

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

### Issues Investigated

- Regulation of Residential Care Facilities
- Funding
- Waiting Times for Placement
- Seniors in Hospital Waiting for Transfer
- Consenting to Admission
- Moving in
- Costs of Receiving Services
- Use of the *Mental Health Act* for involuntary admissions
- Quality of Care
- Restraints
- Administering Medication
- Staffing
- Services for Residents with Dementia
- End-of-life Care
- Complaints
- Monitoring
- Enforcement
- Facility Closures

### Key Recommendations

- Ministry of Health harmonize the residential care regulatory framework by either bringing s.12 of the *Community Care and Assisted Living Act* into force or taking other steps to ensure the same standards, services, fees, monitoring, enforcement and complaints process apply to all residential care facilities (R94)
- Ministry of Health working with the health authorities conduct an evaluation to determine whether the residential care budget in each health authority is sufficient to meet the current needs of its population (R97)
- Ministry of Health establish a consistent method to determine the funding requirements of residential care facilities (R98)
- Ministry of Health require health authorities to ask seniors to identify their three preferred facilities and accommodate those preferences whenever possible (R103)
- Ministry of Health establish a timeframe within which eligible seniors are to receive subsidized residential care after assessment (R108)
- Health authorities track the extra costs that result from keeping seniors in a hospital bed when they require residential care (R112)
- Ministry of Health ensure that health authorities stop charging fees to seniors in hospital who are waiting for a residential care placement (R114)
- Ministry of Health bring Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* into force (R115)
- Ministry of Health develop a standard consent to admission form for residential care facilities (R116)
- Ministry of Health develop a policy that allows more flexibility on the length of time to move into a facility (R117)
- Ministry of Health provide detailed public information on how the additional revenue from the rate increase is being spent and what improvements have resulted in each facility (R123)
- Ministry of Health immediately require compliance with its policy on benefits and allowable charges immediately (R126)
- Ministry of Health develop a clear policy on when to use the *Mental Health Act* to involuntarily admit seniors to mental health facilities and then transfer them to residential care (R130)

- Health authorities stop charging fees to seniors that they have involuntarily detained in mental health facilities and transferred to residential care (R131)
- Ministry of Health develop a process for seniors who have paid fees for residential care while being involuntarily detained under the *Mental Health Act* to apply for reimbursement (R132)
- Ministry of Health establish specific and objectively measurable regulatory standards for key aspects of residential care, such as meal preparation and nutrition, and bathing frequency (R133)
- Ministry of Health develop a province-wide policy on the appropriate use of chemical restraints (R138)
- Ministry of Health create enforceable standards for use of medications administered on an as-needed basis (R141)
- Ministry of Health establish appropriate staffing mixes, a minimum number of direct care hours, and a minimum number of staff required at different times in residential care facilities (R142)
- Ministry of Health develop a policy to guide the delivery of dementia care in residential care and ensure that all residential care staff receive ongoing training on caring for people with dementia (R145)
- Ministry of Health develop standards for end of life care in residential care facilities (R146)
- Ministry of Health establish the community care licensing offices as the single process for responding to complaints about residential care, require them to inform people in writing of the outcome complaints and establish a right of review or appeal (R149)
- Director of licensing issue a public annual report on the community care licensing program (R152)
- Ministry of Health require all health authorities to conduct a set number or percentage of unscheduled facility inspections and inspections outside of regular business hours (R157)
- Fraser, Interior, Northern and Vancouver Island health authorities immediately begin inspecting all residential care facilities under the *Hospital Act* in the same manner and with the same frequency as those under the *Community Care and Assisted Living Act* (R160)
- Ministry of Health require operators under the *Hospital Act* to report reportable incidents (R162)
- Ministry of Health expand the enforcement options under the *Community Care and Assisted Living Act* (R166)
- Ministry of Health require operators to notify residents, families and staff promptly of a decision to close, reduce, expand, substantially change operations or transfer residents because of funding decisions (R171)
- Health authorities ensure that seniors and their families impacted by a pending facility closure decision, are informed when an operator requests an exemption, informed of how to provide input before a decision is made, notified of the decision, and informed about how to appeal the decision (R172)

## Description of Services

- Residential care facilities provide 24-hour professional nursing care and supervision in a protected, supportive environment to seniors with complex care needs. This type of care is meant for people who have the highest level of care needs and can no longer safely live on their own.
- Seniors reside in private or shared rooms. They are provided with meal service, medication administration, and personal assistance with daily activities including bathing and dressing, laundry, housekeeping and social and recreational services.

## Number of People Served

- As of September 2011, there were 26,491 publicly subsidized residential care beds.

## Cost of Providing Services

- In 2010/11, the regional health authorities spent approximately \$1.6 billion providing subsidized residential care
- The Ministry of Health estimates the average monthly cost of operating a residential care bed at approximately \$6,000.

## Cost of Receiving Services

- People in subsidized residential care pay up to 80 per cent of their after-tax income, provided that they have at least \$275 remaining from their income each month. On December 11, 2011 the Ministry of Health announced that the minimum remaining amount would be increased to \$325 effective February 1, 2012.
- The residential care fee paid by individuals is referred to as a “co-payment” and ranges from \$898 to \$2,932 per month.

## Service Delivery

- Subsidized residential care services are part of the provincial home and community care program, which is overseen by the Ministry of Health and delivered by the health authorities.
- In some cases, subsidized services are delivered directly by health authority employees and, in others, by non-profit or for-profit agencies under contract with a health authority.
- One hundred and twelve or 32 per cent of residential care facilities are owned and operated by the health authorities. The remaining 236 or 68 per cent are operated by private operators.
- Seniors who can afford to do so can also arrange to receive these services directly from a private provider.

## Legislation

- Residential care is provided in three types of facilities: community care facilities, extended care hospitals and private hospitals.
- Seventy-one per cent of residential care beds are in facilities licensed under the *Community Care and Assisted Living Act* and *Residential Care Regulation*, both of which set the mandatory minimum health and standards in these facilities, as well as the requirements for staffing, food service, medication administration and other matters.
- The remaining 29 per cent of beds are in either extended care hospitals or private hospitals, both of which are governed by the *Hospital Act*.