

The Best of Care: Getting it Right for Seniors in British Columbia (Part 2)

Issues Investigated

- Obtaining Information
- Assessment
- Fees
- Complaints
- Regulation of Care Aides
- Reporting Abuse and Neglect

Key Recommendations

- Ministry of Health include key home and community care data in an annual report that it makes publicly available (R3)
- Health authorities ensure that seniors are assessed for home and community care services within 2 weeks (R7)
- Ministry of Health ensure that all seniors and their families are informed of the availability of home and community care services and that they can meet with health authority staff to determine what support is available (R9)
- Ministry of Health and health authorities include information about how to apply for a fee reductions and waivers when they mail fee notices to seniors (R11)
- Ministry of Health establish a process that permits sponsored immigrants charged home and community care fees between March 31, 1997 and April 1, 2011 to apply for a review of the fees paid and a reimbursement (R14)
- Ministry of Health provide specific direction to the patient care quality offices on the steps they should follow in processing care quality complaints (R16)
- After the patient care quality offices and review boards have been operational for five years, the Ministry of Health review their complaint handling processes and implement improvements (R17)
- Health authorities ensure that the patient care quality offices inform all complainants in writing about the outcome of their complaints (R21)
- Ministry of Health, by January 2013, 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 (R22)
- Ministry of Health, by January 2013, require care aides and community health workers at all home support, assisted living and residential care facilities to register with the BC Care Aide & Community Health Worker Registry (R24)
- Ministry of Health require staff providing care to seniors to report information indicating that a senior is being abused or neglected (R27)
- Ministry of Health require service providers to immediately notify the police of all incidents of abuse and neglect that may constitute a criminal offence (R30)
- Ministry of Health ensure that seniors who receive home support or live in assisted living have same protection from financial abuse as seniors who live in residential care (R32)
- Ministry of Health provide protection from adverse consequences for anyone, including staff, who complain about home and community care services (R33)

Home and Community Care Services

- Home and community care services provide a range of health care and support services for seniors with acute, chronic, palliative or rehabilitative health care needs.
- Services include home support and choice in supports for independent living, assisted living, residential care, hospice, palliative, end-of-life care, home care nursing and community rehabilitation, adult day services and case management.

Number of People Served

- In 2009/10, the health authorities provided home support to more than 24,500 people.
- In 2010/11, there were more than 4,300 subsidized assisted living units.
- On March 31, 2011, there were more than 24,000 subsidized residential care beds.

Cost of Providing Services

- In 2009/10, the health authorities spent approximately \$339 million on subsidized home support.
- In 2010/11, the health authorities spent approximately \$74 million on subsidized assisted living.
- In 2010/11, the health authorities spent approximately \$1.6 billion on subsidized residential care.

Cost of Receiving Services

- In many cases the person receiving home and community care must pay something towards the cost.
- Payments can range from \$10 a day for home support to over \$2,900 a month for residential care.

Service Delivery

- Delivering home and community care services is the responsibility of the regional health authorities.
- The services themselves may be provided by employees of a health authority, or by staff working for a not-for-profit or for profit organization that has a contract with a health authority.
- Services may be provided in a seniors home, community center or supportive residence including assisted living or residential care facility.

Legislation

- There are several pieces of legislation that regulate the provision of these services including the *Continuing Care Act*, the *Community Care and Assisted Living Act* and the *Hospital Act*.
- Much of the operation of home and community care is guided by Ministry of Health policy.