Health Estimates – Focus on Continuing Care Sector

Thursday, May 29th, 2014

K. Conroy: We're on to seniors, last but not least. I think we have a few hours of that. I think we might have an hour and a half, depending on when they call us in there. Two hours? Okay. We'll keep our fingers crossed…

K. Conroy: I want to point out to the minister that people expect to go to bigger centres for chemotherapy, radiation therapy, because they're not going to get it in every community. The specialists aren't in every community. But when you have the specialists in the communities who could provide this, it just doesn't make sense. We're going to agree to disagree on this, because I don't have enough time to dig into this further.

It's a situation that begs the question. I mean, what is the overall cost? I mean, the minister might be saving a little bit of bucks up front initially, but I think the long-term costs for seniors who aren't getting the supports they need in their own communities, and the amount of travel that has to happen…. It's a worry for rural seniors, even though some of the seniors in Vancouver also expressed concern about it. They weren't able to access on a timely basis too. We will agree to disagree on that one.

I'm going to move on. Just quickly, I want to talk about the B.C. Association of Community Response Networks. The organization is funded by the Ministry of Health. It's a pretty amazing organization. They've done incredible work throughout the province.

I want to acknowledge Sherry Baker, the executive director, and the work she has been doing. They have a contract that expires next year at the end of this budget year. The work that they do throughout the province…. They've reached out to over 107 communities. They have mentors across the province. With the money that they've received from the Ministry of Health, they've been able to take that money and have additional money coming in from donations just to make it even a more viable program.

They function on $700,000 a year, something incredibly…. That's the base. I'm wondering if the minister is aware of the program and also if there is a future prognosis for this program, if there is going to be money there for the long term.

Hon. T. Lake: The B.C. community response network, as the member mentioned, was funded with one-time funding of $1.4 million for a three-year period. That funding will take them to the end of March in 2015. This is the provincial coordinating body for community response networks around the province. It provides mentorship and ongoing support to the networks and was established in 2003.

Just for context, the community response network in an individual community is a network of individuals, groups and agencies from diverse sectors — it could be First Nations, Justice, health authorities, not-for-profits, police that work together in the community as a community-coordinated response to adult abuse and neglect — and is part of our elder abuse strategy.

It is an organization that we have supported. We certainly would look for the opportunity of supporting the network in the future. Often agencies like this…. We will sit down with them as we progress into the

fall and review what they've done, what their needs are. Then we would put their requests for future funding in with a number that we get over the course of the year.

This is something, I think, our new seniors advocate would be probably be interested in taking a look at and look at the effectiveness, sit down with the organization. Together with the senior advocate, I would like to take a good look at future funding opportunities for the organization.

So I can't say to the member today that we will be able to guarantee funding. It certainly depends how the fiscal fortunes go over the next year. But I certainly would like to sit down in the fall with the seniors advocate and the BCCRN to look at the opportunity and certainly give them consideration for future support.

K. Conroy: I'm sure the organization and the many people that benefit from it would be glad to hear that. I think, in fact, that they have already set up a meeting with the advocate and are working with her, because it's something that will benefit everybody across the province.

I just want to ask a few questions around residential care layoffs. It's become really apparent, especially in the last few months, the number of facilities that are still flipping contracts, so to speak, in long-term care facilities, primarily on the Island here. It causes such an issue for the seniors that are living in the facility. Of course, it causes an issue for the staff, who have been working with the seniors and suddenly have to leave and get their jobs back at a lower rate of pay and benefits.

It's just really disconcerting, because this very practice was proven by the Supreme Court not to be one that should be utilized. Yet the bill that allows this to happen still sits on the books. The bill that allows this happen, Bill 29, affects the Ministry of Health; it affects seniors. We've talked to families; we've talked to seniors who are really worried. They're stressed about it. They're stressed about their care.

We know that for many seniors, they might not have families that come and visit them. For them, the caregivers become their family. They become the people they depend on. When suddenly those people are taken away from their lives, it creates real issues in facilities across the province, and it creates long-term health care issues.

I think it would be very simple for the government to take away the opportunity for facilities to do this contract flipping. It's happening again and again, and I'm just wondering. I'd like to get the minister's view on this — if there is any commitment, any discussion with other members of cabinet, for the sake of seniors and for the sake of facilities in this province that are trying to provide services, this is something that is in the near future?

Hon. T. Lake: I understand the potential for stress that's caused by any change. The member is correct in saying that caregivers in long-term residential care facilities are essentially, in many ways, the family of the patients whom they serve.

There are situations.... I don't have it in front of me, but I recall a situation — I believe it was on Vancouver Island here — in which a facility, a company, won a contract with Vancouver Island for provision of long-term residential care services. It was a non-unionized operation, and that was the basis upon which it won its contract. Its RFP submission was based on the costs of doing business as they were at the time.

Subsequent to winning the contract, the workforce became unionized, increasing the costs to the company that was providing the service and making it unsustainable. So in that case, services were contracted out, causing some disruption.

There are multiple reasons why this happens, but in order for the system to be sustainable, costs have to be managed, and one way to manage is through contracting out. With the 2010 collective bargaining agreements and Bill 29 settlements, that right was confirmed and negotiated into those agreements, so agreements were signed with that understanding.

I know that it's stressful for residents at times. Fortunately, in many cases, many of the people that were working in the facility find new positions with the reorganization, and so they are still looking after those residents in many cases — not in all cases, I grant the member that.

We talked about the sustainability of the health care system. If we don't have some flexibility in maintaining sustainability, then the costs to the system will be such that the health care budget will consume more and more and more of the provincial budget. There are only two things that can happen at that stage. Either other programs will have to be reduced to pay for it, or taxes will have to increase. We've indicated an unwillingness to do either of these.

K. Conroy: It's interesting, because some of the owners of some of these facilities seem to be using it as a way to increase the bottom line. One contractor has done the flipping to nine different facilities. It's interesting that other facilities manage to maintain decent wages and benefits. They manage to maintain good quality of care and don't need to flip contracts to make ends meet.

I think that we need to be looking at why this is continuing to happen in certain facilities in the province. Should we be looking at regulations? It doesn't seem to make sense that there's a small group of operators that continue to flip contracts. Then we have the Island Health authority recommending that an owner flip contracts to make ends meet because that's the only way you're going to make ends meet. We have the same person saying: "We're not getting enough money from the ministry, so you might as well flip the contract, pay lower wages and benefits." There's no accountability for the care that's given to the seniors in the facilities.

I'm just asking the question: is this even something that's going to be considered? I think that there have to be better ways of making ends meet, providing effective services within an economic framework, because other facilities do it. It seems a little odd that there are some that just can't quite seem to do it, and I'm wondering what the minister has to say about that.

Hon. T. Lake: The Ombudsperson did a review of seniors, as the member is well aware, *The Best of Care*, part 2, and noted that….

There were a series of recommendations to improve the fairness and transparency of decisions that result in a facility closure or significant changes that have impacts on residents and their families.

The Ombudsperson did not make any recommendations about contractual arrangements between health authorities and operators — I think that's significant — but the ministry does recognize that these are difficult changes, and we want to try to minimize those impacts. We are considering revisions to the home and community care and licensing policies to develop safeguards to ensure that seniors are not adversely affected by large-scale staff replacements.

We're also considering possible amendments to the Residential Care Regulation to require that residents, families and staff are notified of decisions to close, reduce, expand, substantially change or transfer residents and are also considering ways to ensure that seniors and their families are informed of decisions that could impact them, also give them an opportunity to respond, and are informed of any avenues of recourse.

I think it's safe to say the ministry, through the Ombudsperson's report and our response, is aware of the situation, would like to find ways of minimizing impacts on residents when large-scale changes occur. Through possible changes to policy and regulations we will try to address some of those issues.

K. Conroy: The minister's said that the Ombudsperson in her very detailed report didn't raise this as an issue. Well, she didn't raise some other issues, too, so surely to goodness I hope that doesn't mean it's issues that the ministry's not going to be looking into in the future, because I'm probably going to be raising some of those issues that might have not been in the Ombudsperson's report.

The minister said "considering this, considering the changes," so are these changes going to be brought in soon, or are they just consideration? And is there a time frame?

Hon. T. Lake: Again, I think this is a subject that our seniors advocate, Isobel Mackenzie, will be very interested in looking into. She is developing her office. She is on a tour of the province and consulting with organizations and individuals around the province and has a tremendous background in residential care and assisted living. I know she will bring a personal interest in this particular topic.

I think this is something that we will discuss with the seniors advocate. I cannot put a time frame on that at this particular moment in time.

K. Conroy: I'm going to move into some of the issues stemming from the Ombudsperson's report — perfect segue — and just talk a bit about the fact that in the review that was just recently done…. The report came out in 2012; I remember it was Valentine's Day 2012. It's two years later and a bit, and we have 6.5 percent of the Ombudsperson's recommendations that have actually been fully implemented.

It's interesting. That stat does include the seniors advocate, which I think is an absolute…. I mean, as the minister well knows, we were a huge advocate of the seniors advocate position. We brought a bill in three times to try to bring that position in. What is very interesting is that that wasn't part of the Ombudsperson's report. The Ombudsperson did not recommend the seniors advocate or a seniors representative, but it is included in the stats from the report as part of the 6.5 percent of recommendations completed. That's one thing that the Ombudsperson didn't recommend. I know that 24 percent have either been partially implemented or are under consideration, and 66 percent have virtually been ignored or not acknowledged or responded to in any way, shape or form.

I'm curious. I know it was almost a year ago that the member for West Van–Capilano actually at the time was the Minister of State for Seniors. He was quoted as saying, and this is last June, that his government's overhaul of the senior care system "is adequate and about as done as it's going to be done." I'm wondering if the minister agrees with this, that it's done, that at 6.5 percent of the recommendations being completed and implemented that's it now and we're moving on? Or is there actually going to be hope that more of the recommendations are going to be looked at and implemented?

Hon. T. Lake: I met with the Ombudsperson on February 25 of this year. I had read the Ombudsperson's report. I saw the one-year review, to which the member refers, that showed that there was a fairly low response rate in terms of the recommendations. I wasn't happy with that.

I met with the Ombudsperson on February 25 and told her that I wasn't satisfied with the ministry's response, and we committed over the next few months that we would review her recommendations in detail and then provide another update, a two-year update. So we did that. And just as sort of a summary, of the 176 recommendations, ten she agreed were fully implemented, seven are responded through health authorities.

Since that one-year update, our evaluation — and we submitted this to the ombudsperson — that 34 more recommendations are now complete, 70 are underway, and 53 are still being reviewed. While we have made some progress, we will be interested to learn the opinion of the ombudsperson. We expect her annual report on our responses to come in mid-June of this year.

The first year, obviously, she was concerned that we weren't making progress. I committed to speeding up the response. We feel that we have done that, but we've made a commitment to continue to do that over the next few years.

There's a breakdown that I could provide, which I'll pass to the member later, in terms of where these recommendations are — whether they're in residential care, assisted living or home and community care.

K. Conroy: Well, I would love to have the list and see the Ombudsperson's report. I just want to get a sense of where the ministry has gone with a few specific issues in relation to the report. One of the first recommendations in the report was around the ministry's failure to track and report information on how and where funds were expended in the home and community care, whether this fund is even effective in meeting the needs of seniors for quality and timely care. It's hard to know if the system is working.

I'm wondering if this recommendation is one of the ones that the minister has now said has been carried out. Will we get to have a clear and concise report, an annual report, on where the funding is allocated in this sector?

Hon. T. Lake: This is a very busy ministry and sometimes…. I remember the meeting with the Ombudsperson, and I was just thinking about finding myself frustrated with the response that the ministry was taking. I remember it was one weekend when I was at home. I was reading through some of the recommendations, and a lot of the recommendations were around communication with families.

As MLAs, I know we deal with a lot of constituents looking after their aging parents, wanting to know the inspection reports and availability and a whole host of things that you're going to be concerned about when looking for care for your elderly parent. I remember going on the website and trying to follow and track, and I found it frustrating. That triggered my memory as to why I was getting a little bit frustrated with our response.

Having said that, the particular issue was evaluating and reporting on funding levels. Health authorities and the ministry do track information as needed to ensure sound fiscal and operational management, and we've continued to improve the type of data collected, particularly accuracy and timeliness.

We will be considering further enhancements to the information it makes available to the public and will also consider enhancements to the information that's made available about funding for home and community care services. What we're looking at is a public performance reporting that includes measures of the performance of various parts of the health system, including home and community care.

As part of that ongoing work on developing residential care models and quality standards, the ministry is considering processes for evaluating and determining funding requirements for residential care as was recommended by the Ombudsperson.

That would be the progress we've made to date, a commitment to look at the operational, fiscal management and the funding and ensure that the public is aware of being able to follow the funding and where it's ending up in the system.

K. Conroy: I probably just need a yes or no nod from the minister, just to get this clear. Is the minister actually committing to make public the results of an annual report that shows where funding is allocated, how much is expended in the home and community care sector for each health authority, and then an assessment —if those funds have been effectively utilized. Is that what the minister just said in what he read to us?

Hon. T. Lake: Certainly, the goal would be…. The performance management framework that I described is being developed. Whether that comes in an annual report or is just made available on the website on a regular basis, that decision will come as we work through this.

In terms of sort of getting value for money, that's a more difficult one. I think the member said: "Is it being effectively utilized?" That sort of quality assurance or quality control is a tough one, and I'm not sure…. We certainly would want to, as we always do, look at performance measures and be able to track performance measures so that people can see where the funding is going and how it's being utilized.

I don't want to commit to the way the member described it, in terms of getting the best effectiveness. I'm not sure if we've developed a model that is robust in that area, but the work is ongoing and will be developed as we go through this performance management framework.

K. Conroy: I'll look forward to the report when it comes out. I guess that was too wishful thinking — looking for a yes or no answer.

I just want to talk a bit about…. The Ombudsperson had 17 recommendations that were specific to home care, and to date, none of these 17 recommendations have been implemented, despite the minister's promise.

Last November there was a promise that over time these would be implemented.

There are issues around reductions of home support hours, the narrow range of available services, the elimination of housekeeping services, the lack of continuity of home support workers, scheduling of home support workers, unclear complaints process, inadequacy of available information.

The Ombudsperson actually just recently said that there is a real opportunity to make some real meaningful changes to home support; however, the opportunities are going to be lost if these changes continue to be delayed and are not implemented for another five to ten years.

I'm wondering what the general discussion is in the ministry. Are we going to see these recommendations implemented in the very near future? Is there hope for home support in the near future?

Hon. T. Lake: In our priorities for the B.C. health care system document…. Hopefully, the member has had an opportunity to take a look at this. It's been available on the website since February. There are eight priorities and then a number of strategies to help us address those priorities. The eighth priority…. Well, there are a couple of priorities here that I think sort of deal with the member's concern of supporting people in their home. One is priority 2, which is to: "implement targeted and effective primary prevention and health promotion." So that is one of the priorities in terms of supporting people in community and taking pressure off of the acute care system.

As the member well knows, often elderly patients arrive in the emergency department in a frail condition. They have fallen. They may have had other issues that put them in the acute care system. Often that's not the best place for them. If we can support them in their homes longer and keep them from getting frail and ending up in emergency, they will live much better lives.

The seventh priority is to examine the role and functioning of the acute care system focused on driving interprofessional teams and functions with better linkages to community health care. Again, that's somewhat addressing the problem.

The eighth priority is to increase the access to an appropriate continuum of residential care services, getting the right mix of services for frail seniors requiring residential care. We recognize that there are different needs of seniors and different settings in which seniors find themselves, whether it's a small community or a metro community. It may be that a one-size-fits-all approach doesn't work, so having some flexibility in the regulatory system to increase available care so that there's a broader continuum of care rather than either assisted living or complex care, having a wider range.

Another important aspect is the home first initiative that health authorities have rolled out across the province. This is where health support workers go into homes and assist seniors who would otherwise need residential care. It helps them live safely at home and avoid future hospital emergency admissions.

My dad keeps being used for an example. I hope he'll forgive me for this. He's 82 and lives in Kelowna. He's been having difficulty with his balance. He saw his physician just recently and now has been connected to a physiotherapist to come into his home to help him with exercises that will improve his balance and, hopefully, keep him from a fall or something that may put him in the hospital. So home first initiatives.

Through our strategic document and instructions to health authorities, we want to incentivize community care so that we can keep people in the community and not in the acute care system. Recently, I think, one of the things that's important, particularly for rural areas of the province, is the opportunity to utilize paramedicine and our agreement with the Facilities Bargaining Association.

Hopefully, it becomes ratified and the paramedics along with the ministry will work on a paramedicine model that's based on…. Well, we'll work together, but some models, in Ontario and other jurisdictions, have paramedics going into homes to work with frail seniors and make sure that they're taking their medication, make sure that they're doing the exercises that they've been prescribed and addressing any of the health care needs that they might have in connecting them to those services.

I do think there's a great opportunity through this agreement with the paramedics, particularly in rural areas, to provide greater home services.

One thing that I do want to point out is that we are eager to get the report back from the Ombudsperson to see if she agrees with our assessment of our progress to date and then work through with her future actions. That will be informative in the middle part of June.

K. Conroy: I'd love to be able to use my dad. He's 86. He does long-distance marathon bike rides. He golfs. He cross-country skis. And he's a full-time caregiver for my mom. I'm hoping that when he does need home support, it's there for him. He's worried about that. He's a great example of a senior in the province that's doing amazingly well.

We too support the paramedic program. I'm hoping that it'll work. I talk to paramedics and have been talking to them for a number of years and to people that are providing services in rural B.C. in the seniors facilities, for instance, in some of the small communities where they would dearly love to have the paramedics come in and help out. If it can be agreed upon, I think it's a wonderful opportunity and it'll definitely provide services. Will it provide actual home support services? That's the question. It could be medical, but….

I appreciate the minister's plan that the staff have put a lot of work into to bring together. You know, it's fine to have a strategic plan. If you're not going to actually implement the services…. My worry is with home support. There have actually been cuts to the home support in this province. It's been, like, 30 percent. People are waiting for home support services.

There are issues with home support services. We continually hear about it in our offices. We get calls about it. People aren't getting the home support they need. They get put on a wait-list. They get sent home from the hospital. They say, "Oh, don't worry; you'll get home support," but then they don't get the home support. I mean, there has to be a better system of ensuring that seniors are actually getting the home support they need so that they can, in fact, stay in their home longer and they don't end up back in the acute care system.

I'm wondering what the minister has to say about that one.

Hon. T. Lake: I just remembered another program called the breath well program. That isn't limited to seniors, but certainly seniors are more likely to suffer from chronic obstructive pulmonary disease. So in many cases you have respiratory therapists going into homes to, again, help them with their exercises, and that has cut down emergency department visits. It has been very successful.

But the member says home support services has been cut, and that's just simply not true. I think it's important to say that. In 2001-02, $258.5 million was spent on home support services. In 2006-07 that had increased to $342.4 million. In 2009-10 that was increased to $376.1 million. In '12-13 it sits at $401.2 million.

K. Conroy: Yet the access to home support dropped by 30 percent in the province so that fewer seniors were actually accessing home support. I'll give the minister a copy of the report. I'll be only too happy to share *Caring for B.C.'s Aging Population, Improving Health Care for All*. I'll give the minister that report. I'm sure he's seen it. So there is the data.

What is being done to ensure that seniors can actually access the care in their home? We understand seniors that have been told that suddenly…. We heard the story of people who have had their hours reduced. When they asked, "Why are my mother's hours reduced," "Well, the service can be provided to her in less time," when it can't. So people are trying to deal with that and jumping through the hoops of trying to deal with…. All of a sudden, you have your life planned out, you've got a little bit of home support to tied you over, you've got a primary caregiver, and suddenly your home support is cut. That's an issue that's happening again and again.

For some reason the health authorities are…. It still continues to happen, even though the minister says that there are no cuts. Well, when a senior is not getting the home support they need, when their actual hours are being cut, that's a cut.

Hon. T. Lake: In 2002 total clients for home support as well as CSIL clients: 28,922. Total clients in 2012-13: 33,077, an increase of 14 percent.

Total hours in 2002-2003: 5,368,190. In 2012-13, 7,365,971, a 37 percent increase. Total clients increased 14 percent. Total hours increased 37 percent. So the average number of hours per client per year has increased 20 percent.

So the member can cite Centre for Policy Alternatives documents. We've got data here that shows that we are spending more money providing more hours of care. I would like to point out that the member's own platform did not show a huge increase in the health care budget — $25 million, I believe. I didn't see in that health care platform that dramatically more money was going to be spent on home support.

I agree with the member that we need to provide good home support to keep people out of the acute care system and out of residential care, if possible, but I take exception to saying that we are cutting hours and cutting funding when in fact we're not.

K. Conroy: Well, there's another thing we'll agree to disagree over. Home support was actually a key part of our platform, but that's water under the bridge — isn't it?

The ministry said that they were going to work with health authorities to develop consistent policies around home support. That hasn't happened. We hear of seniors whose families have moved from one health authority to another. They get their hours cut. They're in one health authority. They move to another one, and their hours are cut. They have exactly the same needs as they had in the previous health authority. I'm wondering if the minister has looked into those recommendations.

Hon. T. Lake: The question is around, particularly, consistency in terms of assessment, I believe. Since, I think, the mid-2000s the RAI, or residential assessment instrument, has been used, which is an international standard of assessing the needs of someone for residential care or for home care services.

That's a standardized tool that's used across the province, but of course, a tool needs someone to use it. So different assessors may have different opinions — you know, use the RAI and come up with different conclusions. If someone moves from one health authority to another, they may find that either their needs have changed or the assessor assesses them differently.

There are options if someone feels they have not been adequately assessed or that they've been assessed downward and have a reduction in services. They can go to the patient care quality office, which is an initiative that was brought on that has given patients a voice in terms of their health care.

They can then have a reassessment by a different person to see if, in fact, they agree that their needs are greater. Then that would be addressed through the health authority.

The ministry is interested in working across health authorities to ensure that there is a consistent approach across health authorities, because what we don't want is a person whose needs have not changed moving from one health authority to another and having different assessments. The goal would be to have the consistency across health authorities, so the ministry will be doing work in that regard.

K. Conroy: That's great. I look forward to seeing if there is going to be a report out or some kind of…. I don't know if accountability is the right word.

Hon. T. Lake: Next year.

K. Conroy: Next year. It's not going to be…. Next year. My goodness. That's a long time to wait for that to be implemented. I don't think seniors can wait that long, to have to wait for next year for that to be implemented, so I'm hoping that that's something that's going to be done a little sooner.

That leads me to my next question about actually establishing time frames. When eligible seniors get an assessment and they end up waiting for services, is there any kind of a report time, reporting procedure for the ministry to see which of the health authorities has a long wait-list? Is there going to be any kind of a regulation around established wait times so that seniors don't have to wait?

We all know the longer they're waiting for home support, the more opportunities there are for them to end up in acute care, which is going to cost a heck of a lot more than getting them into home support sooner.

Hon. T. Lake: I'm getting a commitment from my staff. The question was about wait times and standards — from assessment to when services are supplied.

There are minimum reporting requirements for home and community care. We've been working with health authorities over the last number of years to get that data. We've had some challenges getting the complete data, but we are now happy to say that we have complete data from all the health authorities and all have been compliant as of January 2014. That data is being analyzed, so I don't have it in front of me, but it does include wait times for home and community care.

Also, importantly, starting this year health authorities will be required to submit complete data for home and community care services to the Canadian Institute for Health Information. So we'll see what the data is across the country.

[J. Sturdy in the chair.]

That will be very helpful in establishing benchmarks, which I think the member is alluding to — that we should have a standardized benchmark so that we could ensure that we could report that this health authority is meeting the benchmark; this one needs some work.

If we had a national benchmark, that would be extremely helpful. We'll be working with the Canadian Institute for Health Information, and we will be discussing this with them. If they are unable to commit to a national benchmark within a reasonable period of time, then we will work towards a provincial benchmark.

I'm saying my staff have assured…. Well, they are hopeful that we would have that provincial benchmark by the end of this year so that we could look at wait times and use it as a performance measure, as part of the performance management framework that we were talking about earlier.

K. Conroy: I welcome the new Chair to the discussion.

The minister shouldn't feel bad, or the staff shouldn't feel bad. The Ombudsperson couldn't get information and couldn't get data out of some of the health authorities either. I'm glad to hear that all health authorities are cooperating and that you're actually going to get some data. I'm hoping that that data will be shared with the public and with members of the opposition once it is all compiled.

I'm wondering about the contracted home support providers. Are the health authorities going to also get the information from the contracted home support operators?

Hon. T. Lake: The answer is yes.

K. Conroy: That was easy. Good. You pressed the easy button. It's good to get those answers that quickly.

The progress, then — he's established performance measurements and service agreements. I'm just wondering, then, will we be able to ensure…?

One of the things that happens with contracted services is that often the seniors getting the service aren't sure where they go if they need to complain about the service or issues about the service. For some reason, some of the health authorities aren't following it through with the contractors to ensure that the contractors are providing those services to the recipients of the home support.

I'm wondering if there are any regulations that are going to be put into place — or might have come into place in the few months — that would ensure that this does happen?

Hon. T. Lake: Finding 38 of the Ombudsperson's report noted that health authorities do not have a requirement in their contracts for home support providers to inform residents and families about how to complain about home support services. In October of 2012 an update to the *Home and Community Care Policy Manual* included a directive to health authorities to provide information about how to make a complaint. So health authorities expect both their owned and operated as well as contracted home support providers to give residents information about how complaints are handled and try to solve clients' problems and concerns.

Again, part of that would be through the patient care quality office, but the contractors as well as the owned and operated providers have to provide residents information about how to complain about the service they're receiving.

I think that was the question. I may have lost it in translation over time. If the member can clarify if that hasn't answered the question, I would appreciate it.

K. Conroy: Yeah, that answers the question. I'm just wondering: how does the health authority ensure that there is actually follow-up, and how does the ministry know that there is actually follow-up, that that's happening?

Hon. T. Lake: We currently don't audit whether or not the contractors are, in fact, informing clients. They are supposed to. My staff inform me that the directives to the patient care quality program can be updated to include a mandatory audit by health authorities of their contracted providers to ensure that patients are made aware of the process that they need to follow if there's a concern.

These are directives that are sent out to the patient care quality offices in all the health authorities. As part of that, we could put a directive in there that would have the patient care quality office tell the health authority that they must audit whether or not their contractors are informing their clients of the method by which they could complain.

K. Conroy: Okay, that's the clarification I was looking for. You don't do it now, but you could do it. And potentially, this could be a thing that could be done soon? Potentially. Good.

Let's move on to end-of-life care. It doesn't mean…. It's not the end. I'm only halfway through my binder, Minister, so you can make lots of sighs. The only thing that's going to save you is the time.

I know the ministry released an end-of-life care plan last March with three priority areas. But you said in the throne speech you were going to double the number of hospice palliative beds in the province by 2020, but yet there doesn't seem to be money in the budget for it. I'm wondering how…. Is this going to be a gradual addition to palliative beds in the province? Or miraculously, maybe in three years there's going to be a bunch of building happening in palliative beds, hospice facilities.

I'm wondering what the plan is, how these beds are going to be rolled out. I'd also like to know how it's going to be done with some regional equity in mind. I'm well aware of the four facilities that got funding — in March, I think it was, just prior to the election — all in the Lower Mainland. There was no funding to the Interior, and there's a real lack of hospice beds in the interior of the province.

I know we have some great hospice facilities. There's the one in Penticton, at the hospital there. It's a stand-alone, but it's beside the hospital. Prince George has a fabulous hospice facility.

I know they're doing one on the Island in the member from Alberni's constituency. But there is not a consistency of funded hospice beds across the province in hospice facilities. I'm wondering where the ministry's going with hospice beds.

Hon. T. Lake: The member's correct. Our goal is to increase the number of hospice spaces available in the province by 100 percent by 2020. We have done a lot of work on end-of-life care. The member mentioned the *Provincial End-of-Life Care Action Plan* that was published in April of 2013. As part of the plan, we committed $2 million to establish the provincial centre for excellence in end-of-life care. The board has appointed a new executive director, Dr. Doris Barwich, who will lead the work at the centre. That will accelerate innovation and best practice in end-of-life care in British Columbia. That's one thing.

When we move on to.... There are different options for people at end of life, as the member is aware. Hospice could be inside a residential care facility perhaps. It could be in an acute care facility in some cases. I went to Mission Hospital, for instance, and the top floor has been converted to a hospice. It's just an amazing, amazing transformation, and the care is remarkable.

There are other options. There's palliative care at home, which is the way my mom died ten years ago, so I acutely remember that.

We are in the stages of assessing the number of hospice spaces around the province. The member mentions that there are equity issues in terms of the spaces available for hospice around the province, so we will be assessing what we have on the ground in all the different health authorities at the moment and then the actions we need to take to meet that commitment of doubling the number of hospice spaces.

It is a phased approach. It won't happen all at once. The implementation is planned in three phases — a first phase this coming year, then a three-year phase up to 2018 and then the final phase in two years. In March of this year the health authorities submitted their phase 1 plan for implementation of hospice beds in 2014, and let me just go through some of this information here.

We have four beds proposed in 2014 in Island Health, in the Courtenay-Comox region, and each of the health authorities has planned activities that support improved palliative care, as well as undertaking implementation planning to meet the hospice commitment.

We are meeting with each of the health authorities to establish a set of deliverables for this year and for coming years, including the development of the implementation plan for the 2015-16 and '16-17 years for palliative and end-of-life services, including hospice beds.

So 56 to 61 beds are currently proposed for subsequent phases, starting in April 2015. Island Health, 24 beds; Fraser Health, ten to 15 beds — that would be ten beds in Abbottsford, at Holmberg House, and potential for five beds at Peace Arch Hospice; Vancouver Coastal Health Authority, 12 beds, to be owned and operated by Providence Health Care. Planning is still underway and should be complete in March of 2015 in Interior Health Authority. For Northern Health Authority there are ten beds.

That represents, by the end of 2015, a 25 percent increase on the current residential care end-of-life bed inventory. We're sort of getting the baseline at the moment and working with health authorities for implementation plans for the different phases of the activity up until 2020.

K. Conroy: On just more of a local note, there are no hospice facilities in the Kootenays. The hospice society in our area has managed to secure land from the city of Castlegar to build a regional hospice facility so there's something in our area.

Would they be dependent on the Interior Health Authority deciding where the funding should go? Or is this going to be looked at by the ministry as a whole for, for example, an organization like the hospice society in Castlegar?

Hon. T. Lake: We would work with each of the health authorities to establish the baseline, which is what we're doing at the moment, and then work with them as they develop their plan.

If there is a community — Castlegar, I believe the member said — where there is an active hospice society, then we will work with them and Interior Health Authority to see if that's the appropriate distribution of hospice, and if we all agree that it is, then, through the Interior Health Authority, support the formation of the hospice. We did just have some year-end grants available, and a small hospice society in the North Thompson, for instance, received $40,000 for planning.

These are some of the initial steps that we're taking to try to support societies and health authorities to meet our goal of doubling the number of hospice spaces.

K. Conroy: Our hospice society will probably be very happy to hear that. They are working regionally, and it's a much needed facility.

One of the issues I often hear when I tour a seniors facility is that the facility tries to keep a bed for palliative purposes, a room for palliative purposes, or the seniors die in their own rooms. But the facilities rarely have the support that they feel they want to give for end-of-life care.

I talk to people that work in the sector, and I think one of the most heartbreaking stories to me was of a woman who said that there just weren't enough people on staff that night, and she had to go from bed to bed dealing with all of her residents. She knew this one woman was dying and had no family, and she couldn't be with her to hold her hand when she did pass away. She said, unfortunately, that she was out of the room, and she said it broke her heart.

I've talked to administrators about it. There really needs to be some recognition that facilities require a little bit of extra support to ensure that people do die with dignity, that they do get the supports they need. I'm wondering if that's part of the strategy — to ensure that facilities do get that little bit of extra support they need to make sure that seniors do get the support they need in their end-of-life care.

Hon. T. Lake: As part of the end-of-life care plan, what we hope to do is…. I've mentioned that some of the actions of the provincial end-of-life centre for excellence will certainly help inform best practices. We want to work with health authorities to encourage those best practices.

It may be, for instance, that a hospice in a particular region, a community, has outreach services so that if someone is in a residential care home and the staff feel that that person may be at risk of passing, the hospice would have outreach abilities to go into the residential care home and provide support for the staff in the situation that the member describes.

These are some of the ideas that we hope will be generated through the centre for excellence so that we can have a performance management framework for end-of-life care in health authorities. That document was produced just over a year ago, so we are in the early stages of acting upon some of those things.

There's no question — particularly as our population ages and with, I think, the very public discussion that's happening over end-of-life care now — that we need to address this issue and have a range, a spectrum, of responses for people, because different families will have different approaches to end of life. We want to be able to accommodate all of those, whether they are in stand-alone hospices, in residential care facilities, in acute care facilities or in the home care setting.

One of the things, as I mentioned, is to develop information and performance measures and to implement end-of-life care guidelines, protocols and standards across the province.

K. Conroy: Dying with dignity is becoming a very much talked about subject right now, as we know with the Gloria Taylor situation here in B.C. Gloria actually grew up in Castlegar. My CA is her cousin, so I'm well aware of her story and who Gloria was. She was an incredible person.

A lot of Canadians are talking about end of life and how they can die with dignity. I've been looking at situations in other jurisdictions that provide dying with dignity, as far as jurisdictions like Oregon and Washington State. Quebec came very close to bringing in legislation.

I'm wondering if there's any discussion in the ministry of perhaps looking at this as something that the ministry could look at somewhere down in the future, or in the very near future, as more and more people in the province are talking about it as an issue that's something that we need to look at.

Hon. T. Lake: Yeah, there's a lot of discussion and debate in Canadian society, particularly around the subject of end of life. I think there is controversy around end-of-life care, palliative care versus what is termed assisted suicide. It is a very sensitive and controversial subject.

We have not broached this subject from the assisted-suicide point of view. We are approaching this as giving the very best quality of life possible till the end through a range of services and settings.

I would say that if the member is talking about palliation and quality of life until the end, yes, we're very much discussing that and want to ensure that everyone has access to that. If the member is talking about assisted suicide, no, we are not having those discussions.

K. Conroy: People prefer to refer to it as doctor-assisted death, dying with dignity. I think it's a discussion that's going to happen in this province whether we like it or not, and it is happening around us.

It's interesting enough that in Ottawa yesterday, in the House of Commons, there was a motion passed for a national palliative care plan, actually brought in by an NDP member. It was passed almost unanimously. There was one Bloc Québécois member who voted against it.

But they did vote for a national plan, and Minister Ambrose said she would be working with provinces to work towards some kind of a national palliative care plan. I'm wondering if the ministry has thought about this and is going to be willing to put on the record that they will definitely be supporting the federal government in ensuring that there is a national plan.

Hon. T. Lake: We are always interested in taking a national or pan-Canadian approach, because we can learn a lot from each other. Best practices can be instituted. I'd be happy to have those discussions with Minister Ambrose — as I would a national dementia strategy as well.

I think we've demonstrated in the past a willingness to work with our partners across Canada, including the federal government, to advance increased access to care and to make sure that we are, in fact, instituting care across the country in a way that is providing best outcomes for people.

Yeah, I'm certainly…. I hope to be meeting with the minister soon and certainly can add that to our discussion.

K. Conroy: Moving along, as I just got told we only have, probably, ten more minutes.

The ministry did a report *CLeAR: Call for Less Antipsychotics in Residential Care Facilities*. It was an initiative whose aim to reduce antipsychotics in facilities by 50 percent by December 31, 2014. I just wanted to know if there was any update on this report, how it's working out.

How many…? Are facilities coming on board? I know there are some facilities that are very much on board that provide some really incredible care. It does cost a little bit more, because it's a bit more like "Hugs, not drugs," as is evidenced in Delta View care centre.

I think that it's something that we need to look at, from working with seniors with dementia. I'm wondering where the ministry is on this issue.

Hon. T. Lake: The member is asking about a reduction in the pharmacological approach to dementia care — certainly, something that we are very interested in. We have a pilot, a training program called PIECES, which was undertaken in the Interior Health Authority and now is being rolled out across the province. That was developed in Ontario. We have acquired the rights for that program, and I know it's being used well in a number of settings.

The first year of development for some health authorities is to focus on development and training of facilitators as well as resource persons to increase their capacity to deliver dementia training. The second and third phases will focus on providing training to the remaining facilities and on sustainability. I should just mention that the ministry has provided targeted funding for regional health authorities last year and to support the non-pharmacological approaches to dementia care.

The member mentioned CLeAR, which is a call for less antipsychotics in residential care. This is an initiative of the B.C. Patient Safety and Quality Council under Dr. Doug Cochrane. They held a kick-off event in October of 2013. It's designed to support member teams and facilities to reduce inappropriate antipsychotic use through quality improvement activities — so behavioural approaches rather than pharmacological approaches.

So far, 52 residential care facilities from across the province are participating in the CLeAR program. We'll be, certainly, following it very closely and meeting with the Safety and Quality Council. It's one of those programs where if we see the value, then we will obviously want to incorporate it into as many settings as possible.

The Chair: Member, noting the time, I think this is your last question.

K. Conroy: Okay. I'm going to put a bunch of questions to get answers for in writing. One of the questions around the antipsychotics…. If we could get all of that information that you had referenced in writing — what the health authorities are doing, how the individual health authorities are working through, making sure that….

Interjection.

K. Conroy: Yeah. Good.

Just on the dementia action plan, the government released the plan two years ago and said it was a two-year plan with 12 action commitments on what's happening with dementia in the province. I want to get it in writing — I'm obviously not going to get it verbally but in writing — where the ministry is at with each of those recommendations and how they're being monitored and measured.

I just want to put on the record how incredible the B.C. Alzheimer Society is and the work they do, and I was really happy to see the funding that went to them. Their First Link program is incredible. It provides amazing services throughout the province. I think it's going to be a growing phenomenon in our province that we're going to have to be dealing with.

I would like to know — around actual services to rural parts of the province, especially in hospital facilities, in residential care facilities that do not have the ability to care for persons with Alzheimer's.

There are no empty beds in facilities in rural B.C. In some small communities, we have situations where we have quite violent persons with dementia attacking…. In other residential care facilities we've heard the awful stories that have happened. They continue to happen. In the Kootenays, there are no empty beds at this time to move, transfer a person with dementia that's acting out aggressively.

I want to know how the ministry is going to deal with that. It needs to be dealt with. We're seeing it more and more that these patients, these residents, persons with dementia end up in acute care facilities, and the acute care facilities don't have the capability to handle them, so there has to be something better that's done to ensure that these residents, persons with dementia end up in acute care facilities. The acute care facilities don't have the capability to handle them. There has to be something better that's done to ensure that these people are getting the care they need, but also that other residents in the building they're in are safe, that the residents don't end up in acute care taking up a bed, because it's happening.

I want to know. I'm assuming that the minister is going to put it in writing. I don't think he can answer a question like that in…. What do I have — 30 seconds, Chair?

The Chair: Ten.

K. Conroy: Ten seconds?

I would like that in writing — what the ministry's plans are for persons with dementia, for patients, residents who are aggressive and what's going to happen to them, especially in rural B.C., where there are very limited resources.

The Chair: I think the minister is going to respond in writing, are you not?

Interjection.

The Chair: Yes. Okay.

Vote 28: ministry operations, $16,788,820,000 — approved.

The Chair: I understand there were some members that would like to make a comment — a short, brief comment?

J. Darcy: Absolutely short and brief. I want to thank the minister for — I won't say "always patient" — answering all of the questions. I want to thank the staff — 23 at one count yesterday, and more today; I know they've all been working hard to prepare for this — and other people behind the scenes, all of the people who work in health care every day. I won't thank my family, because it's not the Oscars, but I do also want to thank Jon Robinson, our health researcher; Carly Asin, our intern; as well as Veronica Harrison for keeping us on target and on time.

Hon. T. Lake: I want to thank the critic and all of the critics and all of the MLAs that have asked questions over the past four very long, gruelling days. I think by and large we have had a very respectful and enlightening discussion about important issues for British Columbians.

Because I have spent so much time with my peeps for the last four days, both in our committee room here and in other areas of the building, I want to thank them all for their dedicated work. We have an

amazing group of people that work for the Ministry of Health and, of course, throughout the health care system. Thanks to my office staff for putting up with me each and every day.

With that, I move that the committee rise and report completion and resolution.

Motion approved.

The committee rose at 5:13 p.m.