

# Seniors Care for a Change

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## One Year Update




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# Progress Report

## Seniors Care for a Change




\* Ranking is based on colour: red (R) = little to no progress made for the recommendation; Yellow (Y) = some progress made; green (G) = good progress made.

Recommendation	Update on progress	Ranking
Develop a policy similar to Fraser Health Authority's Residential Care Contracted Service Provider Collections Policy, a well-defined mechanism that if followed, care providers could ensure that the debt is 100% covered.	<ul style="list-style-type: none"> <li>Little or no progress made on this recommendation.</li> <li>If such a policy was advanced it would implement a clear process that is followed in the event of nonpayment of client user fees for a mentally incapable resident in a publicly funded bed. Or where a client is receiving publicly funded home support.</li> </ul>	
Separate the bodies that fund, allocate funds, and regulate care homes, from those that operate care homes.	<ul style="list-style-type: none"> <li>Little or no progress made on this recommendation.</li> <li>If this recommendation was advanced it would enhance fairness and transparency in the continuing care sector, which in turn would promote accountability and credibility.</li> </ul>	
Improve the request for proposals (RFP) process by ensuring that a RFP process is followed whenever possible.	<ul style="list-style-type: none"> <li>Some progress has been made on RFP process. In particular, the BCCPA has had some dialogue with the Vancouver Health Authority and the Ministry of Health on improving and ensuring a more fair RFP process.</li> <li>If the RFP process was improved it would ensure that the best use of tax-payer dollars is made possible by the RFP process.</li> </ul>	
Increase flexibility in nutrition regulations, specifically	<ul style="list-style-type: none"> <li>The BCCPA sought clarification from the Ministry of Health on</li> </ul>	



<p><b>Regulation 64 (1) and 62 in the Residential Care Regulations, regarding meal times, nutrition, and the cycle of menus.</b></p>	<p>section 64 (1) of the Residential Care Regulations. The Ministry responded that there is some flexibility to provide residents with meals outside of the specific hours as long as it is outlined in their care plan. To see more, <a href="#">click here</a>.</p>	
<p><b>Implement legislation that allows patient information to flow through the health care system with the resident, especially regarding the duplication of nursing charts and shared information after a patient's return from a hospital stay.</b></p>	<ul style="list-style-type: none"><li>▪ Little or no progress made on this recommendation. No legislation has been introduced to date.</li><li>▪ If such legislation was advanced it would ensure the continuation of medical records when there is a change in the source of funding for client user fees. This could allow nurses to spend more time caring for clients rather than recompiling nursing charts.</li></ul>	
<p><b>Clarify Regulation 5(1) of the Cremation, Interment, and Funeral Services Act</b></p>	<ul style="list-style-type: none"><li>▪ The BC Ministry of Health has since provided some clarity with regards to Regulation 5(1), stating that the care home legally cannot send the body to a funeral home until they receive authorization to do so. For more information, <a href="#">click here</a>.</li><li>▪ Clearly clarifying this issue ensures that care providers are not faced with a situation where a regulation requires them to store bodies for</li></ul>	





	<p>an extended length of time in care homes that do not have the proper facilities to do so.</p>	
<p><b>Assess the potential need to amend the maximum number of semi-private rooms in private and non-profit care homes.</b></p>	<ul style="list-style-type: none"> <li>▪ Although, there was little to no progress made on this recommendation.</li> <li>▪ The Office of the Seniors Advocate (OSA) has also made recommendation in this area, with their 2015 <a href="#">Seniors Housing in BC</a> report, recommending that by 2025, 95 percent of residential care home beds be single room occupancy with an ensuite bath.</li> <li>▪ However, based on consultations, it appears it may be financially unsustainable for the industry to have 95 percent of all residents in private and non-profit care homes in single-occupancy rooms.</li> </ul>	
<p><b>Increase flexibility of the regulation requiring locks on all bathroom doors</b></p>	<ul style="list-style-type: none"> <li>▪ Little or no progress made on this recommendation.</li> <li>▪ If this regulation was advanced it would prevent residents from locking themselves in bathrooms and reduces costs for care homes that are currently being built and were around prior to the regulation coming into effect.</li> </ul>	
<p><b>Streamline the investigation process so that there is one external body investigating allegations of abuse, or other complaints, at a time.</b></p>	<ul style="list-style-type: none"> <li>▪ BC Ministry of Health is currently looking at changes with respect to the Care Aide Registry.</li> <li>▪ The BCCPA has outlined its concerns regarding this issue and has provided input to BC MOH.</li> <li>▪ If this recommendation was advanced it would ensure that investigations are not duplicated, in turn this could improve quality of care, reduce stress for residents / home support clients and save taxpayer dollars</li> </ul>	



<b>Improve the operation of the Care Aide Registry to better support its mandate of protecting vulnerable clients.</b>	<ul style="list-style-type: none"><li>▪ BC Ministry of Health is currently looking at changes with respect to the Care Aide Registry.</li><li>▪ The BCCPA has outlined its concerns regarding this issue and has provided input to the BC Ministry of Health.</li><li>▪ Advancing this recommendation could drastically improve the quality of care of residents and could save taxpayer dollars in terms of eliminating the need for future investigations of abuse caused by care aides.</li></ul>	
<b>Streamline Licensing, Quality Review, WorkSafeBC and Accreditation Canada inspections so that the same criteria are not the responsibility of multiple inspection bodies.</b>	<ul style="list-style-type: none"><li>▪ Little or no progress made on this recommendation.</li><li>▪ The BC OSA has listened in part to this recommendation and will use the Accreditation Canada process in conducting its client experience survey in residential care.</li><li>▪ If this recommendation was advanced it could lead to more streamlined inspections with less duplication, and drastic administrative time-savings that could be reallocated to caring for clients.</li></ul>	
<b>Standardize reports across health authorities.</b>	<ul style="list-style-type: none"><li>▪ Little or no progress made on this recommendation.</li><li>▪ If this recommendation was advanced it could save time at the care home-level since care providers would no longer have to re-group the same information in different ways to satisfy different reports for different Health Authorities.</li></ul>	
<b>Reassess the purpose and the need for the Provincial Performance Management Framework reports.</b>	<ul style="list-style-type: none"><li>▪ Little or no progress made on this recommendation.</li><li>▪ If this were to be advanced on the level of need for this report and if</li></ul>	



	<p>it were found to no longer be necessary because similar information is reported elsewhere, then administrative time could be saved through its removal.</p>	
<p><b>Gather a sample rather than a census of financial data through the Health Sector Compensation Information System (HSCIS).</b></p>	<ul style="list-style-type: none"> <li>▪ Little or no progress made on this recommendation.</li> <li>▪ If this was advanced and a sample rather than a census was taken through the HSCIS, this could reduce the costs of compliance for care providers, allowing them to redirect resources toward quality of care.</li> </ul>	
<p><b>Aid small operators with HSCIS and InterRAI data reporting efforts keeping in mind economies of scale in regulatory compliance costs.</b></p>	<ul style="list-style-type: none"> <li>▪ Little or no progress made on this recommendation.</li> <li>▪ If this was advanced it could reduce the financial burden of small organizations who currently must comply with HSCIS and interRAI requirements. This would also allow small organizations to direct more of their limited resources toward caring for clients than towards administrative tasks</li> </ul>	

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**About the BC Care Providers Association:** BCCPA is the leading industry association representing private and non-profit care providers. Established in 1977, our membership base includes over 270 residential care, assisted living, home care, home support and commercial members across British Columbia.

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