



24 February 2009

Kim Carter
Ombudsman for the Province of British Columbia
P.O. Box 9039 STN PROV GOVT
Victoria BC
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**Re: Press Releases of June 26 and August 21, 2008 -
Ombudsman's investigation into long term care**

We are writing to commend your initiative in the announcement of your investigation into seniors care in British Columbia. We are very pleased that your systemic investigation will address seniors care issues and resolve complaints (long term care). Regrettably, residential care in British Columbia is not of the calibre that ensures the provision of appropriate and reliable care to those who are amongst the most vulnerable in our province.

ACR- Association of Advocates for Care Reform (www.acrbc.ca) was founded in 1991 to address concerns related to the care and needs of residents in long-term care homes in British Columbia. Our work includes promoting and supporting the development of Family Councils in residential care facilities that are independent of but work collaboratively with facility management and staff. We provide Family Council workshops, conferences, informational and resource materials. In addition, we work to create awareness and facilitate dialogue and consultation around the issues of care and quality of life in residential care.

Through our contacts and work with residential care facilities, families and family councils, we are very familiar with the reality of residential care in BC.

We are optimistic that your investigation will lead to:

-appropriate and current 'Standards of Care' and 'best practices' provided to those in residential care; care that respectful, dignified and 'person-centred'.

References provided specifically address standards of care relevant to dementia, delirium, depression, end-of-life/palliative care and prevention of abuse in institutional settings.

-an increase in resourcing levels, upgrading of minimum qualifications of health care providers and access to health care professionals with geriatric expertise and skills, in a range of specialties in residential care in BC.

The right people with the right skills are required to address the complex care needs of those presently in residential care.

For example, one of the specific recommendations in our submission to the Conversation on Health ('Residential Care? – Who cares?'; Appendix 2: Health Care Providers in Residential Care; pg 25) is the immediate inclusion of Speech-Language Pathologists as key members in the provision of health care in residential care facilities in BC.

In addition, to help ensure the safety and well-being of these vulnerable individuals in care, criminal records checks must be mandatory for all health care workers and updated annually. It is equally essential that safeguards ensure that health care workers with a problematic work history are not able to leave one facility for another because of the absence of reference checking and confirmation of their suitability to work in a residential care setting. And, health care employers must be held accountable for providing honest, accurate and timely reference check information to help ensure that residents in care throughout the province are not put at risk.

End-of-Life/Palliative care in residential care in BC is in dire need of an increase in resourcing and staff with current knowledge and skills, to bring it to the level provided in other care venues. See our recommended sources for information on End-of-life/palliative care.

- the establishment of a process, in residential care facilities in BC, for addressing care concerns and complaints. This process would provide clarity on the various persons and authorities with whom care concerns and complaints can be registered (including names, titles, organization, contact information (phone, email, address, website of organization))

and their area(s) of jurisdiction. The process must be mandatory for all residential care facilities in BC, posted in public areas in facilities, made available upon admission, kept current and readily accessible on websites (e.g. facility, health authorities, Ministry of Health) and upon request, and available in languages other than English. The process must require a timely response. Where appropriate, and not compromising care or quality of life, conflict resolution options might also be considered and provided.

Effective safeguards against retaliation are also essential and must be developed, communicated and enforced. The fear of retaliation (by staff and management) is very real and widespread, among residents, family members and friends of residents.

Please refer to ACR's 'Residential Care? – Who cares?' Submission to the Conversation on Health, for more on this subject, Section 4 (c), pg 18)

-the enhancement of auditing and monitoring of care provided in residential care facilities in BC.

This would entail timely public reports on incidents or infractions, adherence to 'standards of care', and data on appropriate care indicators (e.g. medication errors, incidents of bed sores, attention to positioning, access to rehab and recreation programs appropriate to all levels of functioning). And, there must be some 'teeth' in audits/monitoring to ensure timely and full corrective action.

Certification of care facilities is recommended for all residential care facilities in BC – it is presently 'voluntary'.

Public Information on the care provided must be readily accessible and current. And, it must be available for all residential care facilities in BC including those that fall under the Hospital Act, which account for a significant proportion of the residential complex care beds in the province – where the most vulnerable of the vulnerable typically reside.

Please refer to ACR's 'Residential Care? – Who cares?' submission to the Conversation on Health, for more on this subject, Section 4 (b), pg 17. Also, the 'A Way Forward' excerpt enclosed, includes a well done synopsis under 'Theme#5 Efforts to better meet residents' needs' (page 5) that has broad applicability in recognizing and addressing the vulnerability of residents in care facilities.

-mandated and funded Family Councils (independent of facility management or Health Authority control) in all residential care facilities in British Columbia; a network of regional family councils and ongoing dialogue and meaningful consultation

between family councils, facility management, Health Authorities and the Ministry of Health.

Reference is made to the ACR submission, 'Residential Care? – Who cares? (Section 4(a), pg 17)) that provides information on the Ontario pilot Family Council project (March 2001) and the new Ontario legislation (Bill 140: Long-Term Care Homes Act).

Much has been written about “the care” in residential care facilities in BC; the many care concerns, the recommendations, the tragic and sad incidents that make the headlines. There is agreement that appropriate “care and quality of life” is sadly lacking and those for whom the care is provided are amongst the most vulnerable in our society. They are also, typically, unable to advocate for themselves. Attached, are some of our recommended sources of information for your investigation. We appreciate that the task is a massive and onerous one. Our hope is to provide you with some information and sources that will highlight and reflect some of the critical areas of concern and some recommendations for improvement.

We were heartened to hear of your investigation into seniors care in BC. ACR has, since 1991, witnessed a marked decline in the allocation of sufficient and appropriate resources to meet the needs of the evolving residential care facility population. Additionally, we have noted a marked exodus of health care professionals in residential care. Although well qualified and dedicated to an increasingly medically challenging resident population, health care professionals have been left with a paucity of resources and ‘tools’ to adequately and appropriately provide for quality of care and life for the medically complex (and increasingly aged) residents now in residential care. The care of the elderly ill lacks the lustre of other areas of health care and those who choose to work with the elderly receive neither the recognition nor the resources and support they deserve.

And, those living in residential care facilities in BC, also deserve better care and quality of life. Anything less is a form of ageism.

Thank you for taking on this important investigation into seniors care in British Columbia.

If we can be of any assistance, or if you would like to learn more about the Family Council workshops we run, we can be contacted 604-732-7734 or info@acrbc.ca.

Kathleen Hamilton and JoAnn Perry,
Co-Chairs, ACR, on behalf of the ACR Board and the ACR membership.

Attachment (1) ACR Recommendations for the investigation in to seniors care in BC.
Enclosures (8)

ACR Recommendations for your consideration in your systemic investigation into seniors care in British Columbia:

- access to services
- standards of care in facilities
- monitoring and enforcement of standards

1. Access to services and Standards of Care – residential care in BC

– access to appropriate and timely residential care and quality of life in BC is sadly deficient - whether it be access to an available bed in an appropriate residential care facility, access to appropriate 'standards of care', health care professionals or rehab /recreation programs available within a facility. Our submission to the Conversation on Health – 'Residential Care? – Who cares?' – provides an overview and summary of some key areas of concern and some recommendations. A copy is enclosed.

2. Standards of Care - Delirium, Depression and dementia in the older adult

The majority of those now in residential care will have a form of dementia. And, all residents in residential care will be at risk for delirium and depression. Therefore, ensuring adherence to an appropriate and current 'Standard of Nursing Care' in these three areas will go a long way to improving the quality of care and life in residential care facilities in British Columbia.

ACR recommends that BC adopt and implement the ***"Ontario Registered Nurses Association Guideline on Screening for delirium, depression and dementia in the older adult" (or, when it is updated, " Geriatric Giants : Quick Reference to Common Conditions and Syndromes Observed in Older Adults (Edition II – 2006)", that was developed by Nurse Specialists in Gerontology here in BC).***

The Ontario guideline focuses on: (1) Practice recommendations: directed at the nurse to guide practice regarding assessment and screening for delirium, dementia and depression in older adults; (2) Education recommendations: directed at educational institutions and organizations in which nurses work to support its

implementation; (3) Organization and policy recommendations: directed at practice settings and the environment to facilitate nurses' practice; (4) Evaluation and monitoring indicators.)

Internet link:

http://www.rnao.org/bestpractices/PDF/BPG_DDD.pdf

Implementation of either guideline in BC would improve the care of those residing in our residential care facilities. We note and acknowledge that the strengths of the BC undertaking, however, we feel the Ontario version, at this point, is more comprehensive and hence recommend serious consideration of its application in BC.

***If you consider the BC version the best person to contact is Marcia Carr (RN,BN,MS,GNC(C),NCA)
Clinical Nurse Specialist - Acute Geriatrics, Geropsychiatry,
Nurse Continence Advisor,
Fraser Health - Burnaby Hospital,
3935 Kincaid Street,
Burnaby, BC V5G 2X6
604-434-4211 local 3446***

3. Standards of Care - End-of-Life/Palliative Care

There is an immediate need for significant improvement in the provision of appropriate End-of-Life/Palliative Care in residential care in BC, including education/training of staff in current practices and philosophy and, increase in resourcing levels (i.e. staff, equipment, space)

Two sources of reference are recommended.

- ***The Two Standards of End-of-Life Care in British Columbia – submission to the Conversation on Health by Dr. Romaine Gallagher and Dr. Elizabeth Drance (Providence Health Care)***

This submission to the Conversation on Health addresses the discrepancy between the resources provided for palliative/end-of-life care in residential care facilities in BC and that provided through Palliative Care units in hospitals, stand-alone Hospices, and Homecare. Residential facility palliative/end-of-life care is underfunded.

- ***"Towards a new understanding of Palliative Care" from Caring – The Newsletter of the Advocates for Care Reform (Summer 2006).***

This article includes a description of what palliative care for residential care facility residents would look like, from the perspective of a Family Council.

4. Standards of Care - Abuse Prevention in Institutional Settings

- ***'A Way Forward' – Promoting Promising Approaches to Abuse Prevention in Institutional Settings***

This project of the 'Institute for Life Course and Aging' (University of Toronto) was completed in June 2008. The project reports - for all Provinces, and the various materials created for wide distribution are now available on their website (www.elderabuse.utoronto.ca).
Copies of the Introduction and Executive Summaries have been enclosed.

Enclosures: (8):

ACR brochures/Newsletter (3) : 'ACR The Family Council.....' and 'ACR – The Advocates for Care Reform' and the Spring 2008 Newsletter 'CARING'

Residential Care? – Who cares? - ACR submission to the BC Conversation on Health

The Two Standards of End-Of-Life Care in British Columbia – Providence Health submission to the BC Conversation on Health (Dr. Romayne Gallagher and Dr. Elizabeth Drance)
CARING (Summer 2006) - The ACR Newsletter; **Article "Towards a New Understanding of Palliative Care"- includes the perspective of a Family council on what comprehensive and quality palliative care in residential care would include.**

Screening for Delirium, Dementia and Depression in Older Adults – Registered Nurses Association of Ontario (funded by the Ontario Ministry of Health and Long-Term Care)

A Way Forward –Promoting Promising Approaches to Abuse Prevention in Institutional Settings - excerpts – 'Introduction' and 'Executive Summaries' (University of Toronto – Institute for Life Course and Aging)