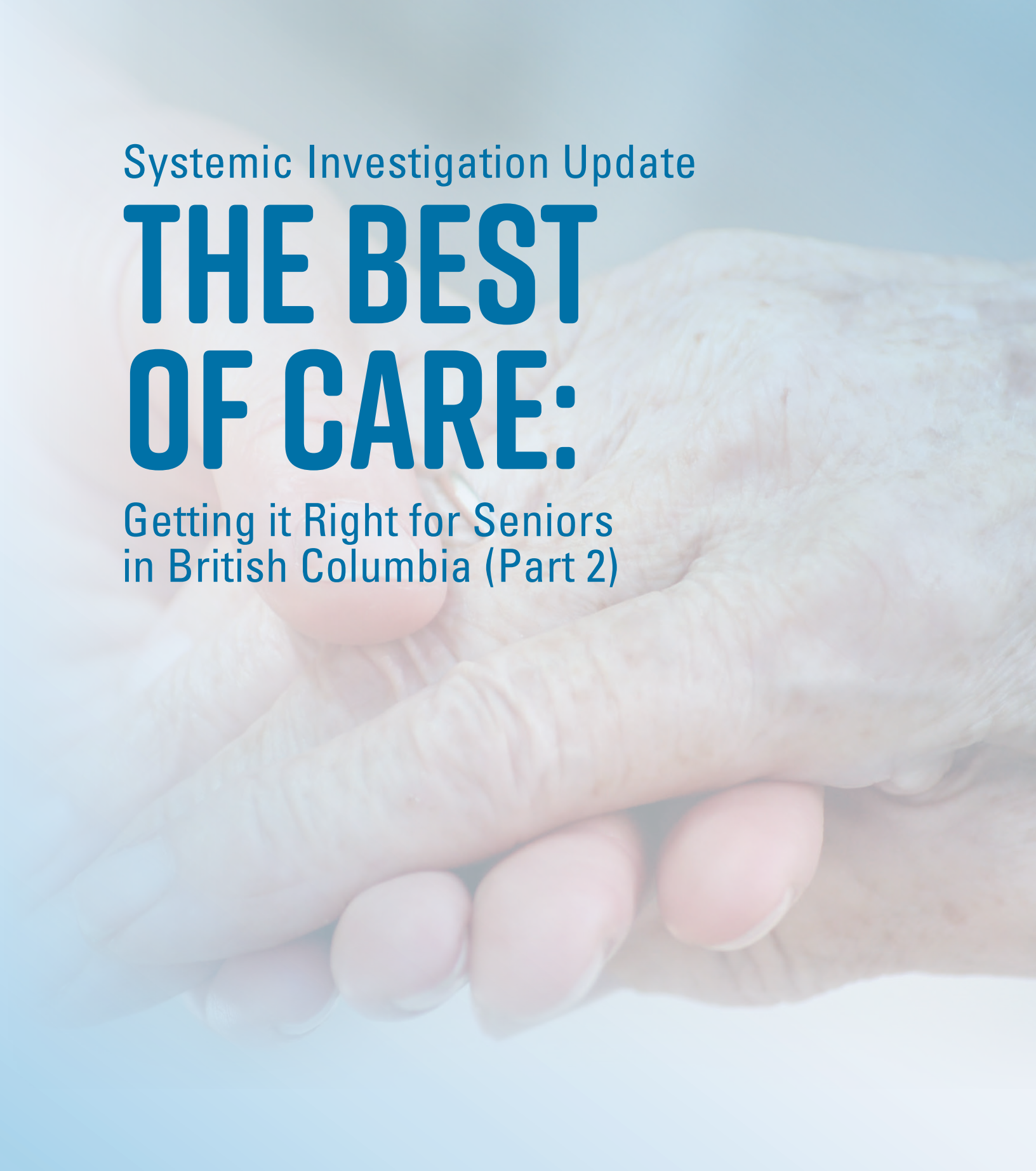
Systemic Investigation Update

THE BEST OF CARE:

Getting it Right for Seniors in British Columbia (Part 2)



The Office of the Ombudsperson
B.C.'s Independent Voice for Fairness

40 years 1979-2019

Systemic Investigation Update
February 2019

INTRODUCTION

One of the key ways in which the Office of the Ombudsperson can effect change in the fair administration of government programs is by making recommendations. Our recommendations result from investigative findings of unfairness. In other words, when our investigation highlights a problem in fair administration, our recommendations aim to fix that problem. Our recommendations may involve individual remedies or systemic change, and often contain timelines by which we expect an authority to have made the change.

We monitor authorities' implementation of the recommendations made in our public reports. As part of this monitoring commitment, we issue periodic updates on specific reports and their recommendations.

We begin monitoring implementation once a report is released publicly. We collect information from the authority about the steps it has taken to implement a recommendation. We expect the authority to provide us with specific, relevant and verifiable information about its implementation steps – a general commitment to take action is not sufficient. We then assess this information to determine whether, in our view, the recommendation has been fully implemented.

THE BEST OF CARE (PART 2) REPORT AND RECOMMENDATIONS

The Best of Care: Getting it Right for Seniors in British Columbia (Part 2) is a two-volume report released by the Office of the Ombudsperson in February 2012.[1] It was the product of a comprehensive investigation into home and community care programs delivered to seniors in British Columbia by the Ministry of Health and the five regional health authorities.

As a result of the investigation, the Ombudsperson made 143 findings and 176 recommendations aimed at improving the provision of home support, assisted living and residential care services to seniors. The recommendations focused on key areas, including:

- collecting and publicly reporting information about service delivery
- supporting seniors and their families in navigating the home and community care system
- providing information about programs and developing accessible and responsive complaints processes
- establishing, monitoring and enforcing standards of quality care
- acknowledging and respecting the rights of seniors receiving services

As we described in *The Best of Care (Part 2)*, almost all of the recommendations relate to the broad themes of support, protection, consistency and choice for seniors who are receiving services.

Since the report's release in 2012, we have been monitoring and reporting publicly on the steps taken by the ministry and health authorities to implement the recommendations. The monitoring process has involved obtaining and reviewing information from the health authorities and the Ministry of Health, consulting with them where necessary, and determining whether the recommendations have been fully or partially implemented.

As described in *The Best of Care (Part 2)*, "home and community care in British Columbia is a complex and interconnected system,"[2] and this complexity was evident throughout the monitoring process. Although the Ministry of Health has taken a lead role in implementing the recommendations, implementation has often required coordination between the ministry, each of the five regional health authorities, and private or public service providers.

Seven years after the release of *The Best of Care (Part 2)*, we have decided to

[1] *The Best of Care (Part 2)* is available on our website at http://www.bcombudsperson.ca/documents/best-care-getting-it-right-seniors-british-columbia-part-2. *The Best of Care (Part 1)* was released in December 2009 and made 10 recommendations about rights for seniors in residential care, access to information about residential care, and the role of resident and family councils. *The Best of Care (Part 1)*, and updates on the implementation of its recommendations, can be found on our website at http://www.bcombudsperson.ca/documents/best-care-getting-it-right-seniors-british-columbia-part-1.

[2] Office of the Ombudsperson, *The Best of Care: Getting it Right for Seniors in British Columbia (Part 2)*, Volume 1, Public Report No. 47, British Columbia: Legislative Assembly, February 2012, 3 http://www.bcombudsperson.ca/documents/best-care-getting-it-right-seniors-british-columbia-part-2.

end our regular formal monitoring of the recommendations in this report. Because of the scope of *The Best of Care (Part 2*), we extended our regular monitoring by a further two years. After seven years we have reluctantly concluded monitoring *The Best of Care (Part 2)*.

At the same time, many of the issues we identified remain as pressing as they were in 2012. This final systemic investigation update report highlights our analysis of implemented recommendations and the primary areas where important work remains to be done.

We are encouraged by the fact that some improvements have been made to seniors' care in the province since our initial report was issued. However, most of the work completed to date has focused on small, incremental changes. As this report highlights, there is clearly significant work ahead to ensure that fundamental changes are made to address the systemic and structural gaps that still exist.

HIGHLIGHTS OF IMPLEMENTED RECOMMENDATIONS

As of January 2019, the Ministry of Health and the health authorities had implemented 68 of the 176 recommendations made in *The Best of Care (Part 2)*.[3]

In some cases, the ministry has taken action that, while not entirely consistent with the precise wording of our recommendation, nonetheless achieves the outcome we sought in making the recommendation. In such cases, we have considered these recommendations to be "implemented by other means," and they are included in the total of implemented recommendations.

A further eight recommendations have been partially implemented. This means that the authority to whom the recommendation was directed has taken one or more specific steps toward implementation of the recommendation. In some, but not all, of these cases, we anticipate further action by the authority that may fully implement the recommendation.

One important step that has been taken by government and that relates to a number of our recommendations is the establishment of a provincial Seniors Advocate with a statutory mandate to monitor, analyze and make recommendations about systemic issues that impact seniors in five mandated areas:

- health
- housing
- transportation
- income supports
- personal supports

The Seniors Advocate also has a mandate to advocate in the interests of seniors and promote awareness of the challenges they face and to advise senior government officials on matters relating to seniors.

[3] This does not include the two recommendations made to multiple health authorities where some but not all of the health authorities have implemented the recommendation (Recommendations 71 and 99). Recommendation 99 is considered partially implemented.

The first Seniors Advocate was appointed under the *Seniors Advocate Act* in 2014. The Office of the Seniors Advocate has increased awareness of seniors issues publicly, helped seniors and their families by providing information and referrals, and issued a number of systemic reports and recommendations. The Seniors Advocate has continued to raise issues highlighted in *The Best of Care (Part 2)*, including the lack of standardized staffing hours in residential care, wait times for care, and the use of antipsychotic medications for seniors.

Specific recommendations that have been implemented in the seven years since the report was released include the following:

Support and Information

- The Office of the Seniors Advocate identifies, collects and publicly reports on key home and community care data. The Office publicly reports this data in its annual *Monitoring Seniors' Services* report (Recommendations 2 and 3).
- The *BC Seniors' Guide* is available online in a new e-book version for tablets, laptops and other devices (Recommendation 9).
- Seniors who are being assessed for home and community care services can expect to be provided with a copy of their assessment, in accordance with newly established provincial guidelines (Recommendation 10).
- Improvements have been made in both providing information about how seniors who are facing financial hardship can apply to have the fees they pay for subsidized home and community care services reduced, and the related application processes (Recommendations 11–13).
- Detailed information about assisted living services that complies with a February 2009 Ministerial Directive is now more readily available on each health authority's website (Recommendations 57 and 58).

Oversight and Complaints Processes

- Each of the six health authorities has a Patient Care Quality Office (PCQO) with a mandate to respond to individual complaints about care quality issues. These include complaints about the quality of home and community care services that are publicly funded. A person who is dissatisfied with the response of a PCQO to their care quality complaint can make a further complaint to the regional Patient Care Quality Review Board, which can make recommendations to the Minister of Health and health authorities for improving the quality of patient care. Each health authority's PCQO now has an electronic tool that allows it to document its responses to complaints (Recommendation 20), and provincial policy has been changed to make clearer the responsibility of health authorities to inform residents and families about complaints processes (Recommendation 45).
- The Assisted Living Registry (ALR), which oversees the registration of, and investigates complaints about, assisted living facilities in British Columbia, has improved its internal procedures for investigating complaints and ensuring compliance (Recommendations 75 and 77). Since February 2012 the ALR has been staffed by employees of the Ministry of Health rather than the Health Employers Association of BC (Recommendation 51), and since 2012 the ministry has doubled the number of ALR investigators (Recommendation 79). In addition, ALR staff visit all new assisted living facilities before they are registered (Recommendation 89).
- A training program for community care licensing officers is available through the Justice Institute of BC, and the Ministry of Health has encouraged enrolment through an advertising and communications

strategy and a subsidy program for existing licensing officers (Recommendation 153).

- All health authorities inspect residential care facilities operating under the *Hospital Act* with the same frequency as they inspect residential care facilities licensed under the *Community Care and Assisted Living Act* (Recommendation 160) and provide online access to summary inspection reports for those facilities (Recommendations 95, 159 and 161).
- In response to our recommendation that the Ministry of Health develop safeguards to ensure that seniors in residential care are not adversely affected by large-scale staff replacements, the ministry has added a new section on this issue to its Home and Community Care Policy Manual (Recommendation 170). The policy defines large-scale staff replacement to mean "mass staff turnover through the change from one contracted service provider to another or through a change in ownership."[4]

  The policy requires health authorities to ensure that service providers plan and manage the resulting change by maintaining the quality and safety of client (resident) care as a priority; providing residents with information and offering them and their families an opportunity to meet to identify key concerns; and ensuring that staff replacement does not happen until all clients have been informed and have had the opportunity to have their concerns heard.

  The policy also requires health authorities to ensure that service providers develop operational policy and procedures to ensure timely communication with residents and the community care licensing office, address loss of continuity of care for residents, communicate clients' clinical needs to new staff, and monitor and mitigate impacts from the change. In April 2016, the ministry confirmed that all health authorities had verified implementation of the policy by their contracted service providers.

  Related to this, the *Residential Care Regulation* was amended effective July 19, 2016, to add a requirement that licensees notify persons in care and their family members prior to substantially changing the nature of operations, ceasing operations, or selling or transferring control of a facility (Recommendation 171). The ministry advised us that it understood this requirement to include large-scale staffing replacements.

Strengthening Standards of Quality Care

- The ministry and health authorities have developed some standardized performance management requirements to measure the quality of home support services (Recommendation 49).
- The *Residential Care Regulation* was amended to clarify the narrow circumstances where an operator of a residential care facility can restrain a resident without consent (Recommendation 136). The regulation now states that restraint without consent is limited to situations where it is "necessary to protect the person in care or others from imminent serious physical harm."[5]
- The Ministry of Health completed a review of the use of antipsychotic drugs in residential care facilities and made its

[4] Ministry of Health, *Home and Community Care Policy Manual*, Chapter 6.K, effective 1 April 2015 https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/accountability/hcc-policy-manual/6_hcc_policy_manual_chapter-6.pdf.

[5] *Residential Care Regulation*, B.C. Reg. 96/2009, s.74(1)(a).

report publicly available on its website[6] (Recommendation 137).

- The *Residential Care Regulation* requires a facility operator to allow a person in care to receive visitors of the person's choice, and to communicate with visitors in private, to the greatest extent possible while maintaining the health, safety and dignity of all persons in care. In accordance with this regulation, the Ministry of Health has implemented a policy that identifies the types of visitor behaviour that may pose a risk to a residential care facility and requires all facilities to implement protocols that rely on visitor restrictions as a last resort. This policy applies to all facilities providing publicly funded health care services (Recommendation 144).

REMAINING IMPLEMENTATION WORK

While the above implemented recommendations are a positive step, there is significant work to be done to implement our recommendations that would result in important systemic changes.

Health Authority Complaints Processes

Key outstanding recommendations: 15, 16, 18, 19 and 48

As described above, the Patient Care Quality Offices (PCQO) in each health authority are responsible for responding to individual complaints about care quality issues. Their mandate includes complaints about publicly funded seniors' services. In turn, people who are dissatisfied with the response of a PCQO to their complaint can make a complaint to the Patient Care Quality Review Board (PCQRB). In *The Best of Care (Part 2)*, we made a series of recommendations about improvements to both the PCQO and PCQRB processes. Five of these remain outstanding:

- Ensure that PCQOs can respond to a broader range of complaints, including from third parties such as family members (Recommendation 15), and provide specific direction to the PCQOs on the steps they should follow in processing care quality complaints (Recommendation 16).
- Make public the PCQRB policy on handling and prioritizing urgent review requests (Recommendation 18).
- Provide clear and consistent information on how the PCQOs respond to complaints (Recommendation 19) and on how seniors and their families can complain about home support (Recommendation 48).

In some cases, health authorities have developed their own policies addressing some of the above issues – such as a policy on complaints from third parties. However, there has been no provincial direction on these issues. This has resulted in inconsistent approaches among the health authorities.

Since 2014, the Ministry of Health has been working to update the Ministerial Directives that provide guidance to the PCQRBs and, in turn, the PCQOs on how they do their work. The ministry has told us that finalizing the Ministerial Directive will address the outstanding recommendations identified

[6] The Ministry of Health report is available at https://www.health.gov.bc.ca/library/publications/year/2011/use-of-antipsychotic-drugs.pdf. Since 2016, the Office of the Seniors Advocate has been tracking and reporting data from the Canadian Institute of Health Information relating to the use of antipsychotics in residential care facilities. It has published this data in its *Residential Care Quick Facts Directory*, available online at https://www.seniorsadvocatebc.ca/residential-care-quick-facts-directory/.

above, with the exception of Recommendation 15. However, it is unacceptable that this relatively minor work has taken almost five years so far. We are also disappointed that the ministry will not be undertaking further work on Recommendation 15.

Protecting Seniors from Abuse and Neglect

Key outstanding recommendations: 24, 26 and 32

Seniors who are receiving home and community care services can be vulnerable to abuse and neglect. They should be able to be confident that the individuals providing the services – whether in the seniors' home or in a facility – are subject to appropriate safeguards, such as criminal record checks. Moreover, all seniors receiving services should be appropriately protected from financial abuse.

We recommended that all health care assistants (HCAs) in the province be required to register with the BC Care Aide and Community Health Worker Registry (Recommendation 24). The registry provides an important level of protection for seniors, because it requires, as a condition of registration, that HCAs disclose any previous discipline or termination by a health care employer on the grounds of abuse. However, only HCAs with publicly funded employers are currently required to register. This leaves a significant gap in protection for seniors – and for anyone else who receives services from an HCA who works on their own or who has a private employer.

We also recommended that the Ministry of Health, in consultation with the Solicitor General, take all necessary steps by June 2013 to ensure that all persons who work with vulnerable adults in home support agencies and private hospitals be required to obtain criminal record checks as a condition of employment (Recommendation 26). As with the requirement to register with the BC Care Aide and Community Health Worker Registry, only workers with publicly funded employers are currently required to obtain a criminal record check as a condition of employment.

More broadly, the failure to implement these recommendations leaves a significant gap in protection for seniors that exists solely because of the source of funding of the agency or private hospital. As we described in *The Best of Care (Part 2)* in relation to criminal record checks:

> As vulnerable adults, seniors should receive the same level of protection regardless of who they receive services from. . . . The justification for excluding privately funded home support services and privately funded private hospitals from the criminal record check requirements is not clear.[7]

In its most recent updates to us, the ministry said it planned to create a new oversight model for health care assistants.

We urge the ministry to ensure that a new model appropriately regulate all HCAs working in the province, regardless of who their employer may be, so that all seniors are protected through these oversight mechanisms.

In the interim, however, we note that Recommendation 26 focused on extending already existing *Criminal Records Review Act* employment conditions for assisted living and *Community Care and Assisted Living Act* residential care facilities to privately funded hospitals and home support agencies. In that regard, and considering the time that has already passed, we urge the Ministry of Health and Ministry of Public Safety and Solicitor General to implement this recommendation without further delay.

[7] *Best of Care (Part 2)*, Volume 1, 78.

Protections from Financial Abuse

We recommended that the Ministry of Health ensure that seniors who receive home support services or live in assisted living residences have the same level of legal protection from financial abuse as those who live in residential care facilities (Recommendation 32). In making this recommendation, we noted that the legislation governing residential care facilities (whether the *Hospital Act* or the *Community Care and Assisted Living Act*) makes it an offence for facility operators or their employees to induce or persuade a resident to give them something that would benefit them or their relatives or friends.[8] Moreover, changes to a person's will that benefit operators or employees are void unless the Public Guardian and Trustee has consented to them. We found that there was no clear rationale for not extending such protections to seniors receiving home support or residing in assisted living facilities.

The *Community Care and Assisted Living Amendment Act*, 2016 (see below) includes provisions that would protect seniors in assisted living from financial abuse. Bringing this Act into force, along with supporting regulations, would likely fully implement this recommendation for seniors receiving assisted living services, and we urge government to do so.

At the same time, however, the ministry confirmed that there is no legal mechanism to provide the same level of protection for seniors receiving home support services. The ministry highlighted other safeguards, such as the BC Care Aide and Community Health Worker Registry and the requirement for criminal record checks, but, as we have discussed above, those protections are themselves inadequate. Seniors receiving services in their own home can be particularly vulnerable to abuse, as they may be physically or socially isolated.

We urge the ministry to work with health authorities, legislators, service providers and other stakeholders to fully implement this recommendation without further delay, by increasing protections from financial abuse for home support clients.

Home Support

Key outstanding recommendation: 34

Evaluating and Expanding the Home Support Program

Home support programs have a long history in British Columbia. The province's subsidized home support program provides services that are intended to help seniors live independently in their homes and communities for as long as they can safely do so. These services include assisting people with activities of daily living, such as getting dressed, using the bathroom, preparing meals and taking medications. They are intended to supplement, not replace, the care that seniors may receive from families or others. Subsidized home support services are delivered by the regional health authorities, but the Ministry of Health has an oversight role. The amount seniors pay for subsidized services depends on their income; many seniors pay nothing to receive the services.

As described above, the overall goal of the home support programs operated by the health authorities is to assist seniors in living in their homes for as long as it is practical and in their and their families' best interests. In our investigation we heard that issues such as reductions in available hours, the narrow range of available services, lack of worker continuity and scheduling conflicts contributed to seniors' decisions to move into facilities sooner than they would have preferred. This raised questions about whether the home

[8] *Best of Care (Part 2)*, Volume 1, 85.

support program was achieving its goals. We found that limitations on services meant that seniors might not receive the support they need to remain safely and comfortably in their own homes. We noted that providing adequate home support was generally less expensive than providing care in an assisted living or residential care setting.

Given these issues, we recommended that the Ministry of Health conduct an evaluation of the home support program (Recommendation 34). We recommended that this evaluation focus on whether the eligibility criteria were consistent with program goals, and on the costs and benefits of expanding funding up to the cost of providing subsidized residential care. We recommended that the ministry report publicly on the results of this analysis and evaluation by October 2013.

The ministry has not implemented this recommendation. Over the past seven years, its efforts have focused primarily on expanding the Better at Home program, which is run through the United Way. While this program may be useful to the seniors who receive its services, it falls far short of a systemic evaluation of the effectiveness of the home support program.

The need for an effective home support program is no less urgent than it was in 2012, when we released *The Best of Care (Part 2)*. According to a January 2019 report issued by the Office of the Seniors Advocate, since 2013/14 the number of home support clients province-wide has increased by just over 3,200 people. While the total number of home support hours delivered has increased, the average hours of care delivered per client has declined across the province from 272 in 2013/14 to 268 in 2017/18.[9]

We continue to receive complaints about home support services, including the hours of service provided, lack of continuity of care or staff not showing up at the appointed time, and the kinds of assistance being provided not meeting people's actual needs. As British Columbia's population continues to age, an effective home support program will become even more critical.

In its March 2017 report, *Action Plan to Strengthen Home and Community Care for Seniors*, the Ministry of Health noted the challenges of meeting increased demand for home support services from an aging population.[10] In September 2017, the ministry told us about an anticipated new model for health care service delivery that it plans to implement over a four-year period and that is intended to "improve ease of access and coordination of services for seniors."[11] The ministry also pointed us to a commitment made earlier in its March 2017 Action Plan to increase home support services and hours.[12]

In the fall of 2017, the ministry provided policy direction to the health authorities intended to guide them in developing the new service

[9] Office of the Seniors Advocate, *Monitoring Seniors' Services 2018*, 9 January 2019, 6–7 http://www.seniorsadvocatebc.ca/app/uploads/sites/4/2019/01/MonitoringReport2018.pdf.

[10] Ministry of Health, *An Action Plan to Strengthen Home and Community Care for Seniors*, 4 https://www.health.gov.bc.ca/library/publications/year/2017/home-and-community-care-action-plan.pdf.

[11] The Ministry of Health described this model as follows: "Over the coming four years, health authorities are going to be establishing an integrated primary and community care service system in each of the 61 geographic service areas in the province that is easy to understand and navigate. This new model is intended to improve ease of access and co-ordination of services for seniors who have more complex medical needs, who are experiencing frailty and/or dementia, or who need palliative or end-of-life care. Each area will have a single Specialized Community Services Program for seniors that will link together the current suite of services and offer a number of core health services. As part of this work, individual policies are being developed for various service areas, including home support services."

[12] Ministry of Health, *An Action Plan to Strengthen Home and Community Care for Seniors*, 7 https://www.health.gov.bc.ca/library/publications/year/2017/home-and-community-care-action-plan.pdf.

delivery model. It is a positive sign that this policy direction includes elements related to:

- providing services based on assessed needs
- meeting both scheduled and unscheduled needs of clients
- emphasizing continuity of care
- supporting timely assessments of clients to prevent hospitalization

However, it remains unclear whether and how the Action Plan and new policy direction and service delivery model will result in material changes to the home support services that seniors receive. We urge the ministry to closely monitor the implementation of this policy direction and meaningfully evaluate on an ongoing basis whether the home support services it funds result in more seniors remaining safely in their homes as they age.

Assisted Living

Key outstanding recommendations: 54–56, 59–62, 67–70, 72, 78, 82–85, 87–88, 90 and 93

Structural Changes to Assisted Living Services: Community Care and Assisted Living Amendment Act, 2016

Since 2012, the Ministry of Health has taken steps to address most of our recommendations related to the structure and processes of the Office of the Assisted Living Registrar (now the Assisted Living Registry, part of the Ministry of Health), the body that oversees assisted living facilities. However, most of our recommendations related to the way in which assisted living services are delivered have not yet been implemented.

In April 2016, the legislative assembly passed Bill 16, the *Community Care and Assisted Living Amendment Act*, 2016. If this Act and associated regulations were brought into force, it would likely implement 21 of our recommendations about assisted living, including:

- Revising the definition of "assisted living residence" and adding a new definition of "assisted living services" that establishes statutory authority for the provisions of prescribed services (Recommendation 54)
- Creating legally binding criteria for assessing whether assisted living residents are capable of remaining in the facility (Recommendations 59 and 60)
- Giving facility operators the ability to provide additional supports and services to residents who are exiting or whose health has begun to decline, thus allowing those residents to stay in assisted living for a longer period of time (Recommendations 67 and 68)
- Establishing legally binding standards in relation to staffing, residents' rights, food safety and nutrition, emergencies, record management and assistance with activities of daily living (Recommendations 69 and 70)
- Establishing standards and requirements for facility complaint processes (Recommendation 72)
- Giving the Assisted Living Registry expanded powers to conduct inspections of assisted living facilities, including for compliance with standards related to quality of care and to obtain information from all relevant parties about incidents it is investigating (Recommendations 78, 88, 90 and 93)
- Requiring operators to report serious incidents to the Assisted Living Registry and to any individuals the resident requests be notified (Recommendation 85)
- Giving the Assisted Living Registry powers to monitor and assess operators' compliance with serious incident reporting requirements and take appropriate enforcement action (Recommendations 56 and 87)

It is clear that staff at the ministry did a significant amount of policy work to prepare and support the *Community Care and Assisted Living Amendment Act, 2016*. It is disappointing that the final steps to bring the Act into force have not yet been taken. In its most recent update to us, the Ministry of Health reiterated that government remains committed to bringing the Act into force, but did not provide a specific timeline for doing so.

We urge government to bring into force the *Community Care and Assisted Living Amendment Act*, 2016 without further delay, as it not only would implement many of our outstanding recommendations but, more importantly, would result in significant improvements in the way assisted living services are provided, which will benefit seniors.

Tenancy Protections for Assisted Living Residents

The lack of tenancy protections for assisted living residents (as outlined in Recommendations 82–84 of *The Best of Care (Part 2))* similarly reflect government's apparent difficulty in making changes a reality even after those changes are approved by the Legislative Assembly. Assisted living residents – who are typically seniors and people with disabilities – have fewer legal protections than other tenants. Currently, the only way for these individuals to address disputes with their landlord is through the courts, which is not a realistic or affordable option for most. The legislative assembly recognized this legislative gap when, in May 2006, it passed the *Tenancy Statutes Amendment Act*, which would amend the *Residential Tenancy Act* to include tenancy protections for assisted living residents. This bill has never been enacted.

In 2012, we recommended that the unproclaimed sections of the *Residential Tenancy Act* be brought into force and that complaints about tenancy issues be referred to an agency with the power to resolve them.

Seven years after our report, government has taken no action on these recommendations. The lack of action on such a long-standing issue is disappointing, and we urge government to take another look at this issue as soon as possible in order that assisted living residents are not afforded fewer protections that tenants in other types of residences.

Residential Care

Key outstanding recommendations: 94, 115, 124, 133, 142–143

Harmonizing the Legislative Framework Governing the Provision of Residential Care Services

In British Columbia, residential care facilities may operate under either the *Community Care and Assisted Living Act* or the *Hospital Act*. The problem with having two different legislative frameworks is that different standards, fees, and monitoring and enforcement processes apply to each, and neither seniors nor their families are generally aware of which legislation governs their facility. This creates unnecessary disparities in the care provided to seniors in residential care.

There is unproclaimed legislation that would address this problem by bringing all facilities under the authority of the *Community Care and Assisted Living Act*. Therefore, in *The Best of Care (Part 2)*, we recommended that government take the necessary steps to bring this legislation into force or take equivalent measures that would address the inconsistency between the two types of facilities (Recommendation 94). Unfortunately, as with changes to the legislation governing assisted living facilities, the final steps to enact these changes have not been taken.

Instead, the Ministry of Health has taken incremental measures, such as licensing new and replacement facilities under the *Community Care and Assisted Living Act*. The health authorities have also begun inspecting all *Hospital Act* facilities

and posting the results of those inspections publicly (which implements Recommendation 95). Unfortunately, however, neither of these steps offers a long-term solution that provides seniors and their families with the confidence that consistent standards will apply no matter where in the province they receive residential care.

Consent to Admission to a Residential Care Facility

As we pointed out in *The Best of Care (Part 2)*, there is no legislation currently in force that governs how to obtain consent to admission to a residential care facility. The only legally effective consents are those obtained from the adults themselves (if mentally capable) or, if they are not capable, from a committee of the person or representative under a representation agreement. Given that many seniors eligible for residential care may suffer from dementia or other cognitive impairments, having a consistent and fair legislated process for obtaining a legally effective consent to admission is essential. Currently, requirements to obtain consent are set out in ministry policy only, and the evidence we reviewed in our investigation indicated that this policy is applied inconsistently by facilities. We have investigated complaints from individuals who were admitted to residential care against their will.

As with some of the other issues we have highlighted in this report, there is unproclaimed legislation that would address this problem. Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* establishes a process for assessing whether a person is capable of consenting to admission to a care facility and, if not, appointing a substitute decision maker to act on that person's behalf. The substitute decision maker would be required to consider the person's previously expressed wishes when making a decision whether to consent to the person's admission to a particular care facility. The Act would require care facilities to provide patients or their substitute decision makers with a care proposal at the time of admission.

As this legislation would create some essential safeguards around the residential care admissions process, we recommended that the Ministry of Health take the necessary steps to bring Part 3 into force (Recommendation 115).

In its March 2017 report, *An Action Plan to Strengthen Home and Community Care for Seniors*, the ministry committed to bringing Part 3 into force by April 2018.[13] The ministry reiterated this commitment in a March 9, 2017, news release.[14] Unfortunately, the final steps to bring Part 3 into force have not been taken.

Currently, Part 3 remains unproclaimed, although government has most recently committed to bringing Part 3 into force by June 1, 2019. That date is approaching and no further details have been released.

The ministry told us that it plans to implement changes to its related Residential Care Access Policy by March 1, 2019. This will likely implement our recommendations related to the admissions process generally, such as:

- Ensuring that seniors whose offered residential care placement is inappropriate have an opportunity to raise their concerns and have them considered (Recommendation 101)
- Requiring health authorities to ask seniors to identify their preferred facilities and accommodating those preferences where possible (Recommendation 103)

Although it has taken too long, we are encouraged by government's apparent renewed commitment to implementing

[13] Ministry of Health, *An Action Plan to Strengthen Home and Community Care for Seniors*, 14 https://www.health.gov.bc.ca/library/publications/year/2017/home-and-community-care-action-plan.pdf.

[14] Ministry of Health, "Significant funding boost to strengthen care for B.C. seniors," news release, 9 March 2017 https://news.gov.bc.ca/releases/2017HLTH0052-000529.

Part 3 and the related policy changes. The legislation and related policy changes will address a significant gap in protection for seniors who are eligible for residential care. Government must now follow through on its public commitments to implement this important legislation.

Enforceable Standards of Quality Care

A recurring theme of our *Best of Care (Part 2)* investigation – and of complaints to our office – relates to the quality of care that seniors receive in residential care. The existing regulatory framework establishes certain minimum standards in relation to accommodation, but is generally silent in relation to other key measures of quality, including:

- adequate professional care that meets the health and hygiene needs of residents
- satisfying and nutritious meal services
- a program of activities that meets residents' social, recreational and cultural needs and enhances their quality of life

In our investigation, we heard concerns from seniors and their families about issues of quality care that are fundamental to a person's dignity and physical and mental well-being. These included not being able to bathe often enough, a lack of timely assistance in going to the bathroom, poor-quality meals, and a lack of culturally appropriate services and food.

Accordingly, we recommended that after consulting with stakeholders, the Ministry of Health, by April 1, 2013, establish specific and objectively measurable regulatory standards that apply to key aspects of care in all residential care facilities, including:

- bathing frequency
- dental care
- help with going to the bathroom
- call-bell response times
- meal preparation and nutrition
- recreational programs and services
- provision of culturally appropriate services (Recommendation 133)

The ministry has yet to take action on this recommendation, despite acknowledging the importance of having measurable standards in these areas. In its February 2013 *Plan to Standardize Benefits and Protections for Residential Care Clients*, the ministry said it planned to establish measurable standards for residential care services that would provide a set of common requirements and acceptable levels of safety and quality by February 2014. The ministry did not implement this commitment.

The *Residential Care Quick Facts Directory*,[15] which the Office of the Seniors Advocate has published on an annual basis since 2016, highlights the disparities among publicly funded residential care facilities in relation to access to physiotherapy, occupational therapy, recreation therapy and other indicators of care quality.

In September 2017, the Office of the Seniors Advocate released *Every Voice Counts: Provincial Residential Care Survey Results*.[16] The results of this survey of over 22,000 individuals in 292 residential care facilities demonstrated ongoing concerns with the care being provided, including people not being able to bathe, shower and go to the bathroom when they need to.

In its most recent update to us, the ministry said that it planned to develop a policy mandating accreditation for all residential care facilities.[17] It indicated that Accreditation Canada's standards for long-term care

[15] Available online at https://www.seniorsadvocatebc.ca/residential-care-quick-facts-directory/.
[16] Available online at https://www.seniorsadvocatebc.ca/osa-reports/residential-care-survey/.
[17] As set out in the Ministry of Health's *Residential Care Staffing Review* report, March 2017, 33 https://www.health.gov.bc.ca/library/publications/year/2017/residential-care-staffing-review.pdf.

would address the care quality issues that led to our recommendation. Our concern with this approach, however, is the extent to which such standards would ensure appropriate oversight and enforcement by the health authorities, which are responsible for licensing these facilities. It is concerning that the ministry has chosen not to establish standards of quality care in law but instead is relying on an external organization that is not accountable to British Columbians to establish standards for key aspects of residential care. We urge the ministry to reconsider this approach and work to establish specific and measurable standards for residential care and ensure that facilities are publicly accountable for meeting those standards.

Sufficient Funding for Staff to Meet Seniors' Care Needs

Adequate staffing to meet residents' care needs is a recurring issue that we heard about in our investigation. It is intertwined with questions of quality care: with fewer staff, residents may have to wait longer to receive a bath or even to go to the bathroom. As the ministry has acknowledged, a review of the relevant literature indicates that "in general, staffing levels were predictors of care quality and increased staffing levels could improve care and resulted in better outcomes or decreased risk."[18]

In *The Best of Care (Part 2)*, we made three key recommendations related to staffing.

First, we recommended that the Ministry of Health and the health authorities ensure that each health authority, at a minimum, meet the ministry's guideline of providing 3.36 daily direct care hours by 2014/15 (Recommendation 124).[19]

Second, we recommended that the Ministry of Health establish the mix of direct care staff (registered nurses, licensed practical nurses and care aides) necessary to meet the needs of seniors in residential care, the minimum number of direct care staff required at different times and the minimum number of care hours that direct care staff provide to each resident each day to meet their care needs (Recommendation 142).

Third, we recommended that once specific staffing standards were established, the Ministry of Health develop a process for monitoring and enforcing those standards and report publicly on whether they are being met (Recommendation 143).

In March 2017, the ministry released its *Residential Care Staffing Review* report, which highlighted the need for funding to increase staffing levels in residential care facilities.[20] The review came in response to data collected by the Office of the Seniors Advocate that found that the vast majority of publicly funded residential care sites fall below the 3.36-hour guideline that we recommended. Following this report, the ministry and health authorities began work to ensure consistent understandings and definitions in relation to staffing and to develop ways to meet the 3.36-hour minimum. In September 2018, government reiterated its commitment to providing funding that will allow the 3.36-hour minimum standard to be met – but only as an average across each health authority, rather than on a facility-by-facility basis – by 2021.[21]

[18] Ministry of Health, *Residential Care Staffing Review*, March 2017, 5 https://www.health.gov.bc.ca/library/publications/year/2017/residential-care-staffing-review.pdf.

[19] Northern Health Authority was not included in this recommendation because at the time of our report its daily direct care hours exceeded the ministry's guideline. In 2012/13, NHA projected that it would provide 3.57 daily direct care hours. (See *Best of Care [Part 2]*, Volume 2, 256.)

[20] Ministry of Health, *Residential Care Staffing Review*, March 2017 https://www.health.gov.bc.ca/library/publications/year/2017/residential-care-staffing-review.pdf.

[21] Office of the Premier, "B.C. Seniors to get the hours of care they need as funding and staffing increased", news release, 25 September 2018 https://news.gov.bc.ca/releases/2018PREM0072-001861.

Based on a 2008 staffing framework for residential care facilities, the established minimum of 3.36 direct daily care hours is made up of 3 hours of direct care (provided by nurses and care aides) and 0.36 hours of allied health care, which includes care provided by physiotherapists, occupational therapists and others in similar roles. The ministry told us that it planned to incorporate recent feedback on this staffing framework into a province-wide funding model, which is one of the action items identified in the *Residential Care Staffing Review* report. The report also noted that different types of facilities may require a different staffing mix.

We were pleased to see that the Ministry of Health has committed funding to increase the hours-per-resident-day levels in residential care facilities over a four-year period, meaning that all health authorities should meet this minimum by 2020/21. According to the ministry, this funding will allow each health authority to reach an average of 3.36 direct care hours per resident day across all residential care facilities. This is an essential important step toward improving the quality of care in residential care facilities across the province. However, it is not the only step that needs to be taken.

As highlighted by our recommendations, we expect that at the same time as the ministry establishes clear, measurable and enforceable staffing standards, it will enhance its monitoring and enforcement of these standards in practice. We note that the *Residential Care Staffing Review* report highlights the need to "develop and implement a process and policy for monitoring, reporting and evaluation processes . . . to assess whether quality, funding and staffing policies and goals are being achieved."[22]

In January 2019 the ministry told us that it had established quarterly reporting from the health authorities on their progress in meeting the new staffing requirements. We are encouraged by this step and hope that the ministry will use the information it receives to ensure that staffing reaches and remains at appropriate levels on a long-term basis.

[22] Ministry of Health, *Residential Care Staffing Review*, March 2017, 8 https://www.health.gov.bc.ca/library/publications/year/2017/residential-care-staffing-review.pdf.

CONCLUSION

As British Columbia's population ages, the issues raised in *Best of Care (Part 2)* will continue to be extremely salient. After seven years, we have ended our formal recommendations-monitoring process for this report. However, we will closely watch the evolution of seniors' care in the province. Establishing consistently high standards of care and monitoring and enforcing these standards will remain critically important. Supporting seniors and their families in navigating a complex and often fragmented home and community care system should remain a priority, as should respecting the rights of seniors receiving services.

We wish to acknowledge the ongoing work by public servants in the Ministry of Health and health authorities who, over the seven years of monitoring by our office, have provided information and engaged in discussions with our office about implementation. The complexity of the seniors' care system makes it challenging to bring about systemic change, but such change cannot occur without the efforts of dedicated public servants.

We look forward to seeing the ongoing work of the Office of the Seniors Advocate and others who have taken on many of the issues highlighted in this report and who will continue to push them forward. It is through the engagement of the community and ongoing efforts of advocacy bodies that change will occur.

The Office of the Ombudsperson will continue to receive and investigate individual complaints from seniors and their families and, where appropriate, will endeavour to resolve these complaints directly with public bodies. Additional systemic issues impacting seniors may be the focus of future reports.

Further details about our investigation and recommendations can be found on our website, at http://www.bcombudsperson.ca/documents/best-care-getting-it-right-seniors-british-columbia-part-2.

KEY RECOMMENDATIONS HIGHLIGHTED IN UPDATE*

R2	The Ministry of Health work with the health authorities and other stakeholders to identify key home and community care data that should be tracked by the health authorities and reported to the Ministry on a quarterly basis.	***Implemented by other means***
R3	The Ministry of Health include the reported data in an annual home and community care report that it makes publicly available.	***Fully implemented***
R9	The Ministry of Health work with the health authorities and other stakeholders to develop a program to ensure that: • all seniors and their families are informed of the availability of home and community care services • all seniors and their families are informed that they can meet with health authority staff to determine what supports are available to them	***Implemented by other means***
R10	The health authorities offer seniors copies of their home and community care assessments. In any case where health authorities believe that providing the complete assessment would harm a senior's health, they should provide an edited copy.	***Fully implemented***
R11	The Ministry of Health and the health authorities include information about how to apply for fee reductions and waivers when they mail fee notices to clients who receive subsidized home and community care services, and look for other opportunities to make this information accessible in a timely manner to those who need it.	***Fully implemented***
R12	The health authorities track the number of fee reduction applications they receive, approve and deny, and report this information to the Ministry of Health to assist the ministry in evaluating the capacity of seniors to pay home and community care fees.	***Fully implemented***
R13	The Ministry of Health establish a reasonable time limit within which health authorities must decide and respond in writing to fee reduction applications.	***Fully implemented***
R15	The Ministry of Health take the steps necessary to ensure that PCQOs can respond to a broader range of complaints, including complaints from resident and family councils.	***Not implemented***

* This summary includes only the key recommendations referenced in this update. For a summary of all recommendations including our assessment of whether they have been implemented, please visit our website at <https://www.bcombudsperson.ca/documents/best-care-getting-it-right-seniors-british-columbia-part-2.>.

R16	The Ministry of Health provide specific direction to the PCQOs on the steps they should follow in processing care quality complaints.	***Ongoing***
R18	The Ministry of Health develop and make public a clear policy to guide the PCQRBs on when they should treat review requests as urgent.	***Ongoing***
R19	The health authorities provide clear and consistent information to the public on how the PCQOs respond to complaints and the complaints they will consider.	***Ongoing***
R20	The health authorities ensure that PCQOs carefully document the steps taken in response to a complaint as set out in the ministerial directive.	***Fully implemented***
R24	The Ministry of Health, by January 2013, require care aides and community health workers at all home support agencies, assisted living residences and residential care facilities to register with the BC Care Aide & Community Health Worker Registry.	***Ongoing***
R26	The Ministry of Health, in consultation with the Ministry of Solicitor General, take all necessary steps by June 2013 to ensure that all persons who work with vulnerable adults in home support agencies and private hospitals are required to obtain criminal records checks as a condition of employment.	***Ongoing***
R32	The Ministry of Health take the steps necessary to ensure that seniors who receive home support services or live in assisted living residences have the same level of legal protection from financial abuse as those who live in residential care facilities.	***Ongoing***
R34	The Ministry of Health • analyze whether the current home support program is meeting its goal of assisting seniors to live in their own homes as long as it is practical and in their and their families' best interests, and make any necessary changes • evaluate the home support eligibility criteria to ensure that they are consistent with program goals, and make any necessary changes • analyze the benefits and costs of expanding the home support program up to the cost of providing subsidized residential care when it is safe and appropriate to do so • report publicly on the results of this analysis and evaluation by October 2013	***Ongoing***

R45	The health authorities require their contracted home support providers to inform residents and families about how to complain about home support services and report to the health authorities on the number, type and outcomes of complaints received once per quarter.	***Fully implemented***
R48	The Ministry of Health and the health authorities work together to develop and provide clear and consistent information for seniors and their families on how they can complain about home support services and how the health authorities will handle those complaints.	***Ongoing***
R49	The Ministry of Health work with the health authorities to establish clear and consistent processes to monitor the quality of home support services provided directly by health authority staff or by contractors, and to enforce any applicable standards.	***Fully implemented***
R51	The Ministry of Health stop contracting with the Health Employers Association of BC to staff the Office of the Assisted Living Registrar and instead staff all positions with permanent employees of the Ministry.	***Fully implemented***
R54	If the Ministry of Health believes that the practice of allowing operators to provide prescribed services at the support level is useful, the Ministry take steps to revise the definition of "assisted living residence" in the Community Care and Assisted Living Act so that it provides a statutory basis for doing so.	***Ongoing***
R55	If the Ministry of Health decides to revise the definition of "assisted living residence" in the Community Care and Assisted Living Act, it ensure that any changes in service delivery practices maintain a clear distinction between the services provided in assisted living residences and those provided in residential care facilities.	***Ongoing***
R56	If the Ministry of Health decides to revise the definition of "assisted living residence" in the Community Care and Assisted Living Act to allow operators to provide additional services, it must ensure this is accompanied by increased oversight, monitoring and enforcement.	***Ongoing***
R57	The health authorities fully comply with the February 2009 Minister of Health's directive immediately.	***Fully implemented***

R58	The Ministry of Health ensure that the health authorities make the following additional information available to the public by June 1, 2012: • the basic services available at each assisted living facility in their region and their costs, as well as the type and costs of any other services available at each facility • billing processes for each assisted living residence in their region • the care policies and standards for each assisted living residence in their region	***Fully implemented***
R59	The Ministry of Health create a legally binding process with appropriate procedural safeguards for determining whether assisted living applicants and residents have the required decision-making capacity.	***Ongoing***
R60	If the Ministry retains the test in section 26(3) of the Community Care and Assisted Living Act, it provide more specific direction on the meaning of the phrase "unable to make decisions on their own behalf."	***Ongoing***
R61	The Ministry of Health ensure that assisted living applicants and residents have access to an independent process through which decisions about capacity made under section 26(3) can be reviewed.	***Ongoing***
R62	The Ministry of Health take the steps necessary to broaden the exception in section 26(6) of the Community Care and Assisted Living Act to include a wider range of relationships.	***Ongoing***
R67	The Ministry of Health take the steps necessary to provide facility operators with the legal authority to offer additional support to assisted living residents during the exit process.	***Ongoing***
R68	The Ministry of Health establish reasonable time frames for completing the exit process for assisted living residents.	***Ongoing***

R69	The Ministry of Health, after consulting with stakeholders, establish legally binding minimum requirements for assisted living residences in key areas, including: • staffing • residents' rights • food safety and nutrition • emergencies • record management • assistance with activities of daily living	***Ongoing***
R70	The Ministry of Health provide clear and accessible information to residents on the standards assisted living operators are required to meet.	***Ongoing***
R72	The Ministry of Health take the necessary steps to establish a legal requirement for assisted living operators to have a process for responding to complaints, and to establish specific standards for that process.	***Ongoing***
R75	The Ministry of Health revise the complaints process used by the Office of the Assisted Living Registrar to include: • time limits for responding to complaints • an established process for investigating complaints • a requirement that complainants be informed in writing of the outcome of their complaint and any further actions they can take	***Implemented by other means***
R77	The Ministry of Health develop a process for monitoring whether operators implement the actions it recommends through the Office of the Assisted Living Registrar to resolve complaints, and taking further action if they do not.	***Fully implemented***
R78	The Ministry of Health take the steps necessary to expand the powers of the Office of the Assisted Living Registrar so that it has the authority to respond to complaints about all aspects of care in assisted living from all residents.	***Ongoing***
R79	The Ministry of Health review the structure of the Office of the Assisted Living Registrar with the goal of ensuring that it has the necessary support to fulfill this expanded role.	***Fully implemented***

R82	The Ministry Responsible for Housing take the steps necessary to better protect assisted living residents by bringing the unproclaimed sections of the Residential Tenancy Act into force by January 1, 2013, or by developing another legally binding process to provide equal or greater protection by the same date.	***Ongoing***
R83	The Ministry of Health, in consultation with the Ministry Responsible for Housing, consider whether to expand the jurisdiction of the Office of the Assisted Living Registrar to deal with complaints and disputes about tenancy issues in assisted living.	***Ongoing***
R84	If the Ministry of Health decides not to include complaints about tenancy within the jurisdiction of the Office of the Assisted Living Registrar, the Ministry must require the Office of the Assisted Living Registrar to automatically refer tenancy issues to the agency that has the power to resolve them.	***Ongoing***
R85	The Ministry of Health take the necessary steps to legally require assisted living operators to report serious incidents to the Office of the Assisted Living Registrar, the representative of the person in care, the person's doctor and the funding program.	***Ongoing***
R87	The Ministry of Health develop a formal process to monitor operators' compliance with serious incident reporting requirements and ensure appropriate enforcement action is taken.	***Ongoing***
R88	The Ministry of Health develop an active inspection and monitoring program for assisted living, including: • a regular program for inspecting existing facilities • more frequent announced and unannounced inspections of facilities it receives complaints about • a risk-rating system for assisted living residences • publicly available inspection reports	***Ongoing***
R89	The Office of the Assisted Living Registrar develop and implement a program to conduct inspections of assisted living residences before they are registered.	***Fully implemented***
R90	The Ministry of Health take the necessary steps to expand the authority of the assisted living registrar to obtain information from all relevant parties, including employees, operators of assisted living residences, residents, contractors and others with information about incidents under investigation.	***Ongoing***

R93	The Ministry of Health review the Office of the Assisted Living Registrar's enforcement program to ensure that it has adequate resources and more power to actively ensure compliance with required standards.	***Ongoing***
R94	The Ministry of Health harmonize the residential care regulatory framework by January 1, 2013, by either: • taking the necessary steps to bring section 12 of the Community Care and Assisted Living Act into force or • taking other steps to ensure that the same standards, services, fees, monitoring and enforcement, and complaints processes apply to all residential care facilities (If this option is chosen, the Ministry of Health should also amend the definitions in the Hospital Act to accurately reflect the fact that extended care hospitals and private hospitals provide complex care.)	***Ongoing***
R95	Until the regulatory framework for residential care is standardized, the Ministry of Health require the health authorities to include residential care facilities governed under the Hospital Act in their inspection regimes and report the results of those inspections on their websites.	***Fully implemented***
R101	The Ministry of Health work with the health authorities to ensure that seniors who believe an offered placement is inappropriate have an adequate opportunity to raise their concerns and have them considered.	***Ongoing***
R103	The Ministry of Health require the health authorities to ask seniors who are waiting to be placed in residential care facilities to identify their three preferred facilities and accommodate those preferences whenever possible.	***Ongoing***
R115	The Ministry of Health take the necessary steps to bring into force Part 3 of the Health Care (Consent) and Care Facility (Admission) Act, and in the interim provide health authorities with direction on when and how to conduct an assessment of a senior's capacity to consent to admission.	***Ongoing***
R124	The Ministry of Health together with the Interior, Fraser, Vancouver Coastal and Vancouver Island health authorities ensure that each health authority, at a minimum, meets the Ministry's guideline of providing 3.36 daily care hours by 2014/15.	***Ongoing***

R133	After consulting with the health authorities, facility operators, seniors and their families, the Ministry of Health establish specific and objectively measurable regulatory standards that apply to key aspects of care in all residential care facilities, including: • bathing frequency • dental care • help with going to the bathroom • call-bell response times • meal preparation and nutrition • recreational programs and services • provision of culturally appropriate services The Ministry take these steps by April 1, 2013.	***Ongoing***
R136	The Ministry of Health define "emergency" and the circumstances in which an operator is permitted to restrain a resident without consent.	***Fully implemented***
R137	The Ministry of Health complete its review on the use of antipsychotic drugs in residential care facilities and make the report available to the public.	***Fully implemented***
R142	The Ministry of Health take the necessary steps to establish: the mix of registered nurses, licensed practical nurses and care aides (direct care staff) necessary to meet the needs of seniors in residential care • the minimum number of direct care staff required at different times • the minimum number of care hours that direct care staff provide to each resident each day to meet their care needs	***Ongoing***
R143	Once specific minimum staffing standards have been established, the Ministry of Health develop a monitoring and enforcement process to ensure they are being met, and report publicly on the results on an annual basis.	***Ongoing***
R144	The Ministry of Health work with the health authorities to: • develop policies and procedures that protect the legislated rights of seniors in residential care to receive visitors • provide the necessary direction to operators on the circumstances in which any limitation or restriction may be permitted and the process to be followed	***Fully implemented***

R153	The Ministry of Health develop and implement provincial training standards and minimum education and experience requirements for community care licensing officers that will allow them to appropriately respond to complaints about residential care facilities.	***Implemented by other means***
R159	The Ministry of Health require health authorities to provide it with information on all inspections conducted on residential care facilities that are governed under the Hospital Act on a quarterly basis.	***Implemented by other means***
R160	The Fraser, Interior, Northern and Vancouver Island health authorities inspect all residential care facilities governed under the Hospital Act in the same manner and with the same frequency as they inspect residential facilities licensed under the Community Care and Assisted Living Act commencing immediately.	***Fully implemented***
R161	The Ministry of Health ensure that the health authorities promptly post the results of inspections of residential care facilities governed under the Hospital Act on their websites.	***Fully implemented***
R170	The Ministry of Health work with the health authorities to develop safeguards to ensure that seniors in residential care are not adversely affected by large-scale staff replacement.	***Fully implemented***
R171	The Ministry of Health take the necessary steps to amend the Residential Care Regulation to require facility operators to notify residents, families and staff promptly of a decision to: • close, reduce, expand or substantially change the operations at their facility • transfer residents from their facility because of funding decisions	***Fully implemented***

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