

From: [Leake, Greg HLTH:EX](#)
To: [Duesterwald, Meghan HLTH:EX](#); [Fischer, Jennifer HLTH:EX](#); [Christians, Angela HLTH:EX](#); [Halston, Leslie HLTH:EX](#)
Subject: FW: heads up on care hours
Date: Wednesday, April 6, 2016 1:40:04 PM

FYI.

G.

From: Plank, Sarah GCPE:EX
Sent: Wednesday, April 6, 2016 1:39 PM
To: Brown, Stephen R HLTH:EX; Hughes, Doug J HLTH:EX; Stevenson, Lynn HLTH:EX; Stewart, Sharon A HLTH:EX
Cc: Leake, Greg HLTH:EX; Anderson, Kristy GCPE:EX
Subject: heads up on care hours

Apparently the minister just told Rob Shaw that he is going to ask Darryl Plecas and Isobel Mackenzie to review the issue of care hours in seniors care facilities....
I will get the transcript up to you as soon as possible.

S.

Sarah Plank

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Government Communications & Public Engagement

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Quality and Safety in Residential Care (NEW)

- Ensuring safe, high-quality care of vulnerable residents in seniors care homes is critically important – seniors built this province.
- We recognize that there is work to be done to improve quality of care for seniors.
- While the information that the Seniors Advocate has included on her office's new web resource is not new and has been being posted publicly by health authorities and other agencies, it brings it all into one place – and it will be a valuable resource to assist government, care providers and service providers in our work to improve care for seniors.
- As we shift our focus to providing more of the care seniors need in the community rather than hospital, we need to make sure residential care services provide safe, sustainable care that meet patient needs.
- That is why we recently consulted across the health sector on our policy paper on primary and community care for seniors, including key stakeholders like the BC Care Providers and the Seniors Advocate.
- And that is why I have asked my Parliamentary Secretary, Daryl Plecas to work with the Seniors Advocate and our Ministry to look at the issues of care hours and funding and report back to me on it.
- As well, we will continue to work with the Federal Government to ensure the \$3 billion dollars from the budget is secured for home care for Canadians, which will be valuable support to help make further improvements to care in the community for seniors in B.C.

If asked about antipsychotic use:

- We absolutely agree that we need to reduce the reliance on antipsychotic medications in residential care.
- The Ministry, health authorities and care facilities been working hard on this issue, and their use has started to decline as a result.
- We have been working on a number of fronts to address the issue over the past several years, including:
 - developing guidelines on appropriate use of antipsychotics,
 - working with the Doctors of BC to support doctors with prescribing, and
 - providing education for care providers to better manage challenging behaviours in dementia care to reduce reliance on antipsychotics.
- Other initiatives also showing success include in the CLeAR program – which stands for Call for Less Antipsychotics in Residential care. Facilities participating saw the use of antipsychotics decline by 16% in the first year.
- In addition to antipsychotics, health authorities have been working on the issue of medication management and “polypharmacy” for seniors generally as well – because we know that being on too many medications can increase the risks of cognitive decline, falls and other complications.

If asked about rehabilitation therapies for seniors:

- We are looking at this data more closely to determine if improvements can be made.

Hot Issues – Thursday, April 7 – 8:00 am

- It is important for therapy services to reflect patient-centred care, which is why rehabilitation and recreational services are provided to improve the quality-of-life of clients.

If asked about care hours:

- The standard we want care providers to meet is high quality care at whatever level is most appropriate for an individual patient.
- Direct care hours are dependent on the individual's needs and are determined through a comprehensive assessment process involving the client, their family and staff.
- The average number of care hours and staffing mix in each facility will depend on the patient population in that facility.
- It is really about ensuring that each individual patient gets the care that is appropriate for them – there is not a one size fits all approach.
- That said, while 3.36 hours is not a requirement, it is a guideline as a starting point for planning decisions and facilities should be working toward that as an average.
- That is something that I have asked the parliamentary secretary for seniors and the seniors advocate to look at.

If asked about incidents in residential care

- Health authority licensing departments monitor and inspect facilities licensed under the Community Care and Assisted Living Act, to ensure that facilities are providing safe, high quality care for residents.
- Health authorities have a number of tools they can use to ensure compliance with regulations and delivery of safe patient care.

Hot Issues – Thursday, April 7 – 8:00 am

- These include but are not limited to: inspections, identifying issues, working with providers to correct issues, follow up inspections, appointing an administrator, and even in extreme situations issue orders to cease and desist operations.
- To ensure the health and safety of residents, facilities have strict reporting requirements to health authority licensing departments in the event of any incidents.
- Serious incidents are investigated by licensing officials, and facilities required to put in place a health and safety plan to resolve any concerns.
- Some residential care facilities are owned and operated by health authorities under the Hospital Act, with health authority standards and protocols in place to ensure high-quality, safe care.
- There are a number of reasons that some of these facilities may have higher numbers of reported incidents.
- Many of the adverse events reported under the Hospital Act, for example, are from falls.
- Some facilities are just much larger than others, and have many more residents, increasing the chances of having more reported incidents.
- Or aging physical layout may play a role – for example, having long hallways may result in more falls.
- In the health system, health authorities have worked hard to cultivate a culture of reporting incidents -- they actively encourage staff and facilities to make reports -- and that can contribute to higher numbers. This does not mean that these facilities necessarily have more incidents, just that more are getting reported, which helps to improve quality.

Seniors Accomplishments:

- As of September 2015, B.C. has 31,997 publicly subsidized residential care, family care home beds, assisted living and group home beds -- a 26% increase since June 2001 of over 6,500 beds.
- In 2014/15, health authorities reported spending over \$2.8 billion on home and community care, up \$1.3 billion 2001 – an increase of 82%.
- The ministry has made available up to \$50 million annually from 2012/13 to 2014/15 for accelerated integrated primary and community care initiatives. These initiatives include assisting seniors at risk to live safely at home and avoid future hospital emergency visits.
- Government also passed first-of-its-kind legislation to enable the creation of a B.C. seniors' advocate. On March 19, 2014 we appointed Isobel Mackenzie as Canada's first seniors' advocate.
- The Office of the Seniors Advocate provides a strong voice for B.C. seniors and is working hard to identify solutions to systematic issues and to make recommendations to government on ways to improve care for B.C.'s aging population.

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