



**THE BEST OF CARE:**  
GETTING IT RIGHT FOR SENIORS  
IN BRITISH COLUMBIA (Part 2)



Public Report No.47 | FEBRUARY 2012

Recommendations and Responses to Home and  
Community Care: The BC Ombudsperson Report

May 16, 2012 - 21<sup>st</sup> Annual John K Friesen Conference

# Introduction

- Office of Ombudsperson in BC since 1979
- Part of wave of statutory ombudsman offices in Canada and other common law jurisdictions  
1967 – 1992
- Role is to ensure people are treated fairly by provincial public authorities through investigation of complaints of administrative unfairness

# Introduction

- Jurisdiction includes:
  - Provincial ministries
  - Provincial boards and commissions
  - Provincial “Crown Corporations”
  - Local governments
  - Health authorities
  - School boards
  - Colleges and universities
  - Self-regulated professions and associations

# Introduction

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- Independent and impartial
- Consultative and resolution oriented
- 8,000+ inquiries and complaints annually
- 2,000+ Early Resolutions and Investigations annually
- 1 – 2 Systemic Investigations annually
- 34 positions
- Office in Victoria

# Background

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- Investigation into Home and Community Care Services for seniors initiated in 2008 as a result of complaints
- Public concern about standards, policies, planning, communication and information
- Considered vulnerability of seniors receiving care
- June 2008 - news release
- August 2008 - public announcement of seniors' care investigation
- Unprecedented public response

# Investigative Process

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- Ombudsperson Questionnaire
- Complaint Investigations
- Authority meetings
- Consultation meetings
- Site Visits
- Review of extensive information provided by authorities
- File Reviews





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# The Best of Care (Part 1)

## Issues Investigated:

- Rights for seniors in residential care
- Access to information about residential care
- Role of resident and family councils

Delivered December 2009

3 Findings 10 Recommendations to the Ministry of Health

# The Best of Care (Part 1)

- Ministries created a residents' bill of rights
  - *Health Statutes Amendment Act, 2009* - became law in December 2009
  
- Ministries did not commit to single provincial website but did agree to make improvements to accessibility, quality and consistency of information
  
- Ministries agreed to make some policy changes and to develop guidelines for operators. Ministries did not commit to supporting the establishment of regional councils or to designate a liaison person at the ministry level



# On Short Notice

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- Vancouver Island Health Authority
- Cowichan Lodge – Duncan
- Closure of Residential Care Facility
- Complaints from Residents, Families, Staff
- Issues
  - Information
  - Seeking Exemption
  - Decision Maker
  - Consideration of Individual Circumstances
- 6 Findings
- 6 Recommendations
- Recommendations Accepted except about Decision Maker



# Honouring Commitments

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- Fraser Health
- Newton Regency – Surrey
- Ceasing Funding of Beds and Requiring Moves Contrary to Written Commitment
- Three Complainants (out of 37 affected)
- Issues
  - Consideration of Commitment
  - Adequacy of Notice
  - Planning and Flexibility
  - Advising of Temporary Status
  - Following Legislative Requirements for Notice/Exemption
- 7 Findings
- 9 Recommendations
- All Accepted





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## The Best of Care (Part 2)

Investigation of home and community care issues, home support, assisted living and residential care including

- ❑ Adequacy of information
- ❑ Access to services
- ❑ Standards of care
- ❑ Complaint processes
- ❑ Monitoring and enforcement
- ❑ Facility closures

Delivered February 14, 2012

143 Findings 176 Recommendations to the Ministry of Health and five regional health authorities

# Themes

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- More useful and accessible information
- Assistance navigating the system
- Supporting those who deliver care
- Clear, objective, enforceable standards of care
- Straight forward and responsive complaints processes
- Renewed commitment focussing on needs of seniors, listening to their concerns and respecting their choices



# Home Support – Case Summary

## *Paula and Grace's Story*

Paula contacted our office after the number of home support hours her mother Grace had been receiving were unexpectedly cut in half. Paula was concerned with the reduction because Grace's needs had not changed. She was concerned that she would not be able to afford to pay privately and would have to move into a residential care facility.

Paula complained to the health authority and was told that Grace would have to pay for the additional services privately and also that the reduction was part of a general service cutback.

We investigated Paula's complaint. We learned that health authority staff had approved a reduction in Grace's services because they believed that the same number of tasks could be performed in less time.

Health authority staff later acknowledged that the same tasks could not be performed in the time allotted and, as a result of our investigation, agreed to restore most of Grace's home support hours.

# Residential Care – Case Summary

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## *Linda and Julia's Story*

Linda contacted our office after her stepmother Julia had a stroke and ended up in the Vancouver General Hospital. At that time, health authority staff determined that Julia required residential care.

The family requested that Julia be placed in New Westminister where the family lived. However, no beds were available in New Westminister. Julia was placed in a residential care facility near UBC which was a 30 km drive from where Linda lived. The family put Julia's name on a waitlist to transfer to a facility in New Westminister.

We investigated Linda's complaint. The health authority told us its practice was to place seniors in the first available and appropriate bed if a bed is not available in the preferred facility. We believed that proximity to family who could visit should have been considered by the health in determining the appropriateness of the placement. As a result of our investigation, Julia was transferred to her preferred facility in New Westminister after waiting six months on the transfer list.

# Home and Community Care

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## Facts and Figures

- Services include home support, choice in support for independent living, assisted living, residential care, hospice, palliative, end-of-life care, home care nursing and community rehabilitation, adult day services
- Payments can range from \$10 a day for home support to over \$2,900 a month for residential care

# Reporting Abuse and Neglect

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## ➤ Home and Community Care

- Pages 78-91
- Findings 23-28
- Recommendations 27-33

### Issues

- *Adult Guardianship Act* allows reporting
- Requiring staff providing care to report
- Require operators of *Hospital Act* facilities to report
- Track incidents investigated and support plans implemented
- Guidelines on when to report incidents to police
- Extend protection from financial abuse/gift giving limitations to home support and assisted living
- Protect staff and others who complain about inadequate services





# Home and Community Care

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## Facts and Figures

*Table 1 - Residential Care and Assisted Living Hardship Applications, Fraser Health, 2008/09 and 2009/10*

*\*other health authorities do not collect this data*

<b>FEE REDUCTION REQUESTS</b>	2008/09	2009/10	Total
<b>Received from residential care clients</b>	<b>44</b>	<b>59</b>	<b>103</b>
Approved	43	55	<b>98</b>
Denied	1	4	<b>5</b>
<b>Received from assisted living clients</b>	<b>6</b>	<b>5</b>	<b>11</b>
Approved	5	5	<b>10</b>
Denied	1	0	<b>1</b>

# Home and Community Care

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## Shorter Term Recommendations

- Ensure seniors are informed of availability of services
- Standardize training and registration for community health workers
- Require staff to report suspected abuse or neglect

# Home and Community Care

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## Longer Term Recommendations

- Make an annual home and community care report publicly available
- Establish a program to provide support to navigate the system
- Provide legislated protection from financial abuse to seniors receiving home support and in assisted living
- Provide whistle blower protection for people, including staff, who complain





# Home Support

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## Facts and Figures

- At least 24,500 seniors received subsidized long-term home support services in 2009/10
- Health authorities spent approximately \$339 million providing subsidized home support services in 2009/10
- Health authorities use a formula set by regulation to calculate the amount subsidized home support clients are charged
- Subsidized home support services are administered under the *Continuing Care Act*



# Home Support

## Facts and Figures

**Table 10 - Hours of Subsidized Long-Term Home Support Services, Including Choice in Supports for Independent Living (CSIL), Provided to Seniors, 2002/03 to 2010/11**

\*incomplete data submissions means some numbers may be understated

Health authority	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
<b>FHA</b>	1,539,974	1,532,040	1,554,454	1,574,908	1,660,308	1,777,183	1,768,539	1,659,312	Not available
<b>IHA3</b>	772,634	863,976	893,582	1,012,777	947,981	919,999	882,283	582,632	Not available
<b>NHA</b>	218,267	198,754	227,114	227,786	194,736	160,482	179,584	149,414	Not available
<b>VCHA4</b>	1,474,227	1,278,509	1,179,428	1,305,827	1,346,345	1,251,986	1,171,855	495,791	Not available
<b>VIHA</b>	1,363,089	1,461,253	1,456,489	1,515,458	1,712,678	1,838,435	1,907,384	1,843,526	Not available
<b>Provincial totals</b>	<b>5,368,191</b>	<b>5,334,532</b>	<b>5,311,067</b>	<b>5,636,756</b>	<b>5,862,048</b>	<b>5,948,085</b>	<b>5,909,645</b>	<b>4,730,675</b>	Not available

# Home Support

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## Shorter Term Recommendations

- Develop consistent process for determining time allotments
- Establish timeframe within which seniors are to receive service
- Establish process for monitoring services

## Longer Term Recommendations

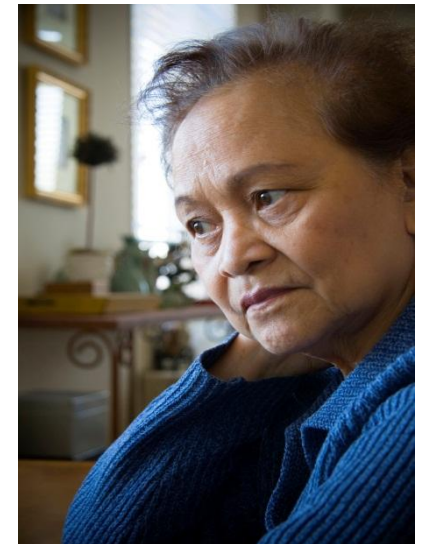
- Analyze whether program is meeting its goal
- Evaluate eligibility criteria to ensure consistent with goals
- Analyze costs and benefits of expanding program up to cost of providing residential care
- Establish clear, specific and enforceable standards

# Assisted Living

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## Facts and Figures

- There were 194 registered assisted living residences as of Mar 2011
- The five regional health authorities provided \$74.7 million in funding in 2010/11
- 4,380 units were subsidized and 2,452 were not
- Subsidized residents pay a maximum of 70 per cent of their after-tax income. As of Mar 2010, this amount ranged from \$801 to \$3,860 per month, and averaged \$1,224 per month.
- Assisted living residences can be owned and operated by health authorities, non-profit groups or private companies
- Assisted living is regulated by the *Community Care and Assisted Living Act*





# Assisted Living

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## Facts and Figures

**Table 13 - Assisted Living Residences and Units by Health Authority, 2010/11**

Health authority	Number of residences	Publicly subsidized units	Private pay units	All units
FHA	50	1,350	781	<b>2,131</b>
IHA	57	926	904	<b>1,830</b>
NHA	19	288	31	<b>319</b>
VCHA	24	816	393	<b>1,209</b>
VIHA	44	1,000	343	<b>1,343</b>
<b>Totals</b>	<b>194</b>	<b>4,380</b>	<b>2,452</b>	<b>6,832</b>

# Tenancy Protection

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- **Assisted Living**
  - ❑ Pages 187-192
  - ❑ Finding 64
  - ❑ Recommendations 82-84

## Issues

- ❑ *Tenancy Statutes Amendment Act (2006)* would have provided protection if enacted
- ❑ Will not be enacted
- ❑ Responsibility given to MoH in 2010
- ❑ Currently voluntary informal mechanism which is not well advertised or well known
- ❑ Issue is assisted living residents more vulnerable than average renter but has less protection



# Assisted Living

## Facts and Figures

**Table 17 - Average Number of Days After Assessment That Seniors Spent Waiting for Placement, 2008/09 to 2010/11**

Fiscal Year	FHA	IHA	NHA	VCHA	VIHA
2008/09	80	185	Unavailable	172	188
2009/10	78	146	Unavailable	Unavailable	208
2010/11	120	160	357	300	279

# Assisted Living

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## Shorter Term Recommendations

- ❑ Establish a timeframe within which eligible seniors receive subsidized assisted living
- ❑ Require compliance with policy on benefits and allowable charges
- ❑ Require operators to report serious incidents

# Assisted Living

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## Longer Term Recommendations

- Establish legally binding quality of care standards
- Expand the jurisdiction and investigative powers of the assisted living registrar
- Develop an active inspection and monitoring program

# Residential Care

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## Facts and Figures

- Health authorities spent approx. \$1.6 billion for subsidized residential care in 2010/11
- There were 26,491 publicly subsidized residential care beds as of Sept 2011
- People in subsidized residential care pay up to 80 per cent of after-tax income, provided that they have at least \$325 remaining from their income each month. Residential care fees paid by individuals (co-payment) range from \$898 to \$2,932 a month
- Seventy-one per cent of residential care beds are in facilities licensed under *Community Care and Assisted Living Act* and *Residential Care Regulation*
- Twenty-nine per cent of beds are in extended care hospitals or private hospitals, both governed by the *Hospital Act*

# Residential Care

## Facts and Figures

**Table 26 - Number of Publicly Subsidized Residential Care Beds, 2002/03 to 2010/11**

Health authority	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
FHA	7,539	7,256	7,138	7,227	7,327	7,457	7,607	7,543	7,564
IHA	Not provided	Not provided	Not provided	4,304	4,515	4,786	5,112	5,175	5,279
NHA	1,044	944	948	956	1,000	1,011	1,017	1,095	1,101
VCHA	6,605	6,998	6,731	6,641	6,730	6,710	6,708	6,560	6,702
VIHA	4,803	4,707	4,629	4,704	4,777	4,939	5,287	5,261	5,293
<b>Total</b>	-	-	-	<b>23,832</b>	<b>24,339</b>	<b>24,903</b>	<b>25,731</b>	<b>25,634</b>	<b>25,939</b>

# Residential Care

## Facts and Figures

**Table 29 - People Waiting for Placement in Subsidized Residential Care, 2008, 2010 and 2011**

Health Authority	Number waiting on		
	September 30, 2008	March 31, 2010	March 31, 2011
FHA	116	285	195
IHA	489	529	591
NHA	Not provided	214	202
VCHA	191	255	212
VIHA	450	551	449
<b>Total</b>	<b>1,246</b> + NHA	<b>1,834</b>	<b>1,649</b> + 1 IHA area unreported



# Residential Care

## Facts and Figures

**Table 30 - Days Waited for Placement in Subsidized Residential Care, 2008/09, 2009/10 and 2010/2011**

Health Authority	Number of days (2008/09)			Number of days (2009/10)			Number of days (2010/2011)		
	Shortest	Longest	Average	Shortest	Longest	Average	Shortest	Longest	Average
FHA	10	61	22	15	58	32	15	135	40.5
IHA	0	1,012	70	0	762	68	0	1,099	71
NHA	Not available	Not available	Not available	Not available	Not available	72	Not available	Not available	93
VCHA	0	1,868	35	0	398	31	0	650	37
VIHA	1	1,561	98	1	1,729	109	1	1,120	92

# First Available/Appropriate Bed Policy

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- Residential Care
  - ❑ Pages 221-233
  - ❑ Findings 78-80
  - ❑ Recommendations 102-104

## Issues

- ❑ Eligibility requirement must agree to accept
- ❑ Lack of information/choice
- ❑ Being removed from list if decline
- ❑ “Special rules” about paying while waiting for subsidized beds and transfers



# Residential Care

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## Facts and Figures

**Table 38 - Daily Hours of Direct Care Provided per Resident, 2008 and 2011**

<b>Health Authority</b>	<b>2008</b>	<b>2011</b>
<b>FHA</b>	2.40	2.72
<b>IHA</b>	2.80	2.85
<b>NHA</b>	2.80	2.98
<b>VCHA</b>	Not available	2.54
<b>VIHA</b>	2.52	3.194

# Hospital Act v CCALA

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- Residential Care
  - Pages 206-211
  - Finding 73
  - Recommendations 94-96

## Issues

- Differences in applicable rules including
  - Reporting incidents, pages 343-344
  - Rooms, pages 271-272
  - Food, pages 277-278
  - Inspections, pages 333-339
  - Restraints, pages 282-288
- Differences in charges/benefits, page 207
- *Hospital Act* facilities still being built, page 208



# Extra Charges

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- Residential Care
  - ❑ Pages 247-270
  - ❑ Findings 92-102
  - ❑ Recommendations 121-132

## Issues

- ❑ Residents should only pay cost of accommodation (room and board)
- ❑ Room differential charges
- ❑ Use of monies resulting from new rates
- ❑ Chargeable extras
- ❑ Delay in applying policy on benefits and allowable charges
- ❑ Updating hardship waiver categories
- ❑ *Mental Health Act* involuntary detention charges



# Residential Care

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## Shorter Term Recommendations

- ❑ Develop a standard admissions form
- ❑ Ask seniors to identify three preferred facilities
- ❑ Stop charging fees to involuntary patients in residential care and to seniors in hospital waiting for placement
- ❑ Allow more flexibility on the time allowed to move into a residential care facility
- ❑ Conduct unscheduled inspections and inspections outside of regular business hours

# Residential Care

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## Longer Term Recommendations

- Ensure same standards, services, fees, monitoring, enforcement and complaints processes apply to all residential care facilities
- Establish specific standards for key aspects of residential care
- Establish staffing standards including staffing mixes, minimum direct care hours, and minimum staff required at different times
- Create enforceable standards for use of medications on an as needed basis and for end-of-life care
- Require operators under the *Hospital Act* to report “reportable incidents”
- Expand enforcement options
- Require operators to notify residents and families as soon as possible of decisions to close a facility and of decisions that result in transfers

# Response from Government

## Best of Care Part 2

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- February 14, 2012 Action Plan
- Establish Seniors Advocate
- \$15 million over 3 years to United Way of Greater Vancouver to expand volunteer CASI program
- December 2011 report on increased use of antipsychotic drugs in residential care facilities
- March 2012 report on health authority investment of revised residential care client rate revenue



# Information

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- Enhancements to [www.SeniorsBC.ca](http://www.SeniorsBC.ca) by September 2012
- Online access to detailed residential care facility inspection reports by September 2012
- Information to assist you and your family to understand and live with dementia

# Standards and Quality Management

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- Between February 2012 and February 2013 improvements to residential care including regular medication reviews, enhanced training for care providers and consistent medical oversight
- Increase focus of residential care facility inspectors on high risk areas and ensure necessary changes to maintain safety beginning in April 2012
- Standardize benefits and protections to all residential care clients by January 2013

## Recommendations

94 – harmonize regulatory framework by January 2013

96 – no reduction in benefits and services for residents

97 – evaluate if budget sufficient to meet current needs of the population

## Response

Standardize benefits and protections to all residential care clients by January 2013

## Recommendations

98 – remedy any historical funding anomalies

121 – develop a process for accurately calculating costs of accommodation and hospitality services

125 – review fees and ensure consistent

126 – require immediate compliance with policy on benefits and allowable charges not wait to April 2013

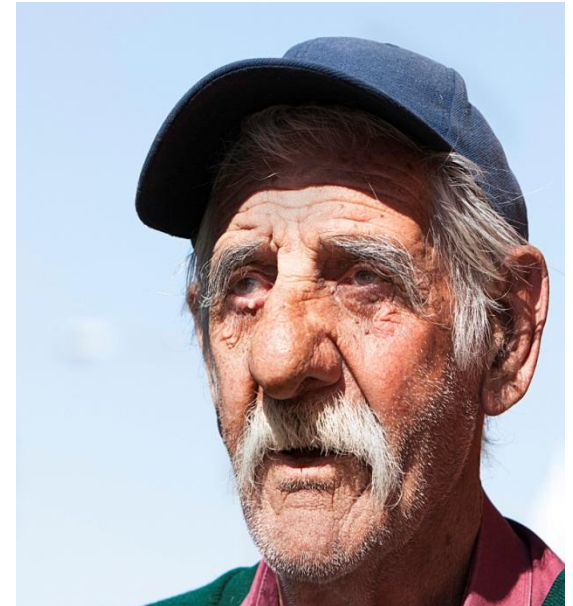
## Response

Standardize benefits and protections to all residential care clients by January 2013

# The Way Ahead

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- Ombudsperson staff will monitor implementation of recommendations
- Updates will be posted on Ombudsperson website
- The Ombudsperson and staff to meet with organizations interested in the report
- Public interest encourages full and timely implementation of recommendations



# Next Steps

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- “Many of the recommendations do require consultation and joint analysis with other Ministries, municipalities or agencies and would strongly benefit from direct input from seniors, caregivers, physicians and other primary health care professionals.”
- “The Ministry is committed to continue its examination of the Ombudsperson’s findings and recommendations and will proceed with implementing those that will immediately contribute to improving the provision of services and care to seniors.”

- Page 189, Volume 1, Best of Care Part 2