Project Status Report ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT

Project Name/Description:	Reporting Period: March, 2015						
Developing Mental Health Act Clinical Practice							
Guidelines Regarding Dementia, Involuntary Admission	Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health						
to Residential Care and User Fees	and Substance Use – Gerrit Van der Leer						
Target Completion Date(s):	Supporting Area(s)/Supporting Contact(s): Karen Archibald, Carly Hyman, Whitney						
April 1, 2016	Borowko						

- 1. MoH Policy Paper: Primary and Community Care in BC: A Strategic Policy Framework -
 - Recommendation 1.6 Systematically and Opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.

Recommendation(s) – see page 2 for details	Summary of Topics
	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of
	the Mental Health Act for people with Dementia and other aging-related disorders
R130, R131, R132	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 Mental Health Act

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.			
Establish a Provincial Advisory committee that includes representation from: BC physicians with clinical expertise in	June, 2015	On hold until MoH funding has been	
Dementia and other aging-related disorders, national clinical experts, legal experts and Ministry of Health representatives.		secured	

Major Milestones / Deliverables:	Target Date	Status	Comments
		On hold until MoH	
2. Develop draft clinical practice guidelines.	June-December, 2015	funding has been	
		secured	
3. Submit draft clinical practice guidelines to major stakeholders		On hold until	
for review and feedback, such as Doctors of BC; Health	Jan-Feb, 2016	MoH funding has	
Authorities, BC Alzheimer's Society, MoH representatives.		been secured	
		l On hold until MoH	
4. Update draft clinical practice guidelines.	Feb-March 2016	funding has been	
		secured	
		On hold until MoH	
5. Final MoH approval of clinical practice guidelines.	March, 2016	funding has been	
10000 NO		secured	
6. Update provincial Guide to the Mental Health		On hold until MoH	
Act http://www.health.gov.bc.ca/library/publications/year/2005/	April-May 2016	funding has been	
MentalHealthGuide.pdf to incorporate these new guidelines.		secured	
7. Develop Communication Plan in partnership with health		On hold until MoH	
7. Develop Communication Plan in partnership with health authorities and Doctors of BC.	May-June, 2016	funding has been	
authorities and Doctors of BC.		secured	
Develop a provincial policy regarding user fees for patients in			
HCC and MHSU residential care faculties under section 22 & 37			
of the Mental Health Ac			
Review historical MHSU User Fees Policies for patients under	Marris 2015	Commission	
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	NA 2045		
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	October, 2015		
Authorities			
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		

Major Milestones / Deliverables:	Target Date	Status	Comments
9. Distribute Provincial Policy to health authorities and major	December, 2015		
stake holders and advise of the effective date of implementation.	December, 2013		

- 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	Ministry of Health Response						
	reported by Ombudsperson June 2014)							
Finding 101	Recommendation 130	May 2014						
The health authorities'	The Ministry of Health ensure that seniors'	Most people suffering from dementia are treated on a voluntary basis in						
use of sections 22 and	civil liberties are appropriately protected	the community and or hospital. In order to treat a person with mental						
37 of the Mental Health	by working with the health authorities to	illness such as dementia involuntarily in a designated mental health facility						
Act to involuntarily	develop a clear, province-wide policy on	all the criteria in section 22 of the Mental Health Act have to be met. For						
admit seniors to mental	when to use sections 22 and 37 of the	those patients who have been admitted involuntarily under the Mental						
health facilities and then	Mental Health Act to involuntarily admit	Health Act and having significant difficulties living in the community, some						
transfer them to	seniors to mental health facilities and then	are discharged from a designated mental health facility on extended leave						
residential care is done	transfer them to residential care.	as authorized under section 37 of the Mental Health Act. These patients are						
without clear provincial		receiving appropriate supports and treatment in the community to meet						
policy to ensure that the	RESPONSE RECEIVED: ACCEPTED, NO	the conditions of their leave. The Ministry has recognized that the criteria						
Mental Health Act is	PROGRESS	for applying section 22 and 37 of the Mental Health Act have not been						
used as a last resort and		consistently applied for people with dementia; in response the Ministry is						
that seniors are not		considering the development of clinical criteria and guidelines for						
unnecessarily deprived		physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is						
of their civil liberties.		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 Mental Health Act for complex						
		patients.						
Finding 102	Recommendation 131	May 2014						
It is unfair for the health	The health authorities stop charging fees	The Ministry will review the Ombudsperson's recommendations around						
authorities to charge	to seniors they have involuntarily detained	charging fees to seniors who are involuntary patients on extended leave in						
fees to seniors they	in mental health facilities under the	residential care.						
have involuntarily	Mental Health Act and then transferred to	30 × 6 mm (33 × 31 × 34 × 9 mm) di 30 × 6 × 7 × 7						
detained in mental	residential care facilities.							
health facilities under								
the Mental Health Act	RESPONSE RECEIVED;							
and then transferred to	RECOMMENDATIONS WILL BE							
residential care	CONSIDERED							
facilities.								
Finding 102	Recommendation 132	May 2014						

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
Finding 101	Recommendation 130	May 2014
		i i
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.	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. RESPONSE RECEIVED: ACCEPTED, NO PROGRESS	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.
Finding 102	Recommendation 131	May 2014
It is unfair for the health	The health authorities stop charging fees to	The Ministry will review the Ombudsperson's recommendations around charging
authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred	seniors they have involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities. RESPONSE RECEIVED; RECOMMENDATIONS	fees to seniors who are involuntary patients on extended leave in residential care.
to residential care	WILL BE CONSIDERED	
facilities.		
Finding 102 It is unfair for the health authorities to charge fees to seniors they have involuntarily detained in mental health facilities under the Mental Health	Recommendation 132 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.	May 2014 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.
Act and then transferred	RESPONSE RECEIVED: RECOMMENDATION	

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

,	Year	4 P	roje	cts ((20	Rec'	s)									Ye	ar 3	Pro	ject	s (7	0 Re	con	nme	nda	tion	ıs)								-
4.9	4.7	4.6	4.5	4.4	4.3	4.2	4.1	2.11c	3.12	3.11	3.10b	3.9	3.8	3.7	3.6	3.5	3.4	3.3	3.2b	3.1	2.16b	2.15c	2.14b	2.13b	2.12	2.10b	2.9	2.8b	2.3	2.1	1.14b	1.6	Pro No.	
Dementia Guide (implementation of actions): counted in Yr 1	S.26(3) decision making capacity	Tenancy Protection for Assisted Living	Lack of legal authority to provide services at support level	Reimbursement for Room Differential Fees	Sponsored immigrants	Target timeframes for access to HCC Services	Policy on moving into and exiting from assisted living	AL Inspection and Monitoring (1 of 3)	Tracking and Reporting	Protection from Abuse and Neglect	Harmonizing Benefits and Protections – s. 12 CCALA	Annual Report by MHOs; Monitoring of Reporting of Incidents	Standards for Assisted Living	Standards for Home Support	Residential Care Standards	Staffing Levels in RC	Analysis of Home Support Program/Eligibility Criteria	Monitoring Performance Management in AL	Care Aide & CHW Registry & Criminal Record Checks (2 of 3)	Residential Care Funding	Multiple Complaint Processes (3 of 4)	Implementing Improvements to PCQ Program (5 of 8)	Facility Closures, Resident Transfers, Large Scale Staff	RC Complaint Mechanisms and Inspections (1 of 4)	Licensing Annual Report	Assisted Living Complaint Monitoring (3 of 5)	Admission to RC using the Mental Health Act	Review of Residential Care Admission/Access Policy (9 of 11)	Consent to Care Facility Admission	Seniors in Hospital waiting for RC Placement	Serious Incident Reporting (1 of 3)	Home Support and Assisted Living Complaints	Project	Ministry of Health Work Plan: Year 3 (2016/17) and Year 4 (20 Ombudsperson's Report on Seniors Care - Remaining Recommendations as of April 30, 2016
145	59, 60, 61, 62	82, 83, 84	54, 55, 56	122	14	7, 36, 63, 108	66, 67, 68	88	29	27, 30, 31, 32, 33	94, 96, 135, 162, 167, 176	155, 164	69, 70	35, 42, 43	133, 134, 136, 138, 144	124, 142, 143	34	91, 92	24, 26	97, 98	22, 80, 81	16, 17, 18, 19, 48	169, 171	149	151,152	72, 76, 78	130,131,132	100, 101, 102, 103, 117, 118, 119, 120, 121	115, 116	114	85	45,46,73,74	Recommendations 5	d Year 4 (2017/18) are - 30, 2016

Project Status Report 2.9 - ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT

Project Name/Description:	Reporting Period: April 15 – May 21, 2015					
Developing Mental Health Act Clinical Practice						
Guidelines Regarding Dementia, Involuntary Admission	Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health					
to Residential Care and User Fees	and Substance Use – Gerrit Van der Leer					
Target Completion Date(s):	Supporting Area(s)/Supporting Contact(s): Karen Archibald, Carly Hyman, Whitney					
April 1, 2016	Borowko					

- 1. MoH Policy Paper: Primary and Community Care in BC: A Strategic Policy Framework -
 - Recommendation 1.6 Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.

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

Major Milestones / Deliverables:	Target Date	Status	Comments
Develop provincial clinical practice guidelines in applying			
section 22 and section 37 of the Mental Health Act for people			
with dementia and other aging related disorders.			
1. Establish a Provincial Advisory committee that includes		On hold until MoH	
representation from: BC physicians with clinical expertise in	luno 201E	funding has been	
Dementia and other aging-related disorders, national clinical	June, 2015		
experts, legal experts and Ministry of Health representatives.		secured	

Major Milestones / Deliverables:	Target Date	Status	Comments
		On hold until MoH	
2. Develop draft clinical practice guidelines.	June-December, 2015	funding has been	
		secured	
3. Submit draft clinical practice guidelines to major stakeholders		On hold until	
for review and feedback, such as Doctors of BC; Health	Jan-Feb, 2016	MoH funding has	
Authorities, BC Alzheimer's Society, MoH representatives.		been secured	
		I On hold until MoH	
4. Update draft clinical practice guidelines.	Feb-March 2016	funding has been	
		secured	
		On hold until MoH	
5. Final MoH approval of clinical practice guidelines.	March, 2016	funding has been	
1000 No. 0001		secured	
6. Update provincial Guide to the Mental Health		On hold until MoH	
Act http://www.health.gov.bc.ca/library/publications/year/2005/	April-May 2016	funding has been	
MentalHealthGuide.pdf to incorporate these new guidelines.		secured	
7. Develop Communication Blancia mentagenship with books		On hold until MoH	
7. Develop Communication Plan in partnership with health	May-June, 2016	funding has been	
authorities and Doctors of BC.		secured	
Develop a provincial policy regarding user fees for patients in		+	
HCC and MHSU residential care faculties under section 22 & 37			
of the Mental Health Ac			
1. Review historical MHSU User Fees Policies for patients under	0.00 1.000000		
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	2045		
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	October, 2015		
Authorities			
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		

Major Milestones / Deliverables:	Target Date	Status	Comments
9. Distribute Provincial Policy to health authorities and major	December, 2015		
stake holders and advise of the effective date of implementation.	December, 2013		

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

Project Status Report ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT – Project 2.9

Project Name/Description:	Reporting Period: November 15, 2015 to January 14, 2016.
Developing Mental Health Act Clinical Practice	
Guidelines Regarding Dementia, Involuntary Admission	Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health
to Residential Care and User Fees for involuntary	and Substance Use – Gerrit Van der Leer
residents	
Target Completion Date(s):	Supporting Area(s)/Supporting Contact(s): Karen Archibald,
April 1, 2016	Special and the state of the st

- 1. MoH Policy Paper: Primary and Community Care in BC: A Strategic Policy Framework -
 - Recommendation 1.6 Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.

Recommendation(s) – see page 2 for details	Summary of Topics
100 No. 100 No	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of
	the Mental Health Act for people with Dementia and other aging-related disorders
R130, R131, R132	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 Mental Health Act

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

Major Milestones / Deliverables:	Target Date	Status	Commen
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	I 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</i> Act http://www.health.gov.bc.ca/library/publications/year/2005/ MentalHealthGuide.pdf 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	
Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care faculties under section 22 & 37 of the Mental Health Ac			
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.	

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

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

Ministry of Health Appendix 1

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):	e(s):		

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 *Mental Health Act* for: 1) involuntary Health Act. The project deliverables include: treatment or 2) to be placed on involuntary community Extended Leave provisions as defined in the Mental

- in the BC Mental Health Act. expertise in the treatment of individuals with severe major neurocognitive disorder (Dementia) and expertise Establishment of an expert advisory committee of physicians, legal professionals, and key stakeholders with
- 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. Conduct an environmental scan of existing legislation and policies within other provinces and a literature
- disorder (Dementia) requires involuntary admission for treatment or involuntary extended leave under the expert advice from the advisory committee to identify when a person with severe major neurocognitive Development of specific provincial criteria based on the findings of the environmental scan, lit review and
- 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 Mental Health Act

Explanation of Necessity:

seniors in BC" regarding the use of sections 22 and 37 of the *Mental Health Act* 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 *Mental Health Act* 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 The Provincial Ombudsperson has raised issues in the Feb. 2012 Report: "The Best of Care: Getting it right for

supporting the development of criteria and guidelines for physicians consistent with the Mental Health Act with severe Dementia have not been consistently applied for people with dementia; in response the Ministry is The Ministry has recognized that the criteria for applying section 22 and 37 of the *Mental Health Act* for people

Authority has agreed to undertake this and has expert physicians on staff to provide the expertise. VCH staff h have the capacity to undertake an environmental scan of existing legislation and policies within other provinces 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 psychiatrists, who are experts in the area of Dementia assessment and the provision of treatment and care for he development of these criteria will require extensive consultation from primarily physicians, mostly undertake a literature review of existing national and international guidelines as required d services. The Vancouver Coastal Health

the capacity to undertake the environmental scan of existing legislation and policies and undertake the literatu If required to fulfill legal or formal provincial review and will be able to reimburse physicians and backfill star to undertake this work Comment [KA1]: Gerrit—you can edit my description but I think Mark wanted us to be explicit about why you don't have th

the

as outlined in the 2015/16 Ombudsperson Implementation Plan. It fulfils a commitment to the Provincial Ombudsperson

Procurement Method:

commitment please indicate:

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:

community. The inability to proceed will result in failure to fully address the needs of people with severe major neurocognitive disorder (Dementia) will require involuntary treatment before they can be supported in considering criteria are not available. However, it is well recognized that some people with severe major Mental Health Act vary from region to region. Some physicians refuse to admit this client population involuntarily Criteria for involuntary admission of people with severe major neurocognitive disorder (Dementia) under the

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

Project Status Report ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT – Project 2.9

Project Name/Description:	Reporting Period: April 15 – July 14, 2015
Developing Mental Health Act Clinical Practice	
Guidelines Regarding Dementia, Involuntary Admission	Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health
to Residential Care and User Fees	and Substance Use – Gerrit Van der Leer
Target Completion Date(s):	Supporting Area(s)/Supporting Contact(s): Karen Archibald, Carly Hyman, Whitney
April 1, 2016	Borowko

- 1. MoH Policy Paper: Primary and Community Care in BC: A Strategic Policy Framework -
 - Recommendation 1.6 Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.

Recommendation(s) – see page 2 for details	Summary of Topics
	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of
	the Mental Health Act for people with Dementia and other aging-related disorders
R130, R131, R132	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	Commen
			ts
Develop provincial clinical practice guidelines in applying			
section 22 and section 37 of the Mental Health Act 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	luna 2015	On hold until MoH funding has	
Dementia and other aging-related disorders, national clinical	June, 2015	been secured	
experts, legal experts and Ministry of Health representatives.			

Major Milestones / Deliverables:	Target Date	Status	Commen
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	I 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</i> Act http://www.health.gov.bc.ca/library/publications/year/2005/ MentalHealthGuide.pdf 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	
Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care faculties under section 22 & 37 of the <i>Mental Health Ac</i> 1. Review historical MHSU User Fees Policies for patients under	March, 2015	Completed	
section 22 & 37 of the <i>Mental Health Act</i> . 2. Obtain initial legal review - BC Legislation	March, 2015	Completed	
Obtain Initial legal review - Bc Legislation 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 stake holders and advise of the effective date of implementation.	December, 2015		

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

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
R1: The Ministry of Health report publicly on an annual basis in a way that is clear and accessible: • the funding allocated to home and community care services by each health authority • the funds expended on home and community care services in each health authority • the planned results for home and community care services in each health authority • the actual results delivered by home and community care services • an explanation of any differences between the planned results and the actual results	ACCEPTED, NO PROGRESS	Needs response	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 Decision- 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
R2: 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.	ACCEPTED, NO PROGRESS	Needs response	model
R3: The Ministry of Health include the reported data in an annual home and community care report that it makes publicly available.	ACCEPTED, NO PROGRESS	Needs response	
R4: 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.	FULLY IMPLEMENTED		

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.	TIMELINE PASSED	(Listing Special Control of Spec	
R127: 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.	ACCEPTED, ONGOING		Completed Year One (2015)
R128: 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.	IMPLEMENTED IN PART		Completed Year One (2015)
R129: 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.	ONGOING		Completed Year One (2015)
R130: 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.	ACCEPTED, NO PROGRESS	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. 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. 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.	
R131: The health authorities stop charging fees to seniors they have involuntarily detained in mental health	ACCEPTED, NO PROGRESS	The recommendation to stop charging user fees for seniors that are admitted involuntarily under section 22 and 37 of the Mental Health	

Mental Health and Substance Use User Fee Bullets

User Fees

- substance use (SU) residential care and treatment services Throughout BC, Client User Fees are applied for specific publicly funded mental health (MH) and
- 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
- Regulation; however, HA practice has been to charge \$30.90 per day. 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
- For SU residential treatment facilities, HAs apply the \$40 per day fee set by the 1999 Alcohol and Family Development (MCFD). Drug Services policy established when these services were provided by the Ministry for Children and
- charge a daily per diem as it would eliminate almost all of a MSDSI client's discretionary spending Housing, MSDSI and HAs agree that it is inappropriate for MH supported housing residences to model that encourages the client's ability to enhance independent living skills. The Ministry, BC Ministry of Social Development (MSD) shelter allowance. MH supported housing is based on a For supported housing, a per diem rate is not applied; instead, the rate is based on the current
- 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

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

Legal Authority to Charge Fees

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

Mental Health and Substance Use User Fee Bullets

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

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).
- to protect existing funding. (the Ministry) made a decision to not continue aligning MHSU facility client fees with the lowest rate which resulted in a reduction in the lowest daily rate from \$30.90 to \$29.40. The Ministry of Health In 2010, the rates in the CCFR were changed as part of a seniors care rate restructuring initiative
- 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.
- however, HA practice has been to charge \$30.90 per day. Act, a daily rate of \$35.43 for voluntary patients is prescribed in the Mental Health Regulation; In psychiatric units and provincial mental health (MH) facilities designated under the Mental Health
- For substance use (SU) residential treatment facilities, HAs apply the \$40 per day fee set by the 1999 Children and Family Development (MCFD). Alcohol and Drug Services policy established when these services were provided by the Ministry for
- a daily per diem as it would eliminate almost all of a MSD client's discretionary spending. Housing, MSD and HAs agree that it is inappropriate for MH supported housing residences to charge model that encourages the client's ability to enhance independent living skills. The Ministry, BC Ministry of Social Development (MSD) shelter allowance. MH supported housing is based on a For supported housing, a per diem rate is not applied; instead, the rate is based on the current
- and youth in MHSU facilities, HA practice is not to apply charges, which is also consistent with MCFD Although the CCA, Mental Health Act and their regulations are silent on charging fees for children 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
R1: The Ministry of Health report publicly on an annual basis in a way that is clear and accessible: • the funding allocated to home and community care services by each health authority • the funds expended on home and community care services in each health authority • the planned results for home and community care services in each health authority • the actual results delivered by home and community care services • an explanation of any differences between the planned results and the actual results	May 2014 No specific action has been taken towards implementation.	RESPONSE RECEIVED; ACCEPTED, NO PROGRESS	This recommendation is in Year 2 of the Ministry of Health's work plan.
R2: 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	March 2014 No specific action has been taken towards implementation.	RESPONSE RECEIVED; ACCEPTED, NO PROGRESS	This recommendation is in Year 2 of the Ministry of Health's work plan.

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.		
R130: 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.	May 2014 No specific action has been taken towards implementation.	RESPONSE RECEIVED; ACCEPTED, NO PROGRESS	This recommendation is in Year 2 of the Ministry of Health's work plan.
R131: 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.		RESPONSE RECEIVED; RECOMMENDATION WILL BE CONSIDERED (MOH)	This recommendation is in Year 2 of the Ministry of Health's work plan.
R132: 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.		RESPONSE RECEIVED; RECOMMENDATION WILL BE CONSIDERED	This recommendation is in Year 2 of the Ministry of Health's work plan.
R133: After consulting with the health authorities, facility	March 2014 No progress since last update.	ONGOING	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)

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
R1: The Ministry of Health report publicly on an annual basis in a way that is clear and accessible: • the funding allocated to home and community care services by each health authority • the funds expended on home and community care services in each health authority • the planned results for home and community care services in each health authority • the actual results delivered by home and community care services • an explanation of any differences between the planned results and the actual results	ACCEPTED, NO PROGRESS	Needs response	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 Decision- 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
R2: 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.	ACCEPTED, NO PROGRESS	Needs response	- model
R3: The Ministry of Health include the reported data in an annual home and community care report that it makes publicly available.	ACCEPTED, NO PROGRESS	Needs response	
R4: 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.	FULLY IMPLEMENTED		

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.	TIMELINE PASSED	(Listing Special Control of Spec	
R127: 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.	ACCEPTED, ONGOING		Completed Year One (2015)
R128: 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.	IMPLEMENTED IN PART		Completed Year One (2015)
R129: 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.	ONGOING		Completed Year One (2015)
R130: 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.	ACCEPTED, NO PROGRESS	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. 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. 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.	
R131: The health authorities stop charging fees to seniors they have involuntarily detained in mental health	ACCEPTED, NO PROGRESS	The recommendation to stop charging user fees for seniors that are admitted involuntarily under section 22 and 37 of the Mental Health	

Project Status Report ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT – Project 2.9

Project Name/Description:	Reporting Period: October 15 th to November 14 th , 2015
Developing Mental Health Act Clinical Practice	
Guidelines Regarding Dementia, Involuntary Admission	Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health
to Residential Care and User Fees for involuntary	and Substance Use – Gerrit Van der Leer
residents	
Target Completion Date(s):	Supporting Area(s)/Supporting Contact(s): Karen Archibald, Whitney Borowko
April 1, 2016	

- 1. MoH Policy Paper: Primary and Community Care in BC: A Strategic Policy Framework -
 - Recommendation 1.6 Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.

Recommendation(s) – see page 2 for details	Summary of Topics
	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of
	the Mental Health Act for people with Dementia and other aging-related disorders
R130, R131, R132	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 Mental Health Act

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

Major Milestones / Deliverables:	Target Date	Status	Commen
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	I 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</i> Act http://www.health.gov.bc.ca/library/publications/year/2005/ MentalHealthGuide.pdf 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	
Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care faculties under section 22 & 37 of the Mental Health Ac			
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	

Major Milestones / Deliverables:	Target Date	Status	Commen ts
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		

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

Project Status Report 2.15 - IMPLEMENTING IMPROVEMENTS TO PCQ PROGRAM

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

Recommendation(s) – see page 2 for details	Summary of Topics
	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;
R15, R16, R17, R18, R19, R20, R21	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.

Major Milestones / Deliverables:	Target Date	Status	Comments
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	April 2016 Update	Comments	
R1: The Ministry of Health report publicly on an annual basis in a way that is clear and accessible: • the funding allocated to home and community care services by each health authority • the funds expended on home and community care services in each health authority • the planned results for home and community care services in each health authority • the actual results delivered by home and community care services • an explanation of any differences between the planned results and the actual results	ACCEPTED, NO PROGRESS	(Draft Responses) Needs response	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 Decision- 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	
R2: 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.	ACCEPTED, NO PROGRESS	Needs response	model	
R3: The Ministry of Health include the reported data in an annual home and community care report that it makes publicly available.	ACCEPTED, NO PROGRESS	Needs response		
R4: 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.	FULLY IMPLEMENTED			

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.	TIMELINE PASSED		
R127: 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.	ACCEPTED, ONGOING		Completed Year One (2015)
R128: 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.	IMPLEMENTED IN PART		Completed Year One (2015)
R129: 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.	ONGOING		Completed Year One (2015)
R130: 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.	ACCEPTED, NO PROGRESS	Need response from Gerrit	
R131: 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.	ACCEPTED, NO PROGRESS	Need response from Gerrit	
R132: 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.	ACCEPTED, NO PROGRESS	Need response from Gerrit	

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

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R2: 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.	ACCEPTED, NO PROGRESS	Needs response	model	
R3: The Ministry of Health include the reported data in an annual home and community care report that it makes publicly available.	ACCEPTED, NO PROGRESS	Needs response		
R4: 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.	FULLY IMPLEMENTED			

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.	TIMELINE PASSED		
R127: 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.	ACCEPTED, ONGOING		Completed Year One (2015)
R128: 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.	IMPLEMENTED IN PART		Completed Year One (2015)
R129: 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.	ONGOING		Completed Year One (2015)
R130: 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.	ACCEPTED, NO PROGRESS	Need response from Gerrit	
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Kelly Acker	Manager, Seniors Strategic Planning, Seniors' Health Promotion Directorate, PHSE&O	SHPD	Kelly.Acker@gov.bc.ca

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ADVICE TO MINISTER

CONFIDENTIAL ISSUES NOTE

Ministry: Health

Date: January 25, 2017

Minister Responsible: Terry Lake

Ombudsperson – F<u>ive Year</u>
<u>Anniversaryourth A</u>
<u>Reportnnual Update – 2016/17</u>
<u>– February 2017</u> Annual
<u>Report</u>

BACKGROUND REGARDING THE ISSUE:

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

DISCUSSION/ADVICE:

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

 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
- 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.
- 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.

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

Karen Archibald January 25, 2017

Program Area Contact:
File Created:
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

Project Name/Description:	Reporting Period: March, 2015
Developing Mental Health Act Clinical Practice	
Guidelines Regarding Dementia, Involuntary Admission	Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health
to Residential Care and User Fees	and Substance Use – Gerrit Van der Leer
Target Completion Date(s):	Supporting Area(s)/Supporting Contact(s): Karen Archibald, Carly Hyman, Whitney
April 1, 2016	Borowko
1210 PRESIDE AND 1211 IN RESERVE	

Health System Strategy Linkage:

- 1. MoH Policy Paper: Primary and Community Care in BC: A Strategic Policy Framework -
 - Recommendation 1.6 Systematically and Opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.

Recommendation(s) – see page 2 for details	Summary of Topics
	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of
	the Mental Health Act for people with Dementia and other aging-related disorders
R130, R131, R132	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 Mental Health Act

Major Milestones / Deliverables:	Target Date	Status	Comments
Develop provincial clinical practice guidelines in applying section			
22 and section 37 of the Mental Health Act for people with			
dementia and other aging related disorders.			
1. Establish a Provincial Advisory committee that includes		On hold until MoH	
representation from: BC physicians with clinical expertise in	luna 201E	funding has been	
Dementia and other aging-related disorders, national clinical	June, 2015		
experts, legal experts and Ministry of Health representatives.		secured	

Major Milestones / Deliverables:	Target Date	Status	Comments
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		On hold until	
for review and feedback, such as Doctors of BC; Health	Jan-Feb, 2016	MoH funding has	
Authorities, BC Alzheimer's Society, MoH representatives.		been secured	
4. Update draft clinical practice guidelines.	Feb-March 2016	l 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 Mental Health		On hold until MoH	
Act http://www.health.gov.bc.ca/library/publications/year/2005/	April-May 2016	funding has been	
MentalHealthGuide.pdf to incorporate these new guidelines.		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	
Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care faculties under section 22 & 37 of the <i>Mental Health Ac</i>			
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		

Major Milestones / Deliverables:	Target Date	Status	Comments
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	Ministry of Health Response
	reported by Ombudsperson June 2014)	
Finding 101	Recommendation 130	May 2014
The health authorities'	The Ministry of Health ensure that seniors'	Most people suffering from dementia are treated on a voluntary basis in
use of sections 22 and	civil liberties are appropriately protected	the community and or hospital. In order to treat a person with mental
37 of the Mental Health	by working with the health authorities to	illness such as dementia involuntarily in a designated mental health facility
Act to involuntarily	develop a clear, province-wide policy on	all the criteria in section 22 of the Mental Health Act have to be met. For
admit seniors to mental	when to use sections 22 and 37 of the	those patients who have been admitted involuntarily under the Mental
health facilities and then	Mental Health Act to involuntarily admit	Health Act and having significant difficulties living in the community, some
transfer them to	seniors to mental health facilities and then	are discharged from a designated mental health facility on extended leave
residential care is done	transfer them to residential care.	as authorized under section 37 of the Mental Health Act. These patients are
without clear provincial		receiving appropriate supports and treatment in the community to meet
policy to ensure that the	RESPONSE RECEIVED: ACCEPTED, NO	the conditions of their leave. The Ministry has recognized that the criteria
Mental Health Act is	PROGRESS	for applying section 22 and 37 of the Mental Health Act have not been
used as a last resort and		consistently applied for people with dementia; in response the Ministry is
that seniors are not		considering the development of clinical criteria and guidelines for
unnecessarily deprived		physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is
of their civil liberties.		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 Mental Health Act for complex
		patients.
Finding 102	Recommendation 131	May 2014
It is unfair for the health	The health authorities stop charging fees	The Ministry will review the Ombudsperson's recommendations around
authorities to charge	to seniors they have involuntarily detained	charging fees to seniors who are involuntary patients on extended leave in
fees to seniors they	in mental health facilities under the	residential care.
have involuntarily	Mental Health Act and then transferred to	30 × 6 mm (SS - 21 ° 2 - 22 mm) 4 · 50 × 6 × 7 · 1
detained in mental	residential care facilities.	
health facilities under		
the Mental Health Act	RESPONSE RECEIVED;	
and then transferred to	RECOMMENDATIONS WILL BE	
residential care	CONSIDERED	
facilities.		
Finding 102	Recommendation 132	May 2014

Ombudsperson Report

Project Status Report ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT – Project 2.9

Project Name/Description:	Reporting Period: July 14, to September 15, 2015		
Developing Mental Health Act Clinical Practice			
Guidelines Regarding Dementia, Involuntary Admission	Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health		
to Residential Care and User Fees	and Substance Use – Gerrit Van der Leer		
	Supporting Area(s)/Supporting Contact(s): Karen Archibald, Whitney Borowko		
Target Completion Date(s):	Project Status (** see last page for legend):		
April 1, 2016	☐ Complete ☐ On Track ☐ Risk Mitigation Underway ☐ Action Required ☐ Not started X On Hold		
Health System Strategy Linkage:			
MoH Policy Paper: Primary and Community Care in BC Recommendation 1.6 - Systematically and oppo Adults with Moderate to Complex Chronic Cond	rtunistically establish Linked Community and Residential Care Service Practices for Older		

Recommendation(s) – see page 2 for details	Summary of Topics
	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of
	the Mental Health Act for people with Dementia and other aging-related disorders
R130, R131, R132	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 Mental Health Act

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

Major Milestones / Deliverables:	Target Date	Status	Commen
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	I 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</i> Act http://www.health.gov.bc.ca/library/publications/year/2005/ MentalHealthGuide.pdf 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	
Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care faculties under section 22 & 37 of the Mental Health Ac			
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		

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

Ombudsperson Report

Project Status Report ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT – Project 2.9

Project Name/Description:	Reporting Period: October 15 th to November 14 th , 2015
Developing Mental Health Act Clinical Practice	
Guidelines Regarding Dementia, Involuntary Admission	Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health
to Residential Care and User Fees for involuntary	and Substance Use – Gerrit Van der Leer
residents	
Target Completion Date(s):	Supporting Area(s)/Supporting Contact(s): Karen Archibald, Whitney Borowko
April 1, 2016	Served doct ser ser services s
	Project Status (** see last page for legend):
	☐ Complete ☐ On Track ☐ Risk Mitigation Underway ☐ Action Required ☐ Not started X On Hold

Health System Strategy Linkage:

- 1. MoH Policy Paper: Primary and Community Care in BC: A Strategic Policy Framework -
 - Recommendation 1.6 Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.

Recommendation(s) – see page 2 for details	Summary of Topics
	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of
	the Mental Health Act for people with Dementia and other aging-related disorders
R130, R131, R132	2. Develop a provincial policy regarding user fees for patients in Home and Community
55 55	Care (HCC) and Mental Health and Substance Use (MHSU) residential care faculties under
	section 22 & 37 of the Mental Health Act

Major Milestones / Deliverables:	Target Date	Status	Commen ts
Develop provincial clinical practice guidelines in applying			
section 22 and section 37 of the Mental Health Act for people			
with dementia and other aging related disorders.		2	

Major Milestones / Deliverables:	Target Date	Status	Commen
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	I 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</i> Act http://www.health.gov.bc.ca/library/publications/year/2005/ MentalHealthGuide.pdf 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	
Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care faculties under section 22 & 37 of the Mental Health Ac			
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	

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

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

Finding	Recommendation (with status as reported by Ombudsperson June	Ministry of Health Response
	2014)	
under the Hospital Act on their websites.	under the Hospital Act on their websites. FULLY IMPLEMENTED	
Finding 130	Recommendation 162	March 2014
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.	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.	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 www.bcpsls.ca/default.htm.
	ONGOING	
Finding 131 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	Recommendation 163 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.	October 2014 clarification 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.
list of reportable incidents in the Residential Care Regulation.	RESPONSE RECEIVED: ACCEPTED, ONGOING	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.

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

Finding	Recommendation (with	Ministry of Health Response
	status as reported by	
	Ombudsperson June 2014)	
that they are	2014)	website indicates that tax splitting has benefits and potential implications which are most appropriately discussed with a financial professional.
required to pay.	ONGOING	,
		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.
		March 2014
		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.
Finding 101	Recommendation 130	April 2015
The health	The Ministry of Health	This recommendation is in Year 2 of the Ministry of Health's work plan.
authorities' use of	ensure that seniors' civil	
sections 22 and 37	liberties are appropriately	May 2014
of the Mental	protected by working with	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
Health Act to	the health authorities to	involuntarily in a designated mental health facility all the criteria in section 22 of the Mental Health Act have to be met. For those patients who have been admitted
involuntarily admit	develop a clear, province-	involuntarily under the Mental Health Act and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended
seniors to mental	wide policy on when to	leave as authorized under section 37 of the Mental Health Act. These patients are receiving appropriate supports and treatment in the community to meet the conditions of
health facilities and	use sections 22 and 37 of	their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the Mental Health Act have not been consistently applied for people with dementia;
then transfer them	the Mental Health Act to	in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the Mental Health Act legislation. The Ministry is also
to residential care is	involuntarily admit seniors	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
done without clear provincial policy to	to mental health facilities and then transfer them to	residential care facility; this will provide options to avoid the application of the Mental Health Act for complex patients.
ensure that the	residential care.	
Mental Health Act	residential care.	
is used as a last	RESPONSE RECEIVED:	
resort and that	ACCEPTED, NO PROGRESS	
seniors are not		
unnecessarily		

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Finding	Recommendation (with	Ministry of Health Response
V CONTROL OF THE PARTY OF THE P	status as reported by	00.00 (pt = 100) (A. 10.00 (pt = 100)
	Ombudsperson June	
	2014)	
deprived of their		
civil liberties.		
Finding 102	Recommendation 131	April 2015
It is unfair for the	The health authorities	This recommendation is in Year 2 of the Ministry of Health's work plan.
health authorities	stop charging fees to	
to charge fees to	seniors they have	May 2014
seniors they have	involuntarily detained in	The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.
involuntarily	mental health facilities	
detained in mental	under the Mental Health	
health facilities	Act and then transferred	
under the Mental	to residential care	
Health Act and then	facilities.	
transferred to		
residential care	RESPONSE RECEIVED;	
facilities.	ACCEPTED, NO PROGRESS	
Finding 102	Recommendation 132	April 2015
It is unfair for the	The Ministry of Health	This recommendation is in Year 2 of the Ministry of Health's work plan.
health authorities	develop a process for	
to charge fees to	seniors who have paid	May 2014
seniors they have	fees for residential care	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
involuntarily	while being involuntarily	care.
detained in mental	detained under the	
health facilities	Mental Health Act to	
under the Mental	apply to the ministry to be	
Health Act and then	reimbursed for the fees	
transferred to	paid.	
residential care	DESDONSE DECEIVED.	
facilities.	RESPONSE RECEIVED; ACCEPTED, NO PROGRESS	
Finalina 100		And 2007
Finding 103	Recommendation 133	April 2015
The Ministry of Health has not	After consulting with the health authorities, facility	This recommendation is in Year 3 of the Ministry of Health's work plan.
		March 2014
established specific	operators, seniors and their families, the Ministry	AND NOTE OF AN ADDRESS OF ADDRESS OF ADDRESS OF AN ADDRESS OF ADDR
and objectively		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
measurable	of Health establish specific	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

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

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Finding	Recommendation (with status as reported by Ombudsperson June	Ministry of Health Response
	2014)	
		HOME AND COMMUNITY CARE RECOMMENDATIONS
Finding 1	Recommendation 1	April 2015
The Ministry of	The Ministry of Health	This recommendation is in Year 2 of the Ministry of Health's work plan.
Health does not	report publicly on an	
track and report	annual basis in a way that	May 2014
publicly on the	is clear and accessible:	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
funding allocated to		within their respective geographic regions.
and expended on	home and community	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
home and community care	care services by each health authority	needs of the population are met within the available funding and according to the ministry's budget and fiscal plan.
services and the	the funds expended on	needs of the population are met within the available funding and according to the ministry's budget and fiscal plan.
results achieved.	home and community	Regional health authorities determine their annual spending requirements for home and community care services. Health authorities prepare annual service plans and post
results deflicated.	care services in each	these on their websites. The plans include information regarding budgets, actual expenditures and variances by sector including community care services (such as home
	health authority	support, case management, adult day services, community nursing and community rehabilitation and assisted living) and residential care services. The plans include several
	the planned results for	performance measures that cover the wide range of programs and services delivered.
	home and community	
	care services in each	The Ministry collects extensive information about the health care services that patients and clients receive, and health authorities regularly provide the Ministry with the
	health authority	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
	the actual results	approach is consistent with all of government.
	delivered by home and	
	community care services	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
	an explanation of any	issues with the implementation of the Home and Community Care Minimum Reporting Requirements, with all health authorities submitting the required data. This will enable
	differences between the	improved reporting both internally to strengthen monitoring of services, and publicly for increased transparency and accountability. A model for public performance reporting
	planned results and the	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
	actual results	residential care services).
	RESPONSE RECEIVED:	The Adicional Assistance of the Company of the Comp
	ACCEPTED, NO PROGRESS	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.
		recommendations.
Finding 2	Recommendation 2	April 2015
The Ministry of	The Ministry of Health	This recommendation is in Year 2 of the Ministry of Health's work plan.
Health and the	work with the health	,
health authorities	authorities and other	March 2014
were unable to	stakeholders to identify	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

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Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
		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 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.
Finding 100	Recommendation 129	April 2015
The health authorities do not	The Ministry of Health and the health authorities	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.
provide adequate	work together to provide	October 2014 clarification
information to seniors on how income splitting can affect the	information for the public on how income splitting can affect the residential care rate that seniors are	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 http://www2.gov.bc.ca/gov/topic.page?id=68E9C5DFB10046F689AE9A0F57265083 .
residential care rate that they are required to pay.	required to pay. ONGOING	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.
		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.
		March 2014
		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.
Finding 101	Recommendation 130	April 2015
The health	The Ministry of Health	This recommendation is in Year 2 of the Ministry of Health's work plan.
authorities' use of	ensure that seniors' civil	

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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, provincewide 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. RESPONSE RECEIVED: ACCEPTED, NO PROGRESS	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 Mental Health Act have to be met. For those patients who have been admitted involuntarily under the Mental Health Act 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 Mental Health Act. 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 Mental Health Act 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 Mental Health Act 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 Mental Health Act for complex patients.
Finding 102	Recommendation 131	April 2015
It is unfair for the	The health authorities	This recommendation is in Year 2 of the Ministry of Health's work plan.
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.	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. RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED	May 2014 The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.
Finding 102 It is unfair for the health authorities	Recommendation 132 The Ministry of Health develop a process for	April 2015 This recommendation is in Year 2 of the Ministry of Health's work plan.

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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

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Finding	Recommendation (with	Ministry of Health Response
0.5500000000000000000000000000000000000	status as reported by	
	Ombudsperson June	
	2014)	
income splitting can	can affect the residential	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
affect the	care rate that seniors are	further action to address it.
residential care rate	required to pay.	October 2014 clarification
that they are	,	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
required to pay.	ONGOING	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 http://www2.gov/bc.ca/gov/topic.page?id=68E9C5DF810046F689AE9A0F57265083.
		Tales. The middles found at the following mix into J/WWWZ.gov.uc.to/gov/topic.page:10-0002-0301 000-0000 0000 0000 000000000000000
		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.
		Website indicates that tax spitting his betterior and peterior implications which are most appropriately allocased with a maintain processional.
		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.
		March 2014
		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.
Finding 101	Recommendation 130	May 2016
The health	The Ministry of Health	This recommendation will be addressed through the development of provincial clinical practice guidelines for physicians in applying section 22 and section 37 of the Mental
authorities' use of	ensure that seniors' civil	Health Act for people with dementia and other aging-related disorders.
sections 22 and 37	liberties are appropriately	
of the Mental	protected by working with	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
Health Act to	the health authorities to	work through a consensus process.
involuntarily admit	develop a clear, province-	
seniors to mental	wide policy on when to	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
health facilities and	use sections 22 and 37 of	2016/2017.
then transfer them	the Mental Health Act to	
to residential care is	involuntarily admit seniors	Work on this recommendation continues in Year 3 of the Ministry's work plan.

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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

Finding	Recommendation (with	Ministry of Health Response
	status as reported by	
	Ombudsperson June 2014)	
done without clear	to mental health facilities	April 2015
provincial policy to	and then transfer them to	This recommendation is in Year 2 of the Ministry of Health's work plan.
ensure that the	residential care.	,
Mental Health Act	Testacificat care:	May 2014
is used as a last	RESPONSE RECEIVED:	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
resort and that	ACCEPTED, NO PROGRESS	involuntarily in a designated mental health facility all the criteria in section 22 of the Mental Health Act have to be met. For those patients who have been admitted
seniors are not		involuntarily under the Mental Health Act and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended
unnecessarily		leave as authorized under section 37 of the Mental Health Act. These patients are receiving appropriate supports and treatment in the community to meet the conditions of
deprived of their		their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the Mental Health Act have not been consistently applied for people with dementia;
civil liberties.		in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the Mental Health Act 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 Mental Health Act for complex patients.
_		100 PC 6 97 (4) 45 6 97 7 10 10 10 10 10 10 10 10 10 10 10 10 10
Finding 102	Recommendation 131	May 2016
It is unfair for the	The health authorities	The recommendation to stop charging user fees for seniors that are admitted involuntarily under section 22 and 37 of the Mental Health Act into residential care facilities is
health authorities	stop charging fees to	under review pending Ministry direction. § . 14
to charge fees to	seniors they have	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
seniors they have	involuntarily detained in	Use residential care facilities under section 22 & 37 of the <i>Mental Health Act</i> .
involuntarily	mental health facilities	
detained in mental	under the Mental Health	Work on these recommendations continues in Year 3 of the Ministry's work plan.
health facilities	Act and then transferred	April 2015
under the Mental	to residential care	This recommendation is in Year 2 of the Ministry of Health's work plan.
Health Act and then	facilities.	
transferred to		May 2014
residential care	RESPONSE RECEIVED;	The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.
facilities.	ACCEPTED, NO PROGRESS	
Finding 102	Recommendation 132	May 2016
It is unfair for the	The Ministry of Health	The recommendation to stop charging user fees for seniors that are admitted involuntarily under section 22 and 37 of the Mental Health Act into residential care facilities is
health authorities	develop a process for	under review pending Ministry direction < 14 . The
to charge fees to	seniors who have paid	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
seniors they have	fees for residential care	Use residential care facilities under section 22 & 37 of the Mental Health Act.
involuntarily	while being involuntarily	
detained in mental	detained under the	Work on these recommendations continues in Year 3 of the Ministry's work plan.
health facilities	Mental Health Act to	Audiant
under the Mental	apply to the ministry to be	April 2015

correct to match what is in the column? No need to update the column, just make sure the reference date is correct

Comment [KA2]: Not sure this is

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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

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Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
rate that they are required to pay.	required to pay. ONGOING	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. October 2014 clarification 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 http://www2.gov.bc.ca/gov/topic.page?id=68E9C5DFB10046F689AE9A0F57265083 . 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. 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.
Finding 101 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.	Recommendation 130 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. RESPONSE RECEIVED: ACCEPTED, NO PROGRESS	May 2014 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 Mental Health Act have to be met. For those patients wh have been admitted involuntarily under the Mental Health Act 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 Mental Health Act. 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 3 of the Mental Health Act 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 Mental Health Act 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 Mental Health Act for complex patients.

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

Finding	Recommendation (with status as reported by Ombudsperson June 2014)	Ministry of Health Response
living expenses on applications for hardship waivers since 2002.	hardship waivers and make necessary changes, and review and update the list of allowable expenses every three years.	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
	RESPONSE RECEIVED: ACCEPTED, ONGOING	of hardship applications.
Finding 100 The health authorities do not provide adequate	Recommendation 129 The Ministry of Health and the health authorities work together to	October 2014 clarification The Ombudsperson recommended that the Ministry provide information for the public on how income splitting can affect the residential care rate that
information to seniors on how income splitting can affect the residential care rate that they are required	provide information for the public on how income splitting can affect the residential care rate that seniors are required to pay.	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 http://www2.gov.bc.ca/gov/topic.page?id=68E9C5DFB10046F689AE9A0F57265083 .
to pay.	ONGOING	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 incometested programs. The website indicates that tax splitting has benefits and potential implications which are most appropriately discussed with a financial professional.
		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.
		March 2014
		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.
Finding 101	Recommendation 130	May 2014
The health authorities' use of sections 22 and 37 of the Mental Health Act to	The Ministry of Health ensure that seniors' civil liberties are appropriately protected by working	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

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Finding	Recommendation (with status as	Ministry of Health Response
	reported by Ombudsperson June 2014)	
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. RESPONSE RECEIVED: ACCEPTED, NO PROGRESS	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.
Finding 102 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.	Recommendation 131 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. RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED	May 2014 The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.
Finding 102 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.	Recommendation 132 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. RESPONSE RECEIVED: RECOMMENDATION WILL BE CONSIDERED	May 2014 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.
Finding 103	Recommendation 133	March 2014

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

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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
Finding 101	Recommendation 130	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. 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. May 2014
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.	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. RESPONSE RECEIVED: ACCEPTED, NO PROGRESS	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 Mental Health Act have to be met. For those patients who have been admitted involuntarily under the Mental Health Act 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 Mental Health Act. 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 Mental Health Act 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 Mental Health Act 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 Mental Health Act for complex patients.
Finding 102 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.	Recommendation 131 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. RESPONSE RECEIVED; RECOMMENDATIONS WILL BE CONSIDERED	May 2014 The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.
Finding 102	Recommendation 132	May 2014

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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

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

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

related to the Community Care and Assisted Living Act. 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 During the update to Cabinet, I conveyed that seven projects (21 recommendations) that are part

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

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	Ministry of Health Response
	status as reported by	
	Ombudsperson June 2014)	
that they are	2014)	website indicates that tax splitting has benefits and potential implications which are most appropriately discussed with a financial professional.
required to pay.	ONGOING	,
		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.
		March 2014
		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.
Finding 101	Recommendation 130	April 2015
The health	The Ministry of Health	This recommendation is in Year 2 of the Ministry of Health's work plan.
authorities' use of	ensure that seniors' civil	
sections 22 and 37	liberties are appropriately	May 2014
of the Mental	protected by working with	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
Health Act to	the health authorities to	involuntarily in a designated mental health facility all the criteria in section 22 of the Mental Health Act have to be met. For those patients who have been admitted
involuntarily admit	develop a clear, province-	involuntarily under the Mental Health Act and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended
seniors to mental	wide policy on when to	leave as authorized under section 37 of the Mental Health Act. These patients are receiving appropriate supports and treatment in the community to meet the conditions of
health facilities and	use sections 22 and 37 of	their leave. The Ministry has recognized that the criteria for applying section 22 and 37 of the Mental Health Act have not been consistently applied for people with dementia;
then transfer them	the Mental Health Act to	in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the Mental Health Act legislation. The Ministry is also
to residential care is	involuntarily admit seniors	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
done without clear provincial policy to	to mental health facilities and then transfer them to	residential care facility; this will provide options to avoid the application of the Mental Health Act for complex patients.
ensure that the	residential care.	
Mental Health Act	residential care.	
is used as a last	RESPONSE RECEIVED:	
resort and that	ACCEPTED, NO PROGRESS	
seniors are not		
unnecessarily		

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

Finding	Recommendation (with	Ministry of Health Response
V CONTROL OF THE PARTY OF THE P	status as reported by	00.00 (100 to 100 (100 (100 (100 (100 (100 (100 (100
	Ombudsperson June	
	2014)	
deprived of their		
civil liberties.		
Finding 102	Recommendation 131	April 2015
It is unfair for the	The health authorities	This recommendation is in Year 2 of the Ministry of Health's work plan.
health authorities	stop charging fees to	
to charge fees to	seniors they have	May 2014
seniors they have	involuntarily detained in	The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care.
involuntarily	mental health facilities	
detained in mental	under the Mental Health	
health facilities	Act and then transferred	
under the Mental	to residential care	
Health Act and then	facilities.	
transferred to		
residential care	RESPONSE RECEIVED;	
facilities.	ACCEPTED, NO PROGRESS	
Finding 102	Recommendation 132	April 2015
It is unfair for the	The Ministry of Health	This recommendation is in Year 2 of the Ministry of Health's work plan.
health authorities	develop a process for	
to charge fees to	seniors who have paid	May 2014
seniors they have	fees for residential care	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
involuntarily	while being involuntarily	care.
detained in mental	detained under the	
health facilities	Mental Health Act to	
under the Mental	apply to the ministry to be	
Health Act and then	reimbursed for the fees	
transferred to	paid.	
residential care	DESDONSE DECEIVED.	
facilities.	RESPONSE RECEIVED; ACCEPTED, NO PROGRESS	
Finalina 100		And 2007
Finding 103	Recommendation 133	April 2015
The Ministry of Health has not	After consulting with the health authorities, facility	This recommendation is in Year 3 of the Ministry of Health's work plan.
		March 2014
established specific	operators, seniors and their families, the Ministry	AND NOTE OF AN ADDRESS OF ADDRESS OF ADDRESS OF AN ADDRESS OF ADDR
and objectively		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
measurable	of Health establish specific	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

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

	Pro No.	Project	Rec's	Lead
	1.7	HS Monitoring and Enforcement	49	Karen
	1.15b	Licensing policies/Standards for Training/Training Module on Investigations;	153	Sue
		Inspections in CCALA facilities (1 of 3; project complete)		
	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
ts	2.4	Consent for Prescription Medication in Residential Care	139, 140, 141	Karen
jec	2.5a	HCC Annual Report (1 of 13)	6	TBD
Year 2 Projects	2.6b	Information/HCC Website (1 of 3; project complete)	105	Karen
r 2	2.7	Publicly Accessible AL Information	57, 58	Karen
/ea	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	172, 173	Sue
	2.14a	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
	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,	TBD
	2.52	1000	109, 110, 112, 113	
	2.8	Review of RC Admission/Access Policy	100, 101, 102, 103, 104, 106,	Ramani
			117, 118, 119, 120, 121	
			120 121 122	0 1
	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
ts	2.11a	AL Inspection and Monitoring (2 of 3)	90, 93	Robin
s	2.12	Licensing Annual Report	151,152	Sue
Year 3 Projects	2.13b	RC Complaint Mechanisms and Inspections (1 of 4)	149	Sue
roj	2.14b	Facility Closures, Resident Transfers, Large Scale Staff Replacement; Substantial Change in Operations (2 of 4)	169, 171	Sue
3 P	2.15c	Implementing Improvements to PCQ Program (6 of 8)	16, 17, 18, 19, 21, 48	Janice
ear	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
	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
			722 22122112 121	
	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
cts	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
jec	4.3	Sponsored immigrants	14	Ramani
Year 4 Projects	4.4	Reimbursement for Room Differential Fees	122	Ramani
r 4	4.5	Lack of legal authority to provide services at support level	54, 55, 56	Robin
/ea	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
		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.

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Ombudsperson Report

Project Status Report 2.9 ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT

Developing Mental Health Act Clinical Practice	Reporting Period: April 15 – July 14, 2015
Guidelines Regarding Dementia, Involuntary Admission A to Residential Care and User Fees ar	Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health and Substance Use – Gerrit Van der Leer
N. B.	Supporting Area(s)/Supporting Contact(s): Karen Archibald, Carly Hyman, Whitney Borowko
Target Completion Date(s):	Project Status (** see last page for legend):
April 1, 2016	☐ Complete ☐ On Track ☐ Risk Mitigation Underway ☐ Action Required ☐ Not started X On Hold
Health System Strategy Linkage:	
	Strategic Policy Framework –
 Recommendation 1.6 - Systematically and opportunist Adults with Moderate to Complex Chronic Conditions. 	opportunistically establish Linked Community and Residential Care Service Practices for Older Conditions.

Recommendation(s) – see page 2 for details	Summary of Topics
	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of
	the Mental Health Act for people with Dementia and other aging-related disorders
R130, R131, R132	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 Mental Health Act

Major Milestones / Deliverables:	Target Date	Status	Commen
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.			

Major Milestones / Deliverables:	Target Date	Status	Commen ts
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	I 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</i> Act http://www.health.gov.bc.ca/library/publications/year/2005/ MentalHealthGuide.pdf 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	
Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care faculties under section 22 & 37 of the <i>Mental Health Ac</i>			
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		

Major Milestones / Deliverables:	Target Date	Status	Commen ts
6. Route draft Provincial User Fees Policy for review and feedback to major stakeholders such as BC Alzheimer's Society, Health	October, 2015		
Authorities			
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		
9. Distribute Provincial Policy to health authorities and major	700 20dm		
stake holders and advise of the effective date of implementation.	Decellibel, 2013		

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.

111111111111111111111111111111111111111	Docommondation (with ctatue of	Minister of Localda Document
ω -	reported by Ombudsperson June 2014)	
Finding 101	Recommendation 130	May 2014
The health authorities'	The Ministry of Health ensure that seniors'	Most people suffering from dementia are treated on a voluntary basis in
use of sections 22 and	civil liberties are appropriately protected	the community and or hospital. In order to treat a person with mental
37 of the Mental Health	by working with the health authorities to	illness such as dementia involuntarily in a designated mental health facility
Act to involuntarily	develop a clear, province-wide policy on	all the criteria in section 22 of the Mental Health Act have to be met. For
admit seniors to mental	when to use sections 22 and 37 of the	those patients who have been admitted involuntarily under the Mental
health facilities and then	Mental Health Act to involuntarily admit	Health Act and having significant difficulties living in the community, some
transfer them to	seniors to mental health facilities and then	are discharged from a designated mental health facility on extended leave
residential care is done	transfer them to residential care.	as authorized under section 37 of the Mental Health Act. These patients are
without clear provincial		receiving appropriate supports and treatment in the community to meet
policy to ensure that the	RESPONSE RECEIVED: ACCEPTED, NO	the conditions of their leave. The Ministry has recognized that the criteria
Mental Health Act is	PROGRESS	for applying section 22 and 37 of the Mental Health Act have not been
used as a last resort and		consistently applied for people with dementia; in response the Ministry is
that seniors are not		considering the development of clinical criteria and guidelines for
unnecessarily deprived		physicians consistent with the Mental Health Act legislation. The Ministry is
of their civil liberties.		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 Mental Health Act for complex
		patients.
Finding 102	Recommendation 131	May 2014
It is unfair for the health	The health authorities stop charging fees	The Ministry will review the Ombudsperson's recommendations around
authorities to charge	to seniors they have involuntarily detained	charging fees to seniors who are involuntary patients on extended leave in
fees to seniors they	in mental health facilities under the	residential care.
have involuntarily	Mental Health Act and then transferred to	
detained in mental	residential care facilities.	
health facilities under		
the Mental Health Act	RESPONSE RECEIVED;	
and then transferred to	RECOMMENDATIONS WILL BE	
residential care	CONSIDERED	
facilities.		
Finding 102	Recommendation 132	May 2014

Ministry of Health

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

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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.	ONGOING	website indicates that tax splitting has benefits and potential implications which are most appropriately discussed with a financial professional. 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.
		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 authority staff do not have expertise in financial planning. Clients are encouraged to consult with a tax expert if they wish further information.
Finding 101 The health	Recommendation 130 The Ministry of Health	April 2015 This recommendation is in Year 2 of the Ministry of Health's work plan.
sections 22 and 37 of the Mental	liberties are appropriately protected by working with	May 2014 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
Health Act to involuntarily admit	the health authorities to develop a clear, province-	involuntarily in a designated mental health facility all the criteria in section 22 of the Mental Health Act have to be met. For those patients who have been admitted involuntarily under the Mental Health Act and having significant difficulties living in the community, some are discharged from a designated mental health facility on extended
seniors to mental health facilities and	wide policy on when to use sections 22 and 37 of	leave as authorized under section 37 of the Mental Health Act. 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 Mental Health Act have not been consistently applied for people with dementia;
then transfer them	the Mental Health Act to	in response the Ministry is considering the development of clinical criteria and guidelines for physicians consistent with the Mental Health Act legislation. The Ministry is also considering bringing Part 3 of the HCCEAA into force to better support centers suffering from dementia who are unable to provide consent to treatment and or admission to a
done without clear		residential care facility; this will provide options to avoid the application of the Mental Health Act for complex patients.
provincial policy to ensure that the	and then transfer them to residential care.	
Mental Health Act	RESPONSE RECEIVED.	
resort and that	ACCEPTED, NO PROGRESS	
a seniors are not		
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Ministry of Health Update on Status of Recommendations and Status Reported by the Ombudsperson in November 2014

ation (with norted by son June		April 2013 with order of the Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in residential care. Feelveb: not Health transferred remains a part of 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. May 2014 transferred remains a part of its review of charging fees to seniors who are involuntary patients on extended leave in residential care. May 2014 and 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 ministry to be out the fees. ECEIVED: number of 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. May 2014 in the Charging fees to seniors who are involuntary patients on extended leave in residential care. May 2014 in the Charging fees to seniors who are involuntary patients on extended leave in residential care. May 2014 in the Charging fees to seniors who are involuntary patients on extended leave in residential care.	April 2015 ation 133 ing with the first recommendation is in Year 3 of the Ministry of Health's work plan. March 2014 March 2014 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 ablish specific 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 Page 90 of 121
Recommendation (with status as reported by Ombudsperson June 2014)		Recommendation 131 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. RESPONSE RECEIVED; ACCEPTED, NO PROGRESS Recommendation 132 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. RESPONSE RECEIVED;	ACCEPTED, NO PROGRESS Recommendation 133 After consulting with the health authorities, facility operators, seniors and their families, the Ministry of Health establish specific Min
Finding	deprived of their civil liberties.	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. Finding 102 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 involuntarily detained in mental health facilities under the Mental Health Act and then transferred to residential care facilities.	Finding 103 The Ministry of The Ministry of Health has not as established specific and objectively measurable the post of the

Ministry of Health

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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

i		The state of the s
Finding	Recommendation (with status as	Ministry of Health Response
	reported by Ombudsperson June 2014)	
increased the amount that	can be claimed for general living	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
can be claimed for general	expenses on applications for	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
living expenses on	hardship waivers and make	home and community care clients, including those living in publicly subsidized residential care facilities that are governed under both the CCALA and the
applications for hardship	necessary changes, and review and	Hospital Act.
waivers since 2002.	update the list of allowable expenses	
	every three years.	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.
	RESPONSE RECEIVED: ACCEPTED,	
	ONGOING	
Finding 100	Recommendation 129	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
The health authorities do	The Ministry of Health and the	Community Care websites. The Home and Community Care website now provides information about the impact of pension income splitting on client rates,
not provide adequate	health authorities work together to	under the section "Who Pays for Care?"
information to seniors on	provide information for the public on	
how income splitting can	how income splitting can affect the	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
affect the residential care	residential care rate that seniors are	Agency from information provided in annual income tax returns.
rate that they are required	required to pay.	
to pay.		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
	ONGOING	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.
Finding 101	Recommendation 130	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
The health authorities' use	The Ministry of Health ensure that	as dementia involuntarily in a designated mental health facility all the criteria in section 22 of the Mental Health Act have to be met. For those patients who
of sections 22 and 37 of the	seniors' civil liberties are	have been admitted involuntarily under the Mental Health Act and having significant difficulties living in the community, some are discharged from a
Mental Health Act to	appropriately protected by working	designated mental health facility on extended leave as authorized under section 37 of the Mental Health Act. These patients are receiving appropriate
involuntarily admit seniors	with the health authorities to	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
to mental health facilities	develop a clear, province-wide policy	of the Mental Health Act have not been consistently applied for people with dementia; in response the Ministry is considering the development of clinical
and then transfer them to	on when to use sections 22 and 37 of	criteria and guidelines for physicians consistent with the Mental Health Act legislation. The Ministry is also considering bringing Part 3 of the HCCCFAA into
residential care is done	the Mental Health Act to	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
without clear provincial	involuntarily admit seniors to mental	will provide options to avoid the application of the <i>Mental Health Act</i> for complex patients.
policy to ensure that the	health facilities and then transfer	
Mental Health Act is used as	them to residential care.	
a last resort and that		
seniors are not	RESPONSE RECEIVED: ACCEPTED,	
unnecessarily deprived of	NO PROGRESS	
their civil liberties.		
Finding 102	Recommendation 131	The Ministry will review the Ombudsperson's recommendations around charging fees to seniors who are involuntary patients on extended leave in
U It is unfair for the health	The health authorities stop charging	residential care.
ae		Page 57 of 77

Ministry of Health

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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. RESPONSE RECEIVED: ACCEPTED, ONGOING	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.
Finding 100 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.	Recommendation 129 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. ONGOING	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.
Finding 101 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.	Recommendation 130 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. RESPONSE RECEIVED: ACCEPTED, NO PROGRESS	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 Mental Health Act have to be met. For those patients who have been admitted involuntarily under the Mental Health Act 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 Mental Health Act. 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 Mental Health Act 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 Mental Health Act 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 Mental Health Act for complex patients.
Finding 102 It is unfair for the health	Recommendation 131 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.

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Ombudsperson Report

Project Status Report ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT – Project 2.9

Project Name/Description:	Reporting Period: April 15 – July 14, 2015
Developing Mental Health Act Clinical Practice	
Guidelines Regarding Dementia, Involuntary Admission	Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health
to Residential Care and User Fees	and Substance Use – Gerrit Van der Leer
Target Completion Date(s):	Supporting Area(s)/Supporting Contact(s): Karen Archibald, Carly Hyman, Whitney
April 1, 2016	Borowko

Health System Strategy Linkage:

- 1. MoH Policy Paper: Primary and Community Care in BC: A Strategic Policy Framework -
 - Recommendation 1.6 Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.

Recommendation(s) – see page 2 for details	Summary of Topics
	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of
	the Mental Health Act for people with Dementia and other aging-related disorders
R130, R131, R132	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	Commen
			ts
Develop provincial clinical practice guidelines in applying			
section 22 and section 37 of the Mental Health Act 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	luna 2015	On hold until MoH funding has	
Dementia and other aging-related disorders, national clinical	June, 2015	been secured	
experts, legal experts and Ministry of Health representatives.			

Major Milestones / Deliverables:	Target Date	Status	Commen
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	I 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</i> Act http://www.health.gov.bc.ca/library/publications/year/2005/ MentalHealthGuide.pdf 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	
Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care faculties under section 22 & 37 of the Mental Health Ac			
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		

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

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

	Mi	nistry of Health	
Recommendation	Summary of Actions Taken	Current Assessment	Update required
R1: The Ministry of Health report publicly on an annual basis in a way that is clear and accessible: • the funding allocated to home and community care services by each health authority • the funds expended on home and community care services in each health authority • the planned results for home and community care services in each health authority • the actual results delivered by home and community care services • an explanation of any differences between the planned results and the actual results	April 2015 No specific action has been taken towards implementation. This recommendation is in Year 2 of the ministry's four-year work plan. May 2014 No specific action has been taken towards implementation.	RESPONSE RECEIVED; ACCEPTED, NO PROGRESS	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. 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. 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

			I contract the management of the contract of t
provide information for the public on how income	March 2014 No progress since last update.		on taking any further action to address it.
splitting can affect the	140 progress since last apaate.		
residential care rate that	October 2012		
seniors are required to pay.	The ministry's Home and		
50	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.		
R130: The Ministry of	April 2015	RESPONSE	This recommendation will be addressed through the
Health ensure that seniors'	No specific action has been taken	RECEIVED;	development of provincial clinical practice guidelines for
civil liberties are	towards implementation. This	ACCEPTED, NO	physicians in applying section 22 and section 37 of the Mental
appropriately protected by	recommendation is in Year 2 of	PROGRESS	Health Act for people with dementia and other aging-related
working with the health	the ministry's four-year work plan.		disorders.
authorities to develop a	Mov 2014		Developing these clinical guidelines for this recommendation
clear, province-wide policy	May 2014 No specific action has been taken		Developing these clinical guidelines for this recommendation is complex and requires specialists such as a psychiatrist with
on when to use sections 22	towards implementation.		a speciality in geriatric psychiatry to undertake the work
and 37 of the Mental Health	towards implementation.		through a consensus process.
Act to involuntarily admit			tillough a consensus process.
seniors to mental health			The consultation and planning phases of this project are
facilities and then transfer			complete and the target is to have the guidelines fully
them to residential care.			developed and issued for implementation by end of fiscal year
			2016/2017.
			The control of the co
			Work on this recommendation continues in Year 3 of the
			Ministry's work plan.
R131: The health		DE000W0E	The recommendation to stop charging user fees for seniors
authorities stop charging	April 2015	RESPONSE	that are admitted involuntarily under section 22 and 37 of the
fees to seniors they have	No specific action has been taken	RECEIVED;	Mental Health Act into residential care facilities is under
involuntarily detained in	towards implementation. This recommendation is in Year 2 of	ACCEPTED, NO PROGRESS	review pending Ministry direction.s.14 s.14
mental health facilities	the ministry's four-year work plan.	PRUGRESS	s.14 The Ministry will
under the Mental Health Act	une ministry s lour-year work plan.		be developing in 2016/17 an updated provincial user fee
and then transferred to			policy regarding user fees for patients in Home and
residential care facilities.	4 11 22 1 7	DE0001105	Community Care and Mental Health and Substance Use
R132: The Ministry of	April 2015	RESPONSE	residential care facilities under section 22 & 37 of the <i>Mental</i>
	No specific action has been taken	RECEIVED;	

Appendix A: Distribution by Year of \$.13

Recommendations (Year 3 is 2016/17; Year 4 is 2017/18)

Recommendation Yr No s.13

No Recommendation s.13

Yr

No Recommendation s.13

Yr

No Recommendation

s.13

Yr

Ombudsperson Report

Project Status Report ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT – Project 2.9

Project Name/Description:	Reporting Period: July 14, to September 15, 2015	
Developing Mental Health Act Clinical Practice	40 900	
Guidelines Regarding Dementia, Involuntary Admission Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health		
to Residential Care and User Fees	and Substance Use – Gerrit Van der Leer	
	Supporting Area(s)/Supporting Contact(s): Karen Archibald, Whitney Borowko	
Target Completion Date(s):	Project Status (** see last page for legend):	
April 1, 2016	☐ Complete ☐ On Track ☐ Risk Mitigation Underway ☐ Action Required ☐ Not started X On Hold	
Health System Strategy Linkage:		
MoH Policy Paper: Primary and Community Care in BC Recommendation 1.6 - Systematically and oppo Adults with Moderate to Complex Chronic Cond	rtunistically establish Linked Community and Residential Care Service Practices for Older	

Recommendation(s) – see page 2 for details	Summary of Topics
	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of
	the Mental Health Act for people with Dementia and other aging-related disorders
R130, R131, R132	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 Mental Health Act

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

Major Milestones / Deliverables:	Target Date	Status	Commen
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	I 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</i> Act http://www.health.gov.bc.ca/library/publications/year/2005/ MentalHealthGuide.pdf 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	
Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care faculties under section 22 & 37 of the Mental Health Ac			
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		

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

Ombudsperson Report

Project Status Report 2.9 ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT

Project Name/Description:	Reporting Period: April 15 – July 14, 2015	
Developing Mental Health Act Clinical Practice	40 400 900 10 10 10 10 10 10 10 10 10 10 10 10 1	
Guidelines Regarding Dementia, Involuntary Admission	Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health	
to Residential Care and User Fees	and Substance Use – Gerrit Van der Leer	
	Supporting Area(s)/Supporting Contact(s): Karen Archibald, Carly Hyman, Whitney	
	Borowko	
Target Completion Date(s):	Project Status (** see last page for legend):	
April 1, 2016	☐ Complete ☐ On Track ☐ Risk Mitigation Underway ☐ Action Required ☐ Not started X On Hold	
Health System Strategy Linkage:		
 MoH Policy Paper: Primary and Community Care in BC: A Strategic Policy Framework – Recommendation 1.6 - Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions. 		

Recommendation(s) – see page 2 for details	Summary of Topics
	1. Develop provincial clinical practice guidelines in applying section 22 and section 37 of
	the Mental Health Act for people with Dementia and other aging-related disorders
R130, R131, R132	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	Commen ts
Develop provincial clinical practice guidelines in applying			
section 22 and section 37 of the Mental Health Act for people			
with dementia and other aging related disorders.			

Major Milestones / Deliverables:	Target Date	Status	Commen
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	I 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</i> **Act http://www.health.gov.bc.ca/library/publications/year/2005/ **MentalHealthGuide.pdf">MentalHealthGuide.pdf 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	
Develop a provincial policy regarding user fees for patients in HCC and MHSU residential care faculties under section 22 & 37 of the <i>Mental Health Ac</i>			
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	
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		

Major Milestones / Deliverables:	Target Date	Status	Commen
			ts
6. Route draft Provincial User Fees Policy for review and feedback			
to major stakeholders such as BC Alzheimer's Society, Health	October, 2015		
Authorities			
7. Update Provincial User Fees Policy	October/November, 2015		
8. Final approval MoH	November, 2015		
9. Distribute Provincial Policy to health authorities and major	Danasahan 2015		
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	Ministry of Health Response
	reported by Ombudsperson June 2014)	
Finding 101	Recommendation 130	May 2014
The health authorities'	The Ministry of Health ensure that seniors'	Most people suffering from dementia are treated on a voluntary basis in
use of sections 22 and	civil liberties are appropriately protected	the community and or hospital. In order to treat a person with mental
37 of the Mental Health	by working with the health authorities to	illness such as dementia involuntarily in a designated mental health facility
Act to involuntarily	develop a clear, province-wide policy on	all the criteria in section 22 of the Mental Health Act have to be met. For
admit seniors to mental	when to use sections 22 and 37 of the	those patients who have been admitted involuntarily under the Mental
health facilities and then	Mental Health Act to involuntarily admit	Health Act and having significant difficulties living in the community, some
transfer them to	seniors to mental health facilities and then	are discharged from a designated mental health facility on extended leave
residential care is done	transfer them to residential care.	as authorized under section 37 of the Mental Health Act. These patients are
without clear provincial		receiving appropriate supports and treatment in the community to meet
policy to ensure that the	RESPONSE RECEIVED: ACCEPTED, NO	the conditions of their leave. The Ministry has recognized that the criteria
Mental Health Act is	PROGRESS	for applying section 22 and 37 of the Mental Health Act have not been
used as a last resort and		consistently applied for people with dementia; in response the Ministry is
that seniors are not		considering the development of clinical criteria and guidelines for
unnecessarily deprived		physicians consistent with the <i>Mental Health Act</i> legislation. The Ministry is
of their civil liberties.		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.
Finding 102	Recommendation 131	May 2014
It is unfair for the health	The health authorities stop charging fees	The Ministry will review the Ombudsperson's recommendations around
authorities to charge	to seniors they have involuntarily detained	charging fees to seniors who are involuntary patients on extended leave in
fees to seniors they	in mental health facilities under the	residential care.
have involuntarily	Mental Health Act and then transferred to	
detained in mental	residential care facilities.	
health facilities under		
the Mental Health Act	RESPONSE RECEIVED;	
and then transferred to	RECOMMENDATIONS WILL BE	
residential care	CONSIDERED	
facilities.		
Finding 102	Recommendation 132	May 2014

Ombudsperson Report

Project Status Report 2.9 - ADMISSION TO RESIDENTIAL CARE USING THE MENTAL HEALTH ACT

Project Name/Description:	Reporting Period: April 15 – May 21, 2015
Developing Mental Health Act Clinical Practice	
Guidelines Regarding Dementia, Involuntary Admission	Area Responsible/Project Lead: Integrated Primary and Community Care – Mental Health
to Residential Care and User Fees	and Substance Use – Gerrit Van der Leer
Target Completion Date(s):	Supporting Area(s)/Supporting Contact(s): Karen Archibald, Carly Hyman, Whitney
April 1, 2016	Borowko

Health System Strategy Linkage:

- 1. MoH Policy Paper: Primary and Community Care in BC: A Strategic Policy Framework -
 - Recommendation 1.6 Systematically and opportunistically establish Linked Community and Residential Care Service Practices for Older Adults with Moderate to Complex Chronic Conditions.

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

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.			
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	

Major Milestones / Deliverables:	Target Date	Status	Comments
		On hold until MoH	
2. Develop draft clinical practice guidelines.	June-December, 2015	funding has been	
	70	secured	
3. Submit draft clinical practice guidelines to major stakeholders		On hold until	
for review and feedback, such as Doctors of BC; Health	Jan-Feb, 2016	MoH funding has	
Authorities, BC Alzheimer's Society, MoH representatives.		been secured	
		I On hold until MoH	
4. Update draft clinical practice guidelines.	Feb-March 2016	funding has been	
		secured	
		On hold until MoH	
5. Final MoH approval of clinical practice guidelines.	March, 2016	funding has been	
For St. 100 (100 (100 (100 (100 (100 (100 (100		secured	
6. Update provincial Guide to the Mental Health		On hold until MoH	
Act http://www.health.gov.bc.ca/library/publications/year/2005/	April-May 2016	funding has been	
MentalHealthGuide.pdf to incorporate these new guidelines.		secured	
7.0 1.0 1.1 1.1 1.1 1.1		On hold until MoH	
7. Develop Communication Plan in partnership with health	May-June, 2016	funding has been	
authorities and Doctors of BC.	- Problem - Velico Mc Jateleonico	secured	
Develop a provincial policy regarding user fees for patients in			1
HCC and MHSU residential care faculties under section 22 & 37			
of the Mental Health Ac			
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	• 000 000 000 000 000 000		<u> </u>
to major stakeholders such as BC Alzheimer's Society, Health	October, 2015		
Authorities	Substantial Commence of the C		
7. Update Provincial User Fees Policy	October/November, 2015		<u> </u>
8. Final approval MoH	November, 2015		(i

Major Milestones / Deliverables:	Target Date	Status	Comments
9. Distribute Provincial Policy to health authorities and major	December, 2015		
stake holders and advise of the effective date of implementation.	December, 2013		

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

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

January 2017

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

- 0 support services is consistent throughout B.C. by holding service providers accountable for the same standard of Developed Performance Management Requirements in care. *Home Support Services* to ensure that the quality of home
- 0 Made amendments to the Residential Care Regulation were passed by an Order in Council on July 19, in July care/families promote transparency and fairness to persons in notice of major change in operations (section 9(3)) to and family member are included in the notification of ensure the inclusion of persons in care/familiespatients definition of "emergency restraint" (section 74(1)(a)) and 2016. These regulation changes resulted in a better
- 0 In September 2016 Published, the Seniors Services: A approach to the dementia journey – from diagnosis to end dementia services and supports in British Columbia. of life - and providing direction for continued planning of was releasedin fall 2016, providing a comprehensive Provincial Guide to Dementia Care in British Columbia
- 0 Developed an e-learning module that provides information of health care staff to report suspected abuse on the various types of abuse and neglect and the duties
- 0 Developed an online course on consent to health care seeking consent to prescription medication. Admission Act - which includes a section related to under the Health Care Consent and Care Facility

- 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.
- We are committed to reporting back to the Ombudsperson on our progress.

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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.

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

In Project Status (Nov, 2015) On track On track On track On track Complete On track Not started On track On hold			As of November 15, 2	2015		
1.5 HS and AL Complaints 1.1 Symontoring and Enforcement 1.1 Symontoring and Enforcement 2.1 Seniors in Hospital Inspector Training Module on Investigations/Updated List 2.2 End of Life Care Action Plan (for other changes) 2.3 Consent to Care Facility Admission 2.4 Medication Administration and Health Care Consent 2.5 HCC Annual Report 2.6 Information/HCC Website 2.7 Publicity Accessible AL Information 2.8 Review of RC Admission/Access Policy 2.9 Admission to Residential Care using the Mental Health Act 2.9 Admission for Residential Care using the Mental Health Act 2.1 Implementing Improvements to PCQ Program 2.1 Licensing Annual Report 2.1 Individual Reporting 2.1 Licensing Annual Reporting 2.1 AL Inspection and Monitoring 2.1 Licensing Folicies/Standards for Training/Training Module on Individual Care using the Mental Health Act 3.1 Recidential Care Endology and Inspections 3.1 RC Complaint Monitoring 3.1 RC Complaint Monitoring 3.1 RC Complaint Mechanisms and Inspections 3.1 Recidential Care Standards 3.2 Care Adde & Community Health Worker Registry & Criminal Record 3.3 Monitoring Performance Management in AL 3.4 Analysis of Home Support Program and Eligibility Criteria 3.5 Staffing Levels in RC 3.5 Staffing Levels in RC 3.6 Residential Care Standards 3.7 Standards for Nonitoring of Reporting of Incidents 3.8 Standards for Nosited Living 3.9 Annual Report by MHOS; Monitoring of Reporting of Incidents 3.1 Recomplaint Monitoring Standards 3.1 Hammonizing Benefits and Protections 3.2 Care Adde & Community Health Worker Registry & Criminal Record 3.3 Monitoring Performance Management in AL 4.1 Rojection from Abuse and Neglect 3.1 Recidential Care Standards 3.2 Care Adde & Complaint Monitoring of Reporting of Incidents 3.3 Monitoring Standards 3.4 Residential Care Standards 3.5 Staffing Levels in RC 3.6 Residential Care Standards 3.7 Standards for Not assisted Living 3.8 Residential Care Standards 3.9 On hold 3.1 Tracking and Report by MHOS; Monitoring of Reporting of Incidents 3.1 Residential Care Standards 3.1		Pro No.	Project Title	Branch	Project Status (Nov, 2015)	
1.1 HS Monitoring and Enforcement 1.16 Hospital Inspector Training Module on Investigations/Updated List 2.1 Seniors in Hospital waiting for RC Placement 2.2 End of Life Care Action Plan (for other changes) 2.3 Consent to Cere Facility Admission 2.4 Medication Administration and Health Care Consent 2.5 HCC Annual Report 2.6 Horomation/HCC Website 2.7 Publicy Accessible At Information 2.8 Review of RC Admission/Access Policy 2.9 Admission to Residential Care using the Mental Health Act 2.10 Licensing Annual Report 2.11 Licensing Policies/Standards for Training/Training Module on 3.11 Investigations, Inspections and Inspections 3.12 Licensing Policies/Standards for Training/Training Module on 3.13 RC Complaint Mechanisms and Inspections 3.14 Englity Closures, Resident Transfers, Large Scale Staff Repincement; 3.1 Residential Care Funding 3.2 Care Aide & Community Health Worker Registry & Criminal Record 3.3 Monitoring Performance Management in AL 3.4 Analysis of Home Support Program and Eligibility Criteria 3.5 Standards for Home Support Program and Eligibility Criteria 3.6 Standards for Assisted Livring 3.7 Standards for Assisted Livring 3.8 Standards for Assisted Livring 3.9 Annual Report try MHOS, Monitoring of Reporting of Incidents 3.1 Protection from Abuse and Neglect 3.1 Tracking and Reporting 4.1 Protection from Abuse and Protections - 5.12 CCALA 4.2 Torget Immigrants 4.3 Don hold 4.3 Torget Immigrants 5. Not started 4.4 Reimbursement for Room Differential Fees 4.4 Reimbursement for Room Differential Fees 4.5 Lack of legal authority to provide services at support level 4.6 Terrancy Protection for AL 4.7 Scales of Medical Health Officers 4.8 On hold 4.8 Dominating Protection for AL 5. On hold 5. On hold 5. On hold 5. On hold 6. On hold 6. Remember of a ceases to Hoc Services 6. On hold 6.		1.6		SS	On track	Waiting on PCQ Directives
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4.2 Target timeframes for access to HCC Services PCA 4.3 Sponsored immigrants SS 4.4 Reimbursement for Room Differential Fees SS 4.5 Lack of legal authority to provide services at support level SS 4.6 Tenancy Protection for AL SS 4.7 S.26(3) decision making capacity SS 4.8 Role of Medical Health Officers SS 4.9 Dementia Action Plan (Implementation of actions) SS		4.1		SS	Not started	
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4.5 Lack of legal authority to provide services at support level 4.6 Tenancy Protection for AL 4.7 S.26(3) decision making capacity 5.8 Role of Medical Health Officers 4.9 Dementia Action Plan (implementation of actions) 5.8 SS	ject	4.4		SS	Not started	
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Role of Medical Health Officers SS Dementia Action Plan (implementation of actions) SS	Ye	4.7		SS	On hold	
Dementia Action Plan (implementation of actions)		4.8		SS	On track	
		4.9	~	SS	On track	

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

Legend for Project Status:

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

revised and steps have been taken to rectify any challenges or stumbling blocks. The project lead still expects Risk Mitigation Underway – One to two project milestones have been missed, but the work plan has been On Track – The project is on track to meet its major milestones and projected completion dates for the

project's viability. major stumbling block that will require executive support to move forward or make a decision about the **Action Required** – One or more project milestone have been missed, or the project lead has identified a to meet the projected completion date for the overall project (which may be revised).

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

RGDS - Regional Grants and Decision Support

HSWD - Health Sector Workforce

PHS - Provincial and Hospital Services

& 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)

Resources Budget Overall Project Status Risk

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) *As of Nov 15, 2015	Year 3 (19 projects; 57 recs) *As of Oct 15, 2015	Year 4 (9 projects; 22 recs) *As of Oct 15, 2015	Total (42 projects; 132 recs) *As of Oct 15, 2015
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

Complete

On Track

Risk Mitigation Underway

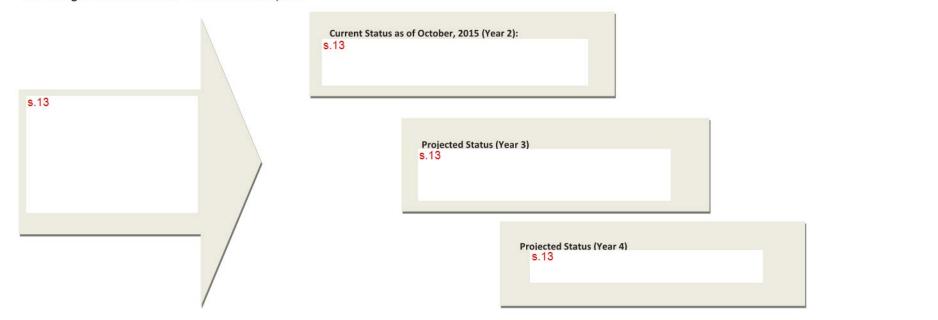
Note. Year 2 projects are reported on a monthly basis. Year 3 and 4 projects are reported on a quarterly basis. Includes 4 recommendations that are now completed.

Not Started

Action Required

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

Yea	ar 4	4 Pr	oje	cts				_						Y	'eai	r 3	Pro	jec	ts			_			_	L	_				Ye	ar 2	Proje	ects							F
4.7	4.6	4.5	4.4	4.3	4.2	4.1	3.12	3.11	3.10	3.9	3.8	3.7	3.6	3.5	3.4	3.3	3.2	3.1	2.16	2.14	2.13	2.11	2.10b	1.15	1.14	2.15	2.12	2.10a	2.9	2.8	2.7	2.6	2.5	2.4	2.3	2.2	2.1	1.16	1.7	1.6	Pro No.
S.26(3) decision making capacity Role of Medical Health Officers	Tenancy Protection for AL	Lack of legal authority to provide services at support level	Reimbursement for Room Differential Fees	Sponsored immigrants	Target timeframes for access to HCC Services	Policy on moving into and exiting from assisted living	Tracking and Reporting	Protection from Abuse and Neglect	Harmonizing Benefits and Protections – s. 12 CCALA	Annual Report by MHOs; Monitoring of Reporting of Incidents	Standards for Assisted Living	Standards for Home Support	Residential Care Standards	Staffing Levels in RC	Analysis of Home Support Program and Eligibility Criteria	Monitoring Performance Management in AL	Care Aide & Community Health Worker Registry & Criminal Record Checks	Residential Care Funding	Multiple Complaint Processes	Facility Closures, Resident Transfers, Large Scale Staff Replacement; Substantial Change in Operations	ections	AL Inspection and Monitoring	AL Complaint Monitoring	Licensing Policies/Standards for Training/Training Module on Investigations; Inspections in CCALA facilities	Serious Incident Reporting	Implementing Improvements to PCQ Program	Licensing Annual Report	AL Complaint Monitoring	Admission to Residential Care using the Mental Health Act	Review of RC Admission/Access Policy	Publicly Accessible AL Information	Information/HCC Website	HCC Annual Report	Medication Administration and Health Care Consent	Consent to Care Facility Admission	End of Life Care Action Plan (for other changes)	Seniors in Hospital waiting for RC Placement	Hospital Inspector Training Module on Investigations/Updated List	HS Monitoring and Enforcement	HS and AL Complaints	Project
59, 60, 61, 62 154, 174, 175	82, 83, 84	54, 55, 56	122	14	7, 36, 63, 108	66, 67 , 68	29	27, 30, 31, 32, 33	28, 94, 96, 135, 162, 167, 176	155, 164	69 , 70	35, 42, 43	133, 134, 136, 138, 144	124, 142, 143	34	91, 92	23, 24, 26	97, 98	22, 47, 80, 81	169, 1/1, 1/2, 1/3	148, 149, 157, 159	88, 90, 93	72, 76, 78, 79	153	85	15, 16, 17, 18, 19, <mark>20</mark> , 21, 48	151, 152	75	130, 131, 132	100, 101, 102, 103, 104, 106, 117, 118, 119, 120, 121	57, 58	9, 105, 123	1, 2, 3, 6, 37, 38, 64, 65, 107, 109, 110, 112, 113	139, 140, 141	115, 116	146	114	158	49	45, 46, 73, 74	Rec's
Robin Sue	Robin	Robin	Ramani	Ramani	Michelle	Ramani	Karen	Karen	Sue	Sue	Karen	Karen	Karen	Ramani	Ramani	Michelle	Karla	Jennifer	Brian	Sue	Sue	Robin	Robin	Sue	Robin	Brian	Sue	Robin	Gerrit	Ramani	Karen	Karen	, Michelle	Karen	Karen	Janet	Derek	Ross	Karen	Karen	Lead

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

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	Integrated Primary and Community Ca	are Branch		100	
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	нѕ нсс	Ramani	AO27	0.5
A STATE OF S	Quality and Safety Standards for Home Support, Assisted Living	HS, AL, RC HCC	Karen	AO27	0.75
	and Residential Care Services			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

	Quality Assurance Branch				
Project #	Project Name	Area		Position(s)	FTE
					allotment
2.10 & 2.11	AL Complaint Monitoring/ AL Monitoring and Enforcement	ALR	Robin	AO24	0.25
	Development of a risk rating system for assisted living				
	residences.				
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

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

Ombudsperson Report

Project Status Report SENIORS IN HOSPITAL WAITING FOR RESIDENTIAL CARE PLACEMENT

Project Name/Description:	Reporting	Reporting Period: Area Responsible/Project Lead: Acute and Provincial Services – General Medical Services - Tricia Braidwood-Looney				
Seniors in Hospital Waiting for Residential Care Placement						
Target Completion Date(s): 2016	Supporting Area(s)/Supporting Contact(s):					
Health System Strategy Linkage:						
Recommendation(s) – see page 2 for details	Summary of Topics					
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		
Key Accomplishments Since Last Report:						
Plans for Next Reporting Period:						
Issues and Concerns:						