Update on Status of Recommendations
THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)
Public Report No. 47 – February 2012

Recommendation	Summary of Actions Taken	Current Assessment
R1: The Ministry of Health report publicly on an annual basis in a way that is clear and accessible: **• the funding allocated to home and community care services by each health authority** **• the funds expended on home and community care services in each health authority** **• the planned results for home and community care services in each health authority** **• the actual results delivered by home and community care services** **• an explanation of any differences between the planned results and the actual results**	**April 2016** Ministry of Health update: *"As previously noted in our May 2014 response, home and community care services are delivered by regional health authorities as part of the full continuum of health services provided to meet the needs of the population within their respective geographic regions.* *"Funding for health care services is subject to government's overall fiscal plan and competing priorities. The Ministry and health authorities work collaboratively to ensure the needs of the population are met within the available funding and according to the ministry's budget and fiscal plan.* *"As part of the annual planning process, the Ministry of Health provides direction to ensure health authority priorities are aligned with health system objectives and strategic initiatives. The health authorities receive an annual Mandate Letter, which is a public document that is posted on each health authority website. The Ministry and health authorities have a mature and collaborative relationship with continuous engagement at the staff, executive and board levels and fortified by a bilateral agreement that identifies roles, responsibilities and policy expectations. Health authorities prepare annual service plans and post these on their websites. The plans include information regarding budgets, actual expenditures and variances by sector including community care services (such as home support, case management, adult day services, community nursing and community rehabilitation and assisted living) and residential care services. The plans include several performance measures that cover the wide range of programs and services delivered. As a new accountability aligned with the Taxpayer Accountability Principles, health authorities are now*	**IMPLEMENTED BY OTHER MEANS**

	required to prepare an Annual Service Plan Report that compares the actual results with the targeted results identified in their service plan. *"The Ministry collects extensive information about the health care services that patients and clients receive, and health authorities regularly provide the Ministry with the information it requires to fulfil its stewardship role. Health authorities and the Ministry track information as needed to meet sound fiscal and operational management requirements. This approach is consistent with all of government.* *"Health authorities and the Ministry continue to improve the type of data collected, particularly its accuracy and timeliness. As you are aware, the Ministry and health authorities have resolved issues with the implementation of the Home and Community Care Minimum Reporting Requirements, with all health authorities submitting the required data which has enabled improved reporting to strengthen monitoring of services.* *"As of 2014/15, health authorities have been required to submit complete and timely Home Care Reporting System and Continuing Care Reporting System (for HCC residential care services) data to the Canadian Institute for Health Information, which provides more complete data on client service needs.* *"As part of the Ministry's strategic direction, there is a focus on improving access to primary care though a primary care home model that provides comprehensive and coordinated team based care linked to integrated specialized care planning and community-based services in collaboration with older patients and their families who have moderate-to-complex medical conditions and frailty (including dementia).* *"A model for public performance reporting is under development for the overall strategy and the five key areas of focus that include measures related to the redesign work for seniors.* *"In addition, the Office of the Seniors Advocate (OSA) has been given the role of monitoring and analyzing seniors' services and issues in B.C., and making recommendations to government and service providers to address systemic issues. The OSA has established a*	

	process for monitoring and tracking progress against recommendations stemming from OSA reports. The Ministry works with staff in the Advocate's office to collaborate and coordinate, whenever possible, on topics and measures for monitoring and reporting to reduce duplication. *"The Ministry believes that the activities described above are sufficient to meet the intent of this recommendation, and will continue to look for opportunities to ensure public accountability and transparency."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	
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.	**April 2016** See Ministry response under Recommendation 1 above. The Office of the Seniors Advocate has also begun identifying, collecting, and publicly reporting on key home and community care data in its annual *Monitoring Seniors' Services* report. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**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.	**April 2016** See Ministry response under Recommendation 1 above. The Office of the Seniors Advocate has also begun identifying, collecting, and publicly reporting on key home and community care data in its annual *Monitoring Seniors' Services* report. **April 2015** No specific action has been taken towards implementation. This recommendation is in of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**FULLY IMPLEMENTED**

R4: The Ministry of Health ensure that all health authorities are reliably reporting all the information required by the minimum reporting requirements (MRR) by May 31, 2012.	**March 2014** All health authorities are now reporting information required by the MRR. The information required by the MRR was not met by all health authorities prior to the May 31, 2012 deadline. **October 2012** The Fraser and Vancouver Island health authorities began reporting information required by the MRR by May 31, 2012.	**FULLY IMPLEMENTED**
R5: The health authorities ensure that the MRR system is fully operational in their regions by May 31, 2012	**March 2014** The Northern Health Minimum Reporting Requirement (MRR) system is operational and submitting data to the ministry. The MRR system was operational in IHA in October 2013. Since then, IHA has submitted MRR information from the 2005/06 fiscal year forward. **October 2012** FHA began reporting information required by the MRR in May 2012. VIHA began reporting information required by the MRR in April 2012. **January 2012** VCHA is reporting information required by the MRR.	**FULLY IMPLEMENTED**
R6: The Ministry of Health, when developing a new information management system, ensure that the new system is fully operational before allowing information reported under the old system to be discontinued.	**April 2016** Ministry update: *"When developing a new information management system, the Ministry of Health (the Ministry) undertakes a standardized process with health authorities (HAs) to ensure that the new system is fully operational before discontinuing information reporting from the old system. This standardized process consists of a signed agreement between each HA and the Ministry identifying roles, responsibilities and expectations (e.g., agreed upon processes, technical parameters, timelines, test file submission rates, data quality acceptance rates, etc.) that must be met before the HA can discontinue the use of an old information management system and begin to submit files to production on a new system.*	**IMPLEMENTED BY OTHER MEANS**

	The signed agreement between the Ministry and HAs for implementing the minimum reporting requirements (MRR) for home and community care (HCC) is consistent with the standardized process identified above. The HCC Testing Strategies Agreement consisted of two parts: a specific testing strategy that would ensure that the Ministry was able to receive a minimum number of records from the HA and that HAs meet a minimum standard regarding data quality before the Ministry would accept the data as production reporting. In other words, before the Ministry accepted HA data as production reporting, two testing levels had to be met: 1. *Technical submission where a certain percentage of the data had to be successfully received by the Ministry; and* 2. *Data quality testing where the data received by the Ministry had to meet various quality standards.* *To ensure that any production data submitted continued to meet a certain quality level, as HAs moved their data into production, the Ministry would provide the HAs with data quality reports and asked the HAs to provide a note explaining each of these data quality issues, their approach, and timelines in addressing these issues."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	
R7: The health authorities ensure that seniors are assessed for home and community care services within two weeks of referral.	**December 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"In May 2016, the Ministry of Health completed revision of the RAI-HC Clinical Standards and "Best Practice" Guidelines document. The revision process took place from October 2015 through to May 2016, in collaboration with the BC Nurses Union and health authority clinical RAI representatives. Once the guidelines were finalized by the working group, they were presented to the*	**ONGOING**

	Standing Committee on Health Services and Population Health for approval on September 8, 2016. *In November 2016, the Ministry of Health issued a policy communiqué requiring health authority staff to comply with revised RAI-HC Clinical Standards and "Best Practice" Guidelines (May 25, 2016). The communiqué required compliance with this guideline by March 31, 2017. Policy 2.D (Assessment) in the Home and Community Care Policy Manual states that assessments are to be completed in accordance with this policy.* *Once the communique was released, the Ministry then met on a monthly basis with the health authority clinical RAI leads between December 5, 2016 and March 8, 2017 to ensure successful implementation of the revised guidelines. The Ministry will continue monitoring of progress, and most recently held a follow up meeting on September 29, 2017, to check in on the status of implementation and compliance with the revised guidelines.* *The revised guidelines state that "the initial RAI-HC assessment will be completed within 14 days of date accepted for service for* ***case management services or any continuous HCC service (e.g. long term home support)"*** *[emphasis in document]. The stipulation in the guidelines that the RAI-HC assessment be completed within '14 days of date accepted for service' meets the timeline set out in the recommendation that seniors receive service within two weeks of referral."* The steps outlined in the ministry's December 2017 update reflect significant progress towards full implementation of this recommendation. The revised guideline and associated policy direction require compliance with the 14 day timeline for the identified services. The monitoring steps described demonstrate a meaningful commitment to ensuring compliance with this requirement. We encourage the ministry to report out on its progress in meeting this requirement in practice. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	

R8: The Interior Health Authority and the Vancouver Coastal Health Authority track the length of time seniors wait to be assessed for home and community care services.	**January 2012** Vancouver Coastal Health and Interior Health both stated in their formal responses in January 2012 (included in full in the "Authority Responses" section of the report) that they did not accept this recommendation because they disagreed with the finding that they did not already track the length of time seniors wait to be assessed.	**NOT ACCEPTED**
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**	**February 2017** Ministry update: *"An updated 11th edition of the BC Seniors' Guide is available. In response to the Office of the Seniors Advocate's March 2015 Bridging the Gaps report, the 11th edition of the BC Seniors' Guide highlights programs and services of particular interest to seniors with lower incomes. In addition, a new free e-book version has been developed (in English only), and is compatible with e-readers such as Kobo and Kindle. E-books can also be read on tablets, laptops, desktop computers and other devices. Free individual print copies of the BC Seniors' Guide are available by calling the Office of the Seniors Advocate, toll-free at 1-877-952-3181, or 250-952-3181 in Greater Victoria. PDF and e-book versions can be downloaded at www.gov.bc.ca/seniorsguide."* In addition, the website for the Office of the Seniors Advocate (https://www.seniorsadvocatebc.ca/info/) includes a "services" section with information on health care, care quality complaints, transportation, housing, income and personal supports. **April 2015** Ministry update: *"The Ministry informs seniors and their families about the availability of home and community care services through the BC Seniors Guide, the Seniors BC website and the Ministry's Home and Community Care website. All three resources provide information to seniors and their families about the availability of home and community care services and how to contact a health authority for more information.* *The tenth edition of the BC Seniors' Guide (the Guide) was produced in 2012 (the English version was released in October 2012 and the translated versions in December 2012). The Guide is available online*[…]	**IMPLEMENTED BY OTHER MEANS**

	The Ministry realizes that many seniors will not access information online and has developed a program to distribute hardcopies of the BC Seniors Guide broadly. After the Guide was launched in October 2012, an initial mass distribution was done -- 50,000 English copies were distributed in bulk to the following locations: *Government Representatives* • *Service BC: 59 offices* • *Service Canada: 36 offices* • *Local Government: 95 offices* *Other Organizations* • *Public Libraries: 500* • *Seniors Organizations: 136* • *Multicultural Organizations: 146* • *Key Stakeholders: 37* • *Other Organizations: 63* *After the translated Guides were launched in December 2012, an initial mass distribution was done -- 11, 725 copies were distributed in bulk to 83 locations; totals for each language:* o *Chinese: 6825* o *Punjabi: 2663* o *French: 2237* *Since the initial mass distributions, individual and bulk orders were filled by calling the Seniors' Health Care Support Line (now the Office of the Seniors Advocate).* *The eleventh edition of the Guide will be developed in 2015, with an anticipated release date of Fall 2015. Distribution of this Guide will be the same as the previous version. It is expected that the initial print and mail-out will be roughly the same as last time, which was: 90,000 English, 15,000 Chinese, 7,000 Punjabi and 3,000 French copies.* *The Guide is typically updated every 2-3 years.* *The Ministry believes that it has met the spirit of this recommendation. Informing seniors about home and community care services is part of the Ministry's ongoing business."*	

	March 2014 Ministry update: *"As part of the Seniors Action Plan, in September 2012, the Ministry redesigned and re-launched the Home and Community Care website including improved information on the services available, and how to contact health authority Home and Community Care offices to arrange for care. Key stakeholders such as the BC Care Providers Association are also updating their websites to provide more information that will assist individuals and their families to better understand what options are available.* *The Ministry and health authorities have resources describing Home and Community Care services and ensure the information is available through several means including the internet and printed material.* *In the fall of 2012, the Ministry fulfilled the Seniors Action Plan commitment to release a 10th Edition of the BC Seniors' Guide in English, Chinese, French and Punjabi. The BC Seniors' Guide covers provincial and federal programs, and includes sections on health, lifestyle, housing, transportation, finances, safety and security, and other services of interest to seniors.* *This edition contains a new section on benefits and provides information on seniors' resources and services that have become available since the last edition in 2009. The latest guide also provides tips on healthy aging and encourages seniors to plan ahead for future needs by including questions on the back of each tab.* *Improved integration and communication among primary care providers is a key outcome of the Integrated Primary and Community Care strategy and will contribute to improving awareness of HCC programs."* **October 2012** Information has been added to the Home and Community Care website including the services available, and how to contact health authority Home and Community Care offices to arrange care.	

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.	**April 2016** Provincial guidelines on providing clients with access to their HCC assessments were finalized in December 2015 and shared with the health authorities. The ministry provided us with a copy of the guidelines. **April 2015** Effective April 1, 2015, the ministry has updated Home and Community Care policy 2.D on client assessment. The revised policy provides that an assessment includes offering a copy of the client's assessment or assessment summary to the client in accordance with guidelines that are still being developed. The ministry has communicated its expectation that health authorities fully implement this policy by October 1, 2015. **March 2014** No progress since last update. **March 2012** The Ministry of Health confirmed that health authority staff are to provide clients with copies of their RAI assessments on request.	**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.	**May 2012** Residential care client rate notification letters for 2012 (distributed in November and December 2011) informed clients about how to inquire about a rate reduction due to serious financial hardship. The ministry has directed that all future client rate letters (home support, assisted living and residential care) contain this information. **October 2012** Information about hardship waiver applications process has been added to the Home and Community Care website.	**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	**April 2016** The ministry's revised policy is now in effect across all health authorities. The ministry provided us with a report on temporary rate reduction data for the period July 1, 2013 through September 30, 2015, covering their initial two-year commitment. The ministry confirmed that	**FULLY IMPLEMENTED**

to assist the ministry in evaluating the capacity of seniors to pay home and community care fees.	the ministry and health authorities have committed to continuous data collection and reporting past the initial two-year commitment. **April 2015** Effective April 1, 2015 the ministry has revised its Home and Community Care policy 7.D to require health authorities to record and track all approvals and denials for temporary reductions in client rates and exceptions to policy 7.D. The policy requires health authorities to report this data to the ministry on a basis to be determined by the ministry. The ministry communicated its expectation that health authorities fully implement this policy by October 1, 2015. **March 2014** No specific action has been taken towards implementation.	
R13: The Ministry of Health establish a reasonable time limit within which health authorities must decide and respond in writing to fee reduction applications.	**April 2013** The ministry of Health has revised Policy 7.D in the Home and Community Care Policy Manual to require health authorities to process a client's application for a temporary rate reduction within 30 days of the date the health authority receives complete documentation supporting the application.	**FULLY IMPLEMENTED**
R14: The Ministry of Health establish a process that permits any sponsored immigrants charged home and community care fees between March 31, 1997, and April 1, 2011, to apply to the Ministry for a review of the fees paid and, where appropriate, a reimbursement for excess fees paid.	**November 2017** We invited the ministry to further clarify the legal rationale for their position that the rate structure applied to sponsored immigrants was authorized under the *Continuing Care Act*. The ministry provided the following explanation: *"The Ministry's position, supported by legal advice, is that it had the authority to apply a separate process to determine the client rates that sponsored immigrants were charged for home and community care services.* *Section 6 (2) of the* Continuing Care Act *states:* ***Fees and charges to clients*** *---* *(2) An operator must not charge a client an amount exceeding the rate prescribed under subsection (1) except in accordance*	**NOT ACCEPTED**

	with directives issued by the minister or as permitted in an agreement entered into under section 4 (1). *---* *The requirement to include the household income of a sponsor in the income calculation for a sponsored immigrant, for the purpose of determining the rate for that person, was included in the Home and Community Care Policy Manual between March 21, 1997 and April 1, 2011. Specifically, policy 8.L stated:* *Clients granted a sponsorship waiver (9D) are assessed a client rate based on total household income, including income of the client, the client's spouse, the sponsor and the sponsor's spouse.* *The Ministry received legal advice that the Home and Community Care Policy Manual constitutes a directive issued by the Minister under section 4 (4) of the* Continuing Care Act*. Therefore applying the separate process, resulting in an amount exceeding the rate set out in the Continuing Care Fees Regulation, was authorized by section 6 (2).* *Volume 1 of The Best of Care (Part 2) states the "ministry has confirmed that the previous Home and Community Care Policy Manual and the draft sponsorship manual were not considered directives made under section 4 (4) of the* Continuing Care Act*." The Ministry has reviewed its responses to the Ombudsperson's office in relation to this issue, and has not found any information provided by Ministry that stated that Home and Community Care Policy Manual is not a directive issued by the Minister under section 4 (4) of the* Continuing Care Act*. On the contrary, the Ministry's position is that it is such a directive.* *On this basis, the Ministry does not accept the Ombudsperson's finding that the Ministry did not have the authority to use a separate and distinct process to determine the rates that sponsored immigrants had to pay for home and community care services between March 31, 1997, and April 1, 2011, and consequently the Ministry does not accept the related recommendation (R14).*	

	As noted in the Ombudsperson's report, as of April 1, 2011, the Ministry changed its eligibility policy to eliminate the distinction between sponsored immigrants and other permanent residents and citizens. It is the Ministry's position that it is not obligated to offer compensation as a result of a change in policy to those to whom the previous policy was applied." We appreciate the ministry providing this clarification regarding the legal basis for the previous rate structure for the first time, and agree that no further action is necessary with respect to this recommendation. **February 2017** We invited the ministry to clarify its reasons for not accepting the recommendation that it allow affected sponsored immigrants to apply for a review of the fees they had paid. The ministry advised us that, in its view, it was fair to expect sponsors to contribute to the cost of services for their relatives, as sponsors take on a financial commitment to support their relatives once they enter Canada. The ministry also noted that, where paying the client fee would have caused serious financial hardship for the client and their sponsor, the client could have applied to the health authority for a reduction in their client rate. **November 2016** The ministry informed us in November 2016 that it did not accept this recommendation, stating the following: *"The Ombudsperson's recommendation is based on its finding that the Ministry lacked the legal authority to use a rate structure to charge sponsored immigrants for home and community care (HCC) services between March 31, 1997 and April 1, 2011. The Ministry received legal advice that the rate applied to sponsored immigrants prior to April 2011 is supported by authority in the Continuing Care Act.* *The Ministry amended its policy for sponsored immigrants in April 2011. The current Home and Community Care policy makes no distinction between classes of immigrants who are lawfully admitted to Canada for permanent residence; therefore, sponsored immigrants are*	

	treated in the same manner as other classes of immigrants with regards to access to HCC services and client rates charged for HCC services, provided they have achieved permanent residency status." **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	
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.	**January 2019** Ministry update: *"The Ministry of Health reiterates its response from 2017 in advising that there are mechanisms in place including the Patient Care Quality Offices and health authority Community Care Licensing program to review and investigate care quality complaints. Where systemic issues are identified, these are forwarded to the relevant Ministry program areas to best determine how to address them. Systemic issues may also be reviewed by the Patient Care Quality Review Boards who may make recommendations to the Minister of Health. The Ministry does not expect further action in this area."* While we appreciate the ministry providing the above information, health authorities have not taken a consistent approach to how their PCQOs respond to complaints from resident and family councils. We continue to receive complaints about these issues and urge the ministry to address this recommendation in a systemic way. **September 2017** Ministry update: *"The Ministry Patient Care Quality (PCQ) staff analyze Patient Safety Learning System (PSLS) data on care quality complaints (as defined by the* Patient Care Quality Review Board Act*) provided by Patient Care Quality Offices (PCQOs). The PSLS is a province-wide database system utilized by a range of program areas. It includes a complaints module utilized by PCQOs to capture and categorize care quality complaints. Any systemic issues identified through this data are forwarded to relevant Ministry program areas (e.g. Seniors Services, Mental Health and Substance Use, etc.) who determine how best to address them. Systemic issues may also be identified by the Patient Care Quality Review Boards, who may make recommendations to the Minister of Health.*	**NOT IMPLEMENTED**

	Although these are not care quality complaints under the Patient Care Quality Review Board Act*, health authorities still accept and address general (non-patient-specific) concerns about their care and services. In addition to care quality complaints, health authorities may use PCQOs to handle compliments, general feedback, non-care-quality complaints, and inquiries. When concerns relate to provincial policy or systemic issues that are beyond a health authority's mandate to address, the PCQOs may connect a client with a more appropriate avenue, including the Ministry of Health."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** The ministry confirmed that resident and family councils cannot raise a general care quality issue about a facility. They can, with the consent of the resident, make a care quality complaint on behalf of the resident. This does not appear to be consistent with the ministry's previous statement reflected on page 58 of the *Best of Care* Part 2, Volume 1. **April 2013** The review of the patient care quality system has been completed and the ministry did not identify this as one of the actions resulting from the review. **February 2012** In *Improving Care for B.C. Seniors: An Action Plan,* the ministry committed to an independent review of the current patient care quality program to examine how concerns and needs are being met and how to best serve seniors.	
R16: The Ministry of Health provide specific direction to the PCQOs on the steps they should follow in processing care quality complaints.	**January 2019** Ministry update: *"This recommendation is being addressed by the updated S.6 Directives, which are in the final stage of the approval process."* **September 2017** Ministry update: *"A proposal to the Minister of Health for revisions to the Ministerial Directives under Section 6 of the* Patient Care Quality Review Board Act *is in the final phase of review. In addition to the*	**ONGOING**

	Ombudsperson's recommendations, the revisions proposed have been informed by extensive stakeholder consultation, a program evaluation, a communication review, and a review of program promotion. The revised Directives are referred to in the Ministry responses to Ombudsperson's recommendations 17, 18, 19, and 48. *"This work is currently in year 4 of the Ministry work plan."* **April 2016** Ministry update: *"This recommendation will be addressed in an updated version of the Patient Care Quality Review Board Ministerial Directive (Section 6).* *"Consultation and planning phases of this project are complete. Extensive consultations identified potential program improvements with implications for health authorities beyond those addressing Ombudsperson recommendations, such as requirements for educating health authority staff about the Patient Care Quality (PCQ) Program and the provision of printed information materials to individuals receiving certain health care services.* *"Lengthy negotiation with health authorities resulted in consensus on feasible improvements that meet the intent of Ombudsperson recommendations as well as improve overall program operation. Consultation with legal counsel is complete, and an executive decision on proposed revisions is expected early in 2016/17. Once the revisions are approved, the formal drafting process will begin. The target is to have the Directives fully issued to implement by end of fiscal year 2016/2017.* *"This recommendation is now in Year 3 of the Ministry's work plan."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No progress since last update. **April 2013**	

	The review of the patient care quality system has been completed and the ministry did not identify this as one of the actions resulting from the review. **February 2012** In *Improving Care for B.C. Seniors: An Action Plan,* the ministry committed to an independent review of the current patient care quality program to examine how concerns and needs are being met and how to best serve seniors.	
R17: After the PCQOs and patient care quality review boards (PCQRBs) have been operational for five years, the Ministry of Health review their complaint-handling processes and implement any improvements identified in the course of this review.	**January 2019** Ministry update: *"This recommendation is being addressed by the updated S.6 Directives, which are in the final stage of the approval process."* **September 2017** Ministry update: *"Provincial coordination and support of quality improvement is a core function of the Ministry's Patient Care Quality Program. The program evaluation completed in 2014 included a review of complaint handling processes. A number of quality improvements have been implemented, such as improved data handling processes, reviews of program communication and promotion, and a statement of intent for the program. This recommendation is also being addressed through revisions to the* Patient Care Quality Review Board Act *Directives under Section 6. (See response to recommendation 16.)* *This work is currently in year 4 of the Ministry work plan."* **April 2016** See ministry update under Recommendation 16. This recommendation is now in Year 3 of the ministry's four-year work plan. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **May 2014** The ministry completed an evaluation of the PCQ program as part of its Seniors Action Plan. The ministry will be implementing the improvements from the evaluation and revising the directives to provide	**ONGOING**

	more specific direction. The recommendations the ministry plans to implement are outlined in the Patient Care Quality Program Final Evaluation Report (July 2012). These recommendations still need to be implemented.	
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.	**January 2019** Ministry update: *"…Updates to the s.6 Directives will help support the expedited review process. The updated s.6 Directives are in the final stage of the approval process."* **December 2017** Ministry update: *"An expedited review policy was developed and implemented by the Patient Care Quality Review Board in 2013 to address this recommendation … The policy states that all cases before the review board will undergo a triage process to determine whether they are eligible for expedited handling. Criteria to determine whether a case is eligible for expedited handling, as well as ways that the process can be expedited are explicitly stated in the policy.* *"This recommendation is also being addressed through revisions to the* Patient Care Quality Review Board Act *Directives (see response to recommendation 16)."* We appreciate the ministry providing us with this information for the first time and are encouraged to see that the PCQRB has established a policy to address this recommendation. However, we note that the policy has not been made accessible to the public. Making this policy publicly available would alert parties to the possibility of expedited review and the eligibility requirements for a case to be treated as urgent. We therefore encourage the PCQRB to post the policy on its website, and look forward to further measures being taken to address this recommendation through revisions to the *PCQRBA* Directives. **April 2016**	**ONGOING**

	See ministry update under Recommendation 16. This recommendation is now in Year 3 of the ministry's four-year work plan. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** The ministry is working with health authorities and the PCQRBs to develop a policy on when to expedite the review of complaints considered urgent.	
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.	**January 2019** Ministry update: *"This recommendation is being addressed by the updated S.6 Directives, which are in the final stage of the approval process"* **September 2017** Ministry response: *"A program evaluation was completed in 2014, followed by a review of PCQ program communication with clients and a review of PCQ program promotion. Quality improvements have been implemented. (See response to recommendation 22.) This recommendation is also being addressed through revisions to the* Patient Care Quality Review Board Act *Directives. (See response to recommendation 16). This work is currently in year 4 of the Ministry work plan."* **April 2016** See ministry update under Recommendation 16. This recommendation is now in Year 3 of the ministry's four-year work plan. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **May 2014** All health authority websites provide a basic description of the PCQO and the steps for filing a complaint. However, they do not outline the types of complaints PCQOs respond to or how those complaints are considered.	**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.	**April 2015** The ministry provided documentation showing how the PSLS allows PCQOs to document the steps taken in responding to a complaint in a way that is consistent with the ministerial directive. **March 2014** Health authorities are using the complaints module in the Patient Safety and Learning System (PSLS) to record and track complaints.	**FULLY IMPLEMENTED**
R21: The health authorities ensure that PCQOs inform all complainants in writing about the outcome of their complaint.	**September 2017** Ministry update: *"Current practice is for Patient Care Quality Offices (PCQOs) to provide information in the format the complainant prefers (e.g., in writing, by e-mail, by phone), and to document all responses in the Patient Safety Learning System. Should a complainant receive a non-written response and then request a written response at a later date, PCQOs are able to provide this. The Ministry is considering opportunities to formalize current practice."* While current practice does not guarantee that all complainants receive a written response to their complaint, it provides that all complainants are entitled to a written response at their request. It does not appear to be unreasonable to respect a complainant's preference with respect to the format of the response. We encourage the Ministry to take steps to formalize this practice so that it is applied consistently by all PCQOs. **April 2016** Ministry update: *"PCQO staff will provide information in the format in which the complainant prefers (e.g. not all complainants are able to read/write). The Ministry does not intend to require that all complainants be informed of the outcome of an investigation in writing. The Ministry believes that it is most effective to liaise with complainants using the means of communication with which they are most comfortable.* *"The Ministry believes it has fulfilled the intent of this recommendation and will not be taking further action at this time."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**IMPLEMENTED BY OTHER MEANS**

	March 2014 No specific action has been taken towards implementation.	
R22: The Ministry of Health establish a program to provide support for seniors and their families to navigate the home and community care system and bring forward concerns and complaints by January 2013.	**January 2019** Ministry update: *"As noted in the 2017 update, the Ministry has taken steps in partnership with health authorities to increase accessibility of the care quality complaints process and this remains a part of general program promotion. The Ministry does not expect further action in this area."* **September 2017** Ministry update: *"The Ministry has taken steps in partnership with health authorities to increase the accessibility of the care quality complaints process (for care delivered, funded, or licensed by health authorities) for concerned seniors and their families. This work has included enclosing information about the care quality process in admissions packages for residential care (in addition to requiring posters be displayed and brochures be available), and planned outreach to public-facing resources seniors and their families may access such as MLAs, HealthLink BC/811, the Seniors' Health Care Support Line, and the Seniors' Advocate. Information on the Ministry's website about the avenues for addressing concerns about home and community care has also been refreshed (see: http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/concerns-and-complaints)."* **April 2016** Ministry update: *"This project's information gathering and analysis phase was completed in Year 2, but additional work is still required so the project has been moved to Year 3. The recommendation will be addressed by a new shared process which requires broad and complex consultations that include multiple jurisdictions (PCQ offices, assisted living registry, and community care licensing), stakeholders (Medical Health Officers, licensing officers, PCQ Working Group, Assisted Living Registrar and Officers), statutes (*Community Care and Assisted Living Act *and* Patient Care Quality Review Board Act*) and mandates (regulatory-driven vs. patient-driven quality improvement).*	**IMPLEMENTED BY OTHER MEANS**

	"Following the consultations, the target is to have a decision on a shared process by the end of fiscal year 2016/2017. This recommendation is now in Year 3 of the Ministry's work plan." **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** In March 2014, the government established The Office of the Seniors' Advocate in the Ministry of Health. **April 2013** In its Strategy to Reduce Elder Abuse, released in March 2013, the ministry committed to increasing the hours and capacity of the Seniors Abuse and Information Line. **October 2012** The ministry established the Seniors' Health Care Support Line to allow seniors and their families to report concerns about publicly subsidized home and community care services. The ministry undertook a public consultation regarding the implementation of an Office of the Seniors' Advocate from May – August 2012. **February 2012** The ministry committed to establishing a single provincial phone line to allow seniors and families to report care concerns. The ministry committed to establishing an Office of the Seniors' Advocate.	
R23: The Ministry of Health work with the Ministry of Advanced Education to require all institutions offering training for community health workers to use the approved	**September 2017** Ministry update: *"To be eligible to work as a health care assistant in any publicly funded health care setting in British Columbia, applicants must be registered with the BC Care Aide & Community Health Worker Registry (the Registry). To be eligible to register on the Registry, applicants must have completed a Registry-recognized training program for health care assistants in B.C., or an equivalent program*	**IMPLEMENTED BY OTHER MEANS**

new curriculum commencing in September 2013.	*offered by an educational institution in Canada. Internationally educated health care professionals or graduates of health care programs outside of Canada may be eligible to register on the Registry upon confirmation of language proficiency and international credential equivalency."* While this scheme does not directly impose a curriculum requirement on training institutions, it meets the intent of this recommendation with respect to public sector community health care assistants trained in BC by requiring that they complete a pre-approved training program – which requires that the program follows the BC HCA provincial curriculum. This requirement could be applied to private sector health care assistants by extending requirements for professional registration to private sector employment. This further step would be accomplished through the implementation of recommendation 24; as a result, we consider the ministry to have taken adequate implementation steps in relation this recommendation. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** The BC Care Aide and Community Health Worker Registry is working towards a requirement to have all registrants complete an approved provincial health care assistant curriculum.	
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.	**January 2019** Ministry update: *"The ministry is reviewing a range of oversight options for health care assistants in all settings."* **October 2017** The *Health Professions Amendment Act, 2017* was introduced in the Legislative Assembly as Bill 10 on October 24, 2017. Prompted by the request of the province's nursing colleges to be amalgamated into a single college, this amending act will, once enacted, authorize this amalgamation.	**ONGOING**

	We urge the ministry to ensure that a new regulatory 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. **September 2017** Ministry update: *"In November 2016, the Ministry published a Health Care Assistant Oversight Policy Intentions Paper for Consultation. This document proposed an intended approach to regulate HCAs through a new registry model under a newly formed single provincial nursing regulator.* *"Comments from key stakeholders and the public regarding implementation considerations and transition elements were solicited over a 3 month consultation period. The Ministry is carefully considering all feedback from this consultation."* **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No progress since last update. **April 2013** The ministry released its review of the Care Aide Registry in March 2013 and plans to extend the mandate of the Registry to include private sector care service providers and employees. **October 2012** In July 2012, the Minister of Health announced a review of the Care Aide Registry to examine the strengths and weaknesses of the current system and to provide the ministry with recommendations.	
R25: The Ministry of Health require applicants to the BC Care Aide & Community Health Worker Registry to disclose whether they have ever been disciplined or terminated by a health care employer on the grounds	**September 2017** We continue to encourage the ministry to further clarify the process used by the Registry to investigate and evaluate past discipline for abuse; however, the ministry has taken sufficient action to conclude that this recommendation is fully implemented.	**FULLY IMPLEMENTED**

of abuse, and establish a process for evaluating whether it is appropriate to allow registration.	**April 2015** The BC Care Aide and Community Health Worker Registry now requires applicants to disclose whether they have ever been disciplined or terminated for abuse. Applicants must respond to this question for their application to proceed. The process for evaluating an applicant's "yes" answer involves the appointment of a third party investigator to recommend whether the applicant should be registered. The document in which this process is outlined does not explain how the investigator would conduct an investigation, or how the Registry would assess any resulting recommendation to decide whether registration is appropriate. **October 2012** In July 2012, the Minister of Health announced a review of the Care Aid Registry to examine the strengths and weaknesses of the current system and to provide the ministry with recommendations.	
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.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"It has been determined that the existing BC Care Aide and Community Health Worker Registry cannot conduct criminal record checks on behalf of an employer given current stipulations under the Criminal Records Review Act. In order for the existing registry to conduct criminal record checks, legislation including the Health Professions Act and Criminal Records Review Act would require changes, and new registry legislation would be needed. At this time, the criminal record check process remains the responsibility of the employer as determined by existing legislation.* *In November 2016, the Ministry published a Health Care Assistant Oversight Policy Intentions Paper for Consultation. This document proposed an intended approach to regulate health care assistants through a new registry model under a newly formed single provincial nursing regulator. Comments from key stakeholders and the public regarding implementation considerations and transition elements were solicited over a 3 month consultation period. The Ministry is reviewing a range of oversight options for health care assistants in all settings."*	**ONGOING**

	We look forward to the outcome of the process to establish a new registry model for health care assistants, and are hopeful that the ministry's commitment will result in a framework that provides equivalent protections to those recommended here. We note, however, that this recommendation focused on extending already existing *Criminal Records Review Act* employment conditions for assisted living and *CCALA* 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. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **May 2014** The ministry is engaged in an assessment of BC's private pay providers, including whether criminal record checks should be required for all home support providers and private hospitals.	
R27: The Ministry of Health take the necessary steps to require staff providing care to seniors to report information indicating that a senior is being abused or neglected to the regional health authority.	**September 2017** The ministry referred us to information provided in 2013 that confirmed the following: • that the policy changes introduced in the Home and Community Care Policy Manual (section 1.A) in 2012 applied to all health authority staff and contracted service providers providing home and community care services; • that all health authorities had communicated the new requirement to their contracted service providers in writing and were implementing the requirement directly into service contracts; and • that protocols were in place to ensure that appropriate contacts had been established for health authority staff and the staff of contracted service providers to report concerns of possible neglect and abuse. Based on this additional information, along with information provided in 2016 and 2017 confirming that supportive training had been developed	**FULLY IMPLEMENTED**

	and made available to staff, we consider this recommendation fully implemented. **April 2016** As part of the provincial strategy to reduce elder abuse introduced in 2013, the ministry has developed an e-learning module for health care staff that provides information on the various types of abuse and neglect and the duties of staff to report suspected abuse. The online course will be made available to staff, including health authority staff and staff of contracted service providers, working anywhere in the health care system, including the community, residential care facilities or hospitals, through the Learning Hub on the provincial Health Services Authority's website. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No progress since last update. **April 2013** The ministry's Home and Community Care Policy Manual (section 1.A) includes a requirement that health authorities, when delivering services, require that staff report possible abuse and neglect. In March 2013 the ministry made public "Together to Reduce Elder Abuse – B.C.'s Strategy" in which the government committed to work with health professional colleges and health authorities to ensure that front-line health care providers are aware of resources and mechanisms to report elder abuse and have access to training and supports.	
R28: The Ministry of Health take the necessary steps to require operators of residential facilities governed under the *Hospital Act* to report instances of abuse and neglect of residents.	**April 2016** (As of January 2019, there is no further change to the Ministry's update) Section 21 of the *Hospital Act Regulation* was enacted effective December 1, 2013, and requires extended care and private hospitals designated under the *Hospital Act* to report "serious adverse events" to	**ONGOING**

	the Minister. While this requirement imposes additional reporting obligations on these *Hospital Act* facilities, it only applies to cases of "severe harm to or the death of a patient" and continues to fall short of the obligations concerning reportable incidents under the *Residential Care Regulation*. The ministry states that it is considering options for bringing section 12 of the *Community Care and Assisted Living Act* into force, which would, among other effects, make the same obligations concerning reportable incidents under the *Residential Care Regulation* applicable to extended care and private hospitals currently governed by the *Hospital Act* and regulations. We encourage the ministry to take action towards implementing section 12 of the *Community Care and Assisted Living Act*. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No progress since last update. **April 2013** In March 2013 the ministry made public "Together to Reduce Elder Abuse – B.C.'s Strategy" in which the government committed to work with health professional colleges and health authorities to ensure that front-line health care providers are aware of resources and mechanisms to report elder abuse and have access to training and supports. **February 2012** In its Seniors Action Plan, the ministry committed to putting a plan in place by January 2013, to standardize protections and benefits for all residential care clients.	
R29: The health authorities track the number of incidents of abuse and neglect investigated in their	**January 2019** Ministry update: *"the BC Patient Safety and Learning System (BCPSLS) informed the ministry that Vancouver Coastal Health,*	**PARTIALLY IMPLEMENTED**

region and the number of support and assistance plans implemented in response to their investigations of these reports.	*Providence Health Care, Island Health, and Interior Health have all fully implemented both the main re: act module (used to help them manage cases of abuse, neglect and self-neglect under the Adult Guardianship Act) and the statutory property guardianship module (used to capture the management of financial issues involving the Public Guardian and Trustee).* *Northern Health is also using both modules but has not fully implemented them across the whole health authority yet for logistical and resourcing reasons. The BCPSLS continues to work with Northern Health to achieve a full rollout.* *[…]* *BCPSLS is working with BC Emergency Health Services to provide a standardized, electronic method to report concerns about abuse, neglect and self-neglect from within their ambulances, in addition to being able to report from their stations, with reports going directly to the re:act team with the appropriate health authority. BCPSLS hopes to start a pilot project with BCEHS and Vancouver Coastal in early 2019."* Separately, the ministry told us that *"Fraser Health informed the Ministry that in December 2018, it implemented a system for tracking abuse and neglect investigations as well as support and assistance plans, through its Primary Access Regional Information System (PARIS) and Meditech information system."* We are pleased to see the progress that the health authorities have made in implementing the Re:Act modules or, in the case of Fraser Health, its existing information system, to track reported incidents of abuse and neglect and support and assistance plans. We encourage Northern Health to continue to implement Re:Act across all of its service area. **November 2017** Ministry update: *"The BC Patient Safety & Learning System Central Office (BCPSLS Central Office) has partnered with Vancouver Coastal Health (VCH)'s Re:Act Adult Protection Program to configure an electronic, web-based reporting tool called BCPSLS Re:Act to capture*	

	information about Adult Guardianship Act *cases of abuse, neglect, or self-neglect. BCPSLS Re:Act was created to support communication, follow-up and data collection across BC.* *BCPSLS Re:Act is available to health authorities across the province. VCH, Island Health, as well as Providence Health, are currently using BCPSLS Re:Act. It is expected that the other health authorities will soon adopt the system as well. As health authorities adopt the system, the BCPSLS Re:Act is updated to fit the needs of each health authority. Training, including print and video materials (see link below), have been developed to assist users.* *It is the goal of the BCPSLS Central Office to have all health authorities onboard and reporting into the system in 2018. It is expected that the data created by BCPSLS Re:Act will aid in identifying trends, outcomes, and areas for improvement. Starting in 2018, BCPSLP Re:Act data will be reported out to the Office of the Senior's Advocate.* *Training information: http://bcpslscentral.ca/our-system/bcpsls-react/* *BCPSLS Re:Act factsheet: http://bcpslscentral.ca/wp-content/uploads/2017/01/ReAct-June-27-2016.pdf"* **September 2017** Ministry update: *"The Office of the Seniors Advocate (OSA) currently collects and reports on the number of incidents reported to licensing for abuse and neglect in its annual Monitoring Report. The OSA is also in communication with Vancouver Coastal and Provincial Health Services Agency about receiving data on abuse and neglect reported through the Re:Act system by designated agencies. The target is to collect this data in 2018."* **April 2016** Ministry update: *"Vancouver Coastal Health Authority has piloted the Re:Act reporting system, which provides a standardized, accessible and secure means of data collection that enables health authorities to track, trend and quantify Adult Guardianship Act cases. The data points are comprehensive, and include whether a support and assistance program was created or court ordered. The reporting system has been adopted, in part, by some of the other health authorities.*	

	Jointly with a contractor, the health authorities developed other options for data collection in response to the Ombudsperson's recommendation, the province's elder abuse prevention strategy and the Seniors Advocate's request. Health authorities report that implementing a provincial system for tracking the number of incidents of abuse and neglect that are investigated would require a major upgrade to their software, including development of a province-wide platform, entailing a lengthy and costly process. Feasible options are still being explored. *"The Ministry will continue further work on this recommendation this year as it is in year 3 of the Ministry's work plan."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	
R30: The Ministry of Health require service providers to immediately notify the police of all incidents of abuse and neglect that may constitute a criminal offence.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"The Ministry has not done any further work specific to this recommendation over the past year, and due to competing priorities has no plans to take action regarding this recommendation in Year 4 of the Ministry's work plan.* *In the meantime, the Ministry continues to expect that service providers will report incidents to the police that may constitute a criminal offence. The Ministry is also committed to looking at other ways to strengthen this requirement; for example, the Ministry has identified a need to review service contracts between health authorities and contracted service providers and will look for opportunities to address this recommendation through this process for contracted service providers."* **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan.	**ONGOING**

	March 2014 No progress since last update. **April 2013** In March 2013 the ministry made public "Together to Reduce Elder Abuse – B.C.'s Strategy" in which the government committed to work with health professional colleges and health authorities to ensure that front-line health care providers are aware of resources and mechanisms to report elder abuse and have access to training and supports.	
R31: The Ministry of Health work with the health authorities to develop provincial guidelines on when service providers should report incidents of abuse and neglect to the police.	**December 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"The Ministry has not done any further work specific to this recommendation over the past year, and due to competing priorities has no plans to take action regarding this recommendation in Year 4 of the Ministry's work plan.* *In the meantime, the Ministry continues to expect that service providers will report incidents to the police that may constitute a criminal offence. The Ministry is also committed to looking at other ways to strengthen this requirement; for example, the Ministry has identified a need to review service contracts between health authorities and contracted services providers and will look for opportunities to address this recommendation through this process for contracted service providers."* **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No progress since last update. **April 2013** In March 2013 the ministry made public "Together to Reduce Elder Abuse – B.C.'s Strategy" in which the government committed to work with health professional colleges and health authorities to ensure that front-line health care providers are aware of resources and	**ONGOING**

	mechanisms to report elder abuse and have access to training and supports.	
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.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: "*At this time there is no legal mechanism to provide the same level of protection for seniors receiving home support services as provided to those living in residential care facilities.* *However, there are a number of other safeguards in the health care system that offer a considerable degree of protection for home support clients including:* o *the BC Care Aide and Community Health Worker Registry, which requires all health care assistants employed by publicly subsidized service providers to be registered;* o *the* Criminal Records Review Act *ensures that people who work with or may potentially have unsupervised access to children or vulnerable adults undergo a criminal record check by the Criminal Records Review Program, including all employees of health authorities or contracted service providers;* o *the legislative framework under the* Patient Care Quality Review Board Act *provides legislative authority to investigate and report on a range of care quality complaints; and* o *health authorities have delegated authority under the* Adult Guardianship Act *to respond to concerns of abuse, neglect and self-neglect."* We understand that there are unique challenges in achieving the same levels of protection with respect to home support, but also note that seniors receiving services in their own home can be particularly vulnerable to abuse. We urge the ministry to work with health authorities, legislators, service providers and other stakeholders to enhance protections from financial abuse for home support clients. **April 2016** Ministry update: *"The* Community Care and Assisted Living Amendment Act, 2016 *(Bill 16) has added several new provisions that will support the quality of care for individuals living in an assisted living*	**ONGOING**

	residence. In addition to s 26, Bill 16 will include: s28.1 (1) which prohibits inducement, and s28.1 (2) that protects persons who report abuse. In addition, the registrar's authority in the amended Community Care and Assisted Living Act *(CCALA) with regards to registering a residence has been enhanced including: s.25 2(a) – manner of application for registration; and, s.25 2(c) – training, experience and qualifications of registrant.* *The CCALA currently contains the power to make regulations prescribing the health and safety standards that must be met in the delivery of services at an assisted living residence. Government has committed to establishing minimum requirements for assisted living residences in the new regulations.* *Once the CCALA is brought into force, minimum requirements for assisted living residences in the key areas set out by the Ombudsperson will be in place.* *The remaining part of this recommendation pertaining to home support services will be reviewed as part of the work in Year 3 of the Ministry's work plan."* We are satisfied that this recommendation will be implemented with respect to assisted living once the described legislative amendments are brought into force. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	
R33: The Ministry of Health take the necessary steps to provide comprehensive legal protection from adverse consequences for anyone, including staff, who makes a complaint in good faith about home and community care services.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"For services other than assisted living and residential care, there are a number of mechanisms to provide protection for anyone making a complaint in good faith about home and community services from adverse consequences, including:*	**ONGOING**

	o *collective agreements, which protect staff; and* o *health authority policies based on the Safe Reporting/ Whistleblowing Policy Standards that were issued by the Ministry previously."* We look forward to the implementation of the *Community Care and Assisted Living Amendment Act, 2016,* as described in the ministry's May 2016 update, and encourage the ministry to take further steps to extend protections to any person, including clients and staff, who is not covered by this change. **May 2016** Ministry update: *"The* Community Care and Assisted Living Amendment Act, 2016 *(Bill 16) has added a new provision - s28.1 (2) that protects anyone, including staff, who make a complaint in good faith about abuse individuals living in an assisted living residence from adverse consequences. Bill 16 will now include a provision that protects persons who report abuse.* *The CCALA currently contains the power to make regulations prescribing the health and safety standards that must be met in the delivery of services at an assisted living residence."* **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No progress since last update. **April 2013** The ministry has developed a Whistleblowing/Safe Reporting Communique which directs health authorities to update their whistleblowing policies in accordance with best practices, including providing an avenue for persons to raise concerns confidentially without fear of reprisal. This policy was sent to health authorities in Fall 2012. **February 2012**	

	In its Seniors Action Plan, the ministry stated that it would examine ways to improve existing protections for patients and providers.	
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**	**January 2019** Ministry update: *"In the fall of 2017, the Ministry of Health approved a suite of policy direction documents for release to health authorities to guide them in a system redesign of integrated primary and community care. Within this suite, a policy direction specific to Adults with Complx Conditions and/or Frailty (including seniors) was developed through extensive literature review and health authority consultation. An additional set of 'supportive policies' are intended to guide consistent health authority design for the services typically accessed by Adults with Complex Conditions/Frailty.* *A time limited working group, including some contracted providers, was established to help inform the components of the Home Support – Supportive Policy. At the advice of the Working Group, the essential elements were included, providing content for the Ministry of Health direction. These elements are:* • *Activities of Daily Living and (a defined set of) Instrumental Activities of Daily Living will be provided for clients based upon assessed needs.* • *Identifying care giver strain and preventing burnout is a priority and a mandatory component of discussion, planning and care of clients.* • *Clients and families will have access to a knowledgeable team member who can discuss and answer questions about care and changing needs.* • *Home support services will be designed to meet the scheduled and unscheduled needs of clients in the community with a focus on preventing hospital and ED admissions, including short term overnight care.* • *Scheduling practices will enable care provider continuity and consistency for all clients.* • *The Ministry of Health will establish a patient directed funding model that can be offered as an option to the existing agency directed care.* • *Health authority (or contracted) home support design enables flexible planning, scheduling of care and services that supports person centered care and informed choice.*	**ONGOING**

	To enable the shifts needed at both the operational and system levels within health authorities, the 'Bilateral Planning and Action Expectations' was delivered to the health authorities in May 2018 to clearly outline the expectations, reporting and deliverables for the 2018/19 year. The language from the policy direction documents was used to inform these mandated expectations with clear timelines of substantial completion of SCSPs [Specialized Community Service Programs] by March 31st, 2021. The elements within the agreement specific to Home Support include: • *Net new funding for home support will be used as follows:* o *Minimally 70% of funding will be used to increase service hours for existing and new clients, living in the community but at risk of requiring long term care over the coming year.* o *Up to 30 % of funding can be used to increase short term service hours immediately after hospital care.* • *The delivery of home support services will, where practical:* o *Ensure that Health Care Assistants provide Home Support services with assigned client caseloads in support of continuity of care, using cluster care or geographic assignment through fixed shift scheduling.* o *Health Care assistants will be enabled to work across all services within an SCSP to optimize continuity of care, productivity and job satisfaction.* o *On the job skill development and training will be clearly planned for as part of a broader recruitment and retention strategy.* o *Home support schedules will permit sufficient time for client focused care and are flexible to ensure that unscheduled or urgent care needs of clients can be met.* o *The Health authority will have appropriate guidelines and capacity to provide both responsive short term, episodic 'overnight care' and in home respite care to prevent or reduce hospital admissions/readmissions.* o *Professional staff (Nursing/Allied) are available to Health Care Assistants to assist with problem solving or consultation during all working hours that they are providing care in client's homes.* o *Health Care Assistants are included in the 'team -based-care 'model and considered valuable members of the interdisciplinary team.*	

	o *To prevent hospital and emergency department visits, formal linkages with primary care networks are in place supporting rapid assessment and support for clients requiring home support and prevent hospital admissions through timely services provided based upon need.* **September 2017** Ministry update: *"Helping seniors stay in their homes longer continues to be a priority of the Ministry of Health and home support is a key focus going forward.* *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.* *In the 2017 An Action Plan to Strengthen Home and Community Care for Seniors, the Ministry made a commitment as part of the work on integrated community care to increase home support services and hours, as well as leverage other health-care professionals (e.g., paramedics) and technology to increase home health monitoring and connectivity for patients and health-care providers as part of the strategic work around primary and community care.* *In addition, the Office of the Seniors Advocate has conducted a review of home support services and has issued recommendations related to home support in the most recent update of the Caregivers in Distress Report (August 2017).* *The Ministry will continue to work with health authorities, service providers and the staff in the Advocate's office to improve and expand*	

	the home support services provided in BC to increase flexibility and ensure clients' needs are met in the most appropriate way. *While this work continues in 2017/18, more importantly, it is integrated into the Ministry's strategic priorities. Progress on the strategic work is being actively monitored and reported out on at the senior leadership level both within the Ministry and health authorities."* **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** The ministry was involved in an international forum held in Vancouver in January 2014 where there was a discussion of changes to how home care is organized and financed. **April 2013** The ministry announced in January 2013 that it would be expanding the Better at Home program to 38 additional locations. **October 2012** Under the Integrated Primary and Community Care program, the health authorities are looking at enhancements to home-based support programs to support seniors to remain in their own homes. **February 2012** The ministry provided the United Way with $15 million to establish Better at Home, an initiative to provide seniors with support systems that will allow them to remain in their homes longer.	
R35: The Ministry of Health work with the health authorities to develop a consistent province-wide process for determining adequate time allotments for home support activities.	**January 2019** Ministry update: *"See updated response to recommendation 34"* **September 2017** Ministry update: *"As described in the response to recommendation 34 above, the Ministry will be reviewing all aspects of home support services as part of the strategic policy work related to Specialized Community Services Programs for each of the 61 geographic service areas."*	**ONGOING**

	April 2015 No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan.	
R36: The Ministry of Health set a time frame within which eligible seniors are to receive subsidized home support services after assessment.	**January 2019** Ministry update: *"See updated response to recommendation 34"* **September 2017** Ministry update: *"As described in the response to recommendation 34 above, the Ministry will be reviewing all aspects of home support services as part of the strategic policy work related to Specialized Community Services Programs for each of the 61 geographic service areas."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	**ONGOING**
R37: The health authorities track the time it takes for seniors to receive home support services after assessment and report the average and maximum times that eligible seniors wait to receive subsidized home support services to the ministry quarterly.	**April 2016** See Ministry response under Recommendation 1 above. There is currently no public reporting of tracked statistics on wait times for home support services. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**NOT IMPLEMENTED**
R38: The Ministry of Health report annually to the public on the average and maximum times that eligible seniors wait to receive subsidized home support services after assessment.	**April 2016** See Ministry response under Recommendation 1 above. There is currently no public reporting of tracked statistics on wait times for home support services. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**NOT IMPLEMENTED**

	March 2014 All health authorities are now reporting MRR data to the ministry. The specific measures for both public and internal reporting have not yet been determined. **April 2013** The ministry has not provided online information on wait times. **February 2012** In its Seniors Action Plan, the ministry committed to providing more online information regarding wait times.	
R39: The Ministry of Health take the steps necessary to extend the $300 monthly cap to seniors who do not have earned income so that they are treated the same way as those seniors who do have earned income.	**May 2014** The ministry states that it has no plans to change the policy at this time.	**NOT ACCEPTED**
R40: The Interior Health Authority, Northern Health Authority and Vancouver Island Health Authority include the principle of continuity in home support in their policies, service agreements and performance measures.	**INTERIOR HEALTH AUTHORITY** **January 2019** Ministry update: *"Interior Health has informed the Ministry that it finalized new home support contracts in April 2018. The new contracts include wording supporting the principle of continuity of care and related performance reporting requirements."* **September 2017** Interior Health advised that project work to review and revise home support scheduling and delivery was underway and expected to continue through April 1, 2019. With respect to home support services provided by health authority staff, Interior Health noted in its update that a home support scheduling manual was created in 2013, and updated in 2016, which establishes a process for putting permanent staff into a rotating schedule with clients on long term services to provide greater continuity in care. This manual was expected to be further updated in Fall 2017, to include education for schedulers and the principle of continuity.	**FULLY IMPLEMENTED**

	With respect to contracted home support providers, Interior Health advised that all related contracts were being revised with specific language requiring that contractors include the principle of continuity in home support in their policies and performance measures. These contract changes are to be brought in in 2018. While this work remains in progress, it appears that once completed these actions will fully implement the recommendation. **April 2015** Interior Health confirmed that its collective agreement for home support services allows it to override worker seniority when scheduling and maintain continuity of care where assigning multiple Community Health Workers would adversely affect a client's health. Interior Health also stated that home support workers try to schedule "clustered care," generally in supportive housing units, to increase consistency in care. Interior Health's home support guidelines confirm the importance of "client-centred care" but do not require continuity of care. **March 2014** No progress since last update. **March 2013** IHA has prepared language to include in its service agreements scheduled for renewal in 2014/2015 aimed at strengthening contractual obligations to provide continuity of care. **October 2012** The majority of the home support contracts have a 3-year term. IHA's Community Care program is working collaboratively with its contract department to review and revise contracts to reflect this recommendation on each renewal. **January 2012** IHA will collaborate with other health authorities and the Ministry on the establishment of a policy and amend existing contract language to reflect content of this policy.	
	NORTHERN HEALTH AUTHORITY	**FULLY IMPLEMENTED**

	March 2013 NHA has put processes in place to include the principle of continuity in home support policies, services and performance measures. NHA is the sole provider of home care services in the region. Clients are serviced in clusters and small geographic areas for continuity of care. The model is to ensure the principle of service continuity wherever possible. **September 2012** NHA has started an initiative in three communities which includes the principle of coordination and continuity of care. **January 2012** NHA indicated that it will collaborate with other Health Authorities and the Ministry on the establishment of a policy that addresses the principle of continuity of care in home support.	
	VANCOUVER ISLAND HEALTH AUTHORITY **September 2017** Island Health provided us with copies of service contracts and supporting documents which demonstrated that the principle of continuity was incorporated in those contracts, including policy requirements and specific performance measures and targets. We also received copies of Island Health's continuity reporting documents from the scheduling application for health authority owned and operated home support services, demonstrating that this principle had been incorporated into in-house performance measurement. Based on this additional information, we are satisfied that Island Health has fully implemented this recommendation. **April 2015** The process of contract renewal and new contracts continues. As contracts are renewed or new contracts are required, they include accountabilities relating to continuity. Continuity is measured by the number of Community Healthcare Workers scheduled for a range of visits over a three-month period. **March 2014**	**FULLY IMPLEMENTED**

	As contracts are renewed or new contracts are required, they include accountabilities relating to continuity. Continuity is measured by the number of Community Healthcare Workers scheduled for a range of visits over a three-month period. **September 2012** VIHA will release a Request for Proposal, including continuity as a criterion with related performance measures. **January 2012** VIHA indicated that it will collaborate with other health authorities and the Ministry of Health on the establishment of a policy and amendments of existing contract language to reflect the content of this policy.	
R41: The Ministry of Health establish a standard CSIL application process and ensure that clear and accessible information about that application process is made available by the health authorities.	**February 2017** The ministry provided clarified information regarding steps it has taken to standardize the CSIL application process across the health authorities and to ensure that information about the process is available to the public. The ministry issued a new CSIL policy in April 2011. Prior to this, the ministry policy regarding CSIL was a single page within the Home and Community Care policy manual which established eligibility requirements that left a great deal of room for interpretation, such as that the client "have the ability to direct all aspects of their care". The revised policy, in addition to establishing significantly expanded guidance for the administration of the program by the health authorities, sets out clarified and expanded eligibility criteria that include requirements for the use of standardized assessment tools with specific minimum scores that must be met for CSIL eligibility. The online guide and workbook for applicants was developed by the ministry in partnership with what is now Spinal Cord Injury BC. The information in the workbook is clear and accessible, and includes a guide for applying for CSIL that specifically outlines: • the six steps in the CSIL application process • how to prepare the key resources before applying, including a Supported Lifestyle Plan and a staff back-up plan	**FULLY IMPLEMENTED**

	• why people who already receive home support may have their home support needs and hours reassessed before they apply for CSIL • what to include in an application • how to plan for and conduct an appointment about CSIL with a case manager and • what happens once an application is accepted or denied. While not all health authority websites link directly to the workbook, all health authority websites link to the ministry's Home and Community Care website which has a detailed information page regarding the CSIL program and links directly to the workbook's location on Spinal Cord Injury BC's website. While the navigation to this information from the health authority websites could still be made more direct and accessible, we also acknowledge that linking to a single website which provides standardized information for the whole province reduces the risk that members of the public will have access to different information depending on where they reside as program information is updated over time. The ministry also provided us with information demonstrating how the revised policy and workbook was implemented across the health authorities. These clarifications have led us to conclude that this recommendation is fully implemented. **April 2015** An online guide and workbook for applicants is available on the website of Spinal Cord Injury BC, a non-profit organization. This workbook describes how applicants can prepare a CSIL application. It does not, however, represent a standard CSIL application process and is not referenced in the Home and Community Care policy manual. A direct link to the workbook is provided on the ministry's Home and Community Care website; however, not all health authority websites provide information about, or a link to, the workbook. **March 2014** No progress since last update. **October 2012**	

	The ministry's Home and Community Care website includes information about the CSIL program and how to arrange care through the health authority.	
R42: The Ministry of Health exercise its power under section 4(4) of the *Continuing Care Act* to establish clear, specific and enforceable quality of care standards for home support services, including the type and level of care to be provided, minimum qualifications and training for staff, complaints processes and procedures for reportable incidents.	**January 2019** Ministry update: *"See response to recommendation 34."* **September 2017** Ministry update: *"As described in the response to recommendation 34 above, the Ministry will be reviewing all aspects of home support services as part of the strategic policy work related to Specialized Community Services Programs for each of the 61 geographic service areas.* *In addition, in June 2016, the Ministry issued Performance Management Requirements for Home Support Services, which set out 10 domains that health authorities must integrate into their approaches to performance management to continuously improve upon the quality of home support services provided within their respective health authorities. The domains address many of the items required in this recommendation, including:* • *accreditation;* • *adverse events;* • *employment of health care assistants that are registered with the B.C. Care Aide and Community Health Worker Registry;* • *minimum competencies for health care assistants;* • *appropriate delegation of professional tasks;* • *disaster response lists;* • *health authority meetings with contracted service providers;* • *privacy and security;* • *reviews of home support services; and* • *client satisfaction surveys.* *Lastly, the Ministry published a Health Care Assistant Oversight Policy Intentions Paper for Consultation. This document proposed an intended approach to regulate HCAs through a new registry model under a newly formed single provincial nursing regulator.*	**ONGOING**

	Comments from key stakeholders and the public regarding implementation considerations and transition elements were solicited over a 3 month consultation period. The Ministry is carefully considering all feedback from this consultation." The steps outlined above represent significant progress towards implementation of the recommendation. We look forward to further measures expected from the ministry's home support review and health care assistant regulation processes. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan.	
R43: The Ministry of Health require health authorities to provide information about these standards to home support clients.	**January 2019** Ministry update: *"See response to recommendation 34."* **September 2017** Ministry update: *"See response to recommendation 42. The Ministry will continue to work with the health authorities as we progress on making changes to home support services to ensure clients are aware of what they can expect when they receive these services."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan.	**ONGOING**
R44: The Interior Health Authority require all of its contracted service providers to have a clearly defined complaints process.	**January 2019** Ministry update: *"Interior Health has informed the Ministry that it finalized new home support contracts in April 2018. The new contracts include requirements regarding complaint processes as described in Interior Health's September 2017 response."* **September 2017** Interior Health advised that all related contracts were being revised with specific language requiring that contractors establish and maintain protocols and policies for processing and responding to complaints. The revised contract language includes substantive policy requirements, requires the contractor to ensure that clients and families are informed about how to complain, and requires reporting on the	**FULLY IMPLEMENTED**

	number, type and outcomes of complaints. These contract changes are to be brought in in 2018. **April 2015** No progress since last update. **March 2014** No progress since last update. **March 2013** The IHA complaints process for service providers will soon be finalized and IHA will inform service providers of it once that occurs. **October 2012** Contract language will be revised with each contract renewal to support a clearly defined complaint processes for all contracted service clients to follow. A new "Vendor Complaint Policy" is currently under development. **January 2012** IHA affirmed that it will collaborate with other health authorities to explore leading practices and incorporate findings into standardized contract language surrounding complaint process with all contract renewals.	
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.	**December 2017** Ministry update: The Home and Community Care Policy Manual, Policy 2E: Complaints Process was revised effective January 1, 2018. According to the ministry, *"these changes make clearer the responsibility of health authorities to inform residents and families about complaint processes, and add the responsibility to track serious health and safety complaints made to health authority professional staff. These changes apply broadly to all home and community care services, including home support, assisted living, and residential care. …* *As reported previously in April and July 2016, the Ministry developed a set of home support performance management requirements (effective June 28, 2016) to ensure that the quality of home support services is consistent throughout B.C., and that all home support service providers*	**FULLY IMPLEMENTED**

	are held accountable for the same standard of care. The requirements outline a standardized framework of various domains that should be integrated into health authority approaches to performance management, and cover a range of areas common to all home support providers including adverse events and patient care quality complaints. Health authorities are expected to report to their senior executive about the requirements on a regular basis, and provide such reports to the Ministry upon request. *This accountability framework for home support services further supports both Recommendation 45 and 46 in the area of client complaints, referencing Policy 2.E, and reinforces the requirement for reporting on client complaints. The specific wording in the section on Patient Care Quality Complaints explicitly states that 'health authorities must ensure that home support service providers have an internal complaint process that informs residents or families how to contact the health authority Patient Care Quality Office if they wish to express concerns or make a complaint. The complaint review process should include identification and tracking of data trends in the client care quality complaint data'."* The ministry provided us with a copy of the policy which requires health authorities to ensure that information on how to complain is accessible for clients and other individuals, that home support service providers have internal processes for addressing concerns, and that information about those processes is clearly communicated to clients. The revised policy does not contain specific requirements for reporting number, type, and outcome of complaints. However, we are satisfied that the accountability framework set out above establishes clear expectations around the reporting of complaint data. Additionally, we have reviewed home support service contract templates in different health authorities and verified that explicit reporting requirements are being implemented in contracts as they are renewed. While work must continue to ensure province-wide compliance, we are satisfied that the ministry and health authorities have established requirements that fully implement this recommendation. **April 2016**	

	The ministry advised us that draft revisions to the Home and Community Care policy manual intended to address this recommendation were in progress and expected to be finalized in 2016/17. Work continues in year 3 of the ministry's four-year work plan. **April 2015** The Ministry of Health's Home and Community Care policy manual requires health authorities to provide information to the public about how to make a complaint about home and community care services and to ensure accessible information for clients on how to make complaints about home and community care services, including contracted services. **May 2014** No specific action has been taken towards implementation.	
R46: The health authorities develop and implement methods for tracking complaints made to case managers about home support.	**January 2019** Ministry update: "*In May of 2018, the Ministry confirmed that all health authorities were in compliance with the new policy."* **December 2017** Ministry update: *"Recent revisions to the Home and Community Care Policy Manual, Policy 2 E: Complaints Process (see the response to recommendation 45) include the responsibility to track serious health and safety complaints made to health authority professional staff. While some health authorities already track serious complaints, it is expected that all health authorities will be fully compliant with the new policy by April, 2018.* *See added information in R 45 about the home support performance management requirements."* **April 2016** The ministry advised us that draft revisions to the Home and Community Care policy manual intended to address this recommendation were in progress and expected to be finalized in 2016/17. Work continues in year 3 of the ministry's four-year work plan. **April 2015** No specific additional action has been taken towards implementation.	**FULLY IMPLEMENTED**

	March 2014 Health authorities are using the complaints module in the Patient Safety and Learning System (PSLS) to record and track complaints.	
R47: The Ministry of Health ensure that all seniors who receive home support services have access to the same complaints processes, regardless of how they pay for the services.	**March 2016** Ministry update: *"The* Patient Care Quality Review Board Act *(PCQRBA) does not apply to, and is not meant to apply to, private pay services of any kind. Amending the Act to include private home support would not address the overarching issue that there would still be no way to compel cooperation from private home support providers. There is no existing legislation or regulatory framework for private pay home support services in BC. Compelling private home support operators to cooperate with the Patient Care Quality process would require the creation of a new regulatory regime.* *"The option of having Patient Care Quality Offices route these complaints to Consumer Protection BC (CPBC) would be less than a halfway measure, as their scope would only capture some of these complaints (depending on the nature of each complaint, which would have to be determined by the CPBC upon receiving them). There would still be no consistent process, and it would be at the very best a meagre improvement on the status quo, which risks causing even more confusion and frustration for complainants.* *"Patient Care Quality Offices will continue to help connect complainants who contact them with the best resource to address their concerns.* *"The Ministry has gone as far as it can to meet the intent of this recommendation and we will not be taking further action at this time. If in the future the situation were to change, then the Ministry would take another look at this recommendation."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**NOT 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	**January 2019** Ministry update: *"This recommendation is being addressed by the updated S.6 Directives, which are in the final stage of the approval process."*	**ONGOING**

complain about home support services and how the health authorities will handle those complaints.	**September 2017** Ministry update: *"This recommendation is being addressed through revisions to the* Patient Care Quality Review Board Act *Directives. (See response to recommendation 16.)"* **November 2016** No specific additional action has been taken towards implementation. This recommendation is now in Year 3 of the ministry's four-year work plan. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No progress since last update. **October 2012** The ministry's Home and Community Care website includes information regarding how to complain about home support decisions and care concerns. This action satisfies the aspect of this recommendation regarding providing clear and consistent information about how to complain about home support services. However, no information has been provided regarding how a home support complaint will be handled.	
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.	**July 2016** In July 2016 the ministry provided us with copies of the finalized home support performance management requirements and the policy communique that was distributed to the health authorities, confirming full implementation of this recommendation. **April 2016** Ministry update: *"The Ministry worked in collaboration with the health authorities through a small working group to develop a set of requirements that outline a standardized framework of various domains that should be integrated into health authority approaches to performance management to continuously improve upon the quality of*	**FULLY IMPLEMENTED**

	home support services provided within their respective health authorities. *The requirements in the document cover a range of areas common to all home support providers including accreditation, adverse events, the care aide registry, competencies for community health workers, delegation of professional tasks, disaster response lists, meetings with contracted providers, patient care quality complaints, reviews of home support allocations and client satisfaction surveys. Health authorities are expected to report to their senior executive about the requirements on a regular basis, and provide such reports to the Ministry upon request.* *The Ministry consulted with the Office of the Seniors Advocate (through the Deputy Advocate), the Home Health Standing Committee (health authority leads for home health services including home support) and the Home, Community and Integrated Care Committee (health authority executive leads for home and community care) on the requirements framework and received support for this approach.* *A communique, the requirements document, and a decision briefing note are currently in the approval process and will be shared with your office once they have been approved and once there has been formal communication with the health authorities.* *The Ministry considers this recommendation to be complete."* **April 2015** The ministry is currently working with the health authorities to establish consistent processes to monitor home support services provided by health authority and contracted staff.	
R50: The Interior Health Authority and Vancouver Island Health Authority adopt more specific reporting requirements in their service agreements to more effectively monitor contracted home support services.	**INTERIOR HEALTH AUTHORITY** **September 2017** With respect to contracted home support providers, Interior Health advised that all related contracts were being revised with the addition of specific quarterly reporting requirements. These contract changes are to be brought in in 2018. This change in IHA's standard service agreements fully implements the recommendation.	**FULLY IMPLEMENTED**

	April 2015 Interior Health is looking at the "Accountability, Responsiveness and Quality for Clients" model of home support used in Fraser Health and Vancouver Coastal Health, which includes specific monthly and quarterly quality performance reporting for home support services.	
	VANCOUVER ISLAND HEALTH AUTHORITY **September 2017** Island Health confirmed that enhanced and specific reporting requirements had been implemented into the contracts for all home support service providers with the exception of three contracts with assisted living service providers who also provide home support services. We reviewed copies of these contracts and are satisfied that the enhanced reporting requirements implement the recommendation. **March 2014** Island Health is building increased accountabilities and performance management into contracts as new renewals or retendering of contracts are required.	**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.	**May 2012** On February 1, 2012, the assisted living registrar became part of the Home, Community and Integrated Care Branch at the ministry of Health. The Assisted Living Registry staff became government employees on this date.	**FULLY IMPLEMENTED**
R52: The assisted living registrar delegate the investigative powers she has under *the Community Care and Assisted Living Act* to any of her staff who require those powers.	**May 2012** The assisted living registrar delegated investigative powers under the *Community Care and Assisted Living Act* to her staff in April 2012.	**FULLY IMPLEMENTED**
R53: The Ministry of Health require health authorities and assisted living operators to comply with its policy	**April 2015** In February 2015 the ministry surveyed each of the health authorities on compliance with Home and Community Care Policy 5.3.B. on	**TIMELINE PASSED; FULLY IMPLEMENTED**

on benefits and allowable charges immediately rather than by April 1, 2013. If this results in an unexpected financial inequity for certain operators, the Ministry take steps to resolve this inequity in a fair and reasonable manner.	benefits and allowable charges in assisted living. The health authorities described their processes for monitoring compliance with the policy and indicated that all facilities are currently in compliance. None of the health authorities identified any areas of major concern with compliance with the policy.	
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.	**April 2016** (As of January 2019, there is no further change to the Ministry's update) The *Community Care and Assisted Living Amendment Act, 2016* (Bill 16) was passed in April 2016 and includes a revised definition of "assisted living residence" as well as a new definition of "assisted living services" that establishes statutory authority for the provision of prescribed services. This amendment act has yet to be brought into force by regulation, and regulations setting out the prescribed services are yet to be enacted. We look forward to the implementation of these changes which appear likely to fully address this recommendation once completed. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	**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.	**April 2016** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"The overarching philosophy of assisted living will not change. Assisted living residences will still accommodate adults who can live safely in a semi-independent environment, and who require regular support with assisted living services.* *What these changes [in Bill 16-2016] do is ensure that adults who meet this profile don't have to move into a residential care facility when they will still be healthy and safe in an assisted living residence. There will*	**ONGOING**

	continue to be a clear distinction between the services offered in assisted living residences and those provided in a residential care facility because the current assisted living standards that are in policy will be used as the baseline for the new regulations. In addition, the amendments to the definition of "assisted living residence" in the CCALA (Part 1, s.1)(a)(ii) maintain a clear distinction between the services provided in assisted living residences and those provided in residential care facilities by stating that a resident in assisted living does not require, on a regular basis, unscheduled professional health services. *Regular unscheduled professional health services are provided to individuals in residential care facilities. Section 26.1 (1) of Bill 16 has been expanded to include broader parameters for when an individual is no longer appropriate for assisted living accommodation including: being unable to recognize an emergency, take steps to protect themselves in an emergency or follow directions in an emergency; behaving in a manner that jeopardized the health or safety of others; or requires on a regular basis unscheduled professional health services."* We look forward to the implementation of Bill 16-2016, the *Community Care and Assisted Living Amendment Act, 2016* which is likely to fully address this recommendation once completed. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	
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.	**April 2016** (As of January 2019, there is no further change to the Ministry's update) The ministry noted several amendments under Bill 16 which increase the Assisted Living Registrar's oversight, monitoring and enforcement powers. We look forward to the implementation of Bill 16 which is likely to fully address this recommendation once completed.	**ONGOING**

	April 2015 No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	
R57: The health authorities fully comply with the February 2009 Minister of Health's directive immediately.	**April 2016** Based on the survey results from 2015 the ministry worked closely with the health authorities to ensure that any missing information was added to their websites, which are now in compliance with the Minister of Health's 2009 directive. **April 2015** In February 2015 the ministry surveyed each of the health authorities on their compliance with the February 2009 Minister of Health's directive. This recommendation is in Year 2 of the ministry's four-year work plan.	**TIMELINE PASSED; 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**	**April 2016** The ministry worked closely with the health authorities based on the survey results from 2015 to ensure that any missing information was added to their websites. The Fraser, Vancouver Coastal, and Interior Health Authorities have now made revisions to their assisted living web pages by adding information about policies, billing processes, basic services, and costs. **April 2015** In February 2015 the ministry sent a survey to the health authorities regarding the information that is available publicly on their websites. The ministry is reviewing the responses. This is in Year 2 of the ministry's work plan. **March 2014** The websites for Vancouver Coastal and Interior health authorities do not yet include information on billing processes or the care policies and standards for each assisted living residence in the region. In addition, although the general cost of assisted living is outlined on facilities' websites, more detailed cost information is not available.	**FULLY IMPLEMENTED**

	The Fraser Health website explains what is and is not covered in the monthly assisted living costs but does not outline the costs of other services available at facilities. In addition, the website does not yet include information on billing processes or the care policies and standards for each assisted living residence in the region. **October 2012** The websites for Northern Health and Vancouver Island Health include information on individual residences that substantially meets this recommendation.	
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.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"In 2016, the* Community Care and Assisted Living Act *(CCALA) was amended and section 26(3) was replaced by a new section 26.1 that will establish the parameters regarding who cannot reside in an assisted living residence. This section sets out the criteria more specifically and objectively. It prohibits an assisted living registrant from allowing a person to reside in an assisted living residence if the person:* • *is unable to make, on their own behalf, decisions that are necessary to live safely,* • *cannot recognize an emergency, take steps to protect themselves or follow directions in an emergency,* • *behaves in a manner that jeopardizes the health and safety of others, or* • *requires, on a regular basis, unscheduled professional health services.* *The exclusionary criteria for assisted living have been set out in more detail, and will no longer be based on a person's general decision-making ability.* *Currently, and after the CCALA amendments are brought into force, if a person disagrees with a decision of an operator of a publicly subsidized assisted living residence whether they can reside in an assisted living residence, they may request a review of that finding through the Patient Care Quality Office."*	**ONGOING**

	The revised criteria for excluding certain individuals from assisted living, once brought into force, will provide some protection for seniors because it articulates specific criteria for assessing a senior's suitability for a particular assisted living residence. However, the amendments are not sufficient to implement this recommendation as they do not establish any procedural safeguards and, as a result, we cannot be confident that the new legislation will be applied fairly and consistently by assisted living operators. In *The Best of Care (Part 2)*, *Volume 1* at page 163, we identified some specific procedural protections for assessing a person's capacity to reside in assisted living. We urge the ministry to further consider these measures as it develops the regulations required to support the CCALA amendments. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	
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."	**April 2016** (As of January 2019, there is no further change to the Ministry's update) Bill 16, once implemented, will repeal section 26 of the *Community Care and Assisted Living Act* and establish a more specific approach to assessing decision-making ability. This change, when implemented, will fully address this recommendation. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	**ONGOING**
R61: The Ministry of Health ensure that assisted living applicants and residents have access to an independent process through which	**December 2017** (As of January 2019, there is no further change to the Ministry's update)	**ONGOING**

decisions about capacity made under section 26(3) can be reviewed.	Ministry update: *"As described in response to recommendation 59, the exclusionary criteria in the amended* Community Care and Assisted Living Act *will be more specific and objective."* We also note the ministry's response to recommendation 59 above indicating that applicants and residents wishing to dispute an exclusion decision may request a review through the Patient Care Quality Office. However, we have not received information about whether this right is communicated to applicants and residents at the time they are informed of an exclusion decision, and as a result are unclear as to how they would access the PCQO in these circumstances. It is also unclear to us how any adverse finding of the PCQO regarding an exclusion decision might impact any role for the Assisted Living Registrar in the matter, or the outcome for the client on their admission to the facility in question. We urge the ministry to give further consideration to this recommendation in developing the regulations in support of the CCALA amendments. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	
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.	**April 2016** (As of January 2019, there is no further change to the Ministry's update) Bill 16, once implemented, will expand the definition of "spouse" to include a person who "has lived with another person in a marriage-like relationship for a continuous period of at least 2 years." The ministry also committed to, through ongoing consultation, raise other living relationship and associated issues to include in future updates to the *Community Care and Assisted Living Act*. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan. **May 2014**	**ONGOING**

	No specific action has been taken towards implementation.	
R63: The Ministry of Health set a time frame within which eligible seniors are to receive subsidized assisted living services after assessment.	**April 2015** (As of January 2019, there is no further change to the Ministry's update) No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	**ONGOING**
R64: The Ministry of Health require the health authorities to report the average and maximum times that eligible seniors wait to receive subsidized assisted living services to the Ministry quarterly.	**April 2016** See Ministry response under Recommendation 1 above. There is currently no public reporting of tracked statistics on wait times for assisted living services. The Seniors Advocate currently reports on the number of individuals on the wait list for a subsidized registered assisted living unit by health authority. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**NOT IMPLEMENTED**
R65: The Ministry of Health report annually to the public on the average and maximum time that eligible seniors wait to receive subsidized assisted living services after assessment.	**April 2016** See Ministry response under Recommendation 1 above. There is currently no public reporting of tracked statistics on wait times for assisted living services. The Seniors Advocate currently reports on the number of individuals on the wait list for a subsidized registered assisted living unit by health authority. **April 2015** No additional specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** All health authorities are now reporting MRR data to the ministry. The specific measures for both public and internal reporting have not yet been determined. **April 2013**	**NOT IMPLEMENTED**

	The ministry has not provided online information on wait times. **February 2012** In its Seniors Action Plan, the ministry committed to providing more online information regarding wait times.	
R66: The Ministry of Health work with the health authorities to a develop a clear and consistent provincial policy that provides reasonable time frames for moving, has the flexibility to respond to individual circumstances and sets out: **• how long a person has to accept an offered placement in an assisted living residence** **• how long a person has to move into an assisted living unit once it has been offered** **• any consequences of declining an offer of placement**	**April 2015** (As of January 2019, there is no further change to the Ministry's update) No specific action has been taken towards implementation. This recommendation is in year 4 of the ministry's four-year work plan.	**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.	**December 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"This recommendation is based on the report's finding that requiring assisted living operators to provide additional supports to residents during the exit process results in operators providing more than the two prescribed services authorized by the* Community Care and Assisted Living Act. Once implemented*, Bill 16 will remove the limit on the number of services that can be provided in an assisted living residence. Providing additional supports to residents during the exit process will be authorized by the legislation."* We are satisfied that this recommendation will be fully implemented by the Bill 16 amendments to the *Community Care and Assisted Living Act* once those amendments are brought into force. **April 2015**	**ONGOING**

	No specific action has been taken towards implementation. This recommendation is in year 4 of the ministry's four-year work plan.	
R68: The Ministry of Health establish reasonable time frames for completing the exit process for assisted living residents.	**December 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"This recommendation is based on the report's finding that requiring assisted living operators to provide additional supports to residents during the exit process results in operators providing more than the two prescribed services authorized by the* Community Care and Assisted Living Act *for an undefined time frame. Once implemented, Bill 16 will remove the limit on the number of services that can be provided in an assisted living residence. Providing additional supports to residents during the exit process will be authorized by the legislation, and establishing a time frame for doing so will no longer be necessary."* **April 2015** No specific action has been taken towards implementation. This recommendation is in year 4 of the ministry's four-year work plan.	**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**	**September 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: "*The ministry has conducted extensive stakeholder consultation related to implementation of Bill 16-2016"* **April 2016** Bill 16, once implemented, will establish new regulation-making powers to address quality of care in assisted living residences. Government has committed to establishing minimum requirements for assisted-living residences in regulation when Bill 16 is brought into force. This work will continue in year 3 of the ministry's four-year work plan **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan.	**ONGOING**

R70: The Ministry of Health provide clear and accessible information to residents on the standards assisted living operators are required to meet.	**April 2016** (As of January 2019, there is no further change to the Ministry's update) The ministry told us that it is in the process of developing a consultation process, communication plan, and education plan for operators and stakeholders, regarding the standards that are to be established in new regulation with the implementation of Bill 16. This work continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan.	**ONGOING**
R71: The Fraser Health Authority, Interior Health Authority and Northern Health Authority fully comply with the minister's directive by: **• in the case of FHA, providing direct contact information for the OALR** **• in the case of IHA, including a description of the complaints processes and direct contact information for the PCQRB and OALR, and** **• in the case of NHA, providing a description of the complaints process and direct contact information for the OALR**	**FRASER HEALTH AUTHORITY** **March 2014** The FHA website now contains direct contact information, including a mailing address and phone number, for the Office of the Assisted Living Registrar. **October 2012** FHA adjusted its website and communication materials to provide direct contact information for the Office of the Assisted Living Registrar. This information has been available on its website since April 2012: http://www.fraserhealth.ca/your_care/assisted_living/ A review of FHA's website showed that it provides a link to the OALR website, but it does not provide direct contact information, such as a mailing address or phone number.	**FULLY IMPLEMENTED**
	INTERIOR HEALTH AUTHORITY	**NOT ACCEPTED**

	NORTHERN HEALTH AUTHORITY **March 2013** The "compliments and complaints" section of NHA's website states how to raise a concern about health or safety issues for assisted living clients. The website provides a direct link to the OALR website, the PCQO and Community Care Licensing. NHA also provides a list of direct contact information for the NHA Contact responsible for assisted living facilities in each of its communities. **September 2012** In NHA, assisted living residents are provided contact information for the OALR and pamphlets identifying the complaint processes that are available for residents. The NHA website now includes a description of the complaints process and a direct link to the OALR website. **January 2012** NHA affirmed that it will ensure full compliance with the minister's directive to ensure information is available on the Northern Health website.	**IMPLEMENTED BY OTHER MEANS**
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.	**April 2016** (As of January 2019, there is no further change to the Ministry's update) The ministry told us that it is developing new regulations based on existing policy standards. The new regulations are intended to include a requirement for assisted living operators to have a process for responding to complaints, and that their complaint process be provided to the OALR prior to approval of their registration. This work will continue in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**ONGOING**

R73: The health authorities ensure that by September 30, 2012, all assisted living operators are providing residents with clear and comprehensive information on how to complain about the care and services they receive, including where to take complaints about services provided by contractors.	**December 2017** Ministry update: *"Since April 2013, the Home and Community Care Policy Manual, Policy 2.E, has required that health authorities ensure assisted living operators have an internal complaint process and inform residents and family members how to contact the Assisted Living Registry with health and safety complaints. As referred to in response to recommendation 45, Policy 2.E has been updated to clarify health authorities' responsibility to ensure residents and families are informed about complaint processes.* *"The Assisted Living Registry's Complaint Resolution policy also requires assisted living operators to have an internal complaint process and inform residents and family members about how to make an internal complaint or complaint to the Assisted Living Registry.* *"It is expected that, once implemented, new assisted living regulations will require assisted living operators to:* • *establish a fair, timely and effective internal complaint process;* • *provide written information to residents about the internal complaint process, and communicate information about the process in a manner that the resident may understand; and,* • *provide written information to residents about making complaints to the Assisted Living Registry, and communicate information about the process in a manner that the resident may understand."* We are satisfied that the steps outlined above fully implement the spirit of this recommendation. We are pleased to see that that the ministry intends to include these requirements in the new regulations and encourage the ministry to follow through with that commitment. **September 2017** See ministry update under Recommendation 45 above. **April 2016** Revisions to the HCC policy manual to address this recommendation have been drafted but implementation has been deferred until other related work is completed. Work continues in year 3 of the ministry's four-year work plan.	**FULLY IMPLEMENTED**

	April 2015 The Ministry of Health's Home and Community Care policy manual requires health authorities to provide information to the public about how to make a complaint, including about assisted living services and to ensure accessible information for clients on how to make complaints about assisted living services, including contracted services. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	
R74: The health authorities develop and implement a process for tracking complaints made to case managers about assisted living.	**January 2019** Ministry update: *"In May of 2018, the Ministry confirmed that all health authorities were in compliance with the new policy."* **December 2017** See ministry update under Recommendation 46 above. The ministry's draft policy includes a requirement that all "serious quality and safety complaints" made to health authority professional staff be recorded, and also requires health authorities to facilitate the sharing of information between Patient Care Quality Offices, the Assisted Living Registry, and community care licensing offices. **April 2016** Revisions to the HCC policy manual to address this recommendation have been drafted but implementation has been deferred until other related work is completed. Work continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**FULLY IMPLEMENTED**
R75: The Ministry of Health revise the complaints process used by the Office of the Assisted Living Registrar to include:	**March 2016** The ministry provided us with documentation including the OALR's Investigation of Complaints Business Practice Guideline, and the ministry's Best Practices in Complaints Investigation document which also informs ALR investigations. These documents establish an	**IMPLEMENTED BY OTHER MEANS**

• 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**	investigation process and time limits for responding to receipt of a complaint. The guidelines require that complainants be informed of the outcome of their complaint but allows for this communication to be verbal, generally following the type of communication used by the complainant. The guidelines do, however, state that written information will be provided if the complainant requests. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** The OALR website outlines the complaint investigation process, which may include: informing the operator or complainant about relevant health and safety standards, requesting copies of the operator's policy and procedures, conducting a site inspection, and requiring the operator to resolve identified problems within an agreed-upon time.	
R76: The Ministry of Health take the necessary steps to establish a right of review or appeal from decisions or complaints made to the Office of the Assisted Living Registrar.	**April 2016** The ministry provided a copy of the OALR's internal policy on complaints that establishes a limited complaint review process. The policy establishes a process receiving, tracking and investigating complaints that a staff member has acted unfairly or unreasonably in the exercise of the registrar's authority, or in a way that is inconsistent with relevant legislation, the registry's business guidelines or the Ombudsperson's fairness checklist. The policy includes provisions to ensure that complainants are advised of the outcomes of the complaint investigation and the option of making a further complaint to the Ombudsperson, and that internal steps are taken to prevent recurrence of any substantiated complaints. While this falls short of a "right of review or appeal" to an external body, we are nonetheless satisfied that it adequately addresses the recommendation. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**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.	**April 2015** The OALR's internal policy describes processes for staff to follow in investigating complaints and achieving compliance. This includes reviewing follow up documentation to confirm compliance, considering whether a site inspection is necessary and requiring an action plan when there are multiple areas of non-compliance. There is also a process for briefing the Registrar on whether enforcement action is necessary if compliance is not achieved. **March 2014** No specific action has been taken towards implementation.	**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.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"Once in force, amendments to the* Community Care and Assisted Living Act *will give the Registrar the authority to inspect an assisted living residence:* • *to determine if an operator is complying with the legislation, regulations or registration conditions;* • *to investigate a reportable incident; or* • *to determine if there is a risk to the health and safety of a resident in the residence."* We are satisfied that the legislative amendments and accompanying regulatory requirements will fully address this recommendation once implemented. **April 2016** Ministry update: *"Home and Community Care policy and the* Patient Care Quality Review Board Act *provide authority for responding to care quality complaints in publicly subsidized assisted living residences. However, residents living in private assisted living residences do not have access to this process. The CCALA provides the Registrar with authority to investigate health and safety complaints in both publicly subsidized and private assisted living residences.* *"In addition, the Registrar cannot currently deal with all aspects of care because of the health and safety limitation on investigation authority.*	**ONGOING**

	"The new amendments to the CCALA (Bill 16) expand the inspection powers of the Registrar beyond health and safety issues. Section 25.1 (1) states that the registrar may inspect an assisted living residence to determine if a registrant is complying with this Act, the regulations or the conditions of the registration. Government is in the process of developing new regulations that will set out the minimum requirements for standards of care in assisted living residences, including staffing, resident rights, food safety and nutrition, emergencies, record management and assistance with activities of daily living. *"Once the regulations are approved and the legislation is brought into force, requirements for assisted living residences in the key areas set out by the Ombudsperson and others will be in place and registrants will be legally required to meet them. These regulations will be drafted in consultation with stakeholders and are expected to be in place by the end of this year.* *"The Ministry will continue further work on this recommendation this year as it is in year 3 of the Ministry's work plan."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	
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.	**April 2016** Ministry update: *"The Ministry has doubled the number of Investigators, analysts and support staff in the assisted living registry since moving to the Ministry in 2012, and believes it is sufficient to manage the current statutory workload requirements, including complaint investigations.* *"The Ministry believes that the activities described above are sufficient to meet the intent of this recommendation. If the changes to the CCALA result in an increase in workload, the Ministry will review the staffing and make changes as appropriate in the future."* **April 2015**	**FULLY IMPLEMENTED**

	No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	
R80: The Ministry of Health take the necessary steps to ensure that the patient care quality offices refer all complaints about assisted living to the Office of the Assisted Living Registrar.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"PCQ offices, the assisted living registrar and community care facility licensing manage home and community care complaints. Each has a distinct mandate and plays a unique role in assuring/improving the quality and safety of care for seniors. The Ministry's PCQ and Community Care Facility Licensing/Assisted Living programs have agreed on three strategies to improve resident/client experience:* *1. Increase the availability of information and resources to help seniors and their families navigate complaint processes;* *2. Provide support and guidance for offices that receive home and community care complaints to help them connect seniors and their families with the right avenue; and* *3. Establish a shared process for handling home and community care complaints that fall into multiple jurisdictions, to ensure each complaint is fully addressed and complainants are supported throughout.* *Consultations with key implementation stakeholders (PCQ Offices, PCQ Review Boards, Directors of Licensing and Assisted Living Registrar) are underway. This work is currently in year 4 of the Ministry work plan."* **April 2016** Preliminary information gathering and analysis on a new shared process to address Recommendations 80 and 81 was completed in Year 2. Work continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**ONGOING**

	March 2014 No specific action has been taken towards implementation.	
R81: The Ministry of Health establish a mechanism that allows the Office of the Assisted Living Registrar to share the results of its complaints with the home and community care sections of the health authorities on a timely basis.	**September 2017** Ministry update: *"When a care quality complaint (i.e., about care delivered, funded, or licensed by health authorities) relates to the health and safety of a resident in assisted living, the health authority Patient Care Quality Office works with the Assisted Living Registrar to ensure the complaint is fully investigated and the outcome is communicated to implicated health authority program areas to support quality improvement.* *This practice will be outlined in the shared process currently under consultation. (See response to recommendation 80.)"* **April 2016** Preliminary information gathering and analysis on a new shared process to address Recommendations 80 and 81 was completed in Year 2. Work continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**ONGOING**
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.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) The ministry told us that it continues to engage with the Housing Policy Branch, Office of Housing and Construction Standards at the Ministry of Municipal Affairs and Housing to respond to this recommendation. This work is currently in year 4 of the Ministry's work plan. We are disappointed by the ministry's failure to take any meaningful steps towards protecting the shelter rights of assisted living residents in the six years since this recommendation was made. We urge the	**ONGOING**

	ministry to follow through with its commitment to take action on the matter without further delay. **April 2016** The Ministry of Health told us it would be reviewing Recommendations 82-84 regarding tenancy in assisted living as it develops and reviews amendments to the *Community Care and Assisted Living Act*, in consultation with the Office of Housing and Construction Standards. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	
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.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) The ministry told us that it continues to engage with the Housing Policy Branch, Office of Housing and Construction Standards at the Ministry of Municipal Affairs and Housing to respond to this recommendation. This work is currently in year 4 of the Ministry's work plan. **April 2016** The Ministry of Health told us it would be reviewing Recommendations 82-84 regarding tenancy in assisted living as it developed and reviewed amendments to the *Community Care and Assisted Living Act*, in consultation with the Office of Housing and Construction Standards. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	**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	**September 2017** (As of January 2019, there is no further change to the Ministry's update)	**ONGOING**

the Office of the Assisted Living Registrar to automatically refer tenancy issues to the agency that has the power to resolve them.	The ministry told us that it continues to engage with the Housing Policy Branch, Office of Housing and Construction Standards at the Ministry of Municipal Affairs and Housing to respond to this recommendation. This work is currently in year 4 of the Ministry's work plan. **April 2016** The Ministry of Health told us it would be reviewing Recommendations 82-84 regarding tenancy in assisted living as it developed and reviewed amendments to the *Community Care and Assisted Living Act*, in consultation with the Office of Housing and Construction Standards. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	
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.	**April 2016** (As of January 2019, there is no further change to the Ministry's update) Bill 16, once implemented, will establish new regulation-making powers regarding incidents that assisted living operators must report. The ministry told us that a regulation defining and listing reportable incidents that operators must report to the registrar is intended. This work will continue in year 3 of the ministry's four-year work plan **April 2015** The ministry is examining options to require assisted living operators to report serious incidents.	**ONGOING**
R86: The Ministry of Health review the current list of serious incidents applicable to assisted living residences and expand it.	**February 2017** The ministry provided us with documentation from the rollout of the expanded list of serious incidents in 2013, confirming the details of the communication of the new list to assisted living operators. We are satisfied that this action constitutes full implementation of this recommendation, but note that the ministry has committed to additional review with an eye to future further expansion of the list. **April 2015**	**FULLY IMPLEMENTED**

	The ministry provided the following update and explanation regarding their decision not to expand the list of serious incidents to directly parallel the list of reportable incidents in the *Residential Care Regulation*: *"Assisted living is meant to provide housing with supports that enable residents to maintain an optimal level of independence. Services in assisted living are expected to be responsive to residents' preferences, needs and values and promote maximum dignity, independence and individuality.* *"The Ministry of Health developed assisted living as a service delivery model that would involve some regulatory monitoring but not to the same extent of monitoring that occurs within licensed residential care facilities. This is reflected in the variation between provisions for community care facilities and assisted living residences in the CCALA.* *"Serious incident reporting in assisted living and reportable incidents in community care facilities serve similar purposes:* • *both identify possible health and safety risks,* • *both provide opportunities for ensuring steps are taken to prevent recurrence of incidents; and,* • *both can be used for tracking trends in facilities/residences.* *"The reporting requirements for community care facilities also ensure that a person's family/contact person, physician and funding body if applicable, are informed of incidents. This is the case because persons in care, whether adults or children, need others to help manage their care, decisions and affairs. In contrast, assisted living residents manage and direct these aspects of their lives themselves, making this level of reporting (to others beyond the Registrar) unnecessary.* *"The meaning of certain incidents changes when put in the context of assisted living as compared to community care facilities. For example, "aggressive behaviour" between residents in assisted living would likely constitute criminal assault, since the persons being aggressive would have the cognitive capacity to be deemed capable of criminal intent. These types of incidents in an assisted living residence would be reported under the category of "police call" (which is a category for assisted living residences and not for community care facilities).*	

	"Some types of incidents requiring reporting in community care facilities are not applicable in the context of assisted living. An emergency restraint, for example, would not occur in assisted living. There are no circumstances in which an assisted living resident could be justifiably restrained - contrasted with a community care facility, where the applicable regulation sets out a process by which staff can apply restraints regularly with appropriate safeguards in place. *"Due to the higher level of cognitive capacity of residents in assisted living, coupled with their parallel right to respect and autonomy (all the while under the "watchful eye" of the assisted living operator), the Ministry does not plan to incorporate all of the types of incidents that are reportable in community care facilities into the list of serious incidents for assisted living residences.* *"The Ministry has been monitoring the types of serious incidents reported under the "other" category. Based upon the type and frequency of incidents reported under "other", the list will be reviewed and possibly expanded in the future."* **March 2014** No progress since last update. **April 2013** The Assisted Living Registry has expanded the list of serious incidents to include missing persons, a police call and flood causing personal injury or building damage.	
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.	**April 2016** (As of January 2019, there is no further change to the Ministry's update) Bill 16, when implemented, will expand the Registrar's inspection powers to include the ability to • determine compliance with the *Community Care and Assisted Living Act*, regulations or conditions of registration, • investigate prescribed reportable incidents, and • determine if there is a risk to the health and safety of a resident.	**ONGOING**

	In conjunction with the intended regulations regarding serious incident reporting, the new authority is intended to allow the Assisted Living Registrar to legally monitor and assess operators' compliance with serious incident reporting requirements and to take appropriate enforcement action. Work is to continue in year 3 of the ministry's four-year work plan. **April 2015** In 2014, Registry staff identified and contacted residences who did not comply with serious incident reporting requirements. The Registry also sent a letter to all operators reminding them of their obligation to report serious incidents. **March 2014** No specific action has been taken towards implementation.	
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**	**November 2016** (As of January 2019, there is no further change to the Ministry's update) This recommendation is now in Year 4 of the ministry's four-year work plan. **April 2016** Bill 16, once implemented, will expand the enforcement powers of the Assisted Living Registrar to inspect assisted living facilities and allow the Registrar to develop inspection and monitoring policy to address this recommendation. The ministry also advised that it would begin development of a risk-rating system for assisted living residences after Bill 16 is brought into force. Work will continue in year 3 of the ministry's four-year work plan. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** The Office of the Assisted Living Registrar has increased the number of inspections of residences where the OALR has received a complaint	**ONGOING**

	about residents' health and safety. It did four inspections of existing facilities as a result of a complaint in 2011/12 and six in 2013/14. **April 2013** As of September 1, 2012, information on substantiated complaints about assisted living residences (where valid health and safety concerns have been found) is available on the ministry's website at http://www.health.gov.bc.ca/assisted/complaints.html#complaint-info **February 2012** In its Seniors Action Plan, the ministry committed to posting assisted living residence investigation reports by September 2012.	
R89: The Office of the Assisted Living Registrar develop and implement a program to conduct inspections of assisted living residences before they are registered.	**March 2014** The Office of the Assisted Living Registrar now visits all new assisted living facilities before they are registered. **May 2012** New staffing and operational processes are in place in the assisted living registry. This includes an investigation position for monitoring registrants through the registration and renewal process, and for receiving, analysing, investigating, and following up on complaints.	**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.	**April 2016** Bill 16, once implemented, will grant the Assisted Living Registrar authority to obtain information from all relevant parties, including employees, operators of assisted living residences, residents, contractors and others. These provisions will fully implement this recommendation once brought into force. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**ONGOING**
R91: The Ministry of Health work with the health authorities to standardize performance management processes for assisted	**September 2017** (As of January 2019, there is no further change to the Ministry's update)	**ONGOING**

living, and adopt the best practices within each health authority provincially.	Ministry update: *"There are a number of activities currently underway in the Ministry around assisted living that will influence the way in which the Ministry monitors and reports on this service sector.* *"First of all, 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 assisted living.* *"Monitoring and reporting is Phase 4 of the five-phase policy development process in the Ministry. The following excerpt is taken from the BC Ministry of Health Policy Framework document, June 2017 version:* > *"As implementation action is undertaken by health authorities and/or other service partners, the Ministry's responsibility shifts to monitoring progress. Health authorities and/or other service partners will provide regular reports to the Ministry for progress monitoring against articulated expectations and dialogue course correction as necessary. Reporting will be based on meaningful metrics, and results will be used actively within the Ministry to create comprehensive, system-wide view of progress to improving patient-centred care for target populations or patients. As the lead division for health sector reporting and monitoring, HSIAR will work with health authorities, Ministry divisions and external stakeholders to ensure consistent reporting and monitoring aligned with overall system performance monitoring.* *"The Ministry is taking a system-wide approach to accountability for the purposes of measuring progress on achieving objectives for each new policy developed.*	

	"And more specifically, in the 2017 An Action Plan to Strengthen Home and Community Care for Seniors, the Ministry made a commitment as part of the work on integrated community care to monitor and evaluate over the next four years will focus on whether quality, staffing, and funding policies and goals are being achieved, including: • *Developing reporting requirements for all of home and community care based upon established tools currently available in the system, and that are included in or extracted from the current minimum reporting requirements, Home Care Reporting System and Continuing Care Reporting System.* • *Revising the current minimum reporting requirements so they align with the current service delivery model expectations and team-based care.* • *Establishing provincial performance metrics to monitor the specialized community services program that supports complex medical and/or frail older adults.* *Finally, the Office of the Seniors Advocate (OSA) has been given the role of monitoring and analyzing seniors' services and issues in B.C., and making recommendations to government and service providers to address systemic issues, and has reported on assisted living regularly through its annual monitoring reports for seniors' services. The Ministry works with staff in the Advocate's office to collaborate and coordinate, whenever possible, on topics and measures for monitoring and reporting to reduce duplication.* *While this work continues in 2017/18, more importantly, it is integrated into the Ministry's strategic priorities. Progress on the strategic work is being actively monitored and reported out on at the senior leadership level both within the Ministry and health authorities."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan.	
R92: The Ministry of Health make information it obtains under the Performance Management Framework for Assisted Living	**September 2017** (As of January 2019, there is no further change to the Ministry's update)	**ONGOING**

publicly available on an annual basis.	Ministry update: *"As described in the response to recommendation 91, there is significant work underway related to assisted living that will impact the Ministry's approach to monitoring and reporting on assisted living services. Development of new policy for assisted living as a service linked to the Specialized Community Services Program for seniors and changes to the* Community Care and Assisted Living Act *will both necessitate a review of existing monitoring processes and lead to new processes in line with the Ministry's approach to monitoring and reporting as Phase 4 of the Ministry's new policy development framework.* *"Also as explained above, the Office of the Seniors Advocate has been given the role of monitoring and analyzing seniors' services and issues in B.C., and making recommendations to government and service providers to address systemic issues, and has reported on assisted living regularly through its annual monitoring reports for seniors' services. The Ministry continues to work with staff in the Advocate's office to collaborate and coordinate, whenever possible, on topics and measures for monitoring and reporting to reduce duplication."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	
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.	**April 2016** (As of January 2019, there is no further change to the Ministry's update) The resource commitments outlined in the ministry's update to Recommendation 79 above, in conjunction with the expanded inspection and enforcement powers that will be granted to the Assisted Living Registrar appear likely to constitute full implementation of this recommendation once Bill 16 is brought into force. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**ONGOING**

	March 2014 No specific action has been taken towards implementation.	
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.)**	**September 2017** (As of January 2019, there is no further change to the Ministry's update) The Ministry of Health's current policy is to license new and replacement facilities under the *Community Care and Assisted Living Act*, not under the *Hospital Act*. The ministry is also continuing to consider implementing section 12 of the *Community Care and Assisted Living Act*. This work is currently in year 4 of the Ministry's work plan. **April 2016** The ministry stated that it is considering options for bringing section 12 of the *Community Care and Assisted Living Act* into force. We encourage the ministry to take action towards implementing section 12 of the *Community Care and Assisted Living Act*. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No progress since last update. **April 2013** In February 2013 the ministry made public a *Plan to Standardize Benefits and Protections for Residential Care Clients*. This plan outlines the ministry's approach to ensure the same standards, benefits, oversight and inspection requirements (including public reporting of inspection reports) and complaint processes apply to all publicly subsidized residential care facilities without bringing section 12 of the *Community Care and Assisted Living Act* into force. **October 2012**	**ONGOING**

	In July 2012, the ministry amended the *Patient's Bill of Rights Regulation* to require all operators to: • advise persons who are being admitted of all fees, charges and policies; and • respect personal privacy and belongings. And to require that: • persons in care must not be subject to any abuse or neglect, including deprivation of nourishment; • persons in care have the right to receive visitors and to communicate with them privately; • persons in care must be provided with a fair and effective process to express concerns or complaints and to ensure a prompt response; and • an individualized plan of care be developed and monitored on a regular basis. The ministry will provide a plan by January 2013, to address other inconsistencies. **February 2012** In its Seniors Action Plan, the ministry committed to putting a plan in place by January 2013 to standardize benefits and protections for all residential care clients.	
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.	**April 2013** All health authorities now provide online access to summary inspection reports for *Hospital Act* facilities. These reports can be accessed through the ministry's Home and Community Care website (www.gov.bc.ca/hcc) under the Accountability section.	**FULLY IMPLEMENTED**
R96: The Ministry of Health ensure that harmonizing the residential care regulatory framework does not result in any reduction of benefits and services for residents in any residential care facility.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) The Ministry of Health's current policy is to license new and replacement facilities under the *Community Care and Assisted Living*	**ONGOING**

	Act, not under the *Hospital Act*. The ministry is also continuing to consider implementing section 12 of the *Community Care and Assisted Living Act*. This work is currently in year 4 of the Ministry's work plan. **April 2016** The ministry states that it is considering options for bringing section 12 of the *Community Care and Assisted Living Act* into force. We encourage the ministry to take action towards implementing section 12 of the *Community Care and Assisted Living Act*. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	
R97: The Ministry of Health working with the health authorities conduct an evaluation to determine whether the residential care budget in each health authority is sufficient to meet the current needs of its population.	**May 2018** (As of January 2019, there is no further change to the Ministry's update) Ministry update: "*The Ministry made an investment in 2017/18 to increase hours per resident day (HPRD) levels in residential care facilities, in each of the health authorities. Information is currently being collected to confirm the amount of HPRD improvement achieved. Further investments will be made in 2018/19, and each year through 2020/21, to improve HPRD. The Ministry has worked with health authorities to determine the amount of funding required to achieve an HPRD of 3.36, as a health authority average in each health authority, and the planned investment will enable each health authority to reach this standard by 2020/21."* **September 2017** Ministry update: *"In March 2017, the Ministry released the Residential Care Staffing Review report, which examined quality of care, staffing levels and funding in residential care facilities.*	**ONGOING**

	"Actions items identified in the Residential Care Staffing Review report related to funding include: • *Implementing an interim targeted process to increase hours per resident day (HPRD) for areas with identified gaps until a costing review has been completed and the funding model has been updated to incorporate client complexity (October 2017); and* • *Moving towards a province-wide standard residential care funding model, with a lens to incorporate resident complexity (using Resource Utilization Groups and case mix index derived from RAI assessments), quality of care and flexibility. It is expected that this will be a long-term iterative process, taking place in phases.* *"As part of the 2017 September Budget Update the government announced $189 million of federal funding over three years to help improve home and residential care for seniors. The current government has made strong commitments to improving seniors' care and ensuring quality care and adequate staffing levels in residential care facilities.* *"The Ministry expects that through all this work, funding levels and allocation will become more standardized in some respects, and will reflect the complexity of needs of residents in each facility.* *"This work will continue in Year 4 of the Ministry's work plan, but as mentioned above, it will most likely take several years to fully implement.* *"As part of the actions in the Residential Care Staffing Review report, the Ministry will be monitoring progress and reporting annually to Leadership Council."* **April 2016** The ministry advised that it was in the process of reviewing residential care services, including whether budgeted costs meet client needs. Work will continue in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan.	

R98: The Ministry of Health work with health authorities to remedy any historically based anomalies in funding by establishing a consistent method to determine the funding requirements of residential care facilities. The Ministry ensure the process takes into account the care needs of residents, actual costs, capital expenses and taxes.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"As described in the response to Recommendation 97, the Ministry will shortly be engaged in work to develop a province-wide standard residential care funding model, with a lens to incorporate resident complexity (using RUGs and case mix index from RAI assessments), quality of care and flexibility. The model will most likely also take into account other costs, capital expenses and taxes. The Ministry believes that such a funding model, once implemented, will help to address historical anomalies.* *"This work will continue in Year 4 of the Ministry's work plan, but as mentioned above, it will most likely be done in phases and take several years to fully implement."* **April 2016** The ministry advised that it was in the process of reviewing residential care services, including funding models. Work will continue in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan.	**ONGOING**
R99: The Fraser Health Authority, the Interior Health Authority and Vancouver Island Health Authority establish a three-year review cycle for determining the funding needs of individual facilities.	**FRASER HEALTH AUTHORITY** **September 2017** Fraser Health provided us with additional information about the application of its funding model to contracted facilities. Fraser Health advised us that facilities' financial positions are assessed quarterly based on submissions from facility operators, and operators in financial difficulty are met with and offered supports on an as needed basis. Fraser Health also informed us that each facility is subject to an annual review of its staffing plan against the funded care model for one randomly selected quarter of each fiscal year to ensure accountability for providing care at funded levels.	**IMPLEMENTED BY OTHER MEANS**

	We also reviewed additional detailed information Fraser Health provided in 2015 regarding its annual funding methodology under its Care Delivery Model, as well as a 2014 evaluation report on the implementation of the model. Our review of that information confirmed that the Care Delivery Model addresses the concerns on which this recommendation was based by establishing a formal annual process under which operators have input into final funding decisions as well as the funding methodology itself, and which bases funding decisions on current information on operating costs and care requirements, with a focus on care outcomes. The evaluation report confirms that the Care Delivery Model resulted in increased funding and increased direct care hours at all Fraser Health funded facilities. While Fraser Health has not adopted a three-year review cycle, we are satisfied that its annual process addresses the intent of this recommendation. Fraser Health also confirmed that it is participating in the provincial working group described above under Recommendation 98 that is intended to develop a province-wide standard residential care funding model. **April 2015** No progress since last update. **March 2014** No progress since last update. **October 2012** FHA has established an annual process for reviewing funding to individual facilities and is working with a care delivery working group made up of contracted service providers representing private for-profit and not-for-profit organizations.	
	INTERIOR HEALTH AUTHORITY **September 2017** While Interior Health has not adopted a three-year review cycle, we are satisfied that the funding model described in its 2015 update partially addresses the intent of this recommendation. We have not received	**PARTIALLY IMPLEMENTED**

	sufficient information to confirm the extent to which Interior Health's funding model addresses disparities in operating expenses between facilities to ensure that the funding needs of individual facilities are determined through this process. Interior Health also confirmed that it will be aligning its funding model with the province-wide standard residential care funding model currently under development and described under the updates to Recommendation 98. **April 2015** Health authority update: *"A funding model has been established for residential services in IH. This model provides equitable funding across all residential facilities in order to deliver the required standard of care. All contractors are required to submit semi-annual financial data to the IH Contracts department which is reviewed collaboratively by IH and the provider. The purpose of this review is to ensure that there is accountability for and sustainability of services delivered."* **March 2014** IHA's financial review cycle is currently 3-4 years, although assisted living operators can ask for a funding review annually.	
	VANCOUVER ISLAND HEALTH AUTHORITY **September 2017** While Island Health has not adopted a three-year review cycle, we are satisfied that the annual review process described in its previous updates partially addresses the intent of this recommendation. We have not received sufficient information to confirm the extent to which Island Health's funding model addresses disparities in operating expenses between facilities to ensure that the funding needs of individual facilities are determined through this process. Island Health also confirmed that it will be aligning its funding model with the province-wide standard residential care funding model currently under development and described under the updates to Recommendation 98. **March 2015**	**PARTIALLY IMPLEMENTED**

	No progress since last update. VIHA continues to review and update funding on an annual basis. The last review was conducted in June 2014. **March 2014** No progress since last update. VIHA continues to review and update funding on an annual basis. **March 2013** VIHA reviews the funding provided to residential care facilities on an annual basis. The last review was conducted in September 2012.	
R100: The Ministry of Health remove the two unreasonable conditions of eligibility for a subsidized bed in a residential care facility.	**January 2019** Ministry update: *"The changes to the Residential Care Access Policy are planned for implementation on March 1, 2019."* **September 2017** Ministry update: *"The Ministry is in the process of amending the Residential Care Access policy to align with Part 3 of the* Health Care (Consent) and Care Facility (Admission) Act*, which is not yet in force, and to make the process more 'person-centred'. It is expected that the amended policy, once implemented, will no longer require that, as a condition of eligibility people must agree to accept the first appropriate bed.* *"The legislation requires that an adult who consents to care facility admission must be provided "the information a reasonable person would require" to make a decision. The proposed policy will require that people are provided information about the services they will receive, as well as fees and charges they will be required to pay, including any chargeable extras. People will no longer be expected to agree beforehand to pay applicable rates and fees at the first appropriate facility.* *"These changes are expected to be in place by the time Part 3 is brought into force."* We are satisfied that the policy changes outlined above would fully address the recommendation if implemented as described. **April 2016**	**ONGOING**

	The Ministry is committed to reviewing the residential care access policies as part of the review it is undertaking on residential care facilities. This work is now in Year 3 of the Ministry's work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	
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.	**January 2019** Ministry update: *"The changes to the Residential Care Access Policy are planned for implementation on March 1, 2019."* **September 2017** Ministry update: *"The Ministry is in the process of amending the Residential Care Access policy to align with Part 3 of the* Health Care (Consent) and Care Facility (Admission) Act*, which is not yet in force, and to make the process more 'person-centred'. Under the new proposed policy, consent for admission will need to be obtained, whether the bed they are offered is their preferred bed or a non-preferred bed. Agreeing to accept the first appropriate bed will no longer be a requirement for residential care eligibility. If the person believes a particular facility that they have been offered is inappropriate, they will be provided with other care options, but will remain on the waitlist(s) for their preferred facility(ies). People will be able to choose up to three preferred facilities.* *"These changes are expected to be in place by the time Part 3 is brought into force."* The information provided by the ministry clarifies and renews its commitment to action on this recommendation. We are satisfied that the planned activities set out in the ministry's update would fully implement the recommendation if they are completed as described. **April 2016** The Ministry is committed to reviewing the residential care access policies as part of the review it is undertaking on residential care facilities. This work is now in Year 3 of the Ministry's work plan. **April 2015**	**ONGOING**

	No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	
R102: The Ministry of Health require the health authorities to inform seniors that they will be considered lower priority for transfer to their preferred facility once they have accepted the first appropriate bed, and how long it is likely to take to transfer to their preferred facility.	**January 2019** Ministry update: *"The changes to the Residential Care Access Policy are planned for implementation on March 1, 2019."* **September 2017** Ministry update: *"The Ministry is in the process of amending the Residential Care Access policy to align with Part 3 of the* Health Care (Consent) and Care Facility (Admission) Act*, which is not yet in force, and to make the process more 'person-centred'. The Ministry's understanding is that health authorities do not consider people a lower priority for transfer to their preferred facility, once they have entered a non-preferred facility. The principle that clients will maintain their priority status regardless of where they are waiting for their preferred bed will be clarified during the process of amending the Residential Care Access policy.* *"This work will continue in Year 4 of the Ministry's work plan."* We are hopeful that the policy amendments described above will substantially address the concerns on which this recommendation is based. **April 2016** The Ministry is committed to reviewing the residential care access policies as part of the review it is undertaking on residential care facilities. This work is now in Year 3 of the Ministry's work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	**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.	**January 2019** Ministry update: *"The changes to the Residential Care Access Policy are planned for implementation on March 1, 2019."* **September 2017** Ministry update: *"The Ministry is in the process of amending the Residential Care Access policy to align with Part 3 of the* Health Care (Consent) and Care Facility (Admission) Act*, which is not yet in force, and to make the process more 'person-centred'. It is anticipated that the new residential care access system will include asking people to identify up to three preferred facilities, and placing them on the waitlists for all three facilities.* *"This work will continue in Year 4 of the Ministry's work plan."* If implemented as described, the policy amendments outlined above are likely to fully address this recommendation. **April 2016** The Ministry is committed to reviewing the residential care access policies as part of the review it is undertaking on residential care facilities. This work is now in Year 3 of the Ministry's work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	**ONGOING**
R104: The health authorities stop penalizing seniors who pay for a non-subsidized residential care bed while waiting for a subsidized bed by assigning them a lower priority on their waiting lists for that reason.	**December 2017** Ministry update: *"The Ministry considers this recommendation complete, based on the information provided in 2016.* *"In the meantime, the Ministry is in the process of amending the Residential Care Access policy to align with Part 3 of the* Health Care (Consent) and Care Facility (Admission) Act*, which is not yet in force, and to make the process more 'person-centred'. In the process of amending this policy, the Ministry intends to reinforce the Ministry's position that persons who are in a facility and not being subsidized currently should be treated in the same manner as a person awaiting*	**FULLY IMPLEMENTED**

	transfer in the community (at home, in an assisted living residence or in hospital) regarding their priority for access to their preferred subsidized facility." Based on the ministry's updates, we have further reviewed our understanding of the process followed for individuals awaiting a transfer from a non-subsidized bed to a subsidized bed, which included a review of individual complaint investigations on the issue. As a result of this review, we have concluded that seniors who opt to pay for private care while awaiting a subsidized bed are neither penalized nor do they lose their place on the wait list for a non-subsidized bed. Based on this assessment and the ministry's April 2016 update, we are satisfied that this recommendation is fully implemented. We encourage the ministry to follow through with its commitment to establish further protections in policy to ensure that seniors who do choose to remain on the initial placement list while in private care are treated with the same priority as they would awaiting a placement at home. **April 2016** The ministry provided responses from all health authorities confirming that a client who chooses to pay for private care while waiting for a subsidized residential care bed is not penalized or assigned to a lower priority based on that choice, but is assigned the same level of priority as other community clients based on their needs at the time of assessment. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	
R105: The health authorities provide clear information to seniors and their families on how priorities are determined for seniors waiting for initial placement in a subsidized residential care bed when the senior is waiting in acute care, at home, in	**February 2017** While the health authorities have taken different approaches to updating the information they provide to the public about placement and transfer prioritization, all provide access to the updated prioritization information on the Home and Community Care website.	**FULLY IMPLEMENTED**

assisted living and in a non-subsidized residential care facility.	The Vancouver Coastal Health Authority has developed a brochure for clients on accessing publicly subsidized residential care which includes information on the approaches that VCHA takes to prioritization, preferred facilities and transfer requests. The ministry has agreed to directly encourage health authorities to provide more detail in their communication materials produced in the future. **March 2016** The Home and Community Care website content has been revised to include more information for the public on waiting for an initial placement in a subsidized residential care facility as well as requesting and waiting for transfers to a preferred facility after initial placement. This information includes basic information about the factors that may affect placement/transfer priority. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	
R106: The health authorities provide clear information to seniors and their families on how priorities are determined for seniors waiting to transfer to their preferred residential care facility.	**January 2019** Ministry update: *"With the changes to the Residential Care Access policy, planned for implementation on March 1, 2019, health authorities will be required through policy to inform clients about the new policy and processes at the earliest opportunity, including how decisions are made about determining priorities for seniors waiting to transfer to their preferred care facility(ies)."* **February 2017** While the health authorities have taken different approaches to updating the information they provide to the public about placement and transfer prioritization, all provide access to the updated prioritization information on the Home and Community Care website. The Vancouver Coastal Health Authority has developed a brochure for clients on accessing publicly subsidized residential care which includes information on the approaches that VCHA takes to prioritization, preferred facilities and transfer requests. The ministry has agreed to	**PARTIALLY IMPLEMENTED**

	directly encourage health authorities to provide more detail in their communication materials produced in the future. **March 2016** The Home and Community Care website content has been revised to include more information for the public on waiting for an initial placement in a subsidized residential care facility as well as requesting and waiting for transfers to a preferred facility after initial placement. This information includes basic information about the factors that may affect placement/transfer priority. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	
R107: The health authorities track and publicly report every year on: **• the average and maximum times seniors wait for initial placement from acute care, home and assisted living, and from non-subsidized residential care** **• the average and maximum times seniors wait to be transferred to their preferred facility** **• the percentage of seniors in residential care who are placed in their preferred facility immediately and within one year of their initial placement**	**April 2016** See Ministry response under Recommendation 1 above. The Seniors' Advocate currently reports on: • the percentage of seniors admitted within the target window of 30 days • the average and median number of days on the wait list • the percentage of seniors placed in their preferred facility at the time of initial placement • the percentage of seniors placed in their preferred facility after their initial placement • the number of people awaiting placement from the community and from acute care by health authority While the public reporting carried out by the Seniors' Advocate does not directly parallel our recommendation, we are nonetheless satisfied that this reporting adequately addresses the concerns on which the recommendation was based. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**IMPLEMENTED BY OTHER MEANS**

	March 2014 No specific action has been taken towards implementation.	
R108: The Ministry of Health set a time frame within which eligible seniors are to receive subsidized residential care services after assessment	**September 2017** Ministry update: *"When the residential care access policy was changed in 2002 to one of priority based on urgency and need, rather than chronology, the Ministry established a target of 30 days within which clients assessed as eligible for residential care should move into a facility. In February 2009, the Minister of Health Services released a directive regarding Home and Community Care Quality and Performance Monitoring, which covered four deliverables and outlined six objectives. Directive D, Access to a Continuum of Home and Community Care Services, included three performance measures that were to be monitored. One of these was the "percent of clients admitted to residential care within 30 days of eligibility and the average length of time from eligibility to admission".* *"Since 2009, through various performance management frameworks and accountability directives issued to health authorities, the Ministry has monitored this target occasionally. The Office of the Seniors Advocate, which now monitors many aspects of home and community care services, now tracks and reports out annually on the wait times for residential care placement, including the percentage admitted within 30 days.* *"It is important to note that with the proposed changes to the residential care access policy, clients may actually be waiting for longer than 30 days at home, by their own choice, for access to their preferred facility rather than moving in earlier to a facility that is not their preferred choice."* The information provided by the ministry regarding changes introduced in 2002 and 2009 was previously considered and discussed in *The Best of Care (Part 2)* and formed the basis for the Ombudsperson's recommendation that the 30-day target be made mandatory. While the monitoring and reporting work of the Seniors Advocate reflects significant progress, this work has been addressed under recommendations 109 and 110 below. While the ministry has not identified any progress towards implementing this recommendation or an intent to implement it, we also recognize that redefining the nature of the target would not by itself have a direct effect on actual wait times.	**NOT IMPLEMENTED**

	Additionally, we agree that the proposed changes to the access policy would, by allowing seniors to choose to wait longer at home for a preferred placement, be incompatible with establishing a mandatory minimum time frame for placement. As a result, we consider it reasonable for the ministry to not take further steps to implement this recommendation as worded. However, we encourage the ministry to give further consideration to the underlying basis for this recommendation – the fact that, historically, health authorities have not consistently met expected timelines for placement. The ministry should continue to work with health authorities to provide guidance on reasonable time frames while accounting for any necessary flexibility under a new access policy, and to ensure that sufficient facilities and funded beds are in place and available to meet the needs of those requiring a residential care placement without unreasonable delay. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	
R109: The health authorities track the time it takes for seniors to receive residential care after assessment and report the average and maximum times to the ministry quarterly.	**April 2016** See Ministry response under Recommendation 1 above. The Office of the Seniors Advocate now tracks and reports out annually on the wait times for residential care placement, including the percentage admitted within 30 days, the mean average number of days, and the median number of days. While this does not include maximum wait times, this appears to provide the public with suitable information about how long they may expect to wait for a placement. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**IMPLEMENTED BY OTHER MEANS**

R110: The Ministry of Health report annually to the public on the average and maximum time that eligible seniors wait to receive subsidized residential care services after assessment.	**April 2016** See Ministry response under Recommendation 1 above. The Office of the Seniors Advocate now tracks and reports out annually on the wait times for residential care placement, including the percentage admitted within 30 days, the mean average number of days, and the median number of days. While this does not include maximum wait times, this appears to provide the public with suitable information about how long they may expect to wait for a placement. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No progress since last update. **April 2013** The ministry has not provided online information on wait times. **February 2012** In its Seniors Action Plan, the ministry committed to providing more online information regarding wait times.	**IMPLEMENTED BY OTHER MEANS**
R111: The Northern Health Authority track the length of time seniors wait in hospitals for residential care before being transferred to a residential care facility.	**September 2012** This information is now tracked by NHA. **January 2012** NHA indicated that it will refine its current tracking system to ensure accuracy and timeliness of information regarding the length of time seniors wait in hospitals for residential care before being transferred to a residential care facility.	**FULLY IMPLEMENTED**
R112: The health authorities: **• track the extra costs that result from keeping seniors who require residential care in acute care hospital beds and report these extra**	**April 2016** See Ministry response under Recommendation 1 above. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**NOT IMPLEMENTED**

costs to the Ministry of Health on a quarterly basis **• report the length of time that seniors occupy acute care beds while waiting for placement to the Ministry of Health on a quarterly basis**		
R113: The Ministry of Health report publicly every year on the length of time and the extra costs that result from keeping seniors who require residential care in acute care hospital beds.	**April 2016** See Ministry response under Recommendation 1 above. There is currently no public reporting of tracked data on the length of time spent in acute care while awaiting placement or the resulting costs. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**NOT IMPLEMENTED**
R114: The Ministry of Health ensure that the health authorities stop charging seniors assessed as needing residential care but who remain in hospital for longer than 30 days because of the unavailability of appropriate residential care beds.	**January 2019** Ministry update: *"There are no further actions planned beyond changes already made.* *The Ministry's rationale for not making any further changes are as follows:* *The Canada Health Act permits a province to charge a user fee for accommodation and meals provided to an inpatient who requires chronic care and is "more or less permanently resident in a hospital or other institution." The BC Hospital Insurance Act Regulations establish a framework (30 day grace period, etc.) for charging this patient population for these services.* *Following the February 2012 report, The Best of Care: Getting it Right for Seniors in British Columbia (Part 2), the provincial policy on charging patients waiting in an acute care facility for long-term placement in a residential care facility was amended to standardize the rate charged to equal that for short-term residential care services. That revised policy (ss.3.4.3 of the Hospital Policy Manual) also provided more detail on the groups that are excluded from billing (clients waiting for convalescent care, residential palliative care, home health services,*	**NOT IMPLEMENTED**

	etc.). Health authorities must ensure that a process is available to reduce or waive fees in situations of financial hardship. *The policy is intended to ensure there are no financial incentives for patients to stay in hospital rather than move to residential care, and thus to support patient flow out of the hospital, and ensure acute care beds are available for acute care patients. Individuals who do not wish to pay these charges do have the option of waiting at home for placement in residential care. Some people assessed as requiring residential care can be safely maintained in the community, with the support of Home and Community Care services, family caregivers, and other purchased services. Significant federal and provincial funding has recently been allocated to improve Home Support Services in BC.* *To reflect changes planned to the Home and Community Care policy on the client admission process, a draft of a revised acute care "Patients Awaiting Long-term Residential Care Placement" policy is planned for finalization in the next few months."* **September 2017** Ministry update: *"This recommendation is currently under review by the Ministry. The review of the relevant policy has been expanded to include alignment with changes to the Home and Community Care residential care access policy, which are being made to comply with legislated provisions on consent for vulnerable adults, arising from Part 3 of the* Health Care (Consent) and Care Facility (Admission) Act*, which is expected to come into force in 2018."* **April 2016** The ministry advised that it has conducted a stakeholder review relating to this recommendation and are currently evaluating options. Work continues in Year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	
R115: The Ministry of Health take the necessary steps to bring into force Part 3 of the *Health Care*	**January 2019** Ministry update: *"Bringing Part 3 of the Health Care (Consent) and Care Facility (Admission) Act [into force] is planned for June 1, 2019."*	**ONGOING**

***(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.**	Although the ministry has not taken interim steps as set out in the recommendation, we are pleased by its public commitment to bring Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* into force. Given the various delays that have occurred since the March 2017 announcement we urge the ministry to follow through on the current June 1, 2019 implementation date. **September 2017** Ministry update: *"The Ministry has publically committed to bringing Part 3 of the* Health Care (Consent) and Care Facility (Admission) Act *into force by April 2018. The Ministry is currently working with health authorities the Public Guardian and Trustee and other stakeholders, to prepare for implementation of this legislation. Preparation has included developing a process for assessing adults who may be incapable of providing or refusing consent for care facility admission. This process will be established in a regulation that will be come into force with the legislation.* *It is expected that Part 3 of the Health Care (Consent) and Care Facility (Admission) Act will be brought into force in 2018."* **March 2017** On March 9, 2017, the Minister of Health announced that Part 3 of the Act will be brought into force by April 2018. **April 2016** The ministry confirmed that it remains committed to bringing Part 3 of the Act into force, and that an advisory group has been established including representatives from the ministry, health authorities, the Public Guardian and Trustee, and service providers. To date a number of supporting materials for the implementation of Part 3 have been developed. Work on implementation continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	

	March 2014 No progress since last update. **April 2013** The ministry is reviewing processes for informed consent to care, including moving into a residential care facility, that will consider opportunities for bringing into force provisions of the *Health Care (Consent) and Care Facility (Admission) Act*.	
R116: The Ministry of Health work with the health authorities and service providers to develop a standard consent-to-admission form for residential care facilities.	**January 2019** Ministry update: *"Bringing Part 3 of the Health Care (Consent) and Care Facility (Admission) Act [into force] is planned for June 1, 2019."* We are pleased by the ministry's public commitment to bring Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* into force. Given the various delays that have occurred since the March 2017 announcement we urge the ministry to follow through on the current June 1, 2019 implementation date. **September 2017** Ministry update: *"The work to prepare for implementing Part 3 of the* Health Care (Consent) and Care Facility (Admission) Act *has included drafting comprehensive Practice Guidelines for managers who are required to seek and obtain consent for care facility admission and assessors responsible for assessing adults who may be incapable of providing or refusing consent for care facility admission. The guidelines will include a standard form to be used by managers to document an adult's consent, or that of their substitute.* *It is expected that Part 3 of the Health Care (Consent) and Care Facility (Admission) Act will be brought into force in 2018."* It is likely that the above steps will fully implement the recommendation if implemented as described. **March 2017** On March 9, 2017, the Minister of Health announced that Part 3 of the Act will be brought into force by April 2018.	**ONGOING**

	April 2016 The ministry confirmed that it remains committed to bringing Part 3 of the Act into force, and that an advisory group has been established including representatives from the ministry, health authorities, the Public Guardian and Trustee, and service providers. To date a number of supporting materials for the implementation of Part 3 have been developed. Work on implementation continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	
R117: The Ministry of Health develop a policy that is more flexible regarding the length of time allowed to move into a facility when a bed is offered, and provides a reasonable amount of time to plan for the move.	**January 2019** Ministry update: *"The changes to the Residential Care Access Policy are planned for implementation on March 1, 2019."* **September 2017** Ministry update: *"The Ministry is in the process of amending the Residential Care Access policy to align with Part 3 of the Health Care (Consent) and Care Facility (Admission) Act, which is not yet in force, and to make the process more 'person-centred'. It is anticipated that the amended policy will include providing additional time, beyond 48 hours, to people who have been offered a bed in a non-preferred facility.* *These changes are expected to be in force prior to the implementation of the Health Care (Consent) and Care Facility (Admission) Act, in 2018."* **April 2016** Ministry response: *"The Ministry is committed to reviewing the residential care access policies as part of the review it is undertaking on residential care facilities. This project is one of the key priority projects for the Seniors Services Branch for 2016/17. As part of this review, the Ministry will draft a project plan to address […] findings and recommendations on the admission policy. The project plan will include*	**ONGOING**

	reviewing the processes of the health authorities, identifying issues and gaps with the current policy, researching other provincial models and best practices, and consulting with various stakeholders such as health authorities, associations and client advocacy groups. *"Work on these recommendations continues in Year 3 of the Ministry's work plan."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	
R118: The health authorities work together with facility operators to develop a list of standard information about any new resident to be provided to the facility by the health authority a reasonable amount of time before a resident is scheduled to move in.	**January 2019** Ministry update: *"The changes to the Residential Care Access Policy are planned for implementation on March 1, 2019."* **September 2017** Ministry update: *"The Ministry is in the process of amending the Residential Care Access policy to align with Part 3 of the* Health Care (Consent) and Care Facility (Admission) Act *(HCCCFAA), which is not yet in force. Through consultation on this project with the health authorities and service providers, the Ministry can facilitate the development of a list of standard information that could be provided to a facility by the health authority within a reasonable amount of time.* *These changes are expected to be in force prior to the implementation of the Health Care (Consent) and Care Facility (Admission) Act, in 2018."* **April 2016** See ministry update under R117. Work continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**ONGOING**

	March 2014 No specific action has been taken towards implementation.	
R119: The health authorities stop making seniors reapply for services if they decline the first residential care bed offered but still want a residential care placement.	**January 2019** Ministry update: *"The changes to the Residential Care Access Policy are planned for implementation on March 1, 2019."* **September 2017** Ministry update: *"The Ministry is in the process of amending the Residential Care Access policy to align with Part 3 of the* Health Care (Consent) and Care Facility (Admission) Act, *which is not yet in force, and to make the process more 'person-centred'. Accepting the first appropriate bed offered will no longer be a condition of residential care eligibility. People who decline a bed in either a preferred or non-preferred facility will not be required to reapply for residential care services and will not lose their place on the waitlist for their preferred facility/facilities.* *These changes are expected to be in force prior to the implementation of the Health Care (Consent) and Care Facility (Admission) Act, in 2018."* **April 2016** See ministry update under R117. Work continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**ONGOING**
R120: The health authorities inform seniors of their right to request an exception to the requirement to move into a facility within 48 hours of when a bed is offered.	**January 2019** Ministry update: *"The changes to the Residential Care Access Policy are planned for implementation on March 1, 2019."* **September 2017** Ministry update: *"The Ministry is in the process of amending the Residential Care Access policy to align with Part 3 of the* Health Care (Consent) and Care Facility (Admission) Act*, which is not yet in force, and to make the process more 'person-centred'. It is also intended that the process will be transparent for people. The Ministry understands that the health authorities inform people that there is flexibility with regard to the amount of time taken to move into a facility. This will be*	**ONGOING**

	clarified during the process of amending the Residential Care Access policy. *Also see the response to recommendation 117.* *These changes are expected to be in force prior to the implementation of the Health Care (Consent) and Care Facility (Admission) Act, in 2018."* **April 2016** See ministry update under R117. Work continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	
R121: The Ministry of Health work with the health authorities to develop a process for accurately calculating the costs of accommodation and hospitality services for each residential care facility that provides subsidized residential care, and ensure that seniors receiving subsidized residential care do not pay more than the actual cost of their accommodation and hospitality services.	**September 2017** Ministry update: *"The* Continuing Care Act *and the Ministry Home and Community Care Policy Manual set out what services must be provided by health authorities and contracted service providers and how client rates will be charged. As of January 1, 2017, clients receiving residential care pay a monthly client rate up to 80% of their after-tax income towards their housing and hospitality services subject to a minimum monthly client rate of $1,104.70 and a maximum monthly client rate of $3,240.00 (as of January 1, 2017).* *When the client rate structure for residential care was revised in 2010, certain principles were confirmed, including that clients should not have to pay for the cost of their care, but should pay for their housing and hospitality services, and that if a person could not afford to pay the full cost for these services, then they would be eligible for a subsidy based on their income. The maximum monthly rate was established at that time as a provincial average based on property costs (rent or mortgage, taxes, and utilities), administration and supplies (including food), and staffing for services such as housekeeping, laundry, food preparation and building maintenance. It was believed that a provincial average was the fairest way to establish a monthly maximum, as these costs can vary considerably from facility to facility or community to community depending on a number of variables such as the cost of land, property taxes and wages.*	**NOT IMPLEMENTED**

	The maximum client rate for housing and hospitality services has been adjusted based on the consumer price index annually since 2010. The majority of clients in residential care facilities do not pay the maximum monthly client rate, but instead are subsidized to varying extents. The estimated actual cost of residential care as reported by the Seniors Advocate is close to $7,000 per month. *If a client believes that they will incur serious financial hardship by paying their assessed client rate, they can apply to their health authority for a temporary reduction in their client rate.* *Finally, as described above in the response for Recommendations 97 and 98, one of the actions in the Residential Care Staffing Review report is to move towards a province-wide standard residential care funding model, with a lens to incorporate resident complexity (using RUGs and case mix index from RAI assessments), quality of care and flexibility. It is expected that once implemented, such a funding model will ensure funding is allocated appropriately to each facility, taking into account a number of different factors, and will ensure each resident receives the care they require based on their individual needs."* While the ministry does not intend to implement the recommendation as worded, we understand that this response reflects a reasonable consideration of the fairness and administrative challenges of the ministry's current provincial maximum and the recommendation's proposed individualized maximum for each facility. Adopting a separate maximum rate for each facility could result in significant disparity in the maximum rates charged for different facilities and regions, an outcome that could unfairly impact residents of some areas. On that basis, we consider the ministry's decision not to implement the recommendation reasonable. **April 2016** See ministry update under R117. Work continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	

R122: The Ministry of Health establish a process for people to apply to the Ministry for a review of the fees paid if they believe they were unfairly charged room differentials between January 1, 2010, and October 1, 2010.	**June 2017** The ministry provided us with additional information that ministry staff distributed to health authorities in February 2010 regarding the charging of room differential fees. This information confirmed that the ministry provided clear direction at that time to ensure that residents who could not afford room differentials after the January 1, 2010, rate changes could have those charges eliminated by notifying their facility that they no longer wished to be in a room with a room differential attached. It was clear in this information that room differential charges would be eliminated based on this notification regardless of whether the facility was able to transfer residents to a different room. It is apparent from this information that the ministry took appropriate steps to ensure that individuals who could not afford to continue to pay room differential fees could have those fees eliminated once they notified their facility that they wished to do so. We recommended that a process be established to review room differential fees paid going back to January 1, 2010, when the new residential care rate structure was introduced. The ministry's policy direction in February 2010 did provide a process to address these fees going forward after a resident raised concerns, but did not indicate that fees retroactive to January 1 could be considered through that process. We therefore consider these actions by the ministry to only partially address the concerns that formed the basis for this recommendation. **February 2017** The ministry advised us that it would not be taking any further steps toward implementation as, in the ministry's view, processes were already in place to address the impacts of continued room differential charges. The ministry noted that residents would have had the option to move to a different room that did not have a room differential attached to it if they did not wish to pay the increased cost. The ministry also stated that residents who wished to stay in their preferred room, and felt they could not afford the increased fee, could apply for a rate reduction. Finally, the ministry stated that residents who believe they were unfairly charged room differentials could have made a complaint to the Patient Care Quality Office where they would have been addressed, and could still do so.	**PARTIALLY IMPLEMENTED**

	April 2015 No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan. **May 2014** Ministry response: *"Historically, residential care facilities were able to charge a room differential (preferred accommodation charge) under certain circumstances where a client had requested and was moved into superior accommodation. Usually this meant requesting a semi-private or private room in a facility that also had 4 bed rooms. With changes to the Residential Care Regulation to establish a single room as "standard accommodation", and the significant renovations being done across the province in residential care facilities, where older facilities were being replaced with newer single room facilities, the Ministry and health authorities explored options for eliminating preferred accommodation charges.* *In February 2010, the Ministry introduced a more equitable rate structure to reduce the burden on low-income seniors and support ongoing improvements to the residential care system. As part of the investment of the revenue generated from the changes to the client rate structure, the Ministry decided to take the opportunity to eliminate the preferred accommodation charges to promote fairness and consistency across all residential care facilities, in addition to improving staffing and quality of services by September 2010.* *Health authorities were successful in collaborating with their providers to achieve this change. This took several months to implement as health authorities worked with their providers to mitigate the impact of the change on service provider revenue.* *The Ministry acknowledges that people could have been impacted by the implementation of this policy. Any client or family member who believes that they were negatively impacted or overcharged can make a complaint to their PCQO (and could have done so at the time). The Ministry will consider issuing a notice to the PCQO offices that this type of complaint is within their purview."*	
R123: The Ministry of Health provide further and more detailed	**April 2015**	**PARTIALLY IMPLEMENTED**

public information on how the additional revenue generated by the new residential care rate structure is being spent and what improvements to care have resulted in each facility.	The ministry has not collected and will not be reporting on the additional funding each residential care facility received as a result of the changes to the client rate structure in 2010. **March 2014** The ministry has published a report, *Health Authority Investment of Revised Residential Care Client Rate Revenue – Summary Report for 2010/11 and 2011/12*, which is available at: http://www.health.gov.bc.ca/library/publications/year/2013/HA-revised-residential-care-client-rate-revenue-summary-2010-2012.pdf However, there is not any facility-specific information available in this report. **October 2012** Health authorities reported to the ministry of Health on the first year of implementation. Information about how funds were spent was provided in a report released by the ministry to the public titled *Health Authority Investment of Revised Residential Care Client Rate Revenue 2010/2011 – Year 1 Analyses Report Summary*, which is available at: http://www.health.gov.bc.ca/library/publications/year/2012/HA-residential-care-rate-revenue-investment-2010-2011.pdf	
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.	**January 2019** Ministry update: *"The Ministry has established quarterly reporting from the health authorities on their progress against their plans, based on new funding provided to increase staffing levels. As of the second quarter of 2018/19, it appears that health authorities will be able to achieve their stated goals for increased direct care hours across all but a few facilities by March 31, 2019. For the Northern Health Authority, that means that all of their facilities will have reached 3.36 HPRD by that time.* *The Ministry continues to refine its monitoring processes to ensure accountability with this new funding, and is exploring other means using technology to collect this data on an ongoing basis."* **May 2018** Ministry update: *"The Ministry made an investment in 2017/18 to increase hours per resident day (HPRD) levels in residential care facilities, in each of the health authorities. Information is currently being collected to confirm the amount of HPRD improvement achieved.*	**TIMELINE PASSED; ONGOING**

	Further investments will be made in 2018/19, and each year through 2020/21, to improve HPRD. The Ministry has worked with health authorities to determine the amount of funding required to achieve an HPRD of 3.36, as a health authority average in each health authority, and the planned investment will enable each health authority to reach this standard by 2020/21." **September 2017** Ministry update: *"In March 2017, the Ministry released the Residential Care Staffing Review report, which examined quality of care, staffing levels and funding in residential care facilities. Several of the actions in the category on funding and staffing relate to increasing staffing levels in care facilities.* *The first priority for the Ministry, under the staffing review report, is to confirm the definition for hours per resident day (HPRD) and to establish a baseline for HPRD for each health authority to monitor progress towards achievement of the 3.36 target (average by HA), which is expected to be completed by October 2017. The next priority, based on another action from the report, is to work with health authorities and industry to create and implement an interim targeted process that would increase hours per resident day for areas with identified gaps until a costing review has been completed and the funding model has been updated to incorporate client complexity.* *As part of the 2017 September Budget Update the government announced $189 million of federal funding over three years to help improve home and residential care for seniors. The current government has made strong commitments to improving seniors' care and ensuring quality care and adequate staffing levels in residential care facilities. The Ministry expects that through all this work, funding levels and allocation will become more standardized in some respects, and will reflect the complexity of needs of residents in each facility.* *This work will continue in Year 4 of the Ministry's work plan, but will take up to four years to fully implement."* **March 2017** On March 9, 2017, the Minister of Health announced funding increases over four years to enable each health authority to reach an average of	

	3.36 direct care hours per resident day in publicly funded residential care facilities. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **May 2014** The ministry has provided daily care averages from 2009/2010 and 2011/2012 but no updated averages or information specific to individual health authorities for 2012/2013 and 2013/2014. No specific action has been taken towards implementation.	
R125: The Ministry of Health establish a process to review the fees at different facilities and take all necessary steps to ensure that they are consistent and that this action does not result in increases in fees for seniors in residential care.	**February 2017** Ministry update: *"A list (not exhaustive) of the items for which residential care clients can be charged is provided in section 6.F (Benefits and Allowable Charges) of the Home and Community Care (HCC) Policy Manual.* *"To promote consistency, where appropriate, in the fees for chargeable extras, the Ministry works with all regional health authorities to ensure that service providers offer chargeable extras at a reasonable cost, at or below market rates, and on an optional basis (as set out in the HCCPM). It would not be feasible to standardize the actual rates charged, as there are numerous variables that impact costs, including regional cost pressures, ability to bulk purchase and availability of items/services across the province. If service providers were to refrain from providing these items as a chargeable extra, clients would have to privately purchase the items, likely at a higher cost and definitely at a greater inconvenience.* *"As per Policy 7.D, clients who are eligible for a Temporary Rate Reduction can claim specific items (such as cost of medical devices) as a monthly allowable expenditure when applying for a temporary rate reduction (also referred to as hardship waiver). If approved, clients are assessed a reduced client rate or receive a fee waiver."* **April 2015**	**FULLY IMPLEMENTED**

	The ministry reviewed wheelchair user fees in publicly subsidized residential care facilities. These fees were the most common non-discretionary medically required chargeable extra. The ministry found inconsistencies in charging practices and information provided to clients. As a result of this review, the ministry revised its policy on access to wheelchairs. This new policy states that service providers must provide a basic wheelchair to residents where a wheelchair is prescribed as a required piece of mobility equipment. As a result, basic wheelchairs are considered a residential care benefit as of April 1, 2015. The ministry communicated this policy change to health authorities.	
R126: The Ministry of Health require health authorities and facility operators to comply with its policy on benefits and allowable charges immediately rather than by April 1, 2013. If this results in an unexpected financial inequity for certain operators, the Ministry take steps to resolve this inequity in a fair and reasonable manner.	**February 2017** The ministry reported that all service providers were in compliance with the policy by the end of 2011. **April 2015** The ministry allowed health authorities until April 1, 2013 to comply with its April 1, 2011 policy on benefits and allowable charges. The ministry expects health authorities to continue to ensure this policy is implemented in all residential care facilities.	**FULLY IMPLEMENTED**
R127: The Ministry of Health and the health authorities ensure that the full costs seniors pay for residential care, including extra fees for services, supplies or other benefits, as well as other reasonable expenses that seniors have an obligation to pay, are considered when assessing their eligibility for hardship waivers.	**March 2017** After further discussions with the ministry, we concluded that previously allowable expense categories that were removed and noted in the April 2015 update fell outside of the scope of this recommendation, which focused on obligatory expenses rather than optional ones. The changes to the program referenced in April 2015 constitute full implementation of this recommendation. **April 2015** The ministry has developed new forms for seniors applying for a temporary rate reduction due to hardship (hardship waiver). The ministry increased the amount allowed for daily living expenses and discretionary spending amounts but has removed some categories of expenses such as life insurance, telephone and transportation which it now includes in the amount allowed for daily living expenses. Given this, it is not clear the full costs seniors pay as well as other reasonable expenses are provided for in a manner that allows for an accurate assessment of a temporary rate reduction application due to hardship.	**FULLY IMPLEMENTED**

	March 2014 No specific action has been taken towards implementation.	
R128: The Ministry of Health immediately conduct a review of the amount that can be claimed for general living expenses on applications for hardship waivers and make necessary changes, and review and update the list of allowable expenses every three years.	**January 2019** Ministry update: *"Work is well underway to update the general living expenses that can be claimed. It is hoped that the work will be completed by March 2019."* Based on the ministry's 2015 review and demonstrated commitment to review and update this list on a regular basis, we consider this recommendation to be fully implemented. **May 2018** The ministry's review of the amount that can be claimed for general living expenses on application for hardship waivers was resumed in March 2018, and is currently ongoing. The ministry intends to complete this process in the fall of 2018. **September 2017** The ministry did not conduct the review planned for 2016 due to other priorities. The ministry stated that it planned on conducting a review once resources were available, but has not committed to a specific timeline for that review. **April 2015** The ministry has reviewed the amount that individuals can claim for general living expense on applications for hardship waivers, updated these amounts to reflect 2011 dollars (based on federal government low income measures), and committed to reviewing these amounts every three years. The next review is scheduled for 2016. **March 2014** The Ministry of Health reviewed the Temporary Rate Reduction (TRR) process and updated some allowable expenses.	**FULLY IMPLEMENTED**
R129: The Ministry of Health and the health authorities work together to provide information for the public on how income splitting can affect	**March 2017** The ministry's Home and Community Care website provides the following information on a dedicated page about the impact of pension splitting on residential care rates:	**FULLY IMPLEMENTED**

the residential care rate that seniors are required to pay.	*"If you must pay a client rate for home and community care services, your rate is based on your net income (line 236) less taxes payable (line 435). Therefore, if you and your spouse elect to split your pension income for tax purposes, it will impact your rate accordingly.* *"Tax splitting, like many other financial management options, has benefits and potential implications which are most appropriately discussed with a financial professional.* *"It is your personal decision on how you manage your reporting of income to Canada Revenue Agency, and as such, you also need to be fully aware of the consequences of how you report your income. If you wish to take certain actions that result in lower income taxes, and therefore higher disposable income, the result will be that, for income-tested programs, you may be charged a higher amount.* *"Canada Revenue Agency provides information on their website about the effect of pension income splitting on federal, provincial and territorial benefits, credits, programs, and instalments."* The web page also includes a link to additional information on pension income splitting from the Canada Revenue Agency. This information fully implements the recommendation. **April 2015** No progress since last update. **March 2014** No progress since last update. **October 2012** The ministry's Home and Community Care website informs seniors that if they split their income on their taxes this may affect their financial assessments and provides a link to information from the Canada Revenue Agency.	
R130: The Ministry of Health ensure that seniors' civil liberties are appropriately protected by	**January 2019** Ministry update: *"The Ministry recognizes the issues and concerns that led to this recommendation and the Ministry agrees to develop*	**ONGOING**

working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the *Mental Health Act* to involuntarily admit seniors to mental health facilities and then transfer them to residential care.	*provincial clinical practice guidelines under the Mental Health Act (Act), for physicians, to determine when it is appropriate to involuntary admit a person with a history of severe dementia and other aging related disorders, into a designated mental health facility under the Act in order to provide involuntary treatment of the mental health disorder, as per section 22 and put the person on extended Leave provisions as per section 37 to live in the community such as residential care facility."* **September 2017** Ministry update: *"Due to other priorities of the Ministry of Health, there has been a delay in the development of provincial clinical practice guidelines for physicians in applying section 22 and section 37 of the* Mental Health Act *for people with dementia and other aging-related disorders. The Ministry continues to recognize the importance of this work and will consider the development of these guidelines in 2018/19."* An involuntary admission to residential care under the provisions of the *Mental Health Act* impacts the constitutionally-protected liberty rights of vulnerable individuals. Given this, we are disappointed by the ministry's failure to take appropriate steps to implement the recommendation in the six years since it was made. We urge the ministry to prioritize action on this recommendation and implement it without further delay. **April 2016** The ministry told us that this recommendation would be addressed through the development of provincial clinical practice guidelines for physicians in applying sections 22 and 37 of the *Mental Health Act* for people with dementia and other aging-related disorders. The ministry told us that the consultation and planning phases of this project were complete and the guidelines were under development in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	

R131: The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the *Mental Health Act* and then transferred to residential care facilities.	**January 2019** Ministry update: *"The Ministry undertook policy research regarding this issue, which included a constitutional legal review, concluding that people on Extended Leave provisions under the Mental Health Act (section 37) can be charged user fees while staying in a health authority funded residential care facility. The MoH user fee policy regarding mental health and substance use facilities was updated accordingly and the information was shared with health authorities."* **April 2016** The ministry advised us that this recommendation was going through a provincial legal review, and that an updated provincial user fee policy for involuntary *Mental Health Act* patients transferred to residential care would be developed. This recommendation is now in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**NOT IMPLEMENTED**
R132: The Ministry of Health develop a process for seniors who have paid fees for residential care while being involuntarily detained under the *Mental Health Act* to apply to the Ministry to be reimbursed for the fees paid.	**January 2019** See update under recommendation 131. **April 2016** See update under recommendation 131. This recommendation is now in Year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**NOT IMPLEMENTED**
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	**January 2019** Ministry update: *"The ministry still intends to implement the policy on accreditation."* **September 2017**	**ONGOING**

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.**	Ministry update: *"In the March 2017 Residential Care Staffing Review report, the Ministry of Health committed to developing and implementing a policy to mandate accreditation for all residential care facilities by April 2018. The Ministry views the standardization of accreditation practices across residential care facilities as an important mechanism for accountability and ensuring quality of care. Accreditation Canada's standards for long term care services include, among many other practices, guidance around bathing, dental care, meals preparation and nutrition, recreational program and the provision of culturally appropriate services."* While the ministry has not established regulatory standards for care quality, we look forward to the ministry implementing the standards contained in the proposed accreditation process. It remains to be seen whether this will ensure appropriate minimum standards. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No progress since last update. **April 2013** In its *Plan to Standardize Benefits and Protections for Residential Care Clients*, made public in February 2013, the ministry states that it plans to provide clear policies and measurable standards for residential care services which would provide a common set of requirements and acceptable levels of safety and quality. The ministry intends to have a framework in place by February 2014.	
R134: The Ministry of Health and the health authorities, in cooperation with facility operators, collect available data on call-bell response times and utilize this data in setting objective standards for reasonable response times.	**November 2016** The ministry indicated that there was no tracking system in place for call-bell response times and therefore specific data for facilities in British Columbia was not available. The ministry provided the following explanation in support of its decision not to implement a tracking system for call-bell response times: *"As part of the ministry's review of the residential care staffing framework, the ministry conducted a literature search with a focus on quality of care, budgeting and staffing. The search identified a total of*	**NOT IMPLEMENTED**

	3,246 unique articles. There were 2,581 articles for quality, 630 for staffing and 240 for budget. The literature search found no evidence indicating that call-bell wait times contributed to the improvement in the quality of care provided in residential care residences. Furthermore, even if such a tracking system could be automated, the ministry is uncertain how that could inform better care as there are many factors that influence response time, some as simple as the location of a resident's room from the nursing station. *"The ministry believes that there are more efficient and effective ways to monitor quality of care, such as monitoring the quality indicator data retrieved through RAI MDS 2.0 assessments, than implementing what would be a manual process for most facilities to track the length of time it takes for a staff person to respond."* We are satisfied that the ministry conducted a review of the available information and took an evidence-based approach to its decision not to implement specific call-bell response time standards or a province wide tracking system to monitor response times. We are encouraged that the ministry has expressed an intent to improve care quality monitoring. We also note that call-bell response times have a logical connection to staffing levels and may therefore be more directly addressed by ensuring that standards for daily care hours are consistently met (see recommendation 124). **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	
	January 2019	**ONGOING**

R135: The Ministry of Health take the necessary steps to ensure that the *Community Care and Assisted Living Act*'s standards for the use of restraints apply to all residential care facilities in the province.	Ministry update: "*Bringing Part 3* of the *Health Care (Consent) and Care Facility (Admission) Act [into force] is planned for June 1, 2019.*" **September 2017** The ministry told us it plans to extend the *Residential Care Regulation* on the use of restraints to apply to *Hospital Act* facilities as part of the implementation of Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* in year 4 of the ministry's work plan. These measures will likely achieve full implementation of this recommendation once completed. **March 2017** On March 9, 2017, the Minister of Health announced that Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* will be brought into force by April 2018. **April 2016** The ministry advised that it had nearly completed work towards bringing Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* into force, which includes provisions that restrict the use of restraints in both publicly-subsidized and non-publicly subsidized care facilities, including extended care hospitals, private hospitals, family care homes and rehabilitation hospitals. The ministry also stated that it is continuing to explore options for bringing section 12 of the *Community Care and Assisted Living Act* into force, which would support a standardized approach in all residential care facilities in the province. Work on this recommendation continues in year 3 of the ministry's four-year work plan. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No progress since last update.	

	April 2013 The ministry is reviewing processes for informed consent to care. As part of this review the ministry will consider opportunities for bringing into force provisions of the *Health Care (Consent) and Care Facility (Admission) Act*, including restrictions on the use of restraints in both publicly-subsidized and private care facilities governed by either the *CCALA* or the *Hospital Act*. **February 2012** In its Seniors Action Plan, the ministry committed to putting a plan in place by January 2013 to standardize benefits and protections for all residential care clients.	
R136: The Ministry of Health define "emergency" and the circumstances in which an operator is permitted to restrain a resident without consent.	**August 2016** Section 74(1)(a) of the *Residential Care Regulation* was replaced effective July 18, 2016 with revised language clarifying emergency circumstances as ones where restraint is "necessary to protect the person in care or others from imminent serious physical harm." **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No progress since last update. **April 2013** The ministry is reviewing processes for informed consent to care. As part of this review the ministry will consider opportunities for bringing into force provisions of the *Health Care (Consent) and Care Facility (Admission) Act*, including restrictions on the use of restraints, and will look at establishing clear rules and consistent staff training and processes.	**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.	**February 2012** This review was completed in December 2011 and is available on the ministry's website at: http://www.health.gov.bc.ca/library/publications/year/2011/use-of-antipsychotic-drugs.pdf	**FULLY IMPLEMENTED**

R138: The Ministry of Health work with health authorities, resident and family councils and other stakeholders to develop a province-wide policy to guide facility operators and staff members on the appropriate use of chemical restraints.	**January 2019** Ministry update:*"The Ministry continues to support initiatives aimed at reducing potentially inappropriate use of antipsychotic medications including:* • *The BC Patient Safety and Quality Council's Call for Less Antipsychotics in Residential Care initiative (CLeAR), now in its third wave, and has reached over 125 long term care facilities.* • *Over 3700 health care providers have accessed the P.I.E.C.E.S.™ education program which provides patient-centred strategies to manage behavioural and psychological symptoms of dementia."* **September 2017** Ministry update: *"As part of the work to extend restraint requirements to facilities regulated under the* Hospital Act*, the Ministry has reviewed health authority restraint policies and confirmed that chemical restraints are covered by these policies and that a 'least restraint' approach is required in each health authority.* *The Ministry continues to seek opportunities to address the use of chemical restraints and antipsychotic medications. The Ministry supports the BC Patient Safety and Quality Council's Call for Less Antipsychotics in Residential Care Initiative (CLeAR), a quality improvement initiative to reduce the inappropriate use of antipsychotics in residential care. CLeAR is designed to support member teams and facilities to reduce inappropriate antipsychotic use through quality improvement activities. Through 2016, 80 care facilities have participated in the CLeAR initiative.* *In 2016, the Ministry of Health renewed its license with P.I.E.C.E.S.™ Canada. The P.I.E.C.E.S.™ training program, available across all health authorities, provides patient-centred strategies to manage behavioral and psychological symptoms of dementia, including aggression. As of March 2017, over 2,100 staff have been trained in P.I.E.C.E.S.™ at 249 facilities.* *Alternatives to the use of restraints are also being considered by the Aggression Between Persons in Care Working Group. This group was formed in response to the Seniors Advocate's report, Resident to Resident Aggression in B.C. Care Homes, and its scope includes*	**ONGOING**

	making recommendations regarding the prevention and mitigation of aggressive behaviour in residential care facilities." The ministry followed up on the above update by providing us with copies of the relevant health authority policies, with the exception of Northern Health (whose least restraint policy remains in draft form). Our review of these policies was encouraging. Despite the progress that has been made, there are inconsistencies and opportunities for clarification in the policies that illustrate a need for leadership and policy direction at a provincial level, particularly given the importance of this issue. Decisions about the use of chemical restraints must necessarily seek to balance the fundamental rights and freedoms of residential care clients with the safety of health care workers, other residential care clients and the public. Inconsistency or a lack of clarity in policy can lead to significant adverse consequences in practice. We encourage the ministry to take a leadership role and continue to work with the health authorities to improve the clarity and consistency of their policies and ensure that "least restraint" is implemented as a clear standard across the province. We would also note that the ministry has demonstrated a significant commitment to addressing the use of chemical restraints through its support for the CLeAR and P.I.E.C.E.S.™ programs, as well as ongoing work to foster the development of alternative approaches to managing aggressive behaviour, as outlined in its update. **November 2016** The Ministry of Health advised us that this recommendation is no longer assigned to a specific year in the ministry's four-year work plan but that the ministry still intends to take further action. We are concerned about this apparent step back from previous commitments. We encourage the ministry to follow through on its commitment to implement this recommendation. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014**	

	No progress since last update. **April 2013** The ministry is reviewing processes for informed consent to care. As part of this review the ministry will consider opportunities for bringing into force provisions of the *Health Care (Consent) and Care Facility (Admission) Act* and establishing clear rules and consistent staff training and processes.	
R139: The Ministry of Health take the necessary steps to amend the *Health Care (Consent) and Care Facility (Admission) Act* so that health care providers administering medication in residential care are legally required to document: **• that they have considered whether a person in care is capable of providing informed consent** **• who provided informed consent** **• when informed consent was provided** **• how informed consent was provided** **• the duration of the consent**	**February 2017** The ministry further clarified that it does not consider it necessary to amend the legislation as specified in the recommendation, but instead is focused on ensuring that health care providers understand their role in seeking and obtaining consent prior to administering medication in a residential care setting. The ministry identified the online course on consent to health care described in the April 2016 update as a step towards achieving that understanding, and confirmed that the course is now available publicly online at https://learninghub.phsa.ca. **April 2016** Ministry update: *"The Ministry has recently developed an online course on consent to health care under the HCCCFAA, which includes a module on consent to health care in a residential care facility. Within the module is a section related to seeking consent to prescription medication. The module was developed in consultation with a representative from the Public Guardian and Trustee and three subject matter experts on residential care including a pharmacist. The course will be made available through the Learning Hub on the Provincial Health Services Authority website.* *Currently, there are extensive provisions in legislation with considerable protections that set the standards and guide the practice of administering medication in residential care facilities:* *The Residential Care Regulation requires care facilities to have a medication administration record for each client showing the medication administered including the date, amount and time the medication was administered. The regulation also requires care facilities to develop a care plan upon admission of a client*	**NOT IMPLEMENTED**

	and another care plan if the client will be staying for more than 30 days. The care plan must have a plan to address the client's medication including self-administered medication if approved in accordance with the Regulation. *In the* Health Professions Act *–BYLAWS (Act), a registered pharmacist is required to maintain a current medication administration record for each resident in a facility and must send a copy of the resident's record to the facility each month. Under the Act, a full pharmacist responsible for a facility must conduct a medication review of each resident's drug regimen every six months and maintain a record of the review in the resident's record. Finally, the Act stipulates that drugs can only be dispensed to the resident of the care facility if the resident's pharmacist has provided the prescription either by written, verbal or electronic communication.* *The Ministry of Health and the Doctors of BC have started the Polypharmacy Risk Reduction initiative to support families and physicians reduce the risk of adverse drug events in the elderly, especially frail elderly patients, on multiple medications. The initiative is being implemented through a phased approach in three care settings- residential care, acute care, and community care. The initiative started with a limited number of residential care sites in eight BC communities serving as prototypes. The lessons learned from the residential care prototypes were spread more broadly throughout residential care facilities, acute care hospitals and community care settings.* *The Ministry believes it has fulfilled the intent of this recommendation and considers it complete. Further opportunities to support consent for prescription medication in residential care will continue to be explored."* **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	

R140: The Ministry of Health take the necessary steps to establish legal requirements for operators to: **• ensure that facility staff verify from the documentation that informed consent has been obtained and is still valid before administering medication** **• require facility staff to document their verification of consent prior to administering medication**	**February 2017** See ministry response under Recommendation 139. **April 2016** See ministry response under Recommendation 139. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	**NOT IMPLEMENTED**
R141: The Ministry of Health take the necessary steps to create legally enforceable standards for the use of medications administered on an as-needed basis in all residential care facilities, including for prescribing, administering, documenting and reviewing their use.	**February 2017** See ministry response under Recommendation 139. **April 2016** See ministry response under Recommendation 139. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**NOT 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**	**January 2019** See ministry updates under Recommendation 124. **December 2017** Ministry update: *"The Ministry believes that it has met this recommendation.* *As described in the response to Recommendation 124, the Ministry has established an average, at a minimum, of 3.36 hours of direct care worked hours per resident day by health authority as the standard for staffing levels.* *This standard is based on the staffing framework developed in 2008, which sets out the mix of direct care staff, both professional and non-professional, to meet the needs of residents in residential care facilities, as well as the expected staffing levels at different times of the day*	**ONGOING**

	(days, evenings and nights). Using this staffing framework as a guideline, health authorities and facilities may adjust staffing levels based on the needs of the particular residents living in a given facility. *All health authorities include expectations regarding staffing levels and staffing mix in their service provider contracts, and to varying degrees monitor this expectation. Those health authorities with the most robust monitoring systems have mechanisms in place to recover funding, should a contracted provider be found to not be in compliance with staffing expectations.* *The 3.36 hours per resident day is made up of 3.0 hours of nursing care (delivered by registered nurses, licensed practical nurses and care aides), and 0.36 hours of allied health care (including physiotherapists, occupational therapists activity workers and others).* *The Ministry has received feedback from both the health authorities and the industry that certain aspects of the staffing framework may need to be revisited, so that work will commence in the fall of 2017, and be incorporated eventually into a province wide funding model.* *This work will continue as part of the Ministry's response to the Residential Care Staffing Review report."* We are encouraged that the ministry has committed to taking further steps to improve the staffing framework as part of its work to develop a provincial funding model. The intent of this recommendation was to establish "clear, measurable and enforceable staffing standards," and we appreciate the information the ministry has provided regarding how these standards are enforceable by health authorities through contracts and funding mechanisms. We look forward to further improvements to the staffing framework along with the implementation of the additional funding commitments outlined in updates to Recommendation 124, and encourage the ministry to enhance monitoring and enforcement of these standards in practice as set out in Recommendation 143. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan.	

	March 2014 No specific action has been taken towards implementation.	
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.	**January 2019** See ministry updates under Recommendation 124. **September 2017** Ministry update: *"As explained in Recommendation 142, the Ministry has established a staffing standard, which was confirmed once again in March 2017 in the Residential Care Staffing Review report. Also noted in Recommendation 142, work will commence in the fall of 2017 to review certain aspects of the staffing framework based on feedback from health authorities and service providers. This report includes an action item to monitor health authority progress on achieving the average of 3.36 hours per resident day and to produce annual reports for health authority and Ministry executive.* *This work will continue as part of the Ministry's response to the Residential Care Staffing Review report."* We note the Seniors' Advocate has begun reporting publicly on an annual basis on the number of funded direct care hours per resident per day for each publicly funded residential care facility in BC. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**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**	**September 2017** Ministry update: *"In 2012, the Ministry implemented the "Response to Visitors Who Pose a Risk to Health and Safety in Health Care Facilities" policy which applies to all health care facilities that provide publicly funded health care services, and includes requirements for policies and procedures to be implemented in contracted facilities.* *"The policy identifies the types of behaviour from a visitor which present a risk to health and safety and may result in a visitor's access*	**FULLY IMPLEMENTED**

may be permitted and the process to be followed	*to a facility being restricted. The policy requires that all facilities have protocols in place which include:* • *a "progressive problem-solving" approach when there is no risk of immediate harm;* • *information about facility visitor policies and clarification that restrictions are to be used as a last resort;* • *a process for reconsideration or appeal of any restriction and a process for regular review of any restrictions in place; and* • *making information available about external avenues of appeal to visitors who disagree with a restriction decision.* *"As noted in the Ministry's March 2014 response, compliance with this policy is required in the Home and Community Care Policy Manual (1.A).* *"The Patient Bill of Rights Regulation extends certain requirements of the Residential Care Regulation to residential care facilities regulated under the* Hospital Act*. This regulation was amended to include section 57(2) of the Residential Care Regulation, which requires that a licensee, to the greatest extent possible while maintaining the health safety and dignity of all persons in care, ensures that a person in care may,* • *receive visitors of the person's choice at any time, and* • *communicate with visitors in private."* **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** The ministry implemented a provincial policy in October 2012 regarding visitors, which requires all facilities to establish protocols consistent with the ministry policy. That policy states, "persons in care are able to receive visitors of their choice to the greatest extent possible." The policy also requires that "health care facilities balance the rights of persons receiving care to have visitors with the rights of other persons in care, staff, and others in the facility to have a safe and respectful environment."	

R145: The Ministry of Health build upon its own BC Dementia Service Framework and work with the health authorities to: **• develop a provincial policy to guide the delivery of dementia care in residential care facilities** **• ensure that all residential care staff receive ongoing training in caring for people with dementia**	**January 2019** Ministry update: *"As of August 2018, over 3700 health care providers accessed the P.I.E.C.E.S.™ education program which provides patient-centred strategies to manage behavioural and psychological symptoms of dementia."* **February 2017** The ministry has renewed its three-year license for the P.I.E.C.E.S.™ education program until 2018/19. The ministry told us that this program: • provides strategies to manage behavioural and psychological symptoms of dementia and reduce the risk of aggressive behaviours • helps staff identify root causes of difficult behaviour • promotes a person-centred approach to developing an effective individual care plan As of March 2017, over 2,100 staff have been trained in P.I.E.C.E.S.™ at 249 facilities.. The ministry also noted that this training program is supplemented by alternate educational programs provided by the health authorities. While the ministry has not yet successfully ensured that all residential care staff receive this training program, the ministry has demonstrated an ongoing commitment to do so. **May 2016** In May 2016 the ministry released its *Provincial Guide to Dementia Care in British Columbia*, which establishes key priorities and actions for the ministry and health authorities, as well as broader communities, to develop a province-wide and person-centred approach to planning and care for people with dementia. The guide includes specific deliverables and accountabilities. Although it does not establish clear timelines for implementation, it represents a strong commitment by the ministry to continue to develop a planned approach to delivering care and services to people with dementia, their families and caregivers. **April 2015** The ministry has funded dementia care training for health care professionals working in residential care. As of February 25, 2015, 743	**PARTIALLY IMPLEMENTED**

	health care professionals had received training based on the P.I.E.C.E.S.™ Canada program. **March 2014** In January 2014 the ministry improved accessibility to its decision making tool for accommodating and managing people with behavioral and psychological symptoms of dementia. **April 2013** The ministry made public *The Provincial Dementia Action Plan for British Columbia* in April 2012. In October 2012 the ministry released the *Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care: A Person-Centered Interdisciplinary Approach*. In March 2013, the ministry approved a training program to be used as part of dementia care training for residential care providers in the province. **February 2012** The ministry committed to providing practice guidelines for dementia care to support caregivers and promote evidence based practice in all care settings by October 2012.	
R146: The Ministry of Health work with the health authorities to develop standards for the provision of end-of-life care in residential care facilities that, at minimum, are equal to the services and benefits available under the BC Palliative Care Benefits Program.	**May 2016** The ministry told us that it plans to improve palliative care in residential care, and that the planning would include an examination of what changes could or should be made to palliative care benefits that will provide equal access for residential care patients. The ministry did not commit to a timeline for these plans. **April 2016** The ministry provided us with information about its work to improve the application and verification process of the BC Palliative Care Benefits Program. These changes did not, however, extend the program eligibility or equal services and benefits to residential care patients. **April 2015**	**NOT IMPLEMENTED**

	No specific additional action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** A provincial End-of-Life Working Group has identified access to the BC Palliative Care Benefits Program for residential care patients as a priority. It is working on strategies to improve end-of-life care in residential facilities.	
R147: The Ministry of Health work with the health authorities to make information publicly available about the end-of-life care services and benefits available in residential care.	**April 2015** The ministry has updated its Home and Community Care website providing information that specifically describes the palliative and end-of-life care services and benefits available in residential care. This information is available at: http://www2.gov.bc.ca/gov/topic.page?id=CC1FF2DFADD34BEC85869ECBA40A27AA **March 2014** More content has been added to the Home and Community Care website and health authority websites, including information about end of life care services and benefits available in residential care facilities. **April 2013** The ministry made public a *Provincial End-of-Life Care Action Plan for British Columbia* in March 2013 which commits to increasing information and resources to support end of life care choices.	**FULLY IMPLEMENTED**
R148: The Ministry of Health require all operators of residential care facilities to: **• investigate all complaints they receive** **• complete investigations within 10 business days of receiving a complaint** **• inform complainants in writing of the outcome of their complaint** **• inform complainants what they can do if they are not satisfied with the operator's response**	**February 2017** The ministry provided a more detailed explanation of its rationale for not implementing this recommendation in full, distinguishing the framework in BC under the *Community Care and Assisted Living Act* from the model under the Ontario *Long Term Care Homes Act* which was the primary basis for the specific components of this recommendation, as follows: *"The Ontario model does not have a Medical Health Officer as a Statutory Decision Maker (SDM), and is quite different than the BC context. For example, the Ontario LTC Act does not apply to private pay care facilities, whereas the CCALA does. In addition, in the Ontario model the licensing program area for long term care is part of the overall funding program and statute, and this program takes a far less*	**NOT IMPLEMENTED**

• keep detailed and specific records of complaints and how they were handled **• review the complaints they have received every quarter to determine whether there are areas where improvements can be made**	*hands-on approach to investigations than the BC approach. In discussing this issue with the Long Term Care program in Ontario, it appears to be the case that the Ontario approach is to only conduct an investigation in very limited circumstances and very infrequently.* *"The CCALA establishes a mandatory duty for Medical Health Officers to investigate every allegation that a facility does not fully comply with the Act and its regulation. The relevant regulation is the Residential Care Regulation (RCR).* *"The BC approach is much less prescriptive than the Ontario approach, as it must apply to a much broader range of facility types, and it does already require the operator to have a fair, prompt and effective complaints mechanism. In addition, the BC context requires operators to report (by way of Incident Report) a number of events to the Medical Health Officer, and these must be investigated by the MHO/LO if they involve a contravention of the Act and/or RCR. In addition, the operator is prohibited, (Section 12 RCR) from interfering with an inspection or investigation being carried out by a MHO. When conducting an investigation into an allegation of non-compliance, if the operator has already interviewed staff, residents, etc. and conducted their own investigation, this may contaminate the investigation that needs to be carried out by the MHO/LO."* In light of the detailed policy rationale that the ministry has now provided we are satisfied that its decision to not implement this recommendation is reasonable and that the policy goals underlying this recommendation are met through other existing mechanisms. **April 2016** The ministry confirmed that operators are required to maintain records of complaints, and that the ministry may use these records for quality improvement purposes. The ministry also confirmed that complainants are notified of their right to appeal decisions. The ministry also noted that the *Community Care and Assisted Living Act* places the responsibility for investigating complaints on the Medical Health Officer rather than the facility operator. In the ministry's view, a	

	time limit for investigations would fetter the ability of the Medical Health Officer to conduct a complete and thorough investigation. The ministry advised that it would not be taking further action on this recommendation. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	
R149: The Ministry of Health establish the community care licensing offices as the single process for responding to all complaints about residential care and: **• extend the jurisdiction of community care licensing offices to all residential care facilities** **• ensure that patient care quality offices refer any complaints they receive about residential care to community care licensing offices** **• require community care licensing offices to inform complainants in writing of the outcome their complaint** **• ensure consistent and comprehensive information about the role of community care licensing offices is publicly available** **• establish a right of review or appeal from a decision of community care licensing to the provincial director of licensing or the patient care quality review boards or other appropriate agency**	**September 2017** (As of January 2019, there is no further change to the Ministry's update) See ministry update under recommendation 80 above. This recommendation is now in Year 4 of the ministry's work plan. **April 2016** This recommendation is now in Year 3 of the ministry's four-year work plan. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No progress since last update. **April 2013** In its update on progress in implementing the Seniors' Action Plan, the ministry reported that it would undertake an independent operational review of the community care facility licensing and enforcement system for residential care to identify what changes are necessary to ensure consistent standards of care across the province. **October 2012**	**ONGOING**

	The Community Care Licensing Branch's website includes a description of the community care licensing complaint process. It can be found at http://www.health.gov.bc.ca/ccf/complaints.html	
R150: The Ministry of Health finalize its provincial community care licensing policies by October 1, 2012 and establish a process for reviewing and updating them every three years.	**April 2016** The ministry provided us with a copy of the revised version of the Guide to Community Care Licensing, demonstrating its commitment to review and update the guide every three years. **April 2015** The ministry is in the process of completing its most recent review of its Guide to Community Care Licensing in British Columbia. **March 2014** No progress since last update. **May 2012** The ministry completed a guide to community care licensing for use by licensing staff in health authorities. It is available on the ministry's website at: http://www.health.gov.bc.ca/ccf/publications/a-guide-to-community-care-facility-licensing.pdf	**FULLY IMPLEMENTED**
R151: The director of licensing require community care licensing offices to report to the Ministry quarterly on the number of: **• residential care complaints received** **• investigations and inspections conducted** **• exemptions granted** **• enforcement actions taken** **• facility closures and disruptions occurring** **• reportable incidents occurring**	**September 2017** (As of January 2019, there is no further change to the Ministry's update) Ministry update: *"The Ministry continues to work on this recommendation with the Community Care Facility Licensing Data Working Group (DWG) and has reached agreement on all data definitions. We are currently developing a director of licensing report template. This work is currently in year 4 of the Ministry's work plan."* **April 2016** The ministry advised that it has been working on this recommendation with the Community Care Facility Licensing Data Working Group and is developing a template for reporting to the director of licensing. The ministry indicated that health authorities will need to engage in significant technical work to collect the necessary data. Work on this recommendation will continue in year 3 of the ministry's four-year work plan.	**ONGOING**

	April 2015 No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	
R152: The director of licensing issue a public annual report on the community care licensing program.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) See ministry response under Recommendation 151. This work is currently in year 4 of the Ministry's work plan. **April 2016** See ministry response under Recommendation 151. Work on this recommendation continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**ONGOING**
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.	**February 2017** The ministry provided us with additional information about its efforts to encourage enrolment in the JIBC training program. This includes a subsidy program for existing licensing officers and an advertising and communications strategy to promote enrolment that involves direct email communication with regional licensing programs, advertising in professional newsletters and journals, and presentations at relevant conferences and symposiums. **April 2016** The ministry told us that it was not within its jurisdiction to mandate educational requirements for licensing officers as they are health authority employees. The ministry did state, however, that it supported and encouraged a standardized provincial approach and for that	**IMPLEMENTED BY OTHER MEANS**

	reason funded development of the JIBC Community Care Licensing certificate program. The ministry will continue to encourage health authorities to enrol licensing officers in the JIBC program. We reviewed the program's curriculum and are satisfied that the program appears to provide comprehensive training in the required knowledge and competencies for licensing officers. **April 2015** While the Advanced Specialty Certificate in Community Care Licensing offered by JIBC provides additional training and support for community care licensing officers, it is not mandatory for employment in this field. There is no province-wide training program for licencing officers. **March 2014** The ministry contracted with the Justice Institute of BC to develop online training material for community care licensing officers. The JIBC offers an Advanced Specialty Certificate in Community Care Licensing open to current and prospective licensing officers. Three online courses were offered in Fall 2013 and three more in February 2014. **May 2012** The ministry is working on the development of a province wide training program for licensing officers.	
R154: The Ministry of Health take steps to amend the *Residential Care Regulation* so that medical health officers no longer have the authority in non-emergency situations to grant facility operators exemptions from the legal requirement to obtain consent before transferring a resident to another facility.	**February 2017** We asked the ministry to explain why it needed to maintain this authority if it was not aware of any examples where its use was required. The ministry provided the following explanation: *"There may be circumstances other than emergencies that require a MHO to grant an exemption to move a resident without their consent. One would be if a particular facility has the equipment, specialized staffing or a physical plant that better met the health care needs of the person in care. For example, there may be a nearby facility that had a strong focus on rehabilitation after a fracture, with appropriate equipment and expertise that is not available at other facilities.* *"If a facility is closing, and a new facility is being built, sometimes residents and their family members do not want to move. While this is a*	**NOT IMPLEMENTED**

	challenging process, it is inevitable that older facilities will be replaced over time as their physical plant has a limited life cycle and not all facilities can be sufficiently upgraded to meet current regulations and building standards. *"In July 2016, the RCR added a requirement (section 9) that when there is a major change of operations, facility closure, etc., that persons in care and their family members must also receive the same notice that the MHO receives. This was added as a result of recommendations by the Ombudsperson to promote fairness and transparency and to increase residents' involvement in decision making.* *"An exemption that is granted is appealable by the person in care/family, so there is some built in administrative fairness in the exemption process. The Community Care and Assisted Living Appeal Board has jurisdiction over such appeals."* **April 2016** The ministry stated that it was not aware of medical health officers having issued exemptions in these circumstances or of any issues arising out of the authority provided in the regulation. The ministry told us that it consulted with the Provincial Health Officer who supported the ministry's position. The ministry advised that it would continue to monitor this issue but had no plans to take additional steps towards implementation. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	
R155: The Ministry of Health require medical health officers to report publicly every year on: **• the number of requests they and their delegates receive for exemptions from the requirements of the *Community Care and Assisted Living Act* or the *Residential Care Regulation***	**September 2017** (As of January 2019, there is no further change to the Ministry's update) See ministry response under Recommendation 151. This work is currently in year 4 of the Ministry's work plan. **April 2016**	**ONGOING**

• the reason for the requests **• the outcomes of the requests**	See ministry response under Recommendation 151. Work on this recommendation continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	
R156: The Ministry of Health establish provincial standards for inspection frequencies, hazard ratings, and inspection priority levels for residential care facilities.	**February 2017** The ministry told us that hazard ratings are no longer in use. Instead, inspection priority levels are determined according to a provincial standard using the classification system under the Risk Assessment Tool. While there are still no specific provincial standards for inspection frequencies, the health authorities' standards for inspection frequency for a low risk facility range from 12 to 18 months, with higher inspection frequencies for medium and high risk facilities. Health authorities determine within their overall budgets how to resource their licensing programs. This, in turn, influences the frequency with which inspections occur. **April 2015** Based on the results of the Risk Assessment Tool, licensing officers work with operators to determine actions needed to protect residents and to determine the frequency of inspections. The ministry has not established provincial standards for inspection frequencies and priorities for residential care facilities. **March 2014** The Risk Assessment Tool is now in use in all the regional health authorities, including Vancouver Coastal Health. The health authorities are currently engaged in a reliability testing project. **October 2012** The Risk Assessment Tool is in use in the Fraser, Interior, Northern, and Vancouver Island health authorities. **May 2012**	**IMPLEMENTED BY OTHER MEANS**

	The ministry has worked with health authorities to develop a Risk Assessment Tool for all health authority community care licensing officers. The tool includes a Facility Risk Rating that assigns a value of low, medium or high risk to the facility. **February 2012** In its Seniors Action Plan, the ministry committed to increasing the focus of residential facility inspections on high risk areas.	
R157: The Ministry of Health require all the health authorities to conduct a set number or percentage of unscheduled facility inspections and inspections outside of regular business hours.	**February 2017** The ministry provided the following additional information in consultation with the health authorities: • In most circumstances, if a Licensing Officer needs to speak to a specific staff member as part of their inspection, that person will be working during the day only. Examples include the Director of Care, dietician, recreation coordinator. • If circumstances warrant, for example, if there was an allegation that a specific event was occurring on a particular shift, efforts would be made to accommodate. **April 2016** The ministry confirmed that it agreed that most inspections should be unscheduled, and that currently the majority of inspections conducted by health authorities are unscheduled. The ministry also acknowledged that health authorities should endeavour to conduct inspections outside of normal hours of operation. However, the ministry advised that the operations of health authorities in this respect were outside of the ministry's authority, but that the ministry recognized that there were a number of challenges the health authorities faced in scheduling inspections outside of normal hours. The ministry advised that it would continue to monitor the issue but did not intend to take further steps towards implementation. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014**	**NOT IMPLEMENTED**

	No specific action has been taken towards implementation.	
R158: The Ministry of Health ensure that its list of appointed provincial hospital inspectors is current and that everyone on that list is trained to inspect residential care facilities.	**April 2016** The ministry provided us with an updated list of hospital inspectors under the current Ministerial Order. See update under Recommendation 153 regarding the Justice Institute of BC's Advanced Specialty Certificate in Community Care Licensing program. The ministry told us that it did not intend to take further steps towards implementation. **April 2015** The process for appointment as a hospital inspector is now by Ministerial Order. Not all of the hospital inspectors on the ministry's list have received training on how to conduct inspections of residential care facilities. **March 2014** No specific action has been taken towards implementation.	**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.	**April 2016** All health authorities now post summary results of inspections of both *Hospital Act* and CCALA facilities directly on their public websites. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**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	**FRASER HEALTH AUTHORITY** **March 2013** FHA confirmed that it conducts and will continue to conduct annual inspections of residential care facilities governed under the *Hospital Act* in the same manner as CCALA facilities are inspected. **October 2012**	**FULLY IMPLEMENTED**

facilities licensed under the *Community Care and Assisted Living Act* commencing immediately.	FHA has begun annual *Hospital Act* facility inspections. **January 2012** FHA will collaborate with the ministry of Health and other health authorities to develop and implement a standardized and consistent approach to the inspection of residential facilities governed under the *Hospital Act*.	
	INTERIOR HEALTH AUTHORITY **March 2013** IHA confirmed that as of January, 2013, all *Hospital Act* sites had initiated a survey/review process identical in manner and frequency to the inspections which occur at *CCALA* sites. IHA confirms all sites will have completed their initial review by April 2013. **October 2012** IHA has established a process and begun *Hospital Act* facility inspections. **January 2012** IHA will collaborate with the other Health Authorities and the Ministry of Health to achieve consistency related to *Hospital Act* inspections.	
	NORTHERN HEALTH AUTHORITY **September 2012** NHA has delegated the responsibility for monitoring facilities under the *Hospital Act* to the Chief Medical Health Officer. As of September 2012, all hospital facilities have been inspected once. A licensing officer for residential care is now in place and leading the inspection processes of these facilities. **January 2012** NHA indicated that it will collaborate with the other Health Authorities and Ministry of Health to achieve consistency related to *Hospital Act* inspections.	

	VANCOUVER ISLAND HEALTH AUTHORITY **March 2013** As of September 1, 2012, VIHA inspects *Hospital Act* facilities using the same criteria as those under the *Community Care and Assisted Living Act.* **September 2012** VIHA stated that it planned to begin inspections of *Hospital Act* facilities in the fall of 2012 using the same criteria as those under the *Community Care and Assisted Living Act.* **January 2012** VIHA stated that it will collaborate with the other health authorities and the Ministry of Health to achieve consistency related to *Hospital Act* inspections.	
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.	**April 2013** All health authorities now provide online access to summary inspection reports for *Hospital Act* facilities. These reports can be accessed through the ministry's Home and Community Care website (www.gov.bc.ca/hcc) under the Accountability section. **October 2012** The ministry reported that the health authorities were posting the reports for the inspection of *Hospital Act* facilities. A review of health authority websites showed that the Interior, Northern, Vancouver Coastal and Vancouver Island health authorities have begun to report on inspections of *Hospital Act* facilities.	**FULLY IMPLEMENTED**
R162: The Ministry of Health take the necessary steps to require operators of residential care facilities governed under the *Hospital Act* to report reportable incidents in the same manner as facilities licensed under the *Community Care and Assisted Living Act*.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) See ministry update under recommendation 94 above. This work is now in year 4 of the ministry's work plan. **April 2016** The ministry stated that it is continuing to explore options for bringing section 12 of the *Community Care and Assisted Living Act* into force,	**ONGOING**

	which would support a standardized approach in all residential care facilities in the province. Work on this recommendation continues in year 3 of the ministry's four-year work plan. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **March 2014** In December, 2013, section 21 of the *Hospital Act Regulation* was enacted. This section requires the administrator of a hospital or licensee of a private hospital to report any "serious adverse events," which are incidents that likely caused or contributed to severe harm or the death of a patient. The definition of "serious adverse event" is not, however, equivalent to the "reportable incidents" under the *CCALA.* **February 2012** In its Seniors Action Plan, the ministry committed to putting a plan in place by January 2013 to standardize benefits and protections for all residential care clients.	
R163: The Ministry of Health take the necessary steps to include abuse by residents against other residents in the list of reportable incidents in the *Residential Care Regulation.*	**February 2017** The ministry clarified that it did not intend to take further steps to implement this recommendation by including financial abuse between residents in the list of reportable incidents as it was not aware of any evidence that financial abuse between residents was an issue in facilities. **April 2015** No progress since last update. **March 2014** On December 1, 2013, the *Residential Care Regulation* was amended to include "aggression between persons in care" as a reportable incident. This is defined as aggressive behaviour by a person in care towards another person in care that causes an injury requiring first aid, emergency care by a medical or nurse practitioner or transfer to a hospital. However, the definition of abuse in the *RCR* still does not include financial or other forms of abuse of one resident by another.	**PARTIALLY IMPLEMENTED**

R164: The Ministry of Health working with the health authorities develop a process to evaluate operator compliance with the requirement to report incidents in accordance with the *Residential Care Regulation*.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) See ministry response under Recommendation 151. This work is currently in year 4 of the Ministry's work plan. **April 2016** See ministry response under Recommendation 151. Work on this recommendation continues in year 3 of the ministry's four-year work plan. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan.	**ONGOING**
R165: The Ministry of Health develop a policy to guide community care licensing officers on how and when to apply progressive enforcement measures.	**May 2012** The ministry developed a guide to community care licensing for use by licensing staff in health authorities, which includes a description of progressive enforcement measures. The guide is available at: http://www.health.gov.bc.ca/ccf/publications/a-guide-to-community-care-facility-licensing.pdf	**FULLY IMPLEMENTED**
R166: The Ministry of Health take the steps necessary to expand the enforcement options available under the *Community Care and Assisted Living Act* and create a system of administrative penalties that can be applied to facility operators who do not comply with legislative and regulatory requirements.		**NOT ACCEPTED**
R167: The Ministry of Health take the steps necessary to ensure that residential care facilities governed by the *Hospital Act* are subject to the same range of enforcement measures as those licensed under	**September 2017** (As of January 2019, there is no further change to the Ministry's update) See ministry update under recommendation 94 above. This work is now in year 4 of the ministry's work plan.	**ONGOING**

the *Community Care and Assisted Living Act*.	**April 2016** The ministry stated that it is continuing to explore options for bringing section 12 of the *Community Care and Assisted Living Act* into force, which would support a standardized approach in all residential care facilities in the province. Work on this recommendation continues in year 3 of the ministry's four-year work plan. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan. **May 2014** No progress since last update. **February 2012** In its Seniors Action Plan, the ministry committed to putting a plan in place by January 2013 to standardize benefits and protections for all residential care clients.	
R168: The Ministry of Health's policy on caring for residents during facility renovations and closures apply to residents who are required to move as a result of a funding decision.	**April 2015** Effective April 1, 2015, the ministry has amended its Home and Community Care Policy 6.J on caring for residents during renovations or closures to specifically include operational decisions to close a facility, to close beds, or to renovate where that decision results in clients being moved. The policy outlines requirements for health authorities to follow in caring for residents during such situations. The ministry communicated its expectation that health authorities fully implement this policy by October 1, 2015 in a communiqué to health authority CEOs dated March 30, 2015.	**FULLY IMPLEMENTED**
R169: The Ministry of Health: **• define what a "substantial change in operations" is for the purpose of the notice requirements in sections 9(1) and 9(2) of the *Residential Care Regulation***	**August 2016** The *Residential Care Regulation* was amended effective July 19, 2016, to add a requirement that licensees must 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. The ministry told us that it understood this requirement to include large-scale staffing replacements. We encourage the ministry	**PARTIALLY IMPLEMENTED**

• include large-scale staff replacement in the definition **• review on a regular basis the steps health authorities are taking to ensure operators comply with these requirements**	to take further steps to make this understanding explicit in policy or legislation and to review compliance with the requirement in practice. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	
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.	**April 2016** The ministry confirmed that all health authorities have communicated the new section (6.K) of the Home and Community Care policy manual to their contracted service providers and verified implementation of the policy. **April 2015** Effective April 1, 2015, the ministry has added a new section to its Home and Community Care policy manual (6.K) dealing with large-scale staff replacements. This 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". The policy provides that health authorities must ensure 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 are informed and have had the opportunity to have their concerns heard. The policy also requires health authorities to ensure 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. The ministry communicated its expectation that health authorities fully implement this policy by October 1, 2015.	**FULLY IMPLEMENTED**
R171: The Ministry of Health take the necessary steps to amend the *Residential Care Regulation* to	**August 2016** The *Residential Care Regulation* was amended effective July 19, 2016, to add a requirement that licensees must notify persons in care and	**FULLY IMPLEMENTED**

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**	their family members prior to substantially changing the nature of operations, ceasing operations, as well as selling or transferring control of a facility. The ministry advised that this requirement was understood to include large-scale staffing replacements. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **May 2014** No specific action has been taken towards implementation.	
R172: The health authorities ensure that seniors and their families are: **• informed when an operator of a residential care facility licensed under the *Community Care and Assisted Living Act* requests an exemption from the Act or Regulation requirements** **• informed of how they can provide input to the medical health officer before such a decision is made** **• notified promptly of the medical health officer's decision** **• informed about how to appeal a decision to the Community Care and Assisted Living Appeal Board**	**February 2017** We asked the ministry to clarify how it is ensured that seniors and their families have an opportunity for input before the medical health officer's decision is made. The ministry provided the following explanation: *"It is the Ministry's understanding that prior to making a decision regarding an exemption that has been applied for, the MHO reviews submissions by persons in care/family members/resident council to find out about their views on the proposed exemption.* *"It is the operator's duty to inform residents that they have applied for an exemption as well as to inform them of their right to present their views. This has been the case for many years, and was also the case prior to the* Community Care and Assisted Living Act *being brought into force. Under the former* Community Care Licensing Act*, the Variance Committee made these decisions, and would not entertain applications for a Variance unless residents/family members had also provided input. It is our understanding that this process has continued, as persons in care who are affected by a decision have a right to be heard prior to that decision being made. This is a fundamental principle of administrative fairness.* *"As noted above, Section 9 of the RCR was amended in summer of 2016 to add a requirement that licensees must notify persons in care and their family members prior to substantially changing the nature of operations, as well as to ceasing operations, selling, transferring control. These changes were made in response to Ombudsperson recommendations, and to promote greater transparency and involvement in decision making."*	**IMPLEMENTED BY OTHER MEANS**

	April 2016 The ministry stated that Medical Health Officers require operators to consult with persons who will be affected by a request for an exemption, which includes informing them about their rights to appeal and the appeal process. The ministry advised that it did not intend to take further steps towards implementation of this recommendation. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.	
R173: Before deciding on exemption requests, medical health officers consider input from residents and their families who will be directly affected by the decision on whether granting an exemption would result in an increased risk to health and safety.	**February 2017** See update under Recommendation 172. The ministry told us that in practice medical health officers require full copies of all written input from residents and their families and ensure the information is complete and considered before granting an exemption. **April 2016** See update under Recommendation 172. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. **March 2014** No specific action has been taken towards implementation.	**IMPLEMENTED BY OTHER MEANS**
R174: The Ministry of Health work with the provincial health officer to create policies and procedures that provide for alternative decision-making processes when medical health officers are asked to consider exemption requests under the *Community Care and Assisted Living Act* from their own health authority.	**April 2016** Ministry update: *"The Provincial Health Officer has been consulted and is of the opinion that mechanisms already exist whereby a medical health officer who feels s/he may be placed in a conflict of interest by nature of his/her employee relationship with a health authority can raise the issue with the Provincial Health Officer, who can take appropriate action. Such a response may involve action under section 67 of the* Public Health Act *[…] or the referral of a matter to the Director of Licensing who can also intervene. The* Public Health Act *provides statutory independence to the medical health officer and includes provisions for the Provincial Health Officer to make decisions as well as to set Standards of Practice for medical health officers."*	**NOT IMPLEMENTED**

	The ministry told us that, in its view, existing processes adequately address the issue that formed the basis of the recommendation and therefore it did not intend to take further action towards implementation. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	
R175: The Ministry of Health, in discussion with the health authorities, the provincial health officer and other interested stakeholders, consider the broader issues raised by health authorities monitoring, evaluating and enforcing standards against themselves, and whether an independent public health agency that is responsible for monitoring and enforcement in residential care facilities is a viable and desirable alternative.	**April 2016** The ministry told us that it had consulted with the provincial health officer who advised that this matter had been considered previously and been rejected. The ministry does not intend to take any further steps towards implementation. As the recommendation was only that the ministry to consider the matter, we consider it implemented. **April 2015** No specific action has been taken towards implementation. This recommendation is in Year 4 of the ministry's four-year work plan.	**FULLY IMPLEMENTED**
R176: The Ministry of Health take all necessary steps to ensure that the notice and appeal requirements regarding facility closures, downsizing and renovations and other substantial changes that apply to facilities licensed under the *Community Care and Assisted Living Act* also apply to facilities governed by the *Hospital Act*.	**September 2017** (As of January 2019, there is no further change to the Ministry's update) See ministry update under recommendation 94 above. This work is now in year 4 of the ministry's work plan. **April 2016** The ministry stated that it is continuing to explore options for bringing section 12 of the *Community Care and Assisted Living Act* into force, which would support a standardized approach in all residential care facilities in the province. Work on this recommendation continues in year 3 of the ministry's four-year work plan. **April 2015** No specific additional action has been taken towards implementation. This recommendation is in Year 3 of the ministry's four-year work plan.	**ONGOING**

	May 2014 No progress since last update. **February 2012** In its Seniors Action Plan, the ministry committed to putting a plan in place by January 2013 to standardize benefits and protections for all residential care clients.	