

Plan to Standardize Benefits and Protections for Residential Care Clients

Action Plan Theme 2: Standards and Quality

Ministry of Health
February 2013



TABLE OF CONTENTS

INTRODUCTION.....	3
KEY PRIORITIES TO STANDARDIZE BENEFITS AND PROTECTIONS	3
OVERVIEW OF RESIDENTIAL CARE SERVICES.....	5
HARMONIZING BENEFITS AND PROTECTIONS.....	6
GOVERNMENT’S COMMITMENT	7
Roadmap to the Plan:	9
STANDARDIZING BENEFITS	9
Key priorities to standardize benefits:.....	10
STANDARDIZING PROTECTIONS.....	10
Key priorities to improve protections:.....	11
SUMMARY.....	14

INTRODUCTION

In B.C., care and support are available from both publicly subsidized and private-pay providers for people having difficulty coping with activities of daily living because of health-related problems or a life-threatening illness. Publicly subsidized home and community care services in B.C. provide a range of health care and support services for people who have acute, chronic, palliative or rehabilitative health care needs. People receiving home and community care services may have a short term need, due to an episode of illness, surgery or specialized treatment, or a long term need as a result of a chronic condition or life limiting illness.

Although home and community care services are provided to adults of all ages, the majority of clients are seniors. More information about BC's publicly subsidized home and community care services is available at www.gov.bc.ca/hcc.

Residential care services are part of the continuum of care in B.C. and include both long-term and short-term services. Long-term residential care services provide 24-hour professional supervision and care in a protective, supportive environment for people who have complex care needs and can no longer be cared for in their own homes or in an assisted living residence. Short-term residential care services include respite care, convalescent care and residential hospice care.

Similar services can also be purchased by individuals privately from a service provider, where aspects of service provision are agreed to by both parties. In these cases, government does not provide any financial assistance to individuals or service providers for the service.

B.C. currently has a wide range of mechanisms in place to ensure the health, safety, and quality of care for people receiving residential care services, such as legislation, policy and standards, inspection and monitoring, health authority service contracts and complaint resolution processes.

Many of these mechanisms apply to both publicly subsidized and private-pay service providers. The actions outlined in this *Plan to Standardize Benefits and Protections for Residential Care Clients* (the Plan) demonstrate the Ministry's ongoing commitment to ensuring that residential care services are safe, transparent, responsive and accountable. Input from clients, families and caregivers have shaped many of the changes described below, and the Ministry looks forward to further engagement as the province continues its work on development of care standards.

KEY PRIORITIES TO STANDARDIZE BENEFITS AND PROTECTIONS

Through the priorities in this Plan, the Ministry has addressed a wide range of areas that ensure benefits and protections apply to all clients receiving publicly subsidized residential care services. Further detail on each of the actions is presented in later sections of the Plan.

Patients' Bill of Rights and Improved Monitoring

In July 2012, an amendment to the Patients' Bill of Rights Regulation made protections and benefits for clients receiving residential care services in private hospitals and extended care facilities governed by the *Hospital Act* consistent with those provided in residential care facilities regulated under the *Community Care and Assisted Living Act*.

Accommodating Spouses

A new provincial policy, introduced in September 2012, has increased flexibility for health authorities to offer the option of spouses residing together in publicly subsidized residential care facilities as recognition of the importance of the spousal relationship on their health and well-being during a time of significant change.

Posting Inspection Reports

As of September 2012, inspection reports for publicly subsidized and private-pay residential care facilities are available on health authorities' websites. The reports can be accessed via the Home and Community Care website (www.gov.bc.ca/hcc) under the Accountability section.

Standardization of Process for Temporary Reductions in Client Rates

A new Temporary Rate Reduction process for clients of publicly subsidized home and community care services will be in effect as of April 1, 2013, ensuring consistent practices across health authorities.

Protecting those who Raise Concerns

A new Provincial Safe Reporting/Whistleblowing policy requiring health authorities to establish a structured process for individuals to raise concerns about the delivery of health care services with assurances of confidentiality and protection from reprisal was introduced in November 2012, with full compliance expected by June 1, 2013.

Streamlining Mechanisms for Care Quality Complaints

A recent evaluation of the Patient Care Quality (PCQ) program, completed in December 2012, highlighted areas for improvement in resolving care quality complaints, including the need to raise the profile of the PCQ program in the home and community care sector, and in particular in the residential care sector. PCQ Offices can assist patients by being a single point of entry for all client and patient care quality complaints.

Improving Client Contracts

By October 2013, a new tool will be provided for operators of both publicly subsidized and private-pay facilities that will establish best practices for client contracts in order to meet the spirit and intent of the *Business Practices and Consumer Protection Act*.

Consent to Care and Use of Restraints

By February 2014, the Ministry will develop an implementation plan, in collaboration with stakeholders, to review processes for informed consent to care, including moving into a residential care facility, as an important protection 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 care facilities.

Development of Care Standards

A framework outlining clear, measurable care standards that establish a common set of requirements and set acceptable levels of quality and safety for home and community care services will be developed by February 2014.

OVERVIEW OF RESIDENTIAL CARE SERVICES

In B.C., there are currently over 26,000 publicly subsidized residential care beds in about 310 facilities providing care to individuals with complex care needs. These care facilities are regulated under two different statutes – the *Hospital Act* (112 facilities or 39 percent of all publicly subsidized facilities) and the *Community Care and Assisted Living Act* (201 facilities or 61 percent). The table below portrays the distribution between the two Acts and across health authorities. In addition, these Acts also govern over 3,000 non-publicly subsidized (private-pay) beds, some of which are located in the same facilities as publicly subsidized beds.

Distribution of Residential Care Beds & Facilities by Legislation and Health Authority*							
Legislation	Percentage of Beds & Number of Facilities	FHA	IHA	VCHA	VIHA	NHA	BC
Community Care and Assisted Living Act	Beds (% of total beds)	74%	61%	50%	62%	72%	61%
	Facilities (n)	60	48	42	36	15	201
Hospital Act	Beds (% of total beds)	26%	39%	50%	38%	28%	39%
	Facilities (n)	30	21	27	22	12	112
Total Number of Facilities		90	69	69	58	27	313
*numbers based on September 2012 Bed Inventory; data reported by health authorities to Ministry and includes publicly subsidized permanent and short-term beds. According to reports from health authority licensing officers, there are over 3,000 non-publicly subsidized (private pay) beds as well in the province, most of which fall under the CCALA. These are not included in the table figures.							

The *Hospital Act* governs residential care services provided in what were formerly known as extended care hospitals and private hospitals. It is an older statute than the *Community Care and Assisted Living Act* (CCALA) and includes provisions relating to residential care services that were introduced in the 1950s with a few recent changes to update it to reflect current standards and practice¹. The CCALA was assented to in 2002 and brought into force in 2004 to replace the former *Community Care Facility Act*, and protects the health, safety and dignity of residents living in a broad range of care facilities in B.C.².

Historically, clients living in extended care hospitals and private hospitals had higher care needs than those living in facilities licensed under the CCALA. However, since 2002, all publicly subsidized residential care services are now targeted to those clients with the highest urgency and need with the result that both *Hospital Act* and CCALA facilities now provide care to clients with complex care needs.

HARMONIZING BENEFITS AND PROTECTIONS

In the past, facilities regulated under the *Hospital Act* have had different regulatory protections for residents than facilities regulated by the CCALA. When the CCALA was introduced in 2002, government included provisions, known as section 12, with the intent to shift the regulatory oversight for extended care hospitals and private hospitals from the *Hospital Act* to the CCALA.

The public policy objective of section 12 was to harmonize the regulation of residential care facilities under one piece of legislation and to ensure the health and safety of vulnerable and dependent persons in all residential care settings is promoted and protected. Section 12 would achieve this by converting extended care facilities and private hospitals to licensed community care facilities. These facilities, both publicly subsidized and private-pay, would then be subject to regular monitoring and inspection and the health and safety regulations of CCALA.

There were a number of issues that required resolution before the section could be brought into force, which were found to be complex and costly. While progress has been made on many of these issues over the intervening years, there still remain a few outstanding issues. After an analysis of risk, timeframe for resolution, cost and benefit, the Ministry of Health (the Ministry) has elected to take an alternative approach to standardizing benefits and protections for residential care clients. The intended policy outcome of the Ministry's approach remains the same as what guided section 12: to provide persons who receive residential care services in both publicly subsidized and private-pay facilities with essential protections for their health, safety and well-being.

¹ The *Hospital Act* also governs acute care hospitals providing medical, surgical, maternity and rehabilitative care.

² The CCALA covers both child care and residential care licensed care facilities, as well as provides for registration of assisted living residences.

The Ombudsperson highlighted some of these issues in her report on seniors' care, *The Best of Care: Getting it Right for Seniors in British Columbia* (Part 2). The Ombudsperson found that the "The Ministry of Health's decision to maintain two separate legislative frameworks for residential care has resulted in unfair differences in the care and services that seniors receive and fees they pay". As a result, the Ombudsperson recommended that the Ministry of Health harmonize the residential care regulatory framework by January 1, 2013.

GOVERNMENT'S COMMITMENT

As a response to concerns raised by the Ombudsperson and others about the home and community care system, including residential care services, government released the Seniors Action Plan, *"Improving the Care of BC Seniors: An Action Plan"*, in February 2012. The Seniors Action Plan outlines numerous actions focused on addressing many of the Ombudsperson's findings and recommendations, and covers several themes. The actions identify changes that can be made across the system, resulting in sustainable and lasting improvements that will better serve seniors across the province.

The objective of "Action Theme 3: Standards and Quality Management" in the Seniors Action Plan is to establish consistent province-wide standards for all residential care services, protected by inspection and enforcement. Under that commitment, the Ministry is to develop a *"plan to standardize benefits and protections to all residential care clients, regardless of where care is received by January 2013"* (the Plan).

Through this commitment, the Ministry recognizes that there continues to be a need for standardized benefits and protections across various residential care facilities and regions, based on a range of individual health care needs. The Ministry's approach to standardization is two-fold:

In the short-term, 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 without bringing section 12 into force. Many of the changes described in this Plan also apply to private-pay residential care facilities.

In the longer term, the Ministry's commitment in the Seniors Action Plan is to modernize and renew B.C.'s home and community care system. Part of this work includes putting in place measurable standards for home support, home health, assisted living and residential care services.

CURRENT BENEFITS AND PROTECTIONS

The benefits and protections currently provided under CCALA are described in several sets of regulations. The most relevant regulation is the Residential Care Regulation, which includes licensing of care facility operators, care facility requirements (for spaces such as bedrooms, bathrooms, common areas and work areas), staffing requirements, operations (including admission, general care requirements, nutrition, medication, use of restraints and matters that must be reported) and records management.

Another significant protection offered under the CCALA is the Residents' Bill of Rights, which was added to the Act with an amendment in 2009 as government's commitment to promote the rights of adults living in residential care facilities. The Bill of Rights was created in response to concerns raised by the Ombudsperson and later documented in the Part One Report on seniors' care. In early 2010, government introduced the Patients' Bill of Rights to offer the same protections to individuals receiving care in facilities governed under the *Hospital Act*, including extended care hospitals and private hospitals. The Bill of Rights is a comprehensive set of rights that is grouped into four main themes: commitment to care; rights to health, safety and dignity; rights to participation and freedom of expression; and rights to transparency and accountability. In July 2012, the Patient's Bill of Rights was amended to further extend protections offered through the Residential Care Regulation to clients living in *Hospital Act* facilities.

While government has extended similar protections to clients living in *Hospital Act* facilities as those living in CCALA facilities receive, as described above, this Plan summarizes further efforts to harmonize protections and benefits across all publicly subsidized residential care facilities. It is important to note that while there have been discrepancies created due to the two legislative frameworks, clients living in *Hospital Act* facilities have received, and will continue to receive, quality care and supervision from their care providers. It is also important to recognize, and celebrate, that no two care facilities are the same – each has its unique features and culture.

In addition to benefits and protections based in legislation, each health authority has service agreements with providers of residential 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 publicly subsidized beds, whether these are located in health authority owned and operated facilities or contracted for-profit and not-for-profit facilities.

A guiding principle of government, health authorities and service providers is to ensure people have access to the information needed to make informed decisions about important life transitions. Good information allows individuals to better assess residential care facilities based on features such as activities, extra amenities, costs for optional goods and services and type of food provided.

There are currently several resources available to help people to explore their care options and understand what they can expect when they need to move into a residential care facility, such as the recently updated “Planning for Your Care Needs: Help in Selecting a Residential Care Facility”, or the Home and Community Care website at www.gov.bc.ca/hcc. The Ministry and health authorities will continue to work collaboratively to provide more information to clients and families to inform decision-making and support transitions.

Roadmap to the Plan:

The actions included in the Plan are presented in two categories, Benefits and Protections. The implementation status of the various actions included in the Plan vary - some have just been completed in 2012 as part of the Seniors Action Plan, others are underway and will be in place within the next 12 months, while a few are longer-term and may take 2 to 3 years complete due to the scope and complexity of the initiatives. While each action included in the Plan is marked as either “*Completed*” or “*Underway*” to describe its implementation status, it is important to note that even those marked as “*Completed*” will be monitored on an ongoing basis for their impact and adjusted as required, as part of a quality improvement cycle. All of the actions apply to publicly subsidized residential care facilities governed under both statutes. The Plan notes where actions apply to private-pay residential care facilities as well.

STANDARDIZING BENEFITS

Benefits are defined as the services, programs and supplies provided to clients at no additional cost over and above the client rate in publicly subsidized residential care facilities. Benefits are based on applicable regulations, the provincial Home and Community Care Policy Manual and/or the contract between the service provider and health authority or client. Home and Community Care Policy 6.F sets out the benefits and allowable charges, and can be found on the Home and Community Care website at www.gov.bc.ca/hcc.

This policy requires health authorities to ensure residential care service providers:

- provide residential care benefits to clients at no additional charge over and above the client rate;
- do not charge administrative fees for services or supplies required by the client’s care plan;
- that offer chargeable items, do so at a reasonable cost at or below market rates and on an optional basis (purchase of chargeable items is at the discretion of the client);
- explain fees for chargeable items to the client, and ensure the client has agreed in advance of any billing for chargeable items; and
- provide a written statement of the refund policy when an individual pays in advance for services.

In its stewardship role, the Ministry monitors application of provincial policy and works closely with health authorities and service providers to promote consistency across all residential care facilities.

Key priorities to standardize benefits:

Accommodating Spouses

Completed September 2012

In September 2012, the Ministry developed a new policy for publicly subsidized residential care facilities that provides health authorities with increased flexibility to offer spouses the option of residing together in residential care when it is in both their best interests and after exploring all other options to maintain the spousal relationship. The new policy recognizes the importance of the spousal relationship on their health and well-being during a time of significant change and the need to be sensitive and responsive to the needs of both spouses. The policy will ensure greater consistency across all facilities by providing clear direction to health authorities and contracted service providers about how to manage these challenging situations.

Standardization of Process for Temporary Reductions in Client Rates

Underway: To be completed by April 1, 2013

Following a review of the current Temporary Rate Reduction process for home and community care clients experiencing serious financial hardship, a revised and updated Temporary Rate Reduction process will be 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 clients living in publicly subsidized residential care facilities that are governed under both statutes.

STANDARDIZING PROTECTIONS

A protection is a requirement through legislation, regulation or policy that safeguards the health and safety of individuals living in residential care facilities. These requirements are monitored and enforced through inspections, the role of the medical health officers and director of licensing in CCALA facilities, and by the Ministry through direction provided to the health authorities for *Hospital Act* facilities. They also include complaints processes that provide clients and their families an opportunity to voice their concerns about the services they are receiving and have those concerns responded to in a transparent, consistent and timely manner. The Patient Care Quality Offices in the health authorities are also available to assist in coordinating care quality complaints.

The actions that are identified below further protect and support clients and their families in making informed decisions related to their residential care services, and ensure responsiveness to their individual needs and concerns.

Key priorities to improve protections:

Patients' Bill of Rights and Improved Monitoring

Completed July 2012

Adults living in publicly subsidized and private-pay residential care facilities in B.C. have access to certain benefits and rights set out in the Residents' Bill of Rights, which was passed by government in 2009. As there are many types of residential care, the Bill of Rights applies broadly to all facilities that provide residential care to adults. These facilities include those licensed under the CCALA as well as private hospital and extended care facilities licensed under the *Hospital Act*.

In July 2012 the Ministry amended the Patients' Bill of Rights Regulation to extend more protections and benefits for persons receiving residential care services in private hospitals and extended care facilities regulated under the *Hospital Act*. Additional protections make regulatory requirements more consistent with the Residential Care Regulation (CCALA) in the following areas:

- Advice on admission: an operator must advise persons who are being admitted of all fees, charges, and policies, and provide an avenue to file concerns or complaints.
- Harmful actions not permitted: persons in care must not be subject to any abuse or neglect, including deprivation of nourishment.
- Privacy: an operator must respect personal privacy and belongings.
- Access to persons in care: persons in care have the right to receive visitors and to communicate with them privately.
- Dispute resolution: persons in care must be provided with a fair and effective process to express concerns or complaints and to ensure a prompt response.
- Care Plans: an individualized plan of care must be developed and monitored on a regular basis.

Health authorities were advised by the Ministry in August 2012 that they needed to ensure compliance with the amendment described above is promoted, monitored and documented during inspections of residential care facilities affected by the newly amended regulation.

Posting Inspection Reports

Completed September 2012

All health authorities now provide online access to summary inspection reports for routine and follow-up inspections of both publicly subsidized and private-pay residential care facilities licensed under the CCALA or licensed or designated under the *Hospital Act* that include information relating to substantiated complaints, as well as inspections. These facility and residence reports will assist seniors and their families as they explore their care options and also ensure that areas of concern are addressed, advancing transparency and accountability. Access to these reports is through the new Home and Community Care website under the Accountability section (www.gov.bc.ca/hcc).

Protecting those who Raise Concerns

Completed November 2012

In November 2012, the Ministry issued a provincial policy to health authorities on Provincial Safe Reporting/Whistleblowing, which establishes minimum standards for health authority safe reporting policies. While open dialogue at the point of service is the preferred way to resolve concerns, the new policy ensures that a structured process aligned with best practices is available for individuals to raise concerns with the assurance of confidentiality and protection from reprisal.

The health authorities must be fully compliant with the policy by June 1, 2013. This policy is significant in that it applies to all publicly subsidized residential care facilities, regardless of which legislation they fall under, further promoting standardization and responsiveness.

Streamlining Mechanisms for Care Quality Complaints

Completed December 2012

If individuals have a concern about their care, they are encouraged to address their concerns at the time and place they occur with the person or unit that provided the service. If the individual remains dissatisfied or wants to make a formal care quality complaint, they can contact the Patient Care Quality (PCQ) Office within their respective health authority.

The Ministry has recently completed an independent evaluation of the PCQ program which provides clarity around existing provisions and includes a number of recommendations, the majority of which will be implemented by the Ministry. These changes will help to standardize protections for clients and their families and caregivers across all publicly subsidized residential care facilities and lead to improved processes for resolution of complaints.

One of the recommendations the Ministry will be acting on includes working in collaboration with health authorities to raise the profile of the PCQ program in the home and community care sector, and in particular in the residential care sector 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.

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 PCQ program in this manner will increase awareness amongst the public and health care workers regarding the PCQ program and its role of providing a single point of entry into the complaints process.

Another recommendation of the PCQ program evaluation that the Ministry is planning on implementing, and that will benefit residential care clients, involves developing a comprehensive communication plan to better inform the public and health care professionals about the role of the program and the types of complaints that will be considered by PCQ Offices and the Review Boards. This should help to ensure that all clients, families and caregivers are receiving clear and consistent information about how to complain about all types of care provided by health authorities, including residential care services.

Improving Client Contracts

Underway: To be completed by October 2013

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 that will ensure transparency and fairness for consumers (clients) and assist operators in both publicly subsidized and private-pay 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 B.C. Care Providers Association and the Denominational Health Association.

Consent to Care and Use of Restraints

Underway: Implementation plan by February 2014

The Ministry of Health will review 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 CCALA 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.

Development of Care Standards

Underway: Framework by February 2014

Government has committed to providing clear policies and measurable standards for home support, home health, assisted living and residential care services. Once established, these care standards will provide a common set of requirements, setting acceptable levels of safety and quality for home and community care services. The standards will contribute to continuous quality improvement across the residential care sector.

SUMMARY

The Ministry remains firmly committed to promoting and protecting the health, safety and well-being of individuals receiving care across the province, including those living in residential care facilities, as demonstrated by the actions outlined in this Plan, many of which apply not only to publicly subsidized facilities but also to private-pay facilities. Transparency, accountability and responsiveness will continue to be the key principles that guide the ongoing work on standards and quality management for residential care and other home and community care services. Clients, families, caregivers and other stakeholders are valued partners whose unique insight related to their care experience can inform this work and contribute significantly to the cycle of continuous improvement.