

## Ombudsperson Report

### Project Status Report

#### ADMISSION TO RESIDENTIAL CARE USING THE *MENTAL HEALTH ACT*

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees</i>	<b>Reporting Period:</b> March, 2015  <b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
<b>Target Completion Date(s):</b> April 1, 2016	<b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald, Carly Hyman, Whitney Borowko
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and Opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
R130, R131, R132	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders 2. Develop a provincial policy regarding user fees for patients in Home and Community Care (HCC) and Mental Health and Substance Use (MHSU) residential care facilities under section 22 & 37 of the <i>Mental Health Act</i>

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
<b>Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.</b>			
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
6. Update provincial <i>Guide to the Mental Health Act</i> <a href="http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf</a> to incorporate these new guidelines.	April-May 2016	On hold until MoH funding has been secured	
7. Develop Communication Plan in partnership with health authorities and Doctors of BC.	May-June, 2016	On hold until MoH funding has been secured	
<b>Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care facilities under section 22 &amp; 37 of the <i>Mental Health Act</i></b>			
1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	April, 2015	Underway	
4. Establish Provincial Advisory committee with MoH IPCC Program and Finance representation and Legal expert.	May, 2015		
5. Draft Provincial User Fees Policy	May–September, 2015		
6. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health Authorities	October, 2015		
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
9. Distribute Provincial Policy to health authorities and major stake holders and advise of the effective date of implementation.	December, 2015		

#### **Key Accomplishments Since Last Report:**

- Review completed of historical MHSU User Fees Policies for patients under section 22 & 37 of the *Mental Health Act*.
- Obtained legal advice – provincial legislation.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

#### **Plans for Next Reporting Period:**

- End of June, 2015

#### **Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured, approx. \$20,000 - \$30,000
- In addition, approx. \$10,000 is required to update the *Guide to the Mental Health Act*.



Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
<p><b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p>	<p><b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p> <p><b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b></p>	<p><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>



Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b> Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
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<p><b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred</p>	<p><b>Recommendation 132</b> The 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 to the ministry to be reimbursed for the fees paid.</p> <p><b>RESPONSE RECEIVED: RECOMMENDATION</b></p>	<p><b>May 2014</b> The Ministry will consider the Ombudsperson's recommendations as part of its review of charging fees to seniors who are involuntary patients on extended leave in residential care.</p>

**Ministry of Health Work Plan: Year 3 (2016/17) and Year 4 (2017/18)**  
**Ombudsperson's Report on Seniors Care -**  
**Remaining Recommendations as of April 30, 2016**

Pro No.	Project	Recommendations
1.6	Home Support and Assisted Living Complaints	45,46,73,74
1.14b	Serious Incident Reporting (1 of 3)	85
2.1	Seniors in Hospital waiting for RC Placement	114
2.3	Consent to Care Facility Admission	115, 116
2.8b	Review of Residential Care Admission/Access Policy (9 of 11)	100, 101, 102, 103, 117, 118, 119, 120, 121
2.9	Admission to RC using the Mental Health Act	130,131,132
2.10b	Assisted Living Complaint Monitoring (3 of 5)	72, 76, 78
2.12	Licensing Annual Report	151,152
2.13b	RC Complaint Mechanisms and Inspections (1 of 4)	149
2.14b	Facility Closures, Resident Transfers, Large Scale Staff	169, 171
2.15c	Implementing Improvements to PCQ Program (5 of 8)	16, 17, 18, 19, 48
2.16b	Multiple Complaint Processes (3 of 4)	22, 80, 81
3.1	Residential Care Funding	97, 98
3.2b	Care Aide & CHW Registry & Criminal Record Checks (2 of 3)	24, 26
3.3	Monitoring Performance Management in AL	91, 92
3.4	Analysis of Home Support Program/Eligibility Criteria	34
3.5	Staffing Levels in RC	124, 142, 143
3.6	Residential Care Standards	133, 134, 136, 138, 144
3.7	Standards for Home Support	35, 42, 43
3.8	Standards for Assisted Living	69, 70
3.9	Annual Report by MHOs; Monitoring of Reporting of Incidents	155, 164
3.10b	Harmonizing Benefits and Protections – s. 12 CCALA	94, 96, 135, 162, 167, 176
3.11	Protection from Abuse and Neglect	27, 30, 31, 32, 33
3.12	Tracking and Reporting	29
2.11c	AL Inspection and Monitoring (1 of 3)	88
4.1	Policy on moving into and exiting from assisted living	66, 67, 68
4.2	Target timeframes for access to HCC Services	7, 36, 63, 108
4.3	Sponsored immigrants	14
4.4	Reimbursement for Room Differential Fees	122
4.5	Lack of legal authority to provide services at support level	54, 55, 56
4.6	Tenancy Protection for Assisted Living	82, 83, 84
4.7	S.26(3) decision making capacity	59, 60, 61, 62
4.9	Dementia Guide (implementation of actions): counted in Yr 1	145

Blue-projects carried over from Year 2



## Ombudsperson Report

### Project Status Report

#### 2.9 - ADMISSION TO RESIDENTIAL CARE USING THE *MENTAL HEALTH ACT*

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees</i>	<b>Reporting Period:</b> April 15 – May 21, 2015  <b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
<b>Target Completion Date(s):</b> April 1, 2016	<b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald, Carly Hyman, Whitney Borowko
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
R130, R131, R132	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders 2. Develop a provincial policy regarding user fees for patients in Home and Community Care (HCC) and Mental Health and Substance Use (MHSU) residential care facilities under section 22 & 37 of the <i>Mental Health Act</i>

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
<b>Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.</b>			
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	



<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
6. Update provincial <i>Guide to the Mental Health Act</i> <a href="http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf</a> to incorporate these new guidelines.	April-May 2016	On hold until MoH funding has been secured	
7. Develop Communication Plan in partnership with health authorities and Doctors of BC.	May-June, 2016	On hold until MoH funding has been secured	
<b>Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care facilities under section 22 &amp; 37 of the <i>Mental Health Act</i></b>			
1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain initial legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	May, 2015	Underway	
4. Establish Provincial Advisory committee with MoH IPCC Program and Finance representation and Legal expert.	June, 2015		
5. Draft Provincial User Fees Policy	June–September, 2015		
6. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health Authorities	October, 2015		
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
9. Distribute Provincial Policy to health authorities and major stake holders and advise of the effective date of implementation.	December, 2015		

#### **Key Accomplishments Since Last Report:**

- Review completed of historical MHSU User Fees Policies for patients under section 22 & 37 of the *Mental Health Act*.
- Obtained legal advice – provincial legislation.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

#### **Plans for Next Reporting Period:**

- End of June, 2015

#### **Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured, approx. \$20,000 - \$30,000
- In addition, approx. \$10,000 is required to update the *Guide to the Mental Health Act*.

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b></p> <p>The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b></p> <p>The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
<p><b>Finding 102</b></p> <p>It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p>	<p><b>Recommendation 131</b></p> <p>The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p> <p><b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b></p>	<p><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>



## Ombudsperson Report

### Project Status Report

#### ADMISSION TO RESIDENTIAL CARE USING THE *MENTAL HEALTH ACT* – Project 2.9

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees for involuntary residents</i>	<b>Reporting Period:</b> November 15, 2015 to January 14, 2016.
	<b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
<b>Target Completion Date(s):</b> April 1, 2016	<b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald,
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
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<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.			

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
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1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain initial legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	May, 2015	Completed s.14	
4. Draft Provincial User Fees Policy	June–September, 2015	Completed a second draft of the user fee policy and submitted for a legal review in late November. Awaiting results of legal review.	

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
5. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health Authorities	October, 2015		
66. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		
9. Distribute Provincial Policy to health authorities and major stakeholders and advise of the effective date of implementation.	December, 2015		

#### **Key Accomplishments Since Last Report:**

- Developed updated draft userfees policy and waiting for legal advice.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

#### **Plans for Next Reporting Period:**

- Following Legal Review and funding approval implement deliverables outlined above.

#### **Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured. Estimated costs: \$50,000 submitted in early March, 2015. A second budget submission has been forwarded for request of approval in late August, 2015. A third submission was made on November 1, 2015



Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
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<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>

# Appendix 1 Ministry of Health

## Contract/Transfer Issue Note

Division	HSPQA	STOB Number:	79
Branch	IPCC	New or Extension:	New
Total Dollar Value of Contract: (if applicable, separate value of extension)	\$50,000	Time Commitment Period: (if applicable, separate time period of extension)	A deliverable of the 2015/16 Ombudsperson Implementation plan
Description of Service(s):			
<p>To develop provincial criteria to admit persons with a primary diagnosis of a severe major neurocognitive disorder (Dementia) to a designated Mental Health Facility under the <i>Mental Health Act</i> for: 1) involuntary treatment or 2) to be placed on involuntary community Extended Leave provisions as defined in the <i>Mental Health Act</i>. The project deliverables include:</p> <ul style="list-style-type: none"><li>Establishment of an expert advisory committee of physicians, legal professionals, and key stakeholders with expertise in the treatment of individuals with severe major neurocognitive disorder (Dementia) and expertise in the BC <i>Mental Health Act</i>.</li><li>Conduct an environmental scan of existing legislation and policies within other provinces and a literature review of existing national and international guidelines regarding involuntary mental health treatment and compulsory community treatment of people with a severe major neurocognitive disorder (Dementia). Findings will be compiled into a report and presented to the expert advisory committee.</li><li>Development of specific provincial criteria based on the findings of the environmental scan, lit review and expert advice from the advisory committee to identify when a person with severe major neurocognitive disorder (Dementia) requires involuntary admission for treatment or involuntary extended leave under the <i>Mental Health Act</i>.</li><li>Compile a report with the consensus criteria which will serve as a provincial MoH policy for involuntary treatment of people with severe major neurocognitive disorder (Dementia) and placement on Extended Leave under the <i>Mental Health Act</i>.</li></ul>			
Explanation of Necessity:			
<p>The Provincial Ombudsperson has raised issues in the Feb. 2012 Report: "The Best of Care: Getting it right for seniors in BC" regarding the use of sections 22 and 37 of the <i>Mental Health Act</i> to involuntarily admit seniors to designated mental health facilities and then transfer them to community residential care. The objectives of this recommendation are to ensure the <i>Mental Health Act</i> is used as a last resort, that seniors are not unnecessarily deprived of their civil liberties and that there is a clear provincial policy on this issue.</p> <p>The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> for people with severe Dementia have not been consistently applied for people with dementia; in response the Ministry is supporting the development of criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation.</p> <p>The development of these criteria will require extensive consultation from primarily physicians, mostly psychiatrists, who are experts in the area of Dementia assessment and the provision of treatment and care for people with Dementia. The Ministry does not have physicians on staff or a mechanism for a group of physicians to participate in the development of these criteria or compensate for their services. Also, the Ministry does not have the capacity to undertake an environmental scan of existing legislation and policies within other provinces or undertake a literature review of existing national and international guidelines as required due to the work over the next several months on the provincial model of care for MHSU services. The Vancouver Coastal Health Authority has agreed to undertake this and has expert physicians on staff to provide the expertise. VCH staff have the capacity to undertake the environmental scan of existing legislation and policies and undertake the literature review and will be able to reimburse physicians and backfill staff to undertake this work.</p>			
If required to fulfill legal or formal provincial commitment please indicate:		It fulfils a commitment to the Provincial Ombudsperson as outlined in the 2015/16 Ombudsperson Implementation Plan.	
Procurement Method:			
Why could staff resources not fill the need:			
Ministry staff do not have the subject matter expertise to develop these clinical criteria.			
Implications if not approved:			
<p>Criteria for involuntary admission of people with severe major neurocognitive disorder (Dementia) under the <i>Mental Health Act</i> vary from region to region. Some physicians refuse to admit this client population involuntarily considering criteria are not available. However, it is well recognized that some people with severe major neurocognitive disorder (Dementia) will require involuntary treatment before they can be supported in the community. The inability to proceed will result in failure to fully address the needs of people with severe major</p>			

Comment [KAT]: Gerrit – you can edit my description but I think Mark wanted us to be explicit about why you don't have the resources



neurocognitive disorder (Dementia) and failure to fulfill the commitment to the Provincial Ombudsperson to develop these criteria.

**Reviewed:**

**Approved by:**

Assistant Deputy Minister

Deputy Minister/Associate Deputy Minister



## Ombudsperson Report

### Project Status Report

#### ADMISSION TO RESIDENTIAL CARE USING THE *MENTAL HEALTH ACT* – Project 2.9

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees</i>	<b>Reporting Period:</b> April 15 – July 14, 2015  <b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
<b>Target Completion Date(s):</b> April 1, 2016	<b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald, Carly Hyman, Whitney Borowko
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
R130, R131, R132	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders 2. Develop a provincial policy regarding user fees for patients in Home and Community Care (HCC) and Mental Health and Substance Use (MHSU) residential care facilities under section 22 & 37 of the <i>Mental Health Act</i>

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
<b>Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.</b>			
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
6. Update provincial <i>Guide to the Mental Health Act</i> <a href="http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf</a> to incorporate these new guidelines.	April-May 2016	On hold until MoH funding has been secured	
7. Develop Communication Plan in partnership with health authorities and Doctors of BC.	May-June, 2016	On hold until MoH funding has been secured	
<b>Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care facilities under section 22 &amp; 37 of the <i>Mental Health Act</i></b>			
1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain initial legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	May, 2015	Underway, targeted completion by the end of August	
4. Establish Provincial Advisory committee with MoH IPCC Program and Finance representation and Legal expert.	June, 2015	On hold until Legal review has been completed	
5. Draft Provincial User Fees Policy	June–September, 2015		
6. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health Authorities	October, 2015		
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		
9. Distribute Provincial Policy to health authorities and major stakeholders and advise of the effective date of implementation.	December, 2015		

**Key Accomplishments Since Last Report:**

- Review completed of historical MHSU User Fees Policies for patients under section 22 & 37 of the *Mental Health Act*.
- Obtained legal advice – provincial legislation.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

**Plans for Next Reporting Period:**

- End of June, 2015

**Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured, approx. \$20,000 - \$30,000
- In addition, approx. \$10,000 is required to update the *Guide to the Mental Health Act*.

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
<p><b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p>	<p><b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p> <p><b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b></p>	<p><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>



**Ministry of Health Draft Responses for 2016 Annual Ombudsperson Update**  
(shaded rows are recommendations that are fully implemented as per OO or deemed completed by the MoH up to April 1, 2015)

Update on Status of Recommendations  
**THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)**  
Public Report No. 47 – February 2012

**Comment [KA1]:** Michael, I would like the assessments from the OO from 2015 entered into the column in grey shading – it should be done LAST after you review all my other comments.

Recommendation	Assessment by OO from 2015	April 2016 Update (Draft Responses)	Comments
<b>R1:</b> The Ministry of Health report publicly on an annual basis in a way that is clear and accessible: <ul style="list-style-type: none"> <li>• the funding allocated to home and community care services by each health authority</li> <li>• the funds expended on home and community care services in each health authority</li> <li>• the planned results for home and community care services in each health authority</li> <li>• the actual results delivered by home and community care services</li> <li>• an explanation of any differences between the planned results and the actual results</li> </ul>	<b>ACCEPTED, NO PROGRESS</b>	<i>Needs response</i>	Project 2.5 – HCC Annual Report – draft template developed with BN - now with Sharon for review; comparison done with OSA Monitoring Report and found almost no overlap between these data elements and the OSA report  <b>Decision-</b> continue with plan to produce report (then will move into Year 3) or inform OO that Ministry is reviewing its reporting strategy for whole health system and with new strategic direction for 5 key areas, including seniors, and does not want to be producing one-off reports – do not reflect integrated community model
<b>R2:</b> The Ministry of Health work with the health authorities and other stakeholders to identify key home and community care data that should be tracked by the health authorities and reported to the Ministry on a quarterly basis.	<b>ACCEPTED, NO PROGRESS</b>	<i>Needs response</i>	
<b>R3:</b> The Ministry of Health include the reported data in an annual home and community care report that it makes publicly available.	<b>ACCEPTED, NO PROGRESS</b>	<i>Needs response</i>	
<b>R4:</b> The Ministry of Health ensure that all health authorities are reliably reporting all the information required by the minimum reporting requirements (MRR) by May 31, 2012.	<b>FULLY IMPLEMENTED</b>		

Recommendation	Assessment by OO from 2015	April 2016 Update (Draft Responses)	Comments
and facility operators to comply with its policy on benefits and allowable charges immediately rather than by April 1, 2013. If this results in an unexpected financial inequity for certain operators, the Ministry take steps to resolve this inequity in a fair and reasonable manner.	<b>TIMELINE PASSED</b>		
<b>R127:</b> The Ministry of Health and the health authorities ensure that the full costs seniors pay for residential care, including extra fees for services, supplies or other benefits, as well as other reasonable expenses that seniors have an obligation to pay, are considered when assessing their eligibility for hardship waivers.	<b>ACCEPTED, ONGOING</b>		Completed Year One (2015)
<b>R128:</b> The Ministry of Health immediately conduct a review of the amount that can be claimed for general living expenses on applications for hardship waivers and make necessary changes, and review and update the list of allowable expenses every three years.	<b>IMPLEMENTED IN PART</b>		Completed Year One (2015)
<b>R129:</b> The Ministry of Health and the health authorities work together to provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay.	<b>ONGOING</b>		Completed Year One (2015)
<b>R130:</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the <i>Mental Health Act</i> to involuntarily admit seniors to mental health facilities and then transfer them to residential care.	<b>ACCEPTED, NO PROGRESS</b>	<p>This recommendation will be addressed through the development of provincial clinical practice guidelines for physicians in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders.</p> <p>Developing these clinical guidelines for this recommendation is complex and requires specialists such as psychiatrist with a speciality in geriatric psychiatry to undertake the work through a consensus process.</p> <p>The consultation and planning phases of this project are complete and the target is to have the guidelines fully developed and issued for implementation by end of fiscal year 2016/2017.</p>	
<b>R131:</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health	<b>ACCEPTED, NO PROGRESS</b>	The recommendation to stop charging user fees for seniors that are admitted involuntarily under section 22 and 37 of the <i>Mental Health</i>	

## Mental Health and Substance Use User Fee Bullets

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### User Fees

- Throughout BC, Client User Fees are applied for specific publicly funded mental health (MH) and substance use (SU) residential care and treatment services.
- The following identifies where a **\$30.90/day** User Fee are charged:
  - Substance Use Supportive Recovery Residences
  - MH Residential Care
  - MH Crisis Residential Care (short stay)
  - MH Family Care Homes
  - Psychiatric Units and Provincial MH Facilities designated under the *Mental Health Act*
- It should be noted that for psychiatric units and provincial MH facilities designated under the *Mental Health Act*, a daily rate of \$35.43 for voluntary patients is prescribed in the *Mental Health Regulation*; however, HA practice has been to charge \$30.90 per day.
- For **SU residential treatment facilities**, HAS apply the **\$40 per day fee** set by the 1999 Alcohol and Drug Services policy established when these services were provided by the Ministry for Children and Family Development (MCFD).
- For **supported housing**, a per diem rate is not applied; instead, the rate is based on the current Ministry of Social Development (MSD) **shelter allowance**. MH supported housing is based on a model that encourages the client's ability to enhance independent living skills. The Ministry, BC Housing, MSDSI and HAS agree that it is inappropriate for MH supported housing residences to charge a daily per diem as it would eliminate almost all of a MSDSI client's discretionary spending.
- As of summer 2013 the Ministry of Social Development paid the per diem for approximately 85 percent of clients in MHSU facilities.

### User Fees for Voluntary vs Involuntary MH Patients

- There is no User Fee for any voluntary or involuntary patient accessing a designated tertiary acute care or tertiary rehabilitation facility (e.g. Acute Care Hospitals, 2 South Patient Care Centre at Royal Jubilee Hospital, Seven Oaks, Cowichan Lodge, etc.)
- A \$30.90/day user fee is applied to all patients, whether voluntary or involuntary, accessing a tertiary care residential facility (designated or otherwise) or a licensed residential care facility *Community Care and Assisted Living Act* (CCALA) (e.g. an extended care facility such as Oak Bay Lodge)

### Legal Authority to Charge Fees

- Section 9 of the *Mental Health Act* authorizes the Lieutenant Governor in Council to "prescribe daily charges for care, treatment and maintenance provided in a provincial mental health facility", and the Mental Health Regulation does prescribe fees payable by voluntary patients.
- Section 37 of the *Mental Health Act* gives the director of the designated facility the authority to release an involuntarily-admitted patient on leave. Under section 39(1), the authority to detain the involuntarily-admitted patient continues upon release under section 37. Under section 31(1), if treatment while on leave is authorized by the director, it is deemed to be consented to by the patient. If an individual is deemed to provide consent, then a daily charges for care, treatment and maintenance provided in a provincial mental health facility can be applied.
- Mental Health and Substance Use is a "type of care" provided in a community care facility which is licensed under the *Community Care and Assisted Living Act* and is described as residential care for persons who are in care primarily due to a mental disorder, substance dependence or both, and is prescribed in s. 2(2)(b) of the *Residential Care Regulation* to the *Community Care and Assisted Living*



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## Mental Health and Substance Use User Fee Bullets

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Act. The *Continuing Care Act* applies in situations where operators of MH and SU Residential and Treatment facilities have entered into agreements with the province to provide provincially funded continuing care services. The *Continuing Care Act* provides the legal authority for the Lieutenant Governor in council to prescribe rates that a HA may charge for providing continuing care services.

### **Background**

- Until 2010, most MHSU facility client fees were aligned with the *Continuing Care Act's* (CCA) minimum rate in the *Continuing Care Fees Regulation* (CCFR).
- In 2010, the rates in the CCFR were changed as part of a seniors care rate restructuring initiative which resulted in a reduction in the lowest daily rate from \$30.90 to \$29.40. The Ministry of Health (the Ministry) made a decision to not continue aligning MHSU facility client fees with the lowest rate to protect existing funding.
- The above practice of charging \$30.90 applies to SU supportive recovery residences, MH residential care, MH crisis residential care (short stay) and MH family care homes.
- In psychiatric units and provincial mental health (MH) facilities designated under the *Mental Health Act*, a daily rate of \$35.43 for voluntary patients is prescribed in the *Mental Health Regulation*; however, HA practice has been to charge \$30.90 per day.
- For substance use (SU) residential treatment facilities, HAs apply the \$40 per day fee set by the 1999 Alcohol and Drug Services policy established when these services were provided by the Ministry for Children and Family Development (MCFD).
- For supported housing, a per diem rate is not applied; instead, the rate is based on the current Ministry of Social Development (MSD) shelter allowance. MH supported housing is based on a model that encourages the client's ability to enhance independent living skills. The Ministry, BC Housing, MSD and HAs agree that it is inappropriate for MH supported housing residences to charge a daily per diem as it would eliminate almost all of a MSD client's discretionary spending.
- Although the CCA, *Mental Health Act* and their regulations are silent on charging fees for children and youth in MHSU facilities, HA practice is not to apply charges, which is also consistent with MCFD policy and practice.

## Ministry of Health Response

### Update on Status of Recommendations

#### THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)

Public Report No. 47 – February 2012

Recommendation	Summary of Actions Taken	Current Assessment	April 2015 Update
<b>R1:</b> The Ministry of Health report publicly on an annual basis in a way that is clear and accessible: <ul style="list-style-type: none"> <li>• the funding allocated to home and community care services by each health authority</li> <li>• the funds expended on home and community care services in each health authority</li> <li>• the planned results for home and community care services in each health authority</li> <li>• the actual results delivered by home and community care services</li> <li>• an explanation of any differences between the planned results and the actual results</li> </ul>	<p><b>May 2014</b></p> <p>No specific action has been taken towards implementation.</p>	<p><b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b></p>	<p>This recommendation is in Year 2 of the Ministry of Health's work plan.</p>
<b>R2:</b> The Ministry of Health work with the health authorities and other stakeholders to identify key home and community care data that should be tracked by the health	<p><b>March 2014</b></p> <p>No specific action has been taken towards implementation.</p>	<p><b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b></p>	<p>This recommendation is in Year 2 of the Ministry of Health's work plan.</p>

Recommendation	Summary of Actions Taken	Current Assessment	April 2015 Update
	may affect their financial assessments and provides a link to information from the Canada Revenue Agency.		
<b>R130:</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the <i>Mental Health Act</i> to involuntarily admit seniors to mental health facilities and then transfer them to residential care.	<b>May 2014</b> No specific action has been taken towards implementation.	<b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b>	This recommendation is in Year 2 of the Ministry of Health's work plan.
<b>R131:</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.		<b>RESPONSE RECEIVED; RECOMMENDATION WILL BE CONSIDERED (MOH)</b>	This recommendation is in Year 2 of the Ministry of Health's work plan.
<b>R132:</b> The Ministry of Health develop a process for seniors who have paid fees for residential care while being involuntarily detained under the <i>Mental Health Act</i> to apply to the Ministry to be reimbursed for the fees paid.		<b>RESPONSE RECEIVED; RECOMMENDATION WILL BE CONSIDERED</b>	This recommendation is in Year 2 of the Ministry of Health's work plan.
<b>R133:</b> After consulting with the health authorities, facility	<b>March 2014</b> No progress since last update.	<b>ONGOING</b>	This recommendation is in Year 3 of the Ministry of Health's work plan.



**Ministry of Health Draft Responses for 2016 Annual Ombudsperson Update**  
(shaded rows are recommendations that are fully implemented as per OO or deemed completed by the MoH up to April 1, 2015)

Update on Status of Recommendations  
**THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)**  
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**Comment [KA1]:** Michael, I would like the assessments from the OO from 2015 entered into the column in grey shading – it should be done LAST after you review all my other comments.

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<b>R2:</b> The Ministry of Health work with the health authorities and other stakeholders to identify key home and community care data that should be tracked by the health authorities and reported to the Ministry on a quarterly basis.	<b>ACCEPTED, NO PROGRESS</b>	<i>Needs response</i>	
<b>R3:</b> The Ministry of Health include the reported data in an annual home and community care report that it makes publicly available.	<b>ACCEPTED, NO PROGRESS</b>	<i>Needs response</i>	
<b>R4:</b> The Ministry of Health ensure that all health authorities are reliably reporting all the information required by the minimum reporting requirements (MRR) by May 31, 2012.	<b>FULLY IMPLEMENTED</b>		

Recommendation	Assessment by OO from 2015	April 2016 Update (Draft Responses)	Comments
and facility operators to comply with its policy on benefits and allowable charges immediately rather than by April 1, 2013. If this results in an unexpected financial inequity for certain operators, the Ministry take steps to resolve this inequity in a fair and reasonable manner.	<b>TIMELINE PASSED</b>		
<b>R127:</b> The Ministry of Health and the health authorities ensure that the full costs seniors pay for residential care, including extra fees for services, supplies or other benefits, as well as other reasonable expenses that seniors have an obligation to pay, are considered when assessing their eligibility for hardship waivers.	<b>ACCEPTED, ONGOING</b>		Completed Year One (2015)
<b>R128:</b> The Ministry of Health immediately conduct a review of the amount that can be claimed for general living expenses on applications for hardship waivers and make necessary changes, and review and update the list of allowable expenses every three years.	<b>IMPLEMENTED IN PART</b>		Completed Year One (2015)
<b>R129:</b> The Ministry of Health and the health authorities work together to provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay.	<b>ONGOING</b>		Completed Year One (2015)
<b>R130:</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the <i>Mental Health Act</i> to involuntarily admit seniors to mental health facilities and then transfer them to residential care.	<b>ACCEPTED, NO PROGRESS</b>	<p>This recommendation will be addressed through the development of provincial clinical practice guidelines for physicians in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders.</p> <p>Developing these clinical guidelines for this recommendation is complex and requires specialists such as psychiatrist with a speciality in geriatric psychiatry to undertake the work through a consensus process.</p> <p>The consultation and planning phases of this project are complete and the target is to have the guidelines fully developed and issued for implementation by end of fiscal year 2016/2017.</p>	
<b>R131:</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health	<b>ACCEPTED, NO PROGRESS</b>	The recommendation to stop charging user fees for seniors that are admitted involuntarily under section 22 and 37 of the <i>Mental Health</i>	

## Ombudsperson Report

### Project Status Report

#### ADMISSION TO RESIDENTIAL CARE USING THE *MENTAL HEALTH ACT* – Project 2.9

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees for involuntary residents</i>	<b>Reporting Period:</b> October 15 <sup>th</sup> to November 14 <sup>th</sup> , 2015
	<b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
<b>Target Completion Date(s):</b> April 1, 2016	<b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald, Whitney Borowko
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
R130, R131, R132	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders 2. Develop a provincial policy regarding user fees for patients in Home and Community Care (HCC) and Mental Health and Substance Use (MHSU) residential care facilities under section 22 & 37 of the <i>Mental Health Act</i>

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.			



<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
6. Update provincial <i>Guide to the Mental Health Act</i> <a href="http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf</a> to incorporate these new guidelines.	April-May 2016	On hold until MoH funding has been secured	
7. Develop Communication Plan in partnership with health authorities and Doctors of BC.	May-June, 2016	On hold until MoH funding has been secured	
<b>Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care facilities under section 22 &amp; 37 of the <i>Mental Health Act</i></b>			
1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain initial legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	May, 2015	Completed s.14	
4. Draft Provincial User Fees Policy	June–September, 2015	Completed draft policy in early November, 2015	
5. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health Authorities	October, 2015	Review undertaken by MoH HCC & Acute Care Branch	

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
66. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		
9. Distribute Provincial Policy to health authorities and major stake holders and advise of the effective date of implementation.	December, 2015		

#### **Key Accomplishments Since Last Report:**

- Review completed of historical MHSU User Fees Policies for patients under section 22 & 37 of the *Mental Health Act*.
- Obtained legal advice – provincial legislation.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

#### **Plans for Next Reporting Period:**

- Following Legal Review and funding approval implement deliverables outlined above.

#### **Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured. Estimated costs: \$50,000 submitted in early March, 2015. A second budget submission has been forwarded for request of approval in late August, 2015. A third submission was made on November 1, 2015

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b></p> <p>The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b></p> <p>The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
<p><b>Finding 102</b></p> <p>It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p>	<p><b>Recommendation 131</b></p> <p>The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p> <p><b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b></p>	<p><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>



## Ombudsperson Report

### Project Status Report

#### 2.15 - IMPLEMENTING IMPROVEMENTS TO PCQ PROGRAM

<b>Project Name/Description:</b> Implementing Improvements to the Patient Care Quality Program	<b>Reporting Period:</b> March 15 – April 15, 2015
	<b>Area Responsible/Project Lead:</b> Quality Assurance – Patient Care Quality Program – Kiersten Fisher
<b>Target Completion Date(s):</b> Fall 2015 (Implementation in HAs March 31 2016)	<b>Supporting Area(s)/Supporting Contact(s):</b> Mary Falconer, Legal Counsel, JAG
<b>Health System Strategy Linkage:</b> Priority 1 – Provide Patient-Centred Care	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
R15, R16, R17, R18, R19, R20, R21	Ensure that PCQOs can respond to a broader range of complaints; outline clear steps to process those complaints; ensure PCQOs document steps taken to address complaints; inform the public about the PCQO program; share documented outcomes with complainants; evaluate the PCQO/PCQRB process; develop and make public, policy regarding the urgency of PCQRB complaints.

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
Review of PCQO communication with clients by third party evaluator	April 1, 2014	Completed	Work underway to determine how to address findings of the review
First Draft of revised <i>Patient Care Quality Review Board Act</i> (PCQRBA) Directives	February 1, 2015	Completed	
Second Draft of revised <i>Patient Care Quality Review Board Act</i> (PCQRBA) Directives	March 1, 2015	Completed	BN being drafted to go forward with Directives to ED March 16
Consultation with Patient Care Quality Working Group	April 16, 2015	Underway	Meeting confirmed, materials prepared
Third Draft of revised <i>Patient Care Quality Review Board Act</i> (PCQRBA) Directives	April 24, 2015	Not started	

**Ministry of Health Draft Responses for 2016 Annual Ombudsperson Update**  
(shaded rows are recommendations that are fully implemented as per OO or deemed completed by the MoH up to April 1, 2015)

Update on Status of Recommendations  
**THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)**  
Public Report No. 47 – February 2012

**Comment [KA1]:** Michael, I would like the assessments from the OO from 2015 entered into the column in grey shading – it should be done LAST after you review all my other comments.

Recommendation	Assessment by OO from 2015	April 2016 Update (Draft Responses)	Comments
<b>R1:</b> The Ministry of Health report publicly on an annual basis in a way that is clear and accessible: <ul style="list-style-type: none"> <li>• the funding allocated to home and community care services by each health authority</li> <li>• the funds expended on home and community care services in each health authority</li> <li>• the planned results for home and community care services in each health authority</li> <li>• the actual results delivered by home and community care services</li> <li>• an explanation of any differences between the planned results and the actual results</li> </ul>	<b>ACCEPTED, NO PROGRESS</b>	<i>Needs response</i>	<p>Project 2.5 – HCC Annual Report – draft template developed with BN - now with Sharon for review; comparison done with OSA Monitoring Report and found almost no overlap between these data elements and the OSA report</p> <p><b>Decision-</b> continue with plan to produce report (then will move into Year 3) or inform OO that Ministry is reviewing its reporting strategy for whole health system and with new strategic direction for 5 key areas, including seniors, and does not want to be producing one-off reports – do not reflect integrated community model</p>
<b>R2:</b> The Ministry of Health work with the health authorities and other stakeholders to identify key home and community care data that should be tracked by the health authorities and reported to the Ministry on a quarterly basis.	<b>ACCEPTED, NO PROGRESS</b>	<i>Needs response</i>	
<b>R3:</b> The Ministry of Health include the reported data in an annual home and community care report that it makes publicly available.	<b>ACCEPTED, NO PROGRESS</b>	<i>Needs response</i>	
<b>R4:</b> The Ministry of Health ensure that all health authorities are reliably reporting all the information required by the minimum reporting requirements (MRR) by May 31, 2012.	<b>FULLY IMPLEMENTED</b>		

Recommendation	Assessment by OO from 2015	April 2016 Update (Draft Responses)	Comments
and facility operators to comply with its policy on benefits and allowable charges immediately rather than by April 1, 2013. If this results in an unexpected financial inequity for certain operators, the Ministry take steps to resolve this inequity in a fair and reasonable manner.	<b>TIMELINE PASSED</b>		
<b>R127:</b> The Ministry of Health and the health authorities ensure that the full costs seniors pay for residential care, including extra fees for services, supplies or other benefits, as well as other reasonable expenses that seniors have an obligation to pay, are considered when assessing their eligibility for hardship waivers.	<b>ACCEPTED, ONGOING</b>		Completed Year One (2015)
<b>R128:</b> The Ministry of Health immediately conduct a review of the amount that can be claimed for general living expenses on applications for hardship waivers and make necessary changes, and review and update the list of allowable expenses every three years.	<b>IMPLEMENTED IN PART</b>		Completed Year One (2015)
<b>R129:</b> The Ministry of Health and the health authorities work together to provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay.	<b>ONGOING</b>		Completed Year One (2015)
<b>R130:</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the <i>Mental Health Act</i> to involuntarily admit seniors to mental health facilities and then transfer them to residential care.	<b>ACCEPTED, NO PROGRESS</b>	<i>Need response from Gerrit</i>	
<b>R131:</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	<b>ACCEPTED, NO PROGRESS</b>	<i>Need response from Gerrit</i>	
<b>R132:</b> The Ministry of Health develop a process for seniors who have paid fees for residential care while being involuntarily detained under the <i>Mental Health Act</i> to apply to the Ministry to be reimbursed for the fees paid.	<b>ACCEPTED, NO PROGRESS</b>	<i>Need response from Gerrit</i>	



**Ministry of Health Draft Responses for 2016 Annual Ombudsperson Update**  
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## Ombudsperson Report Implementation Group (ORIG) Membership

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Kelly Acker	Manager, Seniors Strategic Planning, Seniors' Health Promotion Directorate, PHSE&O	SHPD	<a href="mailto:Kelly.Acker@gov.bc.ca">Kelly.Acker@gov.bc.ca</a>

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January 29, 2015



## ADVICE TO MINISTER

### CONFIDENTIAL ISSUES NOTE

Ministry: Health

Date: January 25, 2017

Minister Responsible: Terry Lake

**Ombudsperson – Five Year  
Anniversary Year 4  
~~Report Annual Update – 2016/17~~  
~~– February 2017 Annual~~  
~~Report~~**

### BACKGROUND REGARDING THE ISSUE:

- In August 2008, the Ombudsperson publicly announced that she had launched investigation of seniors' care in BC based on complaints of administrative unfairness. The Ombudsperson indicated the Report would be released in two parts.
- The Ombudsperson released *The Best of Care: Getting it Right for Seniors in British Columbia (Part 2)* (the Report) on February 14, 2012. The Report is organized into four main subject areas - home and community care, home support, assisted living, and residential care. The Report contains 176 recommendations on seniors' care.
- The recommendations focus on administrative unfairness, protection for those who are vulnerable, access to services and information, consistent quality standards, complaints and concerns, and policy and regulatory changes for both publicly funded and private home and community care services.
- Since April 2012, the Ministry of Health (the Ministry) has provided annual updates each spring to the Ombudsperson on work completed related to the recommendations, reporting on the progress made in various areas to improve seniors' care.

### DISCUSSION/ADVICE:

- In April 2014, the Ministry developed a multi-year work plan going out to 2017/18 and a governance structure with clear accountabilities and achievable timelines that was aligned with existing public commitments, the Ministry's Health System Strategy and relevant policy work underway.
- In April 2016, senior leadership from the Ministry met with the Ombudsperson and noted that typically, after five annual progress reports, the on-going requirement to report out to the Office of the Ombudsperson stopped, and that the Ministry believed that it was time to review the requirement of continued annual reporting for this report.
- The Ministry informed the Ombudsperson that since starting on this work, a number of key changes had occurred to ensure a continued focus on seniors' services, including creating the Office of the Seniors Advocate, identifying seniors' services as one of five top priorities and creating a new branch dedicated to seniors' services.
- The Ministry provided a comprehensive response on May 6, 2016 to the Ombudsperson's Office annual request for an update on remaining recommendations, accompanied by a letter that reiterated the cessation of the annual reporting process and the rationale, and made a commitment to arrange another meeting after the Ministry's review of the remaining recommendations was completed.
- In June 2016, the Ombudsperson's Office released its annual report, which took a different approach than it has in past years. Annual reports typically provided commentary on a number of systemic investigation reports and also included assessment tables outlining evaluations of progress made in addressing individual report recommendations. In the 2015/16 annual report, systemic investigation reports did not receive commentary, and assessment tables were not published.

- In August 2016, the Ministry met with the Ombudsperson once again to provide a summary of the current status of all 176 recommendations according to the ministry:  
s.13

- Many of the recommendations categorized as 'In- Progress' relate to the regulatory work underway to support the amendments to the *Community Care and Assisted Living Act* for assisted living services, as well as improvements to the Patient Care Quality Review Board Ministerial Directives and changes to the access policy for residential care services.
- In November 2016, the Ministry provided further information to the Ombudsperson, as requested, about the s.13 recommendations, s.13  
s.13
- The Minister was informed in November 2016, in writing, by the Ombudsperson that his office intends to issue an update on the Part 2 report targeted for the end of February 2017, assessing and acknowledging the work that has been done to address the 176 recommendations.
- The Ombudsperson's office has advised that after publishing this update, they intend to continue to monitor a small number of key recommendations that are not yet implemented.
- Ministry staff have been meeting with the Ombudsperson's office staff in January 2017 to provide further clarification on actions taken to address specific recommendations about which the Ombudsperson's office requested additional information to make a final assessment.
- Ministry staff will continue to work with the Ombudsperson's office to provide further information that will allow the Ombudsperson's office to accurately reflect in their update the work that has been done to date.

#### **ADVICE AND RECOMMENDED RESPONSE:**

- **The ministry shares the Ombudsperson's commitment to high-quality senior's care and we thank the office for their work.**
- **We know that these are important issues to seniors and their families.**
- **In addition to our work on the Ombudsperson's recommendations, we have established the Office of the Seniors Advocate, whose role is to examine systemic issues for older adults, so that we continuously look for ways to strengthen our health system.**
- **Additionally, the ministry has developed "Setting Priorities for the B.C. Health System", an overarching strategy to create a more sustainable health system.**
- **A large part of the priorities are focused on quality of life and care for seniors.**
- **As part of this, a series of policy papers, including ones on primary and community care and rural health services were created to help build better**



## ADVICE TO MINISTER

supports that will help meet the needs of seniors in every region of the province - particularly those reaching the later stages of life.

- We have taken action on the vast majority of the Ombudsperson's recommendations, and have completed several including:
  - Developed *Performance Management Requirements in Home Support Services* to ensure that the quality of home support services is consistent throughout B.C. by holding service providers accountable for the same standard of care.
  - Amendments to the Residential Care Regulation were passed by an Order in Council on July 19, 2016. These regulation changes resulted in a better definition of "emergency restraint" (section 74(1)(a)) and the inclusion of persons in care/families in notice of major change in operations (section 9(3)) to promote transparency and fairness to persons in care/families.
  - In September 2016, the *Seniors Services: A Provincial Guide to Dementia Care in British Columbia* was released, providing a comprehensive approach to the dementia journey – from diagnosis to end of life - and providing direction for continued planning of dementia services and supports in British Columbia.
  - Developed an e-learning module that provides information on the various types of abuse and neglect and the duties of health care staff to report suspected abuse.
  - Developed an online course on consent to health care under the HCCCFAA, which includes a section related to seeking consent to prescription medication.
- The ministry is committed to providing seniors with optimal care and intends to continue working towards improvements in this area.

### If asked how many recommendations we have completed:

- We have done an extensive amount of work to address the recommendations from Part 2 of the Best of Care report. s.13  
s.13
- We are committed to reporting back to the Ombudsperson on our progress.

### If asked about the discrepancy between the Ombudsperson and the ministry's perspective on what has been completed:

- We will continue to report back to the Ombudsperson on our progress, but  
s.13
- Additionally, several of the recommendations from the Office of the Seniors Advocate are in alignment with those from the Ombudsperson, and the work we are currently undertaking.  
s.13

**Comment [AKH1]:** We recommend this be removed in light of more recent collaborative experiences with the OO.



s.13

**If asked about not accepting recommendation #39 to extend the \$300 monthly cap to seniors who do not have earned income:**

- After careful consideration, the ministry decided to leave the cap as is.
- Offering a cap to all seniors, not just those with disabilities, as it currently is would not be consistent with the application of other policies.
- We must use our limited taxpayer dollars in the most effective way possible.

s.13

**If asked about not accepting recommendation #166 to implement additional enforcement options for facility operators who do not comply with legislative and regulatory requirements:**

- The ministry has determined that adding a further fine or penalty system to the existing enforcement options would not promote further compliance.
- We believe that the current range of enforcement options are sufficient and work with providers to provide education on compliance.

## ADVICE TO MINISTER

Communications Contact:

Reviewer:

Sharon Stewart,  
Doug Hughes

Program Area Contact:

Karen Archibald

File Created:

January 25, 2017

File Updated:

File Location:

Minister's Office	Program Area	Deputy	Media Manager

## Ombudsperson Report

### Project Status Report

#### 2.9 - ADMISSION TO RESIDENTIAL CARE USING THE *MENTAL HEALTH ACT*

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees</i>	<b>Reporting Period:</b> March, 2015  <b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
<b>Target Completion Date(s):</b> April 1, 2016	<b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald, Carly Hyman, Whitney Borowko
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and Opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
R130, R131, R132	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders 2. Develop a provincial policy regarding user fees for patients in Home and Community Care (HCC) and Mental Health and Substance Use (MHSU) residential care facilities under section 22 & 37 of the <i>Mental Health Act</i>

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.			
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	



<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
6. Update provincial <i>Guide to the Mental Health Act</i> <a href="http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf</a> to incorporate these new guidelines.	April-May 2016	On hold until MoH funding has been secured	
7. Develop Communication Plan in partnership with health authorities and Doctors of BC.	May-June, 2016	On hold until MoH funding has been secured	
<b>Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care facilities under section 22 &amp; 37 of the <i>Mental Health Act</i></b>			
1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	April, 2015	Underway	
4. Establish Provincial Advisory committee with MoH IPCC Program and Finance representation and Legal expert.	May, 2015		
5. Draft Provincial User Fees Policy	May–September, 2015		
6. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health Authorities	October, 2015		
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
9. Distribute Provincial Policy to health authorities and major stake holders and advise of the effective date of implementation.	December, 2015		

#### **Key Accomplishments Since Last Report:**

- Review completed of historical MHSU User Fees Policies for patients under section 22 & 37 of the *Mental Health Act*.
- Obtained legal advice – provincial legislation.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

#### **Plans for Next Reporting Period:**

- End of June, 2015

#### **Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured, approx. \$20,000 - \$30,000
- In addition, approx. \$10,000 is required to update the *Guide to the Mental Health Act*.

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b></p> <p>The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b></p> <p>The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
<p><b>Finding 102</b></p> <p>It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p>	<p><b>Recommendation 131</b></p> <p>The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p> <p><b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b></p>	<p><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>



## Ombudsperson Report

### Project Status Report

#### ADMISSION TO RESIDENTIAL CARE USING THE *MENTAL HEALTH ACT* – Project 2.9

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees</i>	<b>Reporting Period:</b> July 14, to September 15, 2015
	<b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
	<b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald, Whitney Borowko
<b>Target Completion Date(s):</b> April 1, 2016	<b>Project Status (** see last page for legend):</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Risk Mitigation Underway <input type="checkbox"/> Action Required <input type="checkbox"/> Not started <b>X On Hold</b>
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
R130, R131, R132	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders 2. Develop a provincial policy regarding user fees for patients in Home and Community Care (HCC) and Mental Health and Substance Use (MHSU) residential care facilities under section 22 & 37 of the <i>Mental Health Act</i>

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.			

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
6. Update provincial <i>Guide to the Mental Health Act</i> <a href="http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf</a> to incorporate these new guidelines.	April-May 2016	On hold until MoH funding has been secured	
7. Develop Communication Plan in partnership with health authorities and Doctors of BC.	May-June, 2016	On hold until MoH funding has been secured	
<b>Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care facilities under section 22 &amp; 37 of the <i>Mental Health Act</i></b>			
1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain initial legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	May, 2015	Underway, targeted completion by the end of September, 2015	
4. Establish Provincial Advisory committee with MoH IPCC Program and Finance representation and Legal expert.	June, 2015	On hold until Legal review has been completed. Target date for	
5. Draft Provincial User Fees Policy	June–September, 2015		
6. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health Authorities	October, 2015		

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		
9. Distribute Provincial Policy to health authorities and major stake holders and advise of the effective date of implementation.	December, 2015		

#### **Key Accomplishments Since Last Report:**

- Review completed of historical MHSU User Fees Policies for patients under section 22 & 37 of the *Mental Health Act*.
- Obtained legal advice – provincial legislation.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

#### **Plans for Next Reporting Period:**

- Following Legal Review and funding approval implement deliverables outlined above.

#### **Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured. Estimated costs: \$50,000 submitted in early March, 2015. A second budget submission has been forwarded for request of approval in late August, 2015. See below



Criteria-MHA re  
Dementia FID 2015-16



Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b></p> <p>The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b></p> <p>The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
<p><b>Finding 102</b></p> <p>It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p>	<p><b>Recommendation 131</b></p> <p>The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p> <p><b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b></p>	<p><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>

## Ombudsperson Report

### Project Status Report

#### ADMISSION TO RESIDENTIAL CARE USING THE *MENTAL HEALTH ACT* – Project 2.9

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees for involuntary residents</i>	<b>Reporting Period:</b> October 15 <sup>th</sup> to November 14 <sup>th</sup> , 2015  <b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
<b>Target Completion Date(s):</b> April 1, 2016	<b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald, Whitney Borowko  <b>Project Status (** see last page for legend):</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Risk Mitigation Underway <input type="checkbox"/> Action Required <input type="checkbox"/> Not started <input checked="" type="checkbox"/> On Hold
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<i>Recommendation(s) – see page 2 for details</i>	<i>Summary of Topics</i>
R130, R131, R132	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders 2. Develop a provincial policy regarding user fees for patients in Home and Community Care (HCC) and Mental Health and Substance Use (MHSU) residential care faculties under section 22 & 37 of the <i>Mental Health Act</i>

<i>Major Milestones / Deliverables:</i>	<i>Target Date</i>	<i>Status</i>	<i>Comments</i>
Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.			

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
6. Update provincial <i>Guide to the Mental Health Act</i> <a href="http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf</a> to incorporate these new guidelines.	April-May 2016	On hold until MoH funding has been secured	
7. Develop Communication Plan in partnership with health authorities and Doctors of BC.	May-June, 2016	On hold until MoH funding has been secured	
<b>Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care facilities under section 22 &amp; 37 of the <i>Mental Health Act</i></b>			
1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain initial legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	May, 2015	Completed s.14	
4. Draft Provincial User Fees Policy	June–September, 2015	Completed draft policy in early November, 2015	
5. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health Authorities	October, 2015	Review undertaken by MoH HCC & Acute Care Branch	



<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
66. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		
9. Distribute Provincial Policy to health authorities and major stake holders and advise of the effective date of implementation.	December, 2015		

#### **Key Accomplishments Since Last Report:**

- Review completed of historical MHSU User Fees Policies for patients under section 22 & 37 of the *Mental Health Act*.
- Obtained legal advice – provincial legislation.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

#### **Plans for Next Reporting Period:**

- Following Legal Review and funding approval implement deliverables outlined above.

#### **Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured. Estimated costs: \$50,000 submitted in early March, 2015. A second budget submission has been forwarded for request of approval in late August, 2015. A third submission was made on November 1, 2015

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
<p><b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p>	<p><b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p> <p><b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b></p>	<p><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>

## **Ministry of Health**

### **THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)** Public Report No. 47

Ministry Response to Recommendations and Ombudsperson's Status as of November 2014



### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
under the Hospital Act on their websites.	under the Hospital Act on their websites.  <b>FULLY IMPLEMENTED</b>	
<b>Finding 130</b> The Ministry of Health does not require facilities governed under the Hospital Act to report incidents that are defined as "reportable" in the Community Care and Assisted Living Act.	<b>Recommendation 162</b> The Ministry of Health take the necessary steps to require operators of residential care facilities governed under the Hospital Act to report reportable incidents in the same manner as facilities licensed under the Community Care and Assisted Living Act.  <b>ONGOING</b>	<b>March 2014</b>  As of October 2012, the Ministry revised its provincial Home and Community Care policy to require health authorities to report possible abuse and neglect (Policy 1.A, Overview, Home and Community Care Services).  All health authorities submit Patient Care Quality Office (PCQO) data to the Patient Safety Learning System (PSLS). The data submitted encompass all complaints reported to PCQOs as well as inquiries undertaken. 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 Patient Learning Safety System can be found at <a href="http://www.bcpsls.ca/default.htm">www.bcpsls.ca/default.htm</a> .
<b>Finding 131</b> The Ministry of Health has not yet taken the required steps to ensure that reports of incidents of abuse by residents against other residents are included in the list of reportable incidents in the Residential Care Regulation.	<b>Recommendation 163</b> The Ministry of Health take the necessary steps to include abuse by residents against other residents in the list of reportable incidents in the Residential Care Regulation.  <b>RESPONSE RECEIVED: ACCEPTED, ONGOING</b>	<b>October 2014 clarification</b>  As you know, a new Reportable Incident category entitled "aggression between persons in care" was added to the Residential Care Regulation on December 1, 2013. The Ministry believes that this recommendation is fully implemented and does not intend to take further action to address it.  When we met, you asked why the Ministry did not include financial and emotional abuse by residents against other residents in the list of reportable incidents.  The Residential Care Regulation includes emotional abuse, financial abuse, physical abuse and sexual abuse as reportable incidents. These definitions are limited to situations involving a person in care and perpetrated by a person not in care. The Ministry did not extend the definitions of abuse in the regulation to cover situations between persons in care because many residents in residential care have diminished capacity and are not acting in an intentional manner.  Rather, the Ministry chose to add "aggression between persons in care" to the list of reportable incidents because people who are cared for in residential care facilities have increasingly complex health care needs and behavioural challenges, and aggression between persons in care poses a high risk to the health and safety of frail vulnerable persons. Accurate identification of these incidents, as well as patterns of incidents, better enables caregivers to plan for safe and appropriate care and accommodation, and to develop preventive strategies to minimize risk of harm.  In addition, other incidents between persons in care may be covered by the reportable incident "aggressive or unusual behaviour" which is defined as aggressive or unusual behaviour by a person in care towards another person, including another person in care, that has not been appropriately assessed in the care plan of the person in care, and does not fall within the definition of aggression between persons in care.

**Ministry of Health**

**THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)**  
Public Report No. 47

Ministry Response to Recommendations and Ombudsperson's Status as of March 2016

### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
that they are required to pay.	<b>ONGOING</b>	<p>website indicates that tax splitting has benefits and potential implications which are most appropriately discussed with a financial professional.</p> <p>As the Ministry has provided information to the public on how income splitting can affect client rates and provided useful links to additional information, the Ministry believes this recommendation is fully implemented and does not intend to take any further action to address this recommendation.</p> <p><b>March 2014</b></p> <p>As a commitment under the Seniors Action Plan, on September 28, 2012, the Ministry launched major changes to both the SeniorsBC and the Home and Community Care websites. The Home and Community Care website now provides information about the impact of pension income splitting on client rates, under the section "Who Pays for Care?"</p> <p>It is also clear in Ministry policy that home and community care rates are based on the applicant's after tax income as determined by Canada Revenue Agency from information provided in annual income tax returns.</p> <p>It is the responsibility of the applicant (and family) to ensure that the after tax income as determined by Canada Revenue Agency is correct. The Ministry and health authorities make the best effort to provide clients with information on how client rates are determined. However, Ministry and health authority staff do not have expertise in financial planning. Clients are encouraged to consult with a tax expert if they wish further information.</p>
<b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily	<b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care. <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>April 2015</b></p> <p>This recommendation is in Year 2 of the Ministry of Health's work plan.</p> <p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>



### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
deprived of their civil liberties.		
<b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	<b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.  <b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b>	<p style="text-align: right;"><b>April 2015</b></p> <p>This recommendation is in Year 2 of the Ministry of Health's work plan.</p> <p style="text-align: right;"><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	<b>Recommendation 132</b> The 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 to the ministry to be reimbursed for the fees paid.  <b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b>	<p style="text-align: right;"><b>April 2015</b></p> <p>This recommendation is in Year 2 of the Ministry of Health's work plan.</p> <p style="text-align: right;"><b>May 2014</b></p> <p>The Ministry will consider the Ombudsperson's recommendations as part of its review of charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<b>Finding 103</b> The Ministry of Health has not established specific and objectively measurable	<b>Recommendation 133</b> After consulting with the health authorities, facility operators, seniors and their families, the Ministry of Health establish specific	<p style="text-align: right;"><b>April 2015</b></p> <p>This recommendation is in Year 3 of the Ministry of Health's work plan.</p> <p style="text-align: right;"><b>March 2014</b></p> <p>The Ministry's Seniors Action Plan recognized the need for clear and measurable standards for home and community care services. This need is also recognized in the Ministry's refreshed strategy for the health care system, "Setting Priorities for the BC Health System" (Feb. 2014) and in the Ministry's Service Plan, which commits to the</p>

**Ministry of Health**

**THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)**  
Public Report No. 47

Ministry Response to Recommendations and Ombudsperson's Status as of November 2014

### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<b>HOME AND COMMUNITY CARE RECOMMENDATIONS</b>		
<b>Finding 1</b> The Ministry of Health does not track and report publicly on the funding allocated to and expended on home and community care services and the results achieved.	<b>Recommendation 1</b> The Ministry of Health report publicly on an annual basis in a way that is clear and accessible: <ul style="list-style-type: none"> <li>the funding allocated to home and community care services by each health authority</li> <li>the funds expended on home and community care services in each health authority</li> <li>the planned results for home and community care services in each health authority</li> <li>the actual results delivered by home and community care services</li> <li>an explanation of any differences between the planned results and the actual results</li> </ul> <b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b>	<p style="text-align: right;"><b>April 2015</b></p> <p>This recommendation is in Year 2 of the Ministry of Health's work plan.</p> <p style="text-align: right;"><b>May 2014</b></p> <p>Home and community care services are delivered by regional health authorities as part of the full continuum of health services provided to meet the needs of the population within their respective geographic regions.</p> <p>Funding for health care services is subject to government's overall fiscal plan and competing priorities. The Ministry and health authorities work collaboratively to ensure the needs of the population are met within the available funding and according to the ministry's budget and fiscal plan.</p> <p>Regional health authorities determine their annual spending requirements for home and community care services. Health authorities prepare annual service plans and post these on their websites. The plans include information regarding budgets, actual expenditures and variances by sector including community care services (such as home support, case management, adult day services, community nursing and community rehabilitation and assisted living) and residential care services. The plans include several performance measures that cover the wide range of programs and services delivered.</p> <p>The Ministry collects extensive information about the health care services that patients and clients receive, and health authorities regularly provide the Ministry with the information it requires to fulfil its stewardship role. HAs and the Ministry track information as needed to meet sound fiscal and operational management requirements. This approach is consistent with all of government.</p> <p>Health authorities and the Ministry continue to improve the type of data collected, particularly its accuracy and timeliness. The Ministry and health authorities have resolved issues with the implementation of the Home and Community Care Minimum Reporting Requirements, with all health authorities submitting the required data. This will enable improved reporting both internally to strengthen monitoring of services, and publicly for increased transparency and accountability. A model for public performance reporting is under development that includes measures of the performance of various parts of the health system, including Home and Community Care (such as the wait time for residential care services).</p> <p>The Ministry's Seniors Action Plan recognized the importance for people to be able to easily access and understand all of the information needed to make informed choices about care. The Ministry will be considering further enhancements to the information it makes available to the public and will consider enhancements to address these recommendations.</p>
<b>Finding 2</b> The Ministry of Health and the health authorities were unable to	<b>Recommendation 2</b> The Ministry of Health work with the health authorities and other stakeholders to identify	<p style="text-align: right;"><b>April 2015</b></p> <p>This recommendation is in Year 2 of the Ministry of Health's work plan.</p> <p style="text-align: right;"><b>March 2014</b></p> <p>Health authorities and the Ministry continue to improve the type of data collected, particularly its accuracy and timeliness. In 2013/14, the Ministry, in collaboration with the</p>



### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
		<p>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 is part of a Plan to Standardize Benefits and Protections for Residential Care Clients, as a commitment under the Seniors Action Plan, and will apply to all home and community care clients, including those living in publicly subsidized residential care facilities that are governed under both the CCALE and the Hospital Act.</p> <p>The Ministry has developed a process manual and has established reporting and monitoring process with health authorities to track approvals and denials of hardship applications.</p>
<b>Finding 100</b> The health authorities do not provide adequate information to seniors on how income splitting can affect the residential care rate that they are required to pay.	<b>Recommendation 129</b> The Ministry of Health and the health authorities work together to provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay.  <b>ONGOING</b>	<p><b>April 2015</b></p> <p>Please refer to the information provided in October 2014. The Ministry of Health considers this recommendation to be fully implemented and is not planning on taking any further action to address it.</p> <p><b>October 2014 clarification</b></p> <p>The Ombudsperson recommended that the Ministry provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay. Since September 28, 2012, the Ministry of Health's Home and Community Care website has provided information about the impact of pension income splitting on client rates. The information is found at the following link <a href="http://www2.gov.bc.ca/gov/topic.page?id=68E9C5DFB10046F689AE9A0F57265083">http://www2.gov.bc.ca/gov/topic.page?id=68E9C5DFB10046F689AE9A0F57265083</a>.</p> <p>The website explains that client rates are based on net income and if spouses split pension income for tax purposes, it may impact client rates for income-tested programs. The website indicates that tax splitting has benefits and potential implications which are most appropriately discussed with a financial professional.</p> <p>As the Ministry has provided information to the public on how income splitting can affect client rates and provided useful links to additional information, the Ministry believes this recommendation is fully implemented and does not intend to take any further action to address this recommendation.</p> <p><b>March 2014</b></p> <p>As a commitment under the Seniors Action Plan, on September 28, 2012, the Ministry launched major changes to both the SeniorsBC and the Home and Community Care websites. The Home and Community Care website now provides information about the impact of pension income splitting on client rates, under the section "Who Pays for Care?"</p> <p>It is also clear in Ministry policy that home and community care rates are based on the applicant's after tax income as determined by Canada Revenue Agency from information provided in annual income tax returns.</p> <p>It is the responsibility of the applicant (and family) to ensure that the after tax income as determined by Canada Revenue Agency is correct. The Ministry and health authorities make the best effort to provide clients with information on how client rates are determined. However, Ministry and health authority staff do not have expertise in financial planning. Clients are encouraged to consult with a tax expert if they wish further information.</p>
<b>Finding 101</b> The health authorities' use of	<b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil	<p><b>April 2015</b></p> <p>This recommendation is in Year 2 of the Ministry of Health's work plan.</p>

### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.	liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.  <b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b>	<b>May 2014</b> Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i> . These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.
<b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	<b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.  <b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b>	<b>April 2015</b> This recommendation is in Year 2 of the Ministry of Health's work plan.  <b>May 2014</b> The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.
<b>Finding 102</b> It is unfair for the health authorities	<b>Recommendation 132</b> The Ministry of Health develop a process for	<b>April 2015</b> This recommendation is in Year 2 of the Ministry of Health's work plan.

**Ministry of Health**

**THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)**

Public Report No. 47

Ministry Response to Recommendations and Ombudsperson's Status with responses from Ministry from March 2014 - May 2016

(Ombudsperson assessments from June 2014)

**Comment [KA1]:** Kendal, please check this... in column 2 below it says "as of June 2014" but I thought I had Michael update these to at least fall 2015? I don't really care what the assessment date is, I just want it to be correct and match the appropriate table from the OO and make sure we are referencing the correct year



### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
income splitting can affect the residential care rate that they are required to pay.	can affect the residential care rate that seniors are required to pay.  <b>ONGOING</b>	<p>Please refer to the information provided in October 2014. The Ministry of Health considers this recommendation to be fully implemented and is not planning on taking any further action to address it.</p> <p><b>October 2014 clarification</b></p> <p>The Ombudsperson recommended that the Ministry provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay. Since September 28, 2012, the Ministry of Health's Home and Community Care website has provided information about the impact of pension income splitting on client rates. The information is found at the following link <a href="http://www2.gov.bc.ca/gov/topic.page?id=68E9C5DFB10046F689AE9A0F57265083">http://www2.gov.bc.ca/gov/topic.page?id=68E9C5DFB10046F689AE9A0F57265083</a>.</p> <p>The website explains that client rates are based on net income and if spouses split pension income for tax purposes, it may impact client rates for income-tested programs. The website indicates that tax splitting has benefits and potential implications which are most appropriately discussed with a financial professional.</p> <p>As the Ministry has provided information to the public on how income splitting can affect client rates and provided useful links to additional information, the Ministry believes this recommendation is fully implemented and does not intend to take any further action to address this recommendation.</p> <p><b>March 2014</b></p> <p>As a commitment under the Seniors Action Plan, on September 28, 2012, the Ministry launched major changes to both the SeniorsBC and the Home and Community Care websites. The Home and Community Care website now provides information about the impact of pension income splitting on client rates, under the section "Who Pays for Care?"</p> <p>It is also clear in Ministry policy that home and community care rates are based on the applicant's after tax income as determined by Canada Revenue Agency from information provided in annual income tax returns.</p> <p>It is the responsibility of the applicant (and family) to ensure that the after tax income as determined by Canada Revenue Agency is correct. The Ministry and health authorities make the best effort to provide clients with information on how client rates are determined. However, Ministry and health authority staff do not have expertise in financial planning. Clients are encouraged to consult with a tax expert if they wish further information.</p>
<b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is	<b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors	<p><b>May 2016</b></p> <p>This recommendation will be addressed through the development of provincial clinical practice guidelines for physicians in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging-related disorders.</p> <p>Developing these clinical guidelines for this recommendation is complex and requires specialists such as a psychiatrist with a speciality in geriatric psychiatry to undertake the work through a consensus process.</p> <p>The consultation and planning phases of this project are complete and the target is to have the guidelines fully developed and issued for implementation by end of fiscal year 2016/2017.</p> <p>Work on this recommendation continues in Year 3 of the Ministry's work plan.</p>

**Comment [KA2]:** Not sure this is correct to match what is in the column? No need to update the column, just make sure the reference date is correct

### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.	to mental health facilities and then transfer them to residential care.  <b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b>	<b>April 2015</b> This recommendation is in Year 2 of the Ministry of Health's work plan.  <b>May 2014</b> Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i> . These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.
<b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	<b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.  <b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b>	<b>May 2016</b> The recommendation to stop charging user fees for seniors that are admitted involuntarily under section 22 and 37 of the <i>Mental Health Act</i> into residential care facilities is under review pending Ministry direction. <b>s. 14</b> . The Ministry will be developing in 2016/17 an updated provincial user fee policy regarding user fees for patients in Home and Community Care and Mental Health and Substance Use residential care facilities under section 22 & 37 of the <i>Mental Health Act</i> .  Work on these recommendations continues in Year 3 of the Ministry's work plan. <b>April 2015</b> This recommendation is in Year 2 of the Ministry of Health's work plan.  <b>May 2014</b> The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.
<b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental	<b>Recommendation 132</b> The 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 to the ministry to be	<b>May 2016</b> The recommendation to stop charging user fees for seniors that are admitted involuntarily under section 22 and 37 of the <i>Mental Health Act</i> into residential care facilities is under review pending Ministry direction <b>s. 14</b> . The Ministry will be developing in 2016/17 an updated provincial user fee policy regarding user fees for patients in Home and Community Care and Mental Health and Substance Use residential care facilities under section 22 & 37 of the <i>Mental Health Act</i> .  Work on these recommendations continues in Year 3 of the Ministry's work plan.  <b>April 2015</b>

**Comment [KA2]:** Not sure this is correct to match what is in the column? No need to update the column, just make sure the reference date is correct

## **Ministry of Health**

### **THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)** Public Report No. 47

Ministry Response to Recommendations and Ombudsperson's Status as of October 2014



# Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in June 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
rate that they are required to pay.	required to pay.  <b>ONGOING</b>	<p>Agency from information provided in annual income tax returns.</p> <p>It is the responsibility of the applicant (and family) to ensure that the after tax income as determined by Canada Revenue Agency is correct. The Ministry and health authorities make the best effort to provide clients with information on how client rates are determined. However, Ministry and health authority staff do not have expertise in financial planning. Clients are encouraged to consult with a tax expert if they wish further information.</p> <p><b>October 2014 clarification</b></p> <p>The Ombudsperson recommended that the Ministry provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay. Since September 28, 2012, the Ministry of Health's Home and Community Care website has provided information about the impact of pension income splitting on client rates. The information is found at the following link <a href="http://www2.gov.bc.ca/gov/topic_page?id=68E9C5DFB10046F689AE9A0F57265083">http://www2.gov.bc.ca/gov/topic_page?id=68E9C5DFB10046F689AE9A0F57265083</a>.</p> <p>The website explains that client rates are based on net income and if spouses split pension income for tax purposes, it may impact client rates for income-tested programs. The website indicates that tax splitting has benefits and potential implications which are most appropriately discussed with a financial professional.</p> <p>As the Ministry has provided information to the public on how income splitting can affect client rates and provided useful links to additional information, the Ministry believes this recommendation is fully implemented and does not intend to take any further action to address this recommendation.</p>
<b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.	<p><b>Recommendation 130</b></p> <p>The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>

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## **Ministry of Health**

### **THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)** Public Report No. 47

Ministry Response to Recommendations and Ombudsperson's Status as of October 2014

### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in June 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
living expenses on applications for hardship waivers since 2002.	<p>hardship waivers and make necessary changes, and review and update the list of allowable expenses every three years.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, ONGOING</b></p>	<p>part of a Plan to Standardize Benefits and Protections for Residential Care Clients, as a commitment under the Seniors Action Plan, and will apply to all home and community care clients, including those living in publicly subsidized residential care facilities that are governed under both the CCALA and the Hospital Act.</p> <p>The Ministry has developed a process manual and has established reporting and monitoring process with health authorities to track approvals and denials of hardship applications.</p>
<p><b>Finding 100</b></p> <p>The health authorities do not provide adequate information to seniors on how income splitting can affect the residential care rate that they are required to pay.</p>	<p><b>Recommendation 129</b></p> <p>The Ministry of Health and the health authorities work together to provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay.</p> <p><b>ONGOING</b></p>	<p style="text-align: center;"><b>October 2014 clarification</b></p> <p>The Ombudsperson recommended that the Ministry provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay. Since September 28, 2012, the Ministry of Health's Home and Community Care website has provided information about the impact of pension income splitting on client rates. The information is found at the following link <a href="http://www2.gov.bc.ca/gov/topic.page?id=68E9C5DFB10046F689AE9A0F57265083">http://www2.gov.bc.ca/gov/topic.page?id=68E9C5DFB10046F689AE9A0F57265083</a>.</p> <p>The website explains that client rates are based on net income and if spouses split pension income for tax purposes, it may impact client rates for income-tested programs. The website indicates that tax splitting has benefits and potential implications which are most appropriately discussed with a financial professional.</p> <p>As the Ministry has provided information to the public on how income splitting can affect client rates and provided useful links to additional information, the Ministry believes this recommendation is fully implemented and does not intend to take any further action to address this recommendation.</p> <p style="text-align: center;"><b>March 2014</b></p> <p>As a commitment under the Seniors Action Plan, on September 28, 2012, the Ministry launched major changes to both the SeniorsBC and the Home and Community Care websites. The Home and Community Care website now provides information about the impact of pension income splitting on client rates, under the section "Who Pays for Care?"</p> <p>It is also clear in Ministry policy that home and community care rates are based on the applicant's after tax income as determined by Canada Revenue Agency from information provided in annual income tax returns.</p> <p>It is the responsibility of the applicant (and family) to ensure that the after tax income as determined by Canada Revenue Agency is correct. The Ministry and health authorities make the best effort to provide clients with information on how client rates are determined. However, Ministry and health authority staff do not have expertise in financial planning. Clients are encouraged to consult with a tax expert if they wish further information.</p>
<p><b>Finding 101</b></p> <p>The health authorities' use of sections 22 and 37 of the Mental Health Act to</p>	<p><b>Recommendation 130</b></p> <p>The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working</p>	<p style="text-align: center;"><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a</p>



### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in June 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.	with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.  <b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b>	designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i> . These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.
<b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	<b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.  <b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b>	<b>May 2014</b> The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.
<b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	<b>Recommendation 132</b> The 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 to the ministry to be reimbursed for the fees paid.  <b>RESPONSE RECEIVED: RECOMMENDATION WILL BE CONSIDERED</b>	<b>May 2014</b> The Ministry will consider the Ombudsperson's recommendations as part of its review of charging fees to seniors who are involuntary patients on extended leave in residential care.
<b>Finding 103</b>	<b>Recommendation 133</b>	<b>March 2014</b>

## Ministry of Health

### **THE BEST OF CARE:** GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2) Public Report No. 47

Ministry Response to Recommendations and Ombudsperson's Status as of ~~June~~September 2014

### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in June 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
		<p><u>The website explains that client rates are based on net income and if spouses split pension income for tax purposes, it may impact client rates for income-tested programs. The website indicates that tax splitting has benefits and potential implications which are most appropriately discussed with a financial professional.</u></p> <p><u>As the Ministry has provided information to the public on how income splitting can affect client rates and provided useful links to additional information, the Ministry believes this recommendation is fully implemented and does not intend to take any further action to address this recommendation.</u></p>
<b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.	<b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care. <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i> . These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.
<b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	<b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities. <p><b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b></p>	<p><b>May 2014</b></p> The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.
<b>Finding 102</b>	<b>Recommendation 132</b>	<b>May 2014</b>



Mr. Jay Chalke  
Ombudsperson  
Province of British Columbia  
PO Box 9039  
Victoria BC V8W 9A5

Dear Mr. Chalke,

Re: Update on Seniors' Care Improvements in British Columbia

I am writing with regards to your request for information about work that my Ministry has done to update Cabinet on seniors' care improvements, as set out in my mandate letter of July 30, 2015 and the extent to which the material prepared for the Cabinet update is relevant to the recommendations made in *The Best of Care: Getting it Right for Seniors in British Columbia (Part 2)*, *(The Best of Care (Part 2))*.

The update I provided to Cabinet On December 14, 2015 outlined several subjects pertaining to recent improvements in seniors' care, but did not provide any updates on specific recommendations from *The Best of Care (Part 2)* report. The topics reviewed included: the projected growth of the seniors population; financial investments in seniors' care; the guiding documents on the Ministry's shift to an integrated system of primary and community care; the role of the Parliamentary Secretary to the Ministry of Health for Seniors, Darryl Plecas; an overview of the status of the 176 recommendations in *The Best of Care (Part 2)*; a few examples of existing work aligning with the reports published by the Office of the Seniors Advocate; and a description of the approach to reposition care for seniors who have moderate to complex chronic conditions and frailty. Please see Appendix A for a copy of the slides that were presented to Cabinet.

During the update to Cabinet, I conveyed that seven projects (21 recommendations) that are part of the Ministry's four year work plan on *The Best of Care (Part 2)* have been moved from Year 2 (2015/2016) of the work plan to Year 3 (2016/2017), mainly due to work underway related to the *Community Care and Assisted Living Act*.

Thank-you for your invitation to meet to discuss the recommendations outlined in *The Best of Care (Part 2)*. Ministry staff will be in contact with your office in the near future to set up a meeting for the New Year with Doug Hughes, Assistant Deputy Minister, Health Services Policy Division, to discuss the work plan and progress made on recommendations since March 2015.

Sincerely,

**Ministry of Health**

**THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)**  
Public Report No. 47

Ministry Response to Recommendations and Ombudsperson's Status as of March 2016

### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
that they are required to pay.	<b>ONGOING</b>	<p>website indicates that tax splitting has benefits and potential implications which are most appropriately discussed with a financial professional.</p> <p>As the Ministry has provided information to the public on how income splitting can affect client rates and provided useful links to additional information, the Ministry believes this recommendation is fully implemented and does not intend to take any further action to address this recommendation.</p> <p><b>March 2014</b></p> <p>As a commitment under the Seniors Action Plan, on September 28, 2012, the Ministry launched major changes to both the SeniorsBC and the Home and Community Care websites. The Home and Community Care website now provides information about the impact of pension income splitting on client rates, under the section "Who Pays for Care?"</p> <p>It is also clear in Ministry policy that home and community care rates are based on the applicant's after tax income as determined by Canada Revenue Agency from information provided in annual income tax returns.</p> <p>It is the responsibility of the applicant (and family) to ensure that the after tax income as determined by Canada Revenue Agency is correct. The Ministry and health authorities make the best effort to provide clients with information on how client rates are determined. However, Ministry and health authority staff do not have expertise in financial planning. Clients are encouraged to consult with a tax expert if they wish further information.</p>
<b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily	<p><b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>April 2015</b></p> <p>This recommendation is in Year 2 of the Ministry of Health's work plan.</p> <p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>



### Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
deprived of their civil liberties.		
<b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	<b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.  <b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b>	<p style="text-align: right;"><b>April 2015</b></p> <p>This recommendation is in Year 2 of the Ministry of Health's work plan.</p> <p style="text-align: right;"><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	<b>Recommendation 132</b> The 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 to the ministry to be reimbursed for the fees paid.  <b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b>	<p style="text-align: right;"><b>April 2015</b></p> <p>This recommendation is in Year 2 of the Ministry of Health's work plan.</p> <p style="text-align: right;"><b>May 2014</b></p> <p>The Ministry will consider the Ombudsperson's recommendations as part of its review of charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<b>Finding 103</b> The Ministry of Health has not established specific and objectively measurable	<b>Recommendation 133</b> After consulting with the health authorities, facility operators, seniors and their families, the Ministry of Health establish specific	<p style="text-align: right;"><b>April 2015</b></p> <p>This recommendation is in Year 3 of the Ministry of Health's work plan.</p> <p style="text-align: right;"><b>March 2014</b></p> <p>The Ministry's Seniors Action Plan recognized the need for clear and measurable standards for home and community care services. This need is also recognized in the Ministry's refreshed strategy for the health care system, "Setting Priorities for the BC Health System" (Feb. 2014) and in the Ministry's Service Plan, which commits to the</p>

**Ombudsperson's Report on Seniors Care - Remaining Recommendations as of Mar 31, 2016 (draft)**

	Pro No.	Project	Rec's	Lead
Year 2 Projects	1.7	HS Monitoring and Enforcement	49	Karen
	1.15b	Licensing policies/Standards for Training/Training Module on Investigations; Inspections in CCALA facilities (1 of 3; project complete)	153	Sue
	1.16	Hospital Inspector Training Module on Investigations/Updated List	158	Sue
	2.2	End of Life Care Action Plan (for other changes)	146	Janet
	2.4	Consent for Prescription Medication in Residential Care	139, 140, 141	Karen
	2.5a	HCC Annual Report (1 of 13)	6	TBD
	2.6b	Information/HCC Website (1 of 3; project complete)	105	Karen
	2.7	Publicly Accessible AL Information	57, 58	Karen
	2.10a	AL Complaint Monitoring (1 of 5)	75	Robin
	2.13a	RC Complaint Mechanisms and Inspections (3 of 4)	148, 157, 159	Sue
	2.14a	Facility Closures, Resident Transfers, Large Scale Staff Replacement; Substantial Change in Operations (2 of 4)	172, 173	Sue
	2.15b	Implementing Improvements to PCQ Program (1 of 8)	15	Janice
	2.16a	Multiple Complaint Processes (1 of 4)	47	Janice
Year 3 Projects	1.6	HS and AL Complaints	45,46,73,74	Karen
	1.14b	Serious Incident Reporting (1 of 3)	85	Robin
	2.1	Seniors in Hospital waiting for RC Placement	114	Derek
	2.3	Consent to Care Facility Admission	115, 116	Karen
	2.5b	HCC Annual Report (12 of 13)	1, 2,3, 37, 38, 64, 65, 107, 109, 110, 112, 113	TBD
	2.8	Review of RC Admission/Access Policy	100, 101, 102, 103, 104, 106, 117, 118, 119, 120, 121	Ramani
	2.9	Admission to Residential Care using the Mental Health Act	130,131,132	Gerrit
	2.10b	AL Complaint Monitoring (4 of 5)	72, 76, 78, 79	Robin
	2.11a	AL Inspection and Monitoring (2 of 3)	90, 93	Robin
	2.12	Licensing Annual Report	151,152	Sue
	2.13b	RC Complaint Mechanisms and Inspections (1 of 4)	149	Sue
	2.14b	Facility Closures, Resident Transfers, Large Scale Staff Replacement; Substantial Change in Operations (2 of 4)	169, 171	Sue
	2.15c	Implementing Improvements to PCQ Program (6 of 8)	16, 17, 18, 19, 21, 48	Janice
	2.16b	Multiple Complaint Processes (3 of 4)	22, 80, 81	Janice
	3.1	Residential Care Funding	97, 98	Jennifer
	3.2	Care Aide & Community Health Worker Registry & Criminal Record Checks	23, 24, 26	Karla
	3.3	Monitoring Performance Management in AL	91, 92	TBD
	3.4	Analysis of Home Support Program and Eligibility Criteria	34	Ramani
	3.5	Staffing Levels in RC	124, 142, 143	Ramani
	3.6	Residential Care Standards	133, 134, 136, 138, 144	Karen
Year 4 Projects	3.7	Standards for Home Support	35, 42, 43	Karen
	3.8	Standards for Assisted Living	69, 70	Karen
	3.9	Annual Report by MHOs; Monitoring of Reporting of Incidents	155, 164	Sue
	3.10	Harmonizing Benefits and Protections – s. 12 CCALA	28, 94, 96, 135, 162, 167, 176	Sue
	3.11	Protection from Abuse and Neglect	27, 30, 31, 32, 33	Karen
	3.12	Tracking and Reporting	29	Karen
	2.11b	AL Inspection and Monitoring (1 of 3)	88	Robin
	4.1	Policy on moving into and exiting from assisted living	66, 67, 68	Ramani
	4.2	Target timeframes for access to HCC Services	7, 36, 63, 108	TBD
	4.3	Sponsored immigrants	14	Ramani
	4.4	Reimbursement for Room Differential Fees	122	Ramani
	4.5	Lack of legal authority to provide services at support level	54, 55, 56	Robin
	4.6	Tenancy Protection for AL	82, 83, 84	Robin
	4.7	S.26(3) decision making capacity	59, 60, 61, 62	Robin
	4.8	Role of Medical Health Officers	154, 174, 175	Sue
	4.9	Dementia Action Plan (implementation of actions)	145	Janet

Green completed in Yr 2 (19); Blue -projects carried over from Year 2; Bold rec's = impacted by CCALA revisions.

## Ombudsperson Report

### Project Status Report

#### 2.9 ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees</i>	<b>Reporting Period:</b> April 15 – July 14, 2015  <b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer  <b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald, Carly Hyman, Whitney Borowko
<b>Target Completion Date(s):</b> April 1, 2016	<b>Project Status (** see last page for legend):</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Risk Mitigation Underway <input type="checkbox"/> Action Required <input type="checkbox"/> Not started <input checked="" type="checkbox"/> On Hold
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<i>Recommendation(s) – see page 2 for details</i>	<i>Summary of Topics</i>
R130, R131, R132	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders 2. Develop a provincial policy regarding user fees for patients in Home and Community Care (HCC) and Mental Health and Substance Use (MHSU) residential care facilities under section 22 & 37 of the <i>Mental Health Act</i>

<i>Major Milestones / Deliverables:</i>	<i>Target Date</i>	<i>Status</i>	<i>Comments</i>
Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.			



<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
6. Update provincial Guide to the <i>Mental Health Act</i> <a href="http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf</a> to incorporate these new guidelines.	April-May 2016	On hold until MoH funding has been secured	
7. Develop Communication Plan in partnership with health authorities and Doctors of BC.	May-June, 2016	On hold until MoH funding has been secured	
<b>Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care facilities under section 22 &amp; 37 of the <i>Mental Health Act</i></b>			
1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain initial legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	May, 2015	Underway, targeted completion by the end of August	
4. Establish Provincial Advisory committee with MoH IPCC Program and Finance representation and Legal expert.	June, 2015	On hold until Legal review has been completed	
5. Draft Provincial User Fees Policy	June–September, 2015		

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
6. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health Authorities	October, 2015		
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		
9. Distribute Provincial Policy to health authorities and major stake holders and advise of the effective date of implementation.	December, 2015		

**Key Accomplishments Since Last Report:**

- Review completed of historical MHSU User Fees Policies for patients under section 22 & 37 of the *Mental Health Act*.
- Obtained legal advice – provincial legislation.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

**Plans for Next Reporting Period:**

- End of June, 2015

**Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured, approx. \$20,000 - \$30,000
- In addition, approx. \$10,000 is required to update the *Guide to the Mental Health Act*.

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
<p><b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p>	<p><b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p> <p><b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b></p>	<p><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>



**Ministry of Health**

**THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)**  
Public Report No. 47

Ministry Response to Recommendations and Ombudsperson's Status as of March 2016

# Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
that they are required to pay.	<b>ONGOING</b>	<p>website indicates that tax splitting has benefits and potential implications which are most appropriately discussed with a financial professional.</p> <p>As the Ministry has provided information to the public on how income splitting can affect client rates and provided useful links to additional information, the Ministry believes this recommendation is fully implemented and does not intend to take any further action to address this recommendation.</p> <p><b>March 2014</b></p> <p>As a commitment under the Seniors Action Plan, on September 28, 2012, the Ministry launched major changes to both the SeniorsBC and the Home and Community Care websites. The Home and Community Care website now provides information about the impact of pension income splitting on client rates, under the section "Who Pays for Care?"</p> <p>It is also clear in Ministry policy that home and community care rates are based on the applicant's after tax income as determined by Canada Revenue Agency from information provided in annual income tax returns.</p> <p>It is the responsibility of the applicant (and family) to ensure that the after tax income as determined by Canada Revenue Agency is correct. The Ministry and health authorities make the best effort to provide clients with information on how client rates are determined. However, Ministry and health authority staff do not have expertise in financial planning. Clients are encouraged to consult with a tax expert if they wish further information.</p>
<b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily	<b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.  <b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b>	<p>This recommendation is in Year 2 of the Ministry of Health's work plan.</p> <p><b>April 2015</b></p> <p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>

# Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
deprived of their civil liberties.		
<b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	<b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities. <b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b>	<b>April 2015</b> This recommendation is in Year 2 of the Ministry of Health's work plan.  <b>May 2014</b> The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.
<b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	<b>Recommendation 132</b> The 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 to the ministry to be reimbursed for the fees paid. <b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b>	<b>April 2015</b> This recommendation is in Year 2 of the Ministry of Health's work plan.  <b>May 2014</b> The Ministry will consider the Ombudsperson's recommendations as part of its review of charging fees to seniors who are involuntary patients on extended leave in residential care.
<b>Finding 103</b> The Ministry of Health has not established specific and objectively measurable	<b>Recommendation 133</b> After consulting with the health authorities, facility operators, seniors and their families, the Ministry of Health establish specific	<b>April 2015</b> This recommendation is in Year 3 of the Ministry of Health's work plan.  <b>March 2014</b> The Ministry's Seniors Action Plan recognized the need for clear and measurable standards for home and community care services. This need is also recognized in the Ministry's refreshed strategy for the health care system, "Setting Priorities for the BC Health System" (Feb. 2014) and in the Ministry's Service Plan, which commits to the



## **Ministry of Health**

### **THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)** Public Report No. 47

Ministry Response to Recommendations and Ombudsperson's Status as of June 2014

## Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in ~~June~~ September 2014

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
increased the amount that can be claimed for general living expenses on applications for hardship waivers since 2002.	can be claimed for general living expenses on applications for hardship waivers and make necessary changes, and review and update the list of allowable expenses every three years.  <b>RESPONSE RECEIVED: ACCEPTED, ONGOING</b>	costs of living, items such as general living expenses, disposable income and allowable expenses have been examined as part of this review. This change is part of a Plan to Standardize Benefits and Protections for Residential Care Clients, as a commitment under the Seniors Action Plan, and will apply to all home and community care clients, including those living in publicly subsidized residential care facilities that are governed under both the CCALA and the Hospital Act.  The Ministry has developed a process manual and has established reporting and monitoring process with health authorities to track approvals and denials of hardship applications.
<b>Finding 100</b> The health authorities do not provide adequate information to seniors on how income splitting can affect the residential care rate that they are required to pay.	<b>Recommendation 129</b> The Ministry of Health and the health authorities work together to provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay.  <b>ONGOING</b>	As a commitment under the Seniors Action Plan, on September 28, 2012, the Ministry launched major changes to both the SeniorsBC and the Home and Community Care websites. The Home and Community Care website now provides information about the impact of pension income splitting on client rates, under the section "Who Pays for Care?"  It is also clear in Ministry policy that home and community care rates are based on the applicant's after tax income as determined by Canada Revenue Agency from information provided in annual income tax returns.
<b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.	<b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.  <b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b>	It is the responsibility of the applicant (and family) to ensure that the after tax income as determined by Canada Revenue Agency is correct. The Ministry and health authorities make the best effort to provide clients with information on how client rates are determined. However, Ministry and health authority staff do not have expertise in financial planning. Clients are encouraged to consult with a tax expert if they wish further information.  Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i> . These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.
<b>Finding 102</b> It is unfair for the health	<b>Recommendation 131</b> The health authorities stop charging	The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.

## **Ministry of Health**

### **THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)** Public Report No. 47

Ministry Response to Recommendations and Ombudsperson's Status as of June 2014



**Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in ~~June~~ September 2014**

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
increased the amount that can be claimed for general living expenses on applications for hardship waivers since 2002.	can be claimed for general living expenses on applications for hardship waivers and make necessary changes, and review and update the list of allowable expenses every three years.  <b>RESPONSE RECEIVED: ACCEPTED, ONGOING</b>	costs of living, items such as general living expenses, disposable income and allowable expenses have been examined as part of this review. This change is part of a Plan to Standardize Benefits and Protections for Residential Care Clients, as a commitment under the Seniors Action Plan, and will apply to all home and community care clients, including those living in publicly subsidized residential care facilities that are governed under both the CCALA and the Hospital Act.  The Ministry has developed a process manual and has established reporting and monitoring process with health authorities to track approvals and denials of hardship applications.
<b>Finding 100</b> The health authorities do not provide adequate information to seniors on how income splitting can affect the residential care rate that they are required to pay.	<b>Recommendation 129</b> The Ministry of Health and the health authorities work together to provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay.  <b>ONGOING</b>	As a commitment under the Seniors Action Plan, on September 28, 2012, the Ministry launched major changes to both the SeniorsBC and the Home and Community Care websites. The Home and Community Care website now provides information about the impact of pension income splitting on client rates, under the section "Who Pays for Care?"  It is also clear in Ministry policy that home and community care rates are based on the applicant's after tax income as determined by Canada Revenue Agency from information provided in annual income tax returns.  It is the responsibility of the applicant (and family) to ensure that the after tax income as determined by Canada Revenue Agency is correct. The Ministry and health authorities make the best effort to provide clients with information on how client rates are determined. However, Ministry and health authority staff do not have expertise in financial planning. Clients are encouraged to consult with a tax expert if they wish further information.
<b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.	<b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.  <b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b>	Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i> . These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.
<b>Finding 102</b> It is unfair for the health	<b>Recommendation 131</b> The health authorities stop charging	The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.

## Ombudsperson Report

### Project Status Report

#### ADMISSION TO RESIDENTIAL CARE USING THE *MENTAL HEALTH ACT* – Project 2.9

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees</i>	<b>Reporting Period:</b> April 15 – July 14, 2015  <b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
<b>Target Completion Date(s):</b> April 1, 2016	<b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald, Carly Hyman, Whitney Borowko
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
R130, R131, R132	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders 2. Develop a provincial policy regarding user fees for patients in Home and Community Care (HCC) and Mental Health and Substance Use (MHSU) residential care facilities under section 22 & 37 of the <i>Mental Health Act</i>

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
<b>Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.</b>			
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
6. Update provincial <i>Guide to the Mental Health Act</i> <a href="http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf</a> to incorporate these new guidelines.	April-May 2016	On hold until MoH funding has been secured	
7. Develop Communication Plan in partnership with health authorities and Doctors of BC.	May-June, 2016	On hold until MoH funding has been secured	
<b>Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care facilities under section 22 &amp; 37 of the <i>Mental Health Act</i></b>			
1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain initial legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	May, 2015	Underway, targeted completion by the end of August	
4. Establish Provincial Advisory committee with MoH IPCC Program and Finance representation and Legal expert.	June, 2015	On hold until Legal review has been completed	
5. Draft Provincial User Fees Policy	June–September, 2015		
6. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health Authorities	October, 2015		
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		



<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
9. Distribute Provincial Policy to health authorities and major stake holders and advise of the effective date of implementation.	December, 2015		

#### **Key Accomplishments Since Last Report:**

- Review completed of historical MHSU User Fees Policies for patients under section 22 & 37 of the *Mental Health Act*.
- Obtained legal advice – provincial legislation.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

#### **Plans for Next Reporting Period:**

- End of June, 2015

#### **Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured, approx. \$20,000 - \$30,000
- In addition, approx. \$10,000 is required to update the *Guide to the Mental Health Act*.

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b></p> <p>The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b></p> <p>The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
<p><b>Finding 102</b></p> <p>It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p>	<p><b>Recommendation 131</b></p> <p>The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p> <p><b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b></p>	<p><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>

**Update on Status of Recommendations**  
**THE BEST OF CARE: GETTING IT RIGHT FOR SENIORS IN BRITISH COLUMBIA (PART 2)**  
 Public Report No. 47 – February 2012

Ministry of Health			
Recommendation	Summary of Actions Taken	Current Assessment	Update required
<b>R1: The Ministry of Health report publicly on an annual basis in a way that is clear and accessible:</b> <ul style="list-style-type: none"> <li>• the funding allocated to home and community care services by each health authority</li> <li>• the funds expended on home and community care services in each health authority</li> <li>• the planned results for home and community care services in each health authority</li> <li>• the actual results delivered by home and community care services</li> <li>• an explanation of any differences between the planned results and the actual results</li> </ul>	<p><b>April 2015</b>                      No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.</p> <p><b>May 2014</b>                      No specific action has been taken towards implementation.</p>	<p><b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b></p>	<p>As previously noted in our May 2014 response, home and community care services are delivered by regional health authorities as part of the full continuum of health services provided to meet the needs of the population within their respective geographic regions.</p> <p>Funding for health care services is subject to government's overall fiscal plan and competing priorities. The Ministry and health authorities work collaboratively to ensure the needs of the population are met within the available funding and according to the ministry's budget and fiscal plan.</p> <p>As part of the annual planning process, the Ministry of Health provides direction to ensure health authority priorities are aligned with health system objectives and strategic initiatives. The health authorities receive an annual Mandate Letter, which is a public document that is posted on each health authority website. The Ministry and health authorities have a mature and collaborative relationship with continuous engagement at the staff, executive and board levels and fortified by a bilateral agreement that identifies roles, responsibilities and policy expectations. Health authorities prepare annual service plans and post these on their websites. The plans include information regarding budgets, actual expenditures and variances by sector including community care services (such as home support, case management, adult day services, community nursing and community rehabilitation and assisted living) and residential</p>



provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay.	<p><b>March 2014</b> No progress since last update.</p> <p><b>October 2012</b> The ministry's Home and Community Care website informs seniors that if they split their income on their taxes this may affect their financial assessments and provides a link to information from the Canada Revenue Agency.</p>		on taking any further action to address it.
<b>R130:</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the <i>Mental Health Act</i> to involuntarily admit seniors to mental health facilities and then transfer them to residential care.	<p><b>April 2015</b> No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.</p> <p><b>May 2014</b> No specific action has been taken towards implementation.</p>	<b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b>	<p>This recommendation will be addressed through the development of provincial clinical practice guidelines for physicians in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging-related disorders.</p> <p>Developing these clinical guidelines for this recommendation is complex and requires specialists such as a psychiatrist with a speciality in geriatric psychiatry to undertake the work through a consensus process.</p> <p>The consultation and planning phases of this project are complete and the target is to have the guidelines fully developed and issued for implementation by end of fiscal year 2016/2017.</p> <p>Work on this recommendation continues in Year 3 of the Ministry's work plan.</p>
<b>R131:</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the <i>Mental Health Act</i> and then transferred to residential care facilities.	<p><b>April 2015</b> No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan.</p>	<b>RESPONSE RECEIVED; ACCEPTED, NO PROGRESS</b>	<p>The recommendation to stop charging user fees for seniors that are admitted involuntarily under section 22 and 37 of the <i>Mental Health Act</i> into residential care facilities is under review pending Ministry direction.<sup>s.14</sup></p> <p><sup>s.14</sup></p> <p>The Ministry will be developing in 2016/17 an updated provincial user fee policy regarding user fees for patients in Home and Community Care and Mental Health and Substance Use residential care facilities under section 22 &amp; 37 of the <i>Mental</i></p>
<b>R132:</b> The Ministry of	<p><b>April 2015</b> No specific action has been taken</p>	<b>RESPONSE RECEIVED;</b>	

s.13

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No	Recommendation	Yr
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No	Recommendation	Yr
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## Ombudsperson Report

### Project Status Report

#### ADMISSION TO RESIDENTIAL CARE USING THE *MENTAL HEALTH ACT* – Project 2.9

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees</i>	<b>Reporting Period:</b> July 14, to September 15, 2015
	<b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
	<b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald, Whitney Borowko
<b>Target Completion Date(s):</b> April 1, 2016	<b>Project Status (** see last page for legend):</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Risk Mitigation Underway <input type="checkbox"/> Action Required <input type="checkbox"/> Not started <b>X On Hold</b>
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
R130, R131, R132	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders 2. Develop a provincial policy regarding user fees for patients in Home and Community Care (HCC) and Mental Health and Substance Use (MHSU) residential care faculties under section 22 & 37 of the <i>Mental Health Act</i>

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.			



<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
6. Update provincial <i>Guide to the Mental Health Act</i> <a href="http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf</a> to incorporate these new guidelines.	April-May 2016	On hold until MoH funding has been secured	
7. Develop Communication Plan in partnership with health authorities and Doctors of BC.	May-June, 2016	On hold until MoH funding has been secured	
<b>Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care facilities under section 22 &amp; 37 of the <i>Mental Health Act</i></b>			
1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain initial legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	May, 2015	Underway, targeted completion by the end of September, 2015	
4. Establish Provincial Advisory committee with MoH IPCC Program and Finance representation and Legal expert.	June, 2015	On hold until Legal review has been completed. Target date for	
5. Draft Provincial User Fees Policy	June–September, 2015		
6. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health Authorities	October, 2015		

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		
9. Distribute Provincial Policy to health authorities and major stake holders and advise of the effective date of implementation.	December, 2015		

#### **Key Accomplishments Since Last Report:**

- Review completed of historical MHSU User Fees Policies for patients under section 22 & 37 of the *Mental Health Act*.
- Obtained legal advice – provincial legislation.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

#### **Plans for Next Reporting Period:**

- Following Legal Review and funding approval implement deliverables outlined above.

#### **Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured. Estimated costs: \$50,000 submitted in early March, 2015. A second budget submission has been forwarded for request of approval in late August, 2015. See below



Criteria-MHA re  
Dementia FID 2015-16

-

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
<p><b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p>	<p><b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p> <p><b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b></p>	<p><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>



## Ombudsperson Report

### Project Status Report

#### 2.9 ADMISSION TO RESIDENTIAL CARE USING THE *MENTAL HEALTH ACT*

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees</i>	<b>Reporting Period:</b> April 15 – July 14, 2015
	<b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
	<b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald, Carly Hyman, Whitney Borowko
<b>Target Completion Date(s):</b> April 1, 2016	<b>Project Status</b> (** see last page for legend): <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Risk Mitigation Underway <input type="checkbox"/> Action Required <input type="checkbox"/> Not started <input checked="" type="checkbox"/> On Hold
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
R130, R131, R132	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders 2. Develop a provincial policy regarding user fees for patients in Home and Community Care (HCC) and Mental Health and Substance Use (MHSU) residential care faculties under section 22 & 37 of the <i>Mental Health Act</i>

Major Milestones / Deliverables:	Target Date	Status	Comments
Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.			



<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
6. Update provincial <i>Guide to the Mental Health Act</i> <a href="http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf</a> to incorporate these new guidelines.	April-May 2016	On hold until MoH funding has been secured	
7. Develop Communication Plan in partnership with health authorities and Doctors of BC.	May-June, 2016	On hold until MoH funding has been secured	
<b>Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care facilities under section 22 &amp; 37 of the <i>Mental Health Act</i></b>			
1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain initial legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	May, 2015	Underway, targeted completion by the end of August	
4. Establish Provincial Advisory committee with MoH IPCC Program and Finance representation and Legal expert.	June, 2015	On hold until Legal review has been completed	
5. Draft Provincial User Fees Policy	June–September, 2015		

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
6. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health Authorities	October, 2015		
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		
9. Distribute Provincial Policy to health authorities and major stakeholders and advise of the effective date of implementation.	December, 2015		

#### **Key Accomplishments Since Last Report:**

- Review completed of historical MHSU User Fees Policies for patients under section 22 & 37 of the *Mental Health Act*.
- Obtained legal advice – provincial legislation.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

#### **Plans for Next Reporting Period:**

- End of June, 2015

#### **Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured, approx. \$20,000 - \$30,000
- In addition, approx. \$10,000 is required to update the *Guide to the Mental Health Act*.

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b> The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b> The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
<p><b>Finding 102</b> It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p>	<p><b>Recommendation 131</b> The health authorities stop charging fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.</p> <p><b>RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED</b></p>	<p><b>May 2014</b></p> <p>The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.</p>
<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>



## Ombudsperson Report

### Project Status Report

#### 2.9 - ADMISSION TO RESIDENTIAL CARE USING THE *MENTAL HEALTH ACT*

<b>Project Name/Description:</b> <i>Developing Mental Health Act Clinical Practice Guidelines Regarding Dementia, Involuntary Admission to Residential Care and User Fees</i>	<b>Reporting Period:</b> April 15 – May 21, 2015  <b>Area Responsible/Project Lead:</b> Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
<b>Target Completion Date(s):</b> April 1, 2016	<b>Supporting Area(s)/Supporting Contact(s):</b> Karen Archibald, Carly Hyman, Whitney Borowko
<b>Health System Strategy Linkage:</b>  1. MoH Policy Paper: <i>Primary and Community Care in BC: A Strategic Policy Framework</i> – <ul style="list-style-type: none"> <li>Recommendation 1.6 - Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.</li> </ul>	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
R130, R131, R132	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with Dementia and other aging-related disorders 2. Develop a provincial policy regarding user fees for patients in Home and Community Care (HCC) and Mental Health and Substance Use (MHSU) residential care facilities under section 22 & 37 of the <i>Mental Health Act</i>

<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
<b>Develop provincial clinical practice guidelines in applying section 22 and section 37 of the <i>Mental Health Act</i> for people with dementia and other aging related disorders.</b>			
1. Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.	June, 2015	On hold until MoH funding has been secured	



<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
2. Develop draft clinical practice guidelines.	June-December, 2015	On hold until MoH funding has been secured	
3. Submit draft clinical practice guidelines to major stakeholders for review and feedback, such as Doctors of BC; Health Authorities, BC Alzheimer's Society, MoH representatives.	Jan-Feb, 2016	On hold until MoH funding has been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	On hold until MoH funding has been secured	
5. Final MoH approval of clinical practice guidelines.	March, 2016	On hold until MoH funding has been secured	
6. Update provincial <i>Guide to the Mental Health Act</i> <a href="http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf">http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf</a> to incorporate these new guidelines.	April-May 2016	On hold until MoH funding has been secured	
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1. Review historical MHSU User Fees Policies for patients under section 22 & 37 of the <i>Mental Health Act</i> .	March, 2015	Completed	
2. Obtain initial legal review - BC Legislation	March, 2015	Completed	
3. Obtain legal review – Charter of Rights and Freedom	May, 2015	Underway	
4. Establish Provincial Advisory committee with MoH IPCC Program and Finance representation and Legal expert.	June, 2015		
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<b>Major Milestones / Deliverables:</b>	<b>Target Date</b>	<b>Status</b>	<b>Comments</b>
9. Distribute Provincial Policy to health authorities and major stake holders and advise of the effective date of implementation.	December, 2015		

#### **Key Accomplishments Since Last Report:**

- Review completed of historical MHSU User Fees Policies for patients under section 22 & 37 of the *Mental Health Act*.
- Obtained legal advice – provincial legislation.
- Initial meeting between IPCC program areas (MHSU and Seniors Policy) to discuss overall approach to these two initiatives.

#### **Plans for Next Reporting Period:**

- End of June, 2015

#### **Issues and Concerns:**

- The development of clinical practice guidelines in applying section 22 and section 37 of the *Mental Health Act* for people with dementia and other aging related disorders is on hold until MoH funding has been secured, approx. \$20,000 - \$30,000
- In addition, approx. \$10,000 is required to update the *Guide to the Mental Health Act*.

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
<p><b>Finding 101</b></p> <p>The health authorities' use of sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care is done without clear provincial policy to ensure that the Mental Health Act is used as a last resort and that seniors are not unnecessarily deprived of their civil liberties.</p>	<p><b>Recommendation 130</b></p> <p>The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working with the health authorities to develop a clear, province-wide policy on when to use sections 22 and 37 of the Mental Health Act to involuntarily admit seniors to mental health facilities and then transfer them to residential care.</p> <p><b>RESPONSE RECEIVED: ACCEPTED, NO PROGRESS</b></p>	<p><b>May 2014</b></p> <p>Most people suffering from dementia are treated on a voluntary basis in the community and or hospital. In order to treat a person with mental illness such as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the <i>Mental Health Act</i> have to be met. For those patients who have been admitted involuntarily under the <i>Mental Health Act</i> and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended leave as authorized under section 37 of the <i>Mental Health Act</i>. These patients are receiving appropriate supports and treatment in the community to meet the conditions of their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the <i>Mental Health Act</i> have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into force to better support seniors suffering from dementia who are unable to provide consent to treatment and or admission to a residential care facility; this will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.</p>
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<p><b>Finding 102</b></p>	<p><b>Recommendation 132</b></p>	<p><b>May 2014</b></p>



## **Key Messages – Ombudsperson Best of Care Getting it Right for seniors in B.C.**

January 2017

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- The ministry shares the Ombudsperson's commitment to high-quality senior's care and we thank the office for their work.
- We know that these are important issues to seniors and their families.
- In addition to our work on the Ombudsperson's recommendations, we have established the Office of the Seniors Advocate, whose role is to examine systemic issues for older adults, so that we continuously look for ways to strengthen our health system.
- Additionally, the ministry has developed "Setting Priorities for the B.C. Health System", an overarching strategy to create a more sustainable health system.
- A large part of the priorities are focused on quality of life and care for seniors.
- As part of this, a series of policy papers, including ones on primary and community care and rural health services were created to help build better supports that will help meet the needs of seniors in every region of the province - particularly those reaching the later stages of life.
- We have taken action on the vast majority of the Ombudsperson's recommendations, and have completed several including:



- Developed *Performance Management Requirements in Home Support Services* to ensure that the quality of home support services is consistent throughout B.C. ~~by holding service providers accountable for the same standard of care.~~

- Made amendments to the Residential Care Regulation ~~were passed by an Order in Council on July 19, in July~~ 2016. These regulation changes resulted in a better definition of “emergency restraint” ~~(section 74(1)(a))~~ and ensure the inclusion of persons in care/families/patients and family member are included in the notification of ~~in~~ notice of a major change in operations ~~(section 9(3))~~ to promote transparency and fairness to persons in care/families.

- ~~In September 2016~~ Published, the *Seniors Services: A Provincial Guide to Dementia Care in British Columbia* ~~was released in fall 2016~~, providing a comprehensive approach to the dementia journey – from diagnosis to end of life - and providing direction for continued planning of dementia services and supports in British Columbia.

- Developed an e-learning module that provides information on the various types of abuse and neglect and the duties of health care staff to report suspected abuse.
- Developed an online course on consent to health care under the Health Care Consent and Care Facility Admission Act - which includes a section related to seeking consent to prescription medication.

- ~~In addition, government has~~Made a committmented to bringing into force Part 3 of the Health Care Consent and Care Facility Admission Act, which creates the statutory requirement for care facility operators to seek consent for admission to a care facility to protect vulnerable adults, in particular those who do not have the capacity to make decisions for themselves.
- The ministry is committed to providing seniors with optimal care and intends to continue working towards improvements in this area.

**If asked how many recommendations we have completed:**

- We have done an extensive amount of work to address the recommendations from Part 2 of the Best of Care report. <sup>s.13</sup>
- We are committed to reporting back to the Ombudsperson on our progress.

s.13

**If asked about not accepting recommendation #39 to extend the \$300 monthly cap to seniors who do not have earned income:**

- After careful consideration, the ministry decided to leave the cap as is.
- Offering a cap to all seniors, not just those with disabilities, as it currently is would not be consistent with the application of other policies.
- We must use our limited taxpayer dollars in the most effective way possible.

**If asked about not accepting recommendation #166 to implement additional enforcement options for facility operators who do not comply with legislative and regulatory requirements:**

- The ministry has determined that adding a further fine or penalty system to the existing enforcement options would not promote further compliance.
- We believe that the current range of enforcement options are sufficient and work with providers to provide education on compliance.



**Ombudsperson's Report - Best of Care, Part 2 Work Plan: Status Summary by Project**  
**As of November 15, 2015**

Pro No.	Project Title	Branch	Project Status (Nov, 2015)	Immediate Concern: Rationale
1.6	HS and AL Complaints	SS	On track	Waiting on PCQJ Directives
1.7	HS Monitoring and Enforcement	SS	On track	
1.16	Hospital Inspector Training Module on Investigations/Updated List	SS	On track	
2.1	Seniors in Hospital waiting for RC Placement	PHS	On track	Awaiting decision
2.2	End of Life Care Action Plan (for other changes)	SS	Complete	
2.3	Consent to Care Facility Admission	SS	On track	
2.4	Medication Administration and Health Care Consent	SS	Not started	Resource limitations
2.5	HCC Annual Report	SS	On track	
2.6	Information/HCC Website	SS	On track	
2.7	Publicly Accessible AL Information	SS	On track	
2.8	Review of RC Admission/Access Policy	SS	Not started	Resource limitations
2.9	Admission to Residential Care using the Mental Health Act	SS	On hold	Waiting for funding approval
2.12	Licensing Annual Report	SS	On track	
2.15	Implementing Improvements to PCQJ Program	QA	On track	
<b>Year 2 Projects</b>				
<b>Pro</b>	<b>Project Title</b>	<b>Branch</b>	<b>(Oct, 2015)</b>	<b>Immediate Concern: Rationale</b>
1.14	Serious Incident Reporting	SS	On hold	Shift in priorities - CCALA
1.15	Licensing Policies/Standards for Training/Training Module on Investigations; Inspections in CCALA facilities	SS	On hold	Shift in priorities - CCALA
2.10	AL Complaint Monitoring	SS	On hold	Shift in priorities - CCALA
2.11	AL Inspection and Monitoring	SS	On hold	Shift in priorities - CCALA
2.13	RC Complaint Mechanisms and Inspections	SS	On hold	Shift in priorities - CCALA
2.14	Facility Closures, Resident Transfers, Large Scale Staff Replacement;	SS	On hold	Shift in priorities - CCALA work will
2.16	Multiple Complaint Processes	QA	On track	May be addressed by CCALA
3.1	Residential Care Funding	RGDS	On track	
3.2	Care Aide & Community Health Worker Registry & Criminal Record Checks	HSWD	On track	
3.3	Monitoring Performance Management in AL	PCA	On hold	
3.4	Analysis of Home Support Program and Eligibility Criteria	SS	Not started	
3.5	Staffing Levels in RC	SS	Not started	
3.6	Residential Care Standards	SS	On hold	
3.7	Standards for Home Support	SS	On hold	
3.8	Standards for Assisted Living	SS	On hold	
3.9	Annual Report by MHOs; Monitoring of Reporting of Incidents	SS	On track	
3.10	Harmonizing Benefits and Protections – s. 12 CCALA	SS	On hold	
3.11	Protection from Abuse and Neglect	SS	On hold	
3.12	Tracking and Reporting	SS	On track	
4.1	Policy on moving into and exiting from assisted living	SS	Not started	
4.2	Target timeframes for access to HCC Services	PCA	Not started	
4.3	Sponsored immigrants	SS	Not started	
4.4	Reimbursement for Room Differential Fees	SS	Not started	
4.5	Lack of legal authority to provide services at support level	SS	On hold	
4.6	Tenancy Protection for AL	SS	On hold	
4.7	S.26(3) decision making capacity	SS	On hold	
4.8	Role of Medical Health Officers	SS	On track	
4.9	Dementia Action Plan (implementation of actions)	SS	On track	
<b>Year 3 Projects</b>				
<b>Year 4 Projects</b>				

**Legend for Project Status:**

**Complete** – The project is now complete. This is the last status report.

**On Track** – The project is on track to meet its major milestones and projected completion dates for the overall project.

**Risk Mitigation Underway** – One to two project milestones have been missed, but the work plan has been revised and steps have been taken to rectify any challenges or stumbling blocks. The project lead still expects to meet the projected completion date for the overall project (which may be revised).

**Action Required** – One or more project milestones have been missed, or the project lead has identified a major stumbling block that will require executive support to move forward or make a decision about the project's viability.

**Not Started** - The project is not yet underway and no major milestones have been completed.

**On Hold** - Some work may have been started; however, the project is currently on hold

**Legend for Branch:**

**SS** - Seniors Services

**QA** - Quality Assurance

**RGDS** - Regional Grants and Decision Support

**PCA** - Primary Care Access

**HSWD** - Health Sector Workforce

**PHS** - Provincial and Hospital Services

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& Status Reports\ADM status reports\19.11.2015-Project summary for ADM update - NOVEMBER

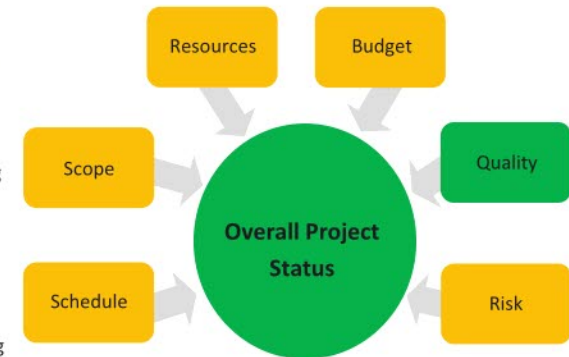
As of November 15, 2015

## Status Update: Implementation of the Ministry's Work Plan for the Ombudsperson's Report

**Project Champion** – Doug Hughes | **Sponsor** – Sharon Stewart | **Project Lead** – Karen Archibald

### Project Highlights for this Reporting Period:

- NOVEMBER—Status updates received for Year 2 (4 provided updates on work, 9 had no changes, and 1 has no initial work plan)
- OCTOBER (Quarterly Updates)—Status updates received for Year 2, 3 and 4 projects (16 provided update on work, 20 had no changes, and 6 have no initial work plan)
- Completed recommendations for Year 2: (R6) Transition to the MRR; (R47) Complaints regarding HS; (R146) BC Palliative Care Benefits; (R75) AL Complaint Monitoring
- Almost completed recommendations:
  - R85: A draft business process regarding serious incident reporting for AL was developed and is awaiting approval in the ADMO (project 1.14)
  - R145: A three year Dementia Strategy has been developed and is in the approval process (project 1.3)
  - R105: Home and Community Care website edits related to residential care services are in the approval process (project 2.6)
  - Rs 57/58: All health authorities (with the exception of FHA who are redeveloping their website) have made revisions to their assisted living web pages, providing more precise details about services, policies, costs, and billing to the public (project 2.7)



### Areas of Immediate Concern (for Year 2 projects):

- Committee reviewed all projects and decided that due to the extensive work being done on revising the CCALA, **21 recommendations have been carried over to Year 3** (project numbers: 1.14, 1.15, 2.10, 2.11, 2.13, 2.14, and 2.16).
- Two projects have **not been started**. (2.4) Medication Consent—requires dedicated resources to move forward; (2.8) RC Access Policies—the secretariat has not yet received a work plan for this project. The project lead has conveyed that no work has taken place due to resource limitations.
- One project is currently on hold. (2.9) Admission to RC using the Mental Health Act is awaiting funding approval.
- One project is awaiting decisions/approvals in order to move forward: (2.1) Seniors in Hospital waiting for RC Placement.
- Four documents are still outstanding that were promised to the Ombudsperson's office for Year One completed recommendations (annual update April, 2015): Dementia Action Plan, HCC Sharing Assessments Guidelines, business practice for serious incident reporting for AL, and Guide to the Community Care Facility Licensing in BC (the first 3 are in approvals; updates still not completed on the 4th).

Status	Year 2 (14 projects; 53 recs) <i>*As of Nov 15, 2015</i>	Year 3 (19 projects; 57 recs) <i>*As of Oct 15, 2015</i>	Year 4 (9 projects; 22 recs) <i>*As of Oct 15, 2015</i>	Total (42 projects; 132 recs) <i>*As of Oct 15, 2015</i>
On track	10 projects	5 projects	2 projects	17
Risk Mitigation Underway	0 projects	0 projects	0 projects	0
Action Required	0 projects	0 projects	0 projects	0
Not Started	2 projects	2 projects	3 projects	7
On Hold	1 project	12 projects	4 projects	17
Complete	1 project			1

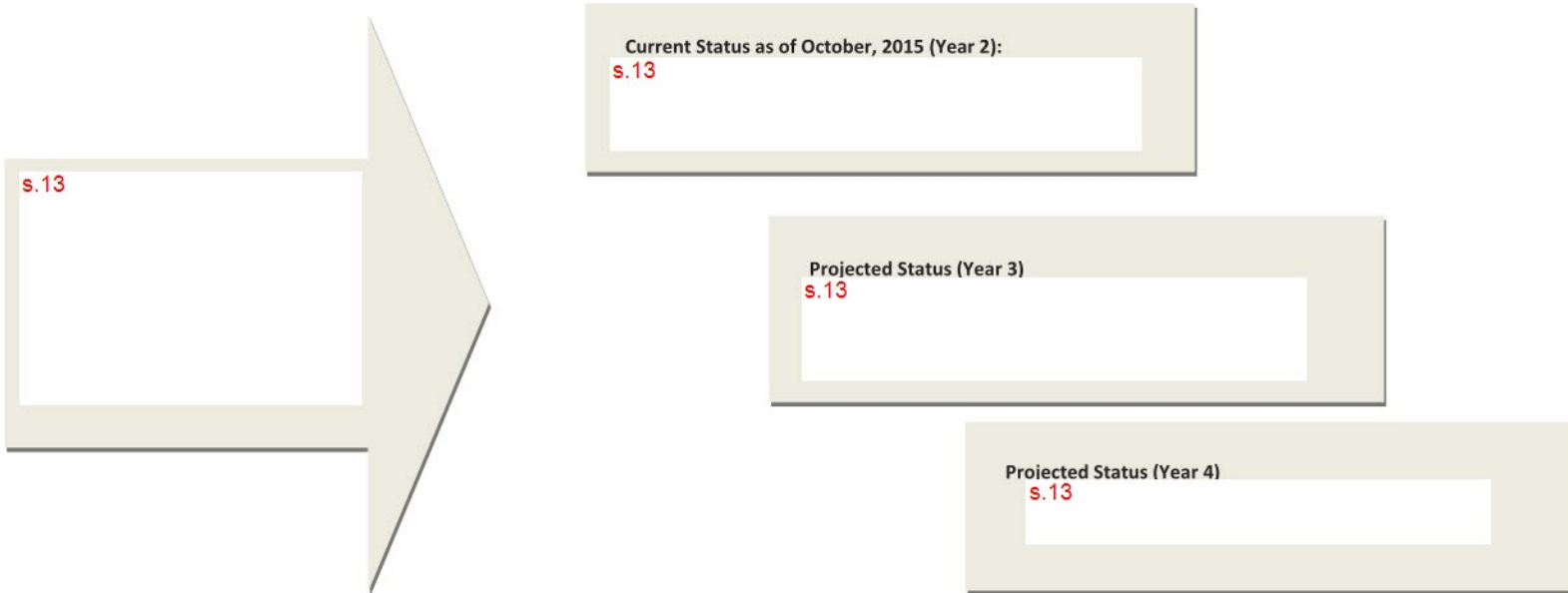
Note. Year 2 projects are reported on a monthly basis. Year 3 and 4 projects are reported on a quarterly basis.  
Includes 4 recommendations that are now completed.

■ Complete ■ On Track ■ Risk Mitigation Underway ■ Action Required ■ Not Started

## Upcoming Deliverables/Milestones Three Month Outlook

Deliverables / Milestones	Delivery date	December	January	February
ORIG Meeting	November 26, 2015			
Update to the Ombudsperson on 4 year work plan (tentative)	Fall 2015			
Monthly status updates for Year 2 projects	December 15, 2015			
Quarterly status updates for Year 3 and 4 projects	January 15, 2016			
Year 2 project completion	March 31, 2016			

## Remaining Recommendations—As of October 15, 2015





# Ombudsperson's Report on Seniors Care - Remaining Recommendations

Pro No.	Project	Rec's	Lead
1.6	HS and AL Complaints	45, 46, 73, 74	Karen
1.7	HS Monitoring and Enforcement	49	Karen
1.16	Hospital Inspector Training Module on Investigations/Updated List	158	Ross
2.1	Seniors in Hospital waiting for RC Placement	114	Derek
2.2	End of Life Care Action Plan (for other changes)	146	Janet
2.3	Consent to Care Facility Admission	115, 116	Karen
2.4	Medication Administration and Health Care Consent	139, 140, 141	Karen
2.5	HCC Annual Report	1, 2, 3, 6, 37, 38, 64, 65, 107, 109, 110, 112, 113 9, 105, 123	Michelle Karen
2.6	Information/HCC Website	57, 58	Karen
2.7	Publicly Accessible AL Information	100, 101, 102, 103, 104, 106, 117, 118, 119, 120, 121	Ramani
2.8	Review of RC Admission/Access Policy	130, 131, 132	Gerrit
2.9	Admission to Residential Care using the Mental Health Act	75	Robin
2.10a	AL Complaint Monitoring	151, 152	Sue
2.12	Licensing Annual Report	15, 16, 17, 18, 19, 20, 21, 48	Brian
2.15	Implementing Improvements to PCQ Program	85	Robin
1.14	Serious Incident Reporting	153	Sue
1.15	Licensing Policies/Standards for Training/Training Module on Investigations: Inspections in CCALA facilities	72, 76, 78, 79	Robin
2.10b	AL Complaint Monitoring	88, 90, 93	Robin
2.11	AL Inspection and Monitoring	148, 149, 157, 159	Sue
2.13	RC Complaint Mechanisms and Inspections	169, 171, 172, 173	Sue
2.14	Facility Closures, Resident Transfers, Large Scale Staff Replacement; Substantial Change in Operations	22, 47, 80, 81	Brian
2.16	Multiple Complaint Processes	97, 98	Jennifer
3.1	Residential Care Funding	23, 24, 26	Karla
3.2	Care Aide & Community Health Worker Registry & Criminal Record Checks	91, 92	Michelle
3.3	Monitoring Performance Management in AL	34	Ramani
3.4	Analysis of Home Support Program and Eligibility Criteria	124, 142, 143	Ramani
3.5	Staffing Levels in RC	133, 134, 136, 138, 144	Karen
3.6	Residential Care Standards	35, 42, 43	Karen
3.7	Standards for Home Support	69, 70	Karen
3.8	Standards for Assisted Living	155, 164	Sue
3.9	Annual Report by MHOs; Monitoring of Reporting of Incidents	28, 94, 96, 135, 162, 167, 176	Sue
3.10	Harmonizing Benefits and Protections – s. 12 CCALA	27, 30, 31, 32, 33	Karen
3.11	Protection from Abuse and Neglect	29	Karen
3.12	Tracking and Reporting	66, 67, 68	Ramani
4.1	Policy on moving into and exiting from assisted living	7, 36, 63, 108	Michelle
4.2	Target timeframes for access to HCC Services	14	Ramani
4.3	Sponsored immigrants	122	Ramani
4.4	Reimbursement for Room Differential Fees	54, 55, 56	Robin
4.5	Lack of legal authority to provide services at support level	82, 83, 84	Robin
4.6	Tenancy Protection for AL	59, 60, 61, 62	Robin
4.7	S.26(3) decision making capacity	154, 174, 175	Sue
4.8	Role of Medical Health Officers	145	Janet
4.9	Dementia Action Plan (implementation of actions)		

Rec's in red were completed in Yr 1 (4); Green completed in Yr 2 (4); Blue carried over from prior year

Bold rec's = impacted by the CCALA revisions

Integrated Primary and Community Care Branch					
Project #	Project Name	Area	Director	Position(s)	FTE allotment
2.8	Review of RC Admission/Access Policy	RC HCC	Ramani	AO27	0.5
3.4	Analysis of Home Support Program and Eligibility Criteria	HS HCC	Ramani	AO27	0.5
3.6, 3.7, 3.8	Quality and Safety Standards for Home Support, Assisted Living and Residential Care Services	HS, AL, RC HCC	Karen	AO27	0.75
				AO24	0.75
3.11	Protection from Abuse and Neglect	HS, AL, RC HCC	Karen	AO24	0.25
4.1	Policy on moving into and exiting from assisted living	AL HCC	Ramani	AO27	0.25

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Quality Assurance Branch					
Project #	Project Name	Area		Position(s)	FTE allotment
2.10 & 2.11	AL Complaint Monitoring/ AL Monitoring and Enforcement Development of a risk rating system for assisted living residences.	ALR	Robin	AO24	0.25
3.8	Assisted Living Operational Standards	ALR	Robin	AO24	0.25
3.10	Harmonizing Benefits and Protections – s. 12 CCALA	RC - Licensing	Sue	Manager	0.5
				AO24	0.5
4.6 & 4.7	Tenancy Protection for AL / S.26(3) Decision Making Capacity	ALR	Robin	Manager	0.5

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Total FTE's:	Manager	1
	AO27	2
	AO24	2
Total FTE's:		5

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## Ombudsperson Report

### Project Status Report

#### SENIORS IN HOSPITAL WAITING FOR RESIDENTIAL CARE PLACEMENT

<b>Project Name/Description:</b> Seniors in Hospital Waiting for Residential Care Placement	<b>Reporting Period:</b>
	<b>Area Responsible/Project Lead:</b> Acute and Provincial Services – General Medical Services - Tricia Braidwood-Looney
<b>Target Completion Date(s):</b> 2016	<b>Supporting Area(s)/Supporting Contact(s):</b>
<b>Health System Strategy Linkage:</b>	

<b>Recommendation(s) – see page 2 for details</b>	<b>Summary of Topics</b>
R114	HAs stop practice of charging seniors in hospital who are assessed as needing residential care after 30 days

Major Milestones / Deliverables:	Target Date	Status	Comments

<b>Key Accomplishments Since Last Report:</b>
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<b>Plans for Next Reporting Period:</b>
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<b>Issues and Concerns:</b>
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