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Dear Ms. Carter:

I am responding to the email, received from Ms. Zoë Jackson, Ombudsperson Officer, on March 1, 2013, requesting a one year update to the Ministry of Health's (the Ministry) response to *The Best of Care: Getting in Right for Seniors in British Columbia (Part 2)*(the Report).

As you are aware, *Improving the Care of BC Seniors: An Action Plan* (the Seniors Action Plan) was released by the Ministry in February 2012, and covers several themes that address many of the Report's findings and recommendations. The Ministry shares your commitment to the provision of high quality seniors' care and meeting our commitments in the Seniors Action Plan is one of the Ministry's highest priorities. I am pleased to provide you with an update on the Ministry's progress in implementing the Seniors Action Plan.

The commitments in the Seniors Action Plan are grouped into six thematic areas:

1. to provide appropriate avenues to have complaints heard and dealt with in a fair manner;
2. to improve the scope, quality and access to the information seniors and their families need to understand and access services in a timely and informed way;
3. to ensure more consistent delivery of care across services;
4. to improve the protection of vulnerable seniors from abuse and neglect;
5. to provide flexible services to meet care needs; and,
6. to modernize the home and community care system to provide sustainable and lasting improvements that will better serve seniors across the province.

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As you are aware, the Seniors Action Plan is embedded within a larger strategy, the Ministry's Innovation and Change Agenda. This transformative plan will position the health sector to better meet changing population needs and continue to deliver high quality health services to British Columbians in a way that can be sustained into the future. The Ministry's current Service Plan describes the four broad key priorities for the Innovation and Change Agenda:

1. Effective health promotion, prevention and self management to improve the health and wellness of British Columbians;
2. British Columbians have the majority of their health needs met by high quality primary and community based health care and support services;
3. British Columbians have access to high quality hospital services when needed; and
4. Improved innovation, productivity and efficiency in the delivery of health services to seniors.

Since the Seniors Action Plan was released, significant progress has been made in many areas, both with commitments from the Seniors Action Plan as well as other innovative initiatives that have been completed or are in the midst of being implemented. As you know, all regional health authorities are actively engaged in improving primary and community care (IPCC) programs aimed to redesign health service delivery in communities to recognize the diverse needs of different populations, including patients with complex chronic conditions, those with mental health and substance use challenges and seniors with complex-care needs.

Government has recently announced up to \$50 million annually over the next 3 years to support accelerating expansion of IPCC programs. This expansion includes the Home is Best program, which is being implemented in each of the five regional health authorities and will help seniors who are eligible for residential care services but prefer to remain at home. These approaches, which will vary in each health authority, will assist seniors to live safely at home and avoid future hospital emergency admissions. This work will improve the coordination of care for seniors to provide patients with better care and experiences, while recognizing the need for flexibility and innovation, including the use of new technologies at the community level.

The addition of 190 nurse practitioner positions to health care teams around the province over the next 3 fiscal years is another significant investment (\$22.2 million) made by government that will provide seniors with additional access to medical care, including outreach care in the community. The nurse practitioners will be working in primary health-care settings, including medical clinics, mental health clinics, residential care and First Nations' health services.

The issues identified in the Report require provincial leadership. Ensuring a standard and consistent approach to delivery of health care services requires a coordinated provincial approach, as well as the focused effort of each individual health authority. As in the past, each health authority will provide their own response to the Report and the recommendations directly pertaining to them.

The Ministry has accomplished much since the release of the Report and the Seniors Action Plan. Some of the key accomplishments aimed at improving services to seniors are summarized under each of the Seniors Action Plan themes as described below.

Concerns and Complaints

It is important that home and community care clients, their families and others are able to raise concerns and complaints about Home and Community Care (HCC) services with staff, service providers, and health authorities, be provided with an opportunity to be heard, have their concerns or complaints taken seriously and handled in a respectful and timely way.

Concerns and complaints cover a spectrum of issues, ranging from minor concerns or questions by clients or families that are resolved quickly by front line staff through good communication and client service to very serious concerns or complaints that may have serious implications for the client or the organization if not addressed and satisfactorily resolved.

Responding to complaints and concerns involves many elements that must all be in place in an integrated manner and include:

- establishing and maintaining an environment that encourages raising concerns or complaints;
- having protocols in place to assess seriousness of the concern to guide actions;
- ensuring people who raise concerns or complaints are provided with opportunities to be heard and feel they have been heard;
- ensuring people who are hearing concerns or complaints, understand what people are seeking;
- ensuring expeditious investigations that are timely and effective;
- clearly communicating the outcome of the investigation and findings to the person who raised the concern or complaint; and,
- using complaint findings and information to inform continuous improvement.

HCC clients who are receiving publicly subsidized services have several mechanisms available to them to raise concerns or complaints including:

- raising the issue directly with staff providing care or service;
- raising with the appropriate health authority professional; or
- contacting one of the following:
 - the Patient Care Quality Office in the respective health authority;
 - the Ministry of Health Seniors Health Care Support Line;
 - the Community Care Licensing Office in the respective health authority for licensed care facilities;
 - the Assisted Living Registrar for assisted living services; or,
 - the Ombudsperson's Office.

The Report made several recommendations on how the Ministry and health authorities can improve processes for seniors and their families to raise concerns or complaints about the services or care they are receiving. Significant work has been completed in this area since our last letter in October 2012. The information that follows describes new initiatives and also provides updates on initiatives previously reported to the Office of the Ombudsperson and where significant new activity has occurred.

New: Minister of State for Seniors

In September 2012, the Honourable Ralph Sultan was appointed as the new Minister of State for Seniors, who acts as the voice of seniors at the Cabinet table.

New: Advocate Legislation Passed

On February 20, 2013, the Honourable Dr. Margaret MacDiarmid, Minister of Health introduced the *Seniors' Advocate Act* (Bill 10) (the Act) in the House, and the legislation received Royal Assent on March 14, 2013. Bill 10 was informed by a public consultation on the role and function of the Seniors' Advocate, that took place over the spring and summer of 2012. The introduction of this Act paves the way for the creation of the Office of the Seniors' Advocate, which will help build a more accessible, transparent and accountable approach to seniors' care in the province. According to the Act, the Seniors' Advocate will be a voice for seniors and will monitor seniors' services, promote awareness, work collaboratively with seniors, families, policymakers, service providers and others to identify solutions to systemic issues, and make independent recommendations to government to improve the welfare of seniors. For information and updates about the Seniors' Advocate please visit: www.seniorsbc.ca/seniorsadvocate.

New: Informing Clients about Complaint Processes

The October 2012, update to the HCC Policy Manual included the directive to health authorities to provide information about how to make a complaint. (HCC Policy Manual, Chapter 1 Overview, Section A HCC Services, page 1 of 1). A further update that took effect April 1, 2013, was a revision of Policy 2.E, Client Access, Complaint Processes, to provide clear direction to health authorities about ensuring their complaint processes for HCC services align with the Patient Care Quality (PCQ) Program and, where appropriate, are coordinated with the assisted living registry and community care licensing program. Please visit: www.gov.bc.ca/hccpolicymanual to view the changes.

New: Assisted Living Registry Complaint Processes

Over the past year, there have been significant changes to clarify and improve the complaint processes and policies within the assisted living registry.

In 2011, the Ministry developed a Best Practices in Complaints Management document which outlines six principles to support comprehensive, sensitive and effective complaints investigations. Investigative considerations are provided for each guiding principle. The assisted living registry business processes have been revised to align with these considerations, and now require an investigator to respond to a complaint within one to two working days. In practice, most complaints are responded to within one day of being received.

The key element to a successful investigation is that it is appropriate to the complaint which prompts it. As such, not every consideration will apply to every investigation. Based upon this best practice, assisted living investigators develop a case specific investigative plan that will clearly and logically support the resolution of the complaint following approved standards of complaint investigation processes. Investigators have received training in these processes.

As per the Ministry's best practices guidelines on communicating with clients, assisted living registry investigators respond in-kind throughout and at the end of a complaint investigation. Responses are provided in the manner in which the complainant prefers to be contacted, or in the manner in which the complainant contacted the assisted living registry. This can take the form of a letter, email, or via telephone. Additionally, some complainants do not wish to be contacted at all after lodging a complaint.

The Ministry has developed a process for monitoring whether operators implement the recommended actions for complaint resolution. As described in our last update, of September 1, 2012, substantiated complaint information about complaints that have been investigated, and have been found to have valid health and safety concerns, is posted on the assisted living registry website for two years. Investigators are required to work with operators to ensure that they take appropriate actions to address the complaint. Investigators confirm that a recommended action has been implemented through various methods including site visits, written documentation or interviews with staff or residents. The complaint information on the assisted living registry website is then updated with this information.

New: Protecting those who Raise Concerns

In November 2012, the Ministry issued a Policy Communiqué establishing provincial minimum standards for health authority safe reporting/whistleblowing policies. By June 2013, all health authorities must ensure that their policies include a commitment to prevent reprisal against anyone who reports alleged wrongdoing or a care quality complaint through an established process such as a Patient Care Quality Office.

New: Streamlining Mechanisms for Care Quality Complaints

The Ministry completed a comprehensive evaluation of the PCQ Program (the Program) in December 2012, which found the Program is meeting its objectives to provide a clear, consistent, timely and transparent care quality complaints process for British Columbians and is replicating international best practices. The Ministry is currently working on implementing many of the recommendations included in the evaluation's final report. One of the recommendations the Ministry will be acting on includes working in collaboration with health authorities to raise the profile of the Program in the home and community care sector, including in the home support, assisted living and residential care sectors to advance quality of care. The Ministry will work with health authorities to ensure that the PCQ office is seen as the single point of entry for all client or patient complaints, and communicate this to all stakeholders.

The PCQ office will provide access to the same complaints process for all clients or patients, whose complaint is in scope of the *Patient Care Quality Review Board Act*, which includes complaints about care provided by health authority funded programs or agencies, and some complaints related to licensing. Where a complaint does not have a care quality component, the PCQ Office will provide the complainant with follow up and support throughout the complaint process. If there is a more appropriate body to handle the concerns than the PCQ office, it will help connect the complainant with the best resource to address their concerns. This includes a stronger coordination between the PCQ office and licensing officers for licensing complaints and investigations, and the assisted living registry for complaints and investigations in publicly subsidized assisted living residences.

It is anticipated that raising the profile of the Program will increase awareness amongst the public and health care workers regarding the Program and its role of providing a single point of entry into the complaints process.

Another related improvement that took place last year is that, as of May 2012, all health authorities submit PCQ data to the Patient Safety Learning System (PSLS). The data submitted encompass all complaints reported to PCQ offices as well as inquiries undertaken, including for home support, assisted living and residential care services. The PSLS allows for details to be logged about ongoing individual cases, including personal information, complaints metrics such as subject and sector, handler and details about the investigation. It is a web-based tool used by healthcare providers across BC to report and learn from patient safety concerns. The PSLS is intended to facilitate continuous system improvement by providing an accessible, provincially consistent means for recording, reporting and tracking corrective action. Information on the PSLS can be found at: www.bcpsls.ca/default.htm.

Information

A guiding principle of government, health authorities and service providers is to ensure people have easy access to the information needed to make informed decisions about important life transitions. Good information allows individuals to better assess their care options and understand what they can expect when they need a particular type of service. The Report identified several situations where seniors and their families would benefit from improvements to the scope and quality of and access to the information they need to understand services, and how to access them in a timely and informed way and this is also a major theme of the Seniors Action Plan.

Update: Advance Care Planning Toolkit Enhancements

As you know, the Ministry released *My Voice*, a comprehensive kit containing advance care planning information and tools to help people prepare for their future health care in April 2012. In August 2012 the Ministry posted its new advance care planning quick tips sheet online on the Seniors BC webpage at: www.seniorsbc.ca/legal/healthdecisions/. The direct link to the PDF is: www.seniorsbc.ca/documents/pdf/advance-care-planning-quick-tips.pdf/. In addition to having advance care planning information and tools available online, printed copies can now be ordered through Crown Publications.

Update: BC Seniors' Guide Translated

The 10th edition of the *BC Seniors' Guide* (English version) was released on October 1, 2012, and the French, Chinese and Punjabi versions of the guide were distributed in December 2012. More information is available at: www.gov.bc.ca/seniorsguide.

New: Fall Prevention Program Updated

The Strategies and Actions for Independent Living (SAIL) Fall Prevention Program for Community Health Workers and Home Health Professionals was updated in 2012 in collaboration with home care administrators, staff and clients, in partnership with fall prevention researchers, policy makers, and health care professionals across the province. It consists of five integrated components: training, surveillance, risk assessment, interventions and evaluation. The SAIL fall prevention program is evidence based training designed for community health workers and home health professionals who provide support to clients who receive publicly funded home support services. The goals of the SAIL program are to promote the independence and quality of life for home support service clients by reducing their risk of falling and sustaining an injury, and to integrate a comprehensive approach to fall prevention into regular practice.

New: Information on Living with Dementia

As of October 2012 new information has been added to the HealthLink BC website to help individuals with dementia and their families better understand and live with dementia, including information about the Alzheimer Society's First Link (First Link) program. By participating in First Link, those with dementia, their families and caregivers can receive customized information and access to helpful programs and services.

In addition, on March 25, 2013, government announced an additional \$2 million provided through Provincial Health Services Authority to continue to allow the Alzheimer Society of BC to expand the First Link program to reach more individuals and families throughout the province.

New: Updated Booklet on Selecting a Residential Care Facility

In February 2013 the Ministry released an updated *Planning for Your Care Needs: Help in Selecting a Residential Care Facility* which helps people to explore their care options and understand what they can expect when they need to move into a residential care facility. It can be found at: www.health.gov.bc.ca/ccf/publications/.

Standards and Quality Management

BC currently has a wide range of mechanisms in place to ensure the health, safety and quality of care for people receiving home and community care services such as: legislation, policy and standards, inspection and monitoring, and complaint resolution processes. Many of these apply to both publicly subsidized as well as private-pay services.

In addition to protections based in legislation, each health authority has service agreements with service providers of home and community care services. These service agreements identify performance standards for various areas of clinical care and other services which in many cases go beyond the minimum legislated requirements. The service agreements apply to all types of service settings, whether these are health authority owned and operated or contracted for-profit and not-for-profit.

Provincial standards must strike a fine balance between promoting consistency across service providers and care settings while at the same time allowing for flexibility to meet a wide range of client needs. Standards also need to be measurable and enforceable in a cost-effective manner to avoid unnecessary cost burden to taxpayers, service providers and individual clients.

Implementation of new standards requires thoughtfulness and time to ensure successful integration into an already complex health care system. Standards must be embraced by the entire organization from top to bottom. They must exist in an environment which supports quality and change through ongoing training and support of front-line staff, clinical leads, administrators and others to ensure full appreciation of the benefits of working within a standards framework to promote quality care.

While it is important that consistent standards are established for all seniors' care services, it is just as important that there is appropriate oversight to ensure compliance and a mechanism for making changes when necessary. Central to the Seniors Action Plan is a commitment to modernize home and community care. This includes providing clear policies and measurable standards for home support, home health, assisted living and residential care services.

The Ministry will examine how other jurisdictions achieve high standards and consistent quality across their systems, and explore a range of options that support flexibility in providing services while at the same time ensuring safe, quality care. Part of this review will involve examination of how other jurisdictions achieve high standards and consistent quality across their systems and an exploration of a range of options that support flexibility in providing services while at the same time ensuring safe, quality care.

The Report identified situations where seniors could benefit from greater consistency in standards across HCC programs and in the application and enforcement of these standards by the Ministry and health authorities. Recently completed actions are described in the section below.

New: Posting of Community Care Licensing Guide

In February 2012 the Ministry published *A Guide To Community Care Facility Licensing In British Columbia* (the Guide) that describes the system of legislation and policy that governs the provision of care and supervision in BC's licensed community care facilities. The Guide provides an overview of the community care facilities' licensing system and the activities that are part of the range of protections provided to vulnerable people who reside in community care facilities. The Guide has been posted to the community care facility website at: www.health.gov.bc.ca/ccf/publications/. The Ministry is working with licensing offices through training and education materials including a guide to Community Care Facility Licensing in BC.

New: Harmonizing Benefits and Protections for Residential Care Clients

Historically, facilities regulated under the *Hospital Act* have had different regulatory protections for residents than facilities regulated by the *Community Care and Assisted Living Act*. To address these differences, in February 2013, the Ministry developed a *Plan to Standardize Benefits and Protections for Residential Care Clients* (the Plan) with specific actions that demonstrate the Ministry's ongoing commitment to ensuring that residential care services are safe, transparent, responsive and accountable.

Many of the actions in the Plan take immediate steps to ensure the same standards, benefits, active oversight and inspection requirements, including public reporting of inspection reports, and complaints processes apply to all publicly subsidized residential care facilities. Many of the changes described in the Plan also apply to private-pay residential care facilities, as well as publicly subsidized home support and assisted living services, and private pay assisted living services. Key priorities to promote standardization are described in the Plan, which can be found at www.gov.bc.ca/seniorsactionplan under the theme of "Standards and Quality Management". The following highlight actions not previously reported to you:

Standardization of Process for Temporary Reductions in Client Rates: Following a review of the current Temporary Rate Reduction process for HCC clients experiencing serious financial hardship, a revised and updated Temporary Rate Reduction process has been implemented effective April 1, 2013. The revised process standardizes benefits for clients, ensures consistent practices are followed across health authorities, and simplifies the process for clients and case managers. To reflect the increase in the costs of living, items such as general living expenses, disposable income and allowable expenses have been examined as part of this review. This change will apply to all HCC, including those receiving home support, assisted living and residential care services.

The Ministry will be establishing a reporting and monitoring process with health authorities to track approvals and denials once this new process has been implemented (commencing April 1, 2013).

Standard Timeframe for Responding to Temporary Rate Reduction Applications: In October 2012 the Ministry revised Policy 7.D, Temporary Reduction of Client Rates, to require health authorities to process a client's application for a temporary rate reduction within 30 business days of the date the health authority receives complete documentation supporting the application for a temporary rate reduction from the client or the client's representative. This policy revision promotes transparency and accountability.

Improving Client Contracts: When clients move into a publicly subsidized residential care facility, Home and Community Care Policy 6.F, Benefits and Allowable Charges, sets out what benefits are provided as part of a client's monthly charge (based on their income), and what goods and services may be offered at a cost to the client over and above their client rate, such as cable television or telephone services. This information may be included in a service agreement, or contract, between the client and service provider. Individuals moving into private-pay residential care facilities also have a contract with the operator, setting out provisions such as the goods and services agreed to, the costs for those items, and conditions for payment.

Work is underway to provide a tool to establish best practice for contracts by October 2013, that will ensure transparency and fairness for consumers (clients) and assist operators in both publicly subsidized and private-pay assisted living residences and residential care facilities to meet the spirit and intent of the *Business Practices and Consumer Protection Act*. Such a tool would standardize some of the wording and inclusion of certain provisions so clients are able to make informed decisions about what to expect regarding the provision of services and their associated costs. Consultation on development and implementation of the tool is underway with key stakeholders such as the BC Care Providers Association and the Denominational Health Association.

Consent to Care and Use of Restraints: The Ministry will develop an implementation plan by February 2014 to improve processes for informed consent to care, including moving into a residential care facility, particularly for vulnerable adults who do not have the capacity to make this decision themselves.

This work 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-pay care facilities governed by either the *Community Care and Assisted Living Act* or the *Hospital Act*. It will also focus on establishing clear rules and consistent staff training and processes, which are important protections for people who do not have the ability to make their own decisions due to cognitive impairments, including dementia.

New: Improved Care for Residential Care Clients

In April 2013, the Ministry will release a report focussing on the changes to the quality of care received by seniors in the residential care system since the release of the Seniors Action Plan in February 2012, addressing those key actions that will make positive changes in services for seniors living in residential care facilities.

Three areas for improvement identified as key actions that would improve the quality of services for seniors within residential care facilities are regular medication reviews, enhanced training for care providers, and consistent medical oversight. In addition to the provincial perspective, an update about the improvements made in the last 12 months is provided in the report by the health authorities, the BC Care Providers Association and the Denominational Health Association, all of whom are key partners in promoting quality care in BC's residential care system.

Regular Medication Reviews: As part of good quality care, it is essential that all medicines be reviewed regularly, especially for those patients on multiple medications. A regular medication review process helps the practitioner prioritize the patient's health goals, eliminate unnecessary drugs, review monitoring requirements for existing or on-going therapies and reduce the risk of adverse reactions. Work is underway to improve coordination, standardize processes, and educate care providers with a special emphasis on polypharmacy and managing behavioural and psychological symptoms of dementia through use of the *Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care, A Person-Centered Interdisciplinary Approach*, which was introduced in November 2012, and is described in more detail under the theme of "Flexible Services".

Enhanced Training for Care Providers: BC's senior population currently makes up 15 percent of the total population and it is expected to double within the next 20 years. As the population ages, we will continue to see an increase in the prevalence of dementia, making dementia care a priority. As behavioural and psychological symptoms increase over the span of the disease, caregivers are often challenged and need support and guidance. To support the work already underway across the province, the Ministry provided \$25,000 to each regional health authority in 2012 for dementia education to provide a framework for understanding the behavioural components of dementia and what resources are available to build on. This training provides a systematic approach to the common issues, diagnosis, and challenges of older persons at risk including those with aggressive behavior.

In March 2013, the Ministry signed a three year license for the P.I.E.C.E.S.TM (Physical, Intellectual, Emotional Health; Capabilities, Environment, Social Self) program to be used by the province as part of the province's enhancement of its dementia care training to residential care providers within BC. This training provides a framework for assessment and supportive care strategies using a comprehensive interdisciplinary person-centered approach. The purpose is to understand and enhance care for persons with complex cognitive and mental health needs, older persons at risk including those with challenging responsive behaviours, such as behavioural and psychological symptoms of dementia.

Consistent Medical Oversight: To provide consistent medical oversight, the medical care of each resident living in a care facility is supervised by a physician while another physician is available to furnish necessary medical care in an emergency or when their attending physician is unavailable. In addition, the residential care facility must have a physician who serves as medical director and is responsible for implementation of resident care policies and the coordination of medical care in the facility. One of the facility's contracted physicians usually serves as the medical director. In the last year, health authorities have worked collaboratively with their various medical committees and Divisions of Family Practice to ensure consistent medical oversight, which includes hiring medical directors for residential care services.

Update: Risk Assessment Tool rolled out across the Province

In April 2012 the Ministry and health authorities began increasing the focus of residential facility inspectors on high risk areas and ensuring any necessary changes are made to maintain safety using a new Risk Assessment Tool (the Tool) developed by the Ministry together with health authorities. The Tool is now in use in all five regional health authorities.

New: Expanded Function of Assisted Living Registry

People residing in assisted living residences, including those that are not publicly subsidized, are protected by provisions under the *Community Care and Assisted Living Act*. The role of the Assisted Living Registrar, as set out under this Act, is to protect the health and safety of adults who can make decisions on their own behalf but require a supportive environment due to physical and functional health challenges.

As communicated to you previously, effective February 1, 2012, the assisted living registry is now part of government and located within the Home, Community and Integrated Care Branch of the Ministry of Health. The Assistant Deputy Minister of the Health Authorities Division was designated the Assisted Living Registrar function by a Minister's Order. The assisted living registry staff are BC government employees with appropriate delegations under the *Community Care and Assisted Living Act*.

Since moving into the Ministry, the Assisted Living Registry has increased the number of site inspections carried out before a site is registered, and also for sites where the Assisted Living Registry has received a significant complaint pertaining to the health and safety of residents in an assisted living site.

Based upon the experience gained through conducting over 15 site investigations over the last year, Assisted Living Registry staff confirmed they are able to conduct effective investigations under the current authority set out in the *Community Care and Assisted Living Act* and the provincial health and safety policies and standards. Staff have been able to obtain information from all relevant parties, including employees, operators, residents and others with information about incidents under investigation.

Protection

Every day in BC, thousands of older adults are subjected to some form of physical, emotional, financial or sexual abuse, and/or experience neglect. This is an unacceptable situation. Yet too often, elder abuse goes unrecognized. It is often hidden, and the abuser and the victim may not even recognize the actions as abuse or neglect. Even when elder abuse is recognized, many people are unsure where to turn or how to get assistance. The government is committed to changing this situation.

Recognizing elder abuse is critical, as is responding once it is recognized. Response mechanisms need to be coordinated and as varied as the forms of elder abuse itself. Above all, responses must respect the dignity and independence of older adults. In addition, and just as important, elder abuse must be prevented from occurring in the first place. This goal requires the participation of all British Columbians to ensure that elder abuse is prevented and, where it occurs, is addressed appropriately.

The Seniors Action Plan committed to strategies and measures to provide seniors with protections from abuse and neglect. The Report identified situations where seniors require greater protection from abuse and neglect. Recently completed actions, including a provincial elder abuse prevention strategy, are described below.

New: Policy on Visitors that Pose Risk to Health and Safety

In October 2012 the Ministry implemented a new provincial policy regarding visitors who pose a risk to health and safety. The policy requires all facilities that provide publicly funded health care services to have protocols in place that align with a clear set of mandated elements. One of the objectives of this policy is to ensure that persons in care are able to receive visitors of their choice to the greatest extent possible. The HCC Policy Manual was updated in January 2013, requiring health authorities to adhere to the Ministry policy regarding visitors who pose a risk (Chapter 1.A, Overview Home and Community Care Services).

New: Reporting of Abuse and Neglect

Also in October 2012 the Ministry updated its HCC Policy Manual to include a new requirement that staff report possible abuse and neglect (HCC Policy Manual, Chapter 1 Overview, Section A, Home and Community Care Services, pg 2 of 4).

New: Additions to the Assisted Living Serious Incident Reporting Form

Ministry of Health Policy 8.1, Serious Incident Reporting, in the Provincial Assisted Living Health and Safety Policies and Standards, requires that operators maintain a record of incidents that occur within the residence and report serious incidents to the Registrar. It also sets out a formal process that assisted living registry staff follow to monitor operators' compliance with serious incident reporting requirements. The policy includes required and possible follow-up actions that can be taken by staff to ensure an operator takes appropriate action.

The assisted living registry has reviewed the list of reportable serious incidents and has expanded it to include missing persons, a police call and flood causing personal injury or building damage. Further additions to the list are under consideration such as falls, disease outbreak or aggressive or unusual behaviour on the part of a resident towards staff or another resident. Further consultation will be held before these categories are added to the form.

New: Agreements for Community Response Networks

Last year, the province provided \$1.4 million to the BC Association of Community Response Networks (CRN) to expand activity in supporting prevention and education activities, in collaboration with local stakeholders, to reduce elder abuse and neglect in BC. As of February 2013 there are a total of 72 BC communities covered by 30 CRN agreements (several are regional agreements) with additional new communities expected to come on stream during 2013.

New: Criminal Records Review Act Updated to Include Volunteers

An amendment to the *Criminal Records Review Act* was passed on March 12, 2013, which will allow non-profit or public organizations to access the Criminal Records Review Program service for their volunteers at no cost. The main purpose of the amendment is to help protect vulnerable adults in BC from physical, sexual or financial abuse.

The amendments will also allow individuals, both volunteers and employees, to securely share their results with multiple organizations in order to reduce the amount of re-checks required of an individual. The volunteer service will be on an 'opt-in' basis so that organizations will have the choice to use their local police agencies or this new service. The amendments are expected to take force in November 2013.

In addition, the legislative amendments will update the *Health Professions Act* registration and investigation provisions to recognize the new portability of criminal record checks, as well to clarify that criminal record checks for regulated health professionals include a review of risk of physical, sexual or financial abuse to vulnerable adults.

New: Provincial Elder Abuse Prevention Strategy Released

The new provincial elder abuse prevention, identification and response strategy, called Together to Reduce Elder Abuse – BC's Strategy (TREA), was released March 6, 2013, and will help strengthen protections from abuse for all seniors, including those who report care concerns or complaints. The TREA strategy identifies key actions to reduce the prevalence of elder abuse, including:

- expanding the Seniors Abuse and Information Line. Longer hours will make it easier for people to get information, advice, emotional support and assistance with respect to elder abuse by calling: 604 437-1940 or toll free at: 1 866 437-1940;
- providing information kits to help community groups, front-line service providers and individuals recognize elder abuse and encourage individuals to have the confidence to speak out or to ask for assistance;
- establishing a multi-sector Council to Reduce Elder Abuse, responsible for galvanizing society to commit to taking action to prevent elder abuse;
- supporting the Council to Reduce Elder Abuse by an office, located within the Seniors' Directorate in the Ministry of Health that will also be responsible for coordinating implementation of the strategy across government;
- reviewing processes and staff training for informed consent to care, including moving into a residential care facility and use of restraints, to ensure that the rights of vulnerable adults are protected (mentioned above in the "Standards and Quality Management" theme section); and,
- supporting training and awareness-building initiatives for health professionals and others to improve their ability to recognize abuse and to take appropriate action.

The TREA Strategy sets out a framework to foster a cultural shift in society that will support innovative efforts to prevent the abuse of older British Columbians. It represents a significant step forward by providing a mechanism to build on the social movement that is already under way in the province, as exemplified by the depth and breadth of the work of the organizations that participated in the elder abuse prevention consultations, as well as many others. It is a conscious effort to facilitate opportunities for collaboration among sectors, stakeholders and individuals. The TREA Strategy provides the foundation for, and enhances the adoption of, collective efforts as all partners work to address the issues associated with elder abuse. For more information on the TREA Strategy, visit: www.gov.bc.ca/elderabuse/.

Update: Review of the BC Care Aide Registry

On March 19, 2013, the Ministry released its review of the BC Care Aide Registry, which examined the strengths and weaknesses of the current system. The Ministry agrees with the recommendations and has developed a plan with short, mid and long term strategies that will ensure that residents, patients, their families and the service providers themselves have the confidence to know the registry is operating as it was intended to. This will include extending the mandate of the registry to include private sector care service providers and employees, and reviewing the funding model to ensure it is fair to employees, employers and clients. The review and the Ministry's plan are available at: www.health.gov.bc.ca/library/publications.

Flexible Services

As explained in the introduction of this letter, one of government's four main goals is to ensure that British Columbians, including seniors, have access to the majority of their care needs and support within their own communities. This is an underlying principle of Integrated Primary and Community Care. As the numbers of seniors and their needs changes, the variety of housing options and community based services must also change and innovate to support the best possible quality of life. Preparing for an aging population is a shared responsibility, involving many government ministries and agencies, local and federal governments, the business sector, community organizations, families and friends. The Province is committed to working with patients and families as partners in building the best system of support in Canada for our older citizens.

The Report identified several opportunities to better meet the needs of seniors in their communities. As with other themes in the Seniors Action Plan, significant work has been completed across the system with a wide variety of partners to provide more choice and flexibility for clients and their caregivers and ensure appropriate supports and services are in place when needed. Actions completed since the last update are presented below.

New: Provincial Dementia Action Plan Released

In November 2012, the Ministry released *The Provincial Dementia Action Plan for British Columbia (April 2012)* (the Plan), which outlines collaborative actions that can be taken by individuals, health professionals, health authorities, and organizations to plan and provide person-centred care for those with dementia. Implementation of the Provincial Dementia Action Plan will take place over the next two years. The Plan can be found online at: www.health.gov.bc.ca/library/publications/year/2012/dementia-action-plan.pdf

New: Best Practices for Dementia Care

One component of the Plan includes improved quality of care for persons with dementia supported through the development of best practice, non-pharmacological approaches that can be applied in all of BC's health care settings. In October 2012 the *Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia* (the BPSD Guideline) was released.

Update: Implementation of Clinical Guidelines for Frail Seniors in Hospital Mandated

The Ministry, in collaboration with health authorities, developed new clinical guidelines for frail seniors in hospital last June, to make sure they receive the best care to support recovery and explain best practices for six areas of care. The Ministry has since instructed all health authorities to implement these guidelines across their hospital sites (both inpatient and emergency departments) by the end of March 2014, and implementation is now in progress.

New: Expanded Role for Nurse Practitioners

Nurse practitioners were introduced to BC in 2005 to assist in improving access to primary health-care services. Currently, 252 nurse practitioners are registered with the College of Registered Nurses of BC. BC has the ability to educate up to 45 nurse practitioners a year, 15 at each of the University of British Columbia, the University of Northern British Columbia and the University of Victoria. As mentioned in the introduction of this letter, as of May 2012, government has provided \$22.2 million funding over 3 years to add 190 nurse practitioner positions around the province.

In October 2012, the Ministry announced new regulations to allow nurse practitioners to admit and discharge patients from health-care facilities, working in collaboration with physicians and other health-care providers.

Update: Better at Home Communities Announced and Additional Funding

Last year the Ministry provided the United Way of the Lower Mainland with \$15 million to establish Better at Home, an initiative to provide seniors with support services that will allow them to remain in their own homes longer, such as housekeeping, grocery shopping, friendly visits, yard work, home repair, snow removal and transportation to appointments. In January 2013 the Minister of State for Seniors and the United Way of the Lower Mainland jointly announced the 56 communities where seniors will be able to access Better at Home services. For a full list of locations, visit: www.betterathome.ca.

On April 4, 2013, the Ministry announced an additional \$5 million to the United Way through Provincial Health Services Authority (PHSA) to expand the number of Better at Home sites funded from 60 to 68 sites, and extend the funding period for the program from March 2015 to December 2015.

New: Evaluation of Better at Home Program

In addition to the expansion of Better at Home, the Ministry is working with the Michael Smith Foundation for Health Research (MSFHR) to conduct a cost effectiveness study (including quality of life) of Better at Home. Request for Applications was posted to the MSFHR website on February 21, 2013. The project will fund a successful team for up to three years to carry out the proposed study.

New: Provincial End-of-Life Action Plan Released

On March 25, 2013, the Ministry released the Provincial End-of-Life Care Action Plan for BC (the End-of-Life Action Plan), to guide health authorities, physicians, health-care providers and community organizations in planning integrated primary and community care services to meet the needs of people coping with end-of-life, including their families and caregivers. The End-of-Life Action Plan supports quality hospice, palliative and end-of-life care services throughout BC – with a focus on supporting individuals with life-limiting illnesses to remain at home in their community, reducing the need for hospital or emergency department visits, and improving coordination of care across all settings. The End-of-Life Action Plan will help to improve access to quality end-of-life care for patients and families, while fostering the sustainability of BC's publicly funded health care system, through service re-design and enhanced planning of services, provision of information, tools and resources, and strengthened health system accountability and efficiency. The End-of-Life Action Plan can be found online at: www.health.gov.bc.ca/library/publications/year/2013/end-of-life-care-action-plan.pdf

As part of the End-of Life Action Plan, funding was provided to support a number of hospices as follows: \$950,000 to help compete and equip the Vancouver Hospice Society's hospice home; \$2 million for Marion Hospice in Vancouver; \$3 million for Peace Arch Hospice in White Rock; and, \$2 million for Canuck Place Children's Hospice. This investment will help those facing end-of-life issues to have access to palliative care in community care settings that includes medical, emotional and spiritual support for clients and their families during a challenging time in their life.

New: End-of-Life Care Centre of Excellence

In addition to the provincial End-of-Life Action Plan, government has committed \$2 million through Provincial Health Services Authority to establish a Provincial Centre for Excellence in End-of-Life Care. Once established, the centre for excellence will be expected to accelerate innovation and best practice in the field of quality care for people with life-limiting illnesses. Government's intent is for the centre to focus on research, education, information management, and policy and clinical care. It is expected that the knowledge and tools it creates will then be shared with healthcare professionals and anyone who is interested throughout BC, Canada and worldwide.

New: Home is Best Supported with New Funding

Under Integrated Primary and Community Care (IPCC), health authorities are implementing enhanced home-based support programs to support seniors to remain in their own homes. One example is the Home is Best program, which will help seniors who are eligible for residential care services but prefer to remain at home. These approaches, which will vary in each health authority, will assist seniors to live safely at home and avoid future hospital emergency admissions. Under this program, which works with physicians/nurse practitioners and specifically targets seniors waiting for a residential care bed, or residential care eligibility assessment, provides additional in-home care supports that are tailored to an individual's needs.

Home is Best is being implemented in all five regional health authorities, working together with physicians and community services to ensure that all available supports are integrated into a care plan that meets the needs of seniors and their families and caregivers. Regional health authorities will receive up to \$50 million annually over the next 3 years for targeted primary and community care programs to better support patients and their families. The community based programs will be tailored to local needs, with a focus on enhancing supports available for patients with complex chronic conditions, those with mental-health and substance-use challenges, and seniors with complex care needs.

New: Local Governments Receive Age Friendly Grants

In 2013 27 local governments received Age friendly planning and project grants of up to \$20,000, administered through Union of BC Municipalities with funding from the province. To date, 117 communities have been offered grants to complete community planning initiatives and/or projects focused on the ability of seniors to age in place.

Modernization

The province is working to ensure that our HCC system is sustainable and continues to meet the needs of BC seniors. Two actions recently initiated that will support service redesign and lay the foundation for future work on modernization are summarized below.

Review of Best Practices of Seniors' Care

The Ministry is currently working with the MSFHR to review and develop an inventory of promising approaches across other jurisdictions, including, Australia, New Zealand, Japan, the United Kingdom and Ireland, in order to identify opportunities to improve the system of seniors' care in BC. The Request for Applications was posted on the MSFHR on February 21, 2013.

Community Care Facility Licensing Review

An independent operational review of the Community Care Facility Licensing and enforcement system for residential care will be undertaken to identify what changes are needed to ensure consistent standards of care are met across the province. As phase one of the project, the Ministry has engaged the services of contractors to:

- provide a review of current literature, an environmental scan, and a synthesis of best practices and promising future practices in regulatory work for residential care, with a description of approach and team work and/or multi-disciplinary models; and,
- examine governance and structural models for the regulation of residential care facilities in BC, such as a being part of a government ministry or as a separate independent body, and provide a comparative analysis, with a literature review and research from government and private sector models (health care and non-health care related), including from other jurisdictions.

Concluding Comments

At the one-year mark, the Ministry has completed the majority of short-term commitments in the Seniors Action Plan, as well as many additional concrete actions, in partnership with the regional health authorities, a range of service providers including physicians, and other community partners to build a more integrated system of quality care for BC seniors.

These actions demonstrate the Ministry's ongoing commitment to ensuring that home and community care services are safe, transparent, responsive and accountable. The Ministry remains firmly committed to promoting and protecting the health, safety and well-being of individuals receiving care across the province, ensuring concerns and complaints are heard and responded to in a timely, respectful and coordinated manner, improving administrative fairness and access to information within the context of the current legislative and regulatory framework, ensuring consistent and fair delivery of care, and protecting vulnerable seniors from abuse and neglect.

Input from clients, families and caregivers have shaped many of the changes described above, and the Ministry looks forward to further engagement as the province continues to work through the remaining commitments in the Seniors Action Plan over the next year, and in particular on the sixth theme of the Seniors Action Plan, modernization, which is aimed at ensuring that BC's home and community care system is sustainable and continues to meet the needs of BC's seniors.

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Whitmarsh', with a long horizontal line extending to the right.

Graham Whitmarsh
Deputy Minister