbed of their identity and may result in them being defined by their diseases and symptoms, rather than who they are and who they have been.

Desired Outcome	Examples
Dementia Care reinforces a person's sense of dignity and control by creating situations where they can make choices. Seeking and sharing information about each person's present and past allows staff to create a personalized approach that directs interactions and encourages participation in meaningful activities.	• Residents are encouraged to bring items such as pictures, photographs, bedding, ornaments or other personal comfort items to personalize their room and make it feel as much like home as possible. • Personal care takes place at the pace required by the resident. • Day to day changes and variations in care needs such as bathing and dressing are accepted. • Residents have menu choices and are encouraged to express preferences. • Menu items that reflect lifestyle choices or religious and cultural habits such as vegetarianism are provided as much as possible. • Resident's own clothes are available to them. • Hair and clothing style is suited to each individuals' taste and custom. • To accommodate a resident's preference for certain clothing, families are advised to purchase multiples of favourite items to facilitate laundering. • Residents have the choice of participating in activities or not. • Activities based on past memories may be facilitated using props such as collections of hats, photos or special event mementos. • Space is made available when possible to accommodate individual lifestyle such as crafts

	and hobbies. • Residents have the opportunity to mark occasions that are important in their life such as religious days or milestones such as anniversaries and birthdays. • Activities reflect the cultural diversity of people involved. • Information that reflects preferences, unique needs and relevant history should be recorded in the person's care plan as a means of developing a truly person centered care service. • Individual timetables and preferences are accommodated as much as possible in the routines of the house such as an evening snack in front of the TV or an early morning visit to the garden. • Personal space reflects each person's past with pictures, mementos etc.

Standard #4

DEMENTIA CARE CREATES AN ENVIRONMENT THAT SEEKS OPPORTUNITIES TO FACILITATE JOY. THE MAINTENANCE AND DEVELOPMENT OF RELATIONSHIPS IS AN IMPORTANT PART OF THAT ENVIRONMENT.

Impact of Dementia

Dementia dramatically changes a person's ability to pursue activities and interactions that give them pleasure. Changes in communication and behaviours can affect a person's relationship with friends, family and caregivers and their ability to form new relationships.

Desired Outcome

Staff in dementia care seek to understand a person's response to new and existing relationships. They create opportunities that allow residents to maintain previous bonds and develop new relationships. Continual efforts to provide daily joy for each person increase their sense of well being and self esteem.

Examples

- Residents are addressed personally and their preferred name is recorded and used.
- Staff use their own names to put residents at ease, for instance "good morning, it's Jane here".
- Furniture is comfortable and laid out in ways that encourage socialization.
- Spaces and rooms are designed to facilitate small group interaction and promote the development of an extended family in each setting.
- Space is available for residents to have both some personal privacy and the opportunity to see visitors in private.
- Opportunities are provided for families to be included in events and activities.
- Activities are designed to encourage interaction with other residents.
- A stable staffing plan allows for consistent program delivery and allows residents to become comfortable with staff members.
- Sites are geographically located within 1 km of amenities such as shops and offices to promote community integration.
- Activity programs may access resources in the community such as recreation centers or municipal celebrations.
- The value of small things such as a friendly touch is recognized in everyday interactions.
- Time spent in a residents room can be used to listen to stories or memories while completing tasks.
- A flower from the garden or a warm hug can bring a smile and set the tone for the day.

	• Staff are encouraged to express fun, laughter and their own unique personality in the workplace. • Creativity and a willingness to go beyond traditional activities help residents find enjoyment in unique ways. Staff recognize that pleasure can be found in many activities that are not necessarily structured. • Seasonal decorations throughout the common areas reflect popular celebrations. • Food is recognized as a means of creating special occasions and bringing people together socially. • Access to an enclosed garden allows residents the freedom to enjoy some time in the outdoors with all the benefits of fresh air, exercise and a change of scenery. • All the senses are used to create a pleasant atmosphere such as the sound of water in fountains or the smell of fresh flowers. • Staff continually seek opportunities to facilitate joy, fun and laughter into each day.

Appendix 4: VIHA Residential Care Security Level Definitions

No Security Designated No-Security Facility	Security Level 1 (baseline) required of all complex care facilities	Level 2 (Baseline Level 1 PLUS)	Level 3 (Baseline Levels 1 & 2 PLUS)
• Buildings and units not secure	• Keypads on all external exits to prevent cognitively impaired Residents, who are not actively or intentionally exit-seeking, from wandering outside. • Building level security only • Outside spaces that may or may not be secure (where not secure then Residents must be escorted out of doors)	• Keypad on all unit exit doors thereby preventing Residents from accessing other areas or leaving the building. • A secure unit within a secure building • Secured outside spaces. • Unit will support a co-horted population with similar security needs for safety of self or others.	• Low stimulation environment designed to minimize the occurrence, intensity and duration of responsive behaviors. • Considerations would include reduced Noise • Single bedrooms are ideal- some residents may manage successfully in a 2-bed room. • Access to a secure outside space. • Common areas that can comfortably accommodate all the residents for activities as well as areas where residents can sit without being agitated by others. • Typically smaller units
Resident profile No Security Designated No-Security Facility	**Resident profile Security Level 1**	**Resident profile Security Level 2**	**Resident profile Security Level 3**
• Residents who are cognitively intact whereby security is inappropriate • Residents unable to mobilize independently with or without mobility aides	• Any complex care resident who does not need level 2 or 3 • May demonstrate Wandering or intrusive behaviour that is easily managed or redirected	Level 1 profile PLUS: • Exhibits exit seeking behaviour • Have impulsive behaviours that may interfere with others such , invading other's personal space, collecting items, etc	Level 1 and 2 profiles PLUS: • Responsive behaviours that require Low stimulation.

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