

# The Ombudsperson's Report on Seniors Care: A Brief Analysis of the Government's (Non)Response

## A HISTORY OF THE OMBUDSPERSON'S INVESTIGATION AND REPORTS

In 2008, more than five years ago, BC Ombudsperson Kim Carter began a systemic investigation into seniors care in BC. The investigation was initiated in response to widespread public concerns about the erosion in seniors' services and numerous complaints received by her office.

After more than three years of intensive investigation by six full-time and several part-time staff, and numerous meetings with seniors, family members, researchers, community organizations and health authority personnel from across BC, the Ombudsperson's office released *The Best of Care: Getting it Right for Seniors in British Columbia* in February 2012.<sup>1</sup> It is the most comprehensive and in-depth report in the history of the Ombudsperson's office, with 176 recommendations that address issues of fairness, access and quality in BC's home support, assisted living and residential care systems.

The community response to the report was unprecedented and overwhelmingly positive. Carter and her staff were invited to communities across BC to share their findings, in locally organized, often very large public events, with local media in attendance.

Most of the recommendations in *The Best of Care* report are directed at the provincial Ministry of Health (MOH) and not the health authorities that actually deliver

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<sup>1</sup> Ombudsperson. 2012.

most seniors care services. This is because it is up to the provincial government, via the MOH, to set the standards of care and service levels and ensure seniors' needs are being met no matter where they live in the province. The overarching message from the Ombudsperson's report is quite simple: the MOH has failed, in many ways, to fulfill its leadership role for seniors care in the province.

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The recommendations in the report provide a roadmap for addressing the gap in leadership and care. As the BC Health Coalition notes in its summary of the report, *A Roadmap to Better Seniors' Care in BC*,<sup>2</sup> the Ombudsperson's recommendations represent "an historic opportunity to strengthen the services and supports that can help BC's growing population of seniors to age in place and to die with dignity."

When the *Best of Care* report was released, the provincial government responded with a short 12-page document, *Improving Care for BC Seniors: An Action Plan*.<sup>3</sup> While the Action Plan included a few positive steps, in particular a consultation process to establish a new seniors advocate, it failed to address many of the most significant issues in the Ombudsperson's report.

## THE GOVERNMENT'S RESPONSE TO THE OMBUDSPERSON'S RECOMMENDATIONS

In June 2013, 16 months after the publication of the *Best in Care* report, the Ombudsperson published a series of updates, for each health authority and the Ministry of Health,<sup>4</sup> detailing their response to the report's recommendations. The figure opposite summarizes the response to those recommendations directed to the Ministry of Health: 140 of the total 176 recommendations.

- Six per cent of the Ombudsperson's recommendations have been fully implemented.
- Twenty-four per cent have either been partially implemented or are under consideration (i.e. there is ongoing work on the recommendations).
- Sixty-six per cent have been ignored (i.e. the provincial government has not acknowledged, responded to, or acted on these recommendations in any way).
- Three per cent have not moved forward (i.e. despite a government commitment to move them forward, nothing has happened).
- One per cent have missed their timeline for implementation (i.e. the Ombudsperson set a timeline for implementation that the government failed to meet).

In the lead up to the provincial election this past May, MLA Ralph Sultan, Minister of State for Seniors at the time, said that "his government's overhaul of the senior-care system is adequate and, about 'as done as it is going to be done.'"<sup>5</sup>

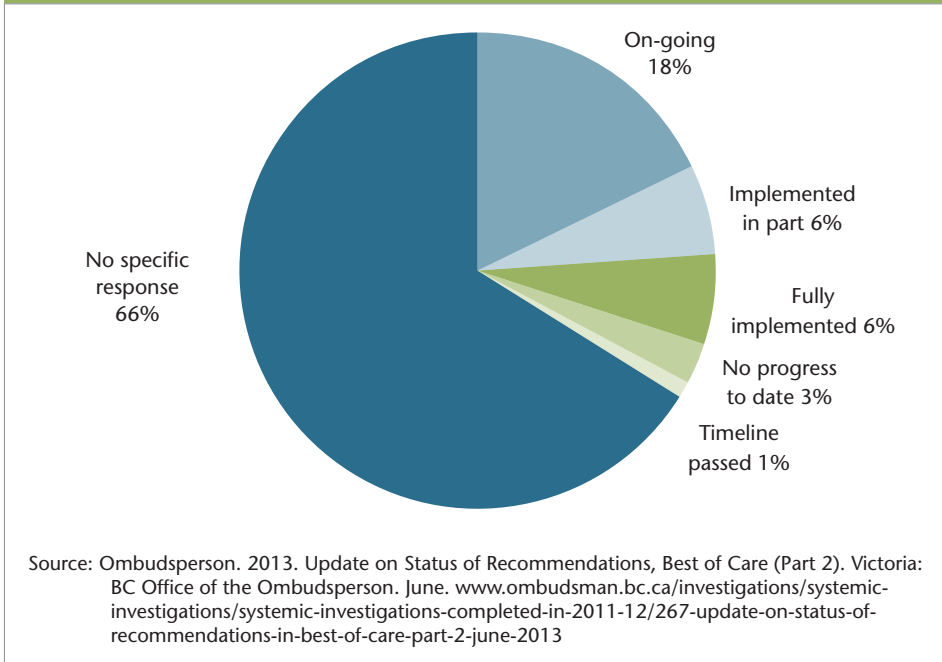
2 BC Health Coalition. 2012.

3 BC Ministry of Health. 2012.

4 Ombudsperson. 2013.

5 Cooper, Sam. 2013.

Figure 1: Status of BC Ombudsperson's recommendations to the Ministry of Health as of June 2013



It is difficult to understand how a six per cent completion rate can be considered “as done as it is going to be done.” It’s possible that the new Minister of Health, Terry Lake, will reconsider this position. Even more importantly, the new Office of the Seniors Advocate will open soon. Because this office will address systemic problems in seniors care, it represents a very significant new opportunity to raise concerns about BC’s system of seniors care (see last section of this report).

Below are a few of the key recommendations in the Ombudsperson’s report that have not been adequately addressed by government.

### PUBLIC REPORTING AND TRANSPARENCY (R1, R2, R3, R38, R110, R113)<sup>6</sup>

The first three recommendations in the Ombudsperson’s report focus on the MOH’s failure to track and report information on how and where funds are being expended in home and community care, and whether this funding is effective in meeting the needs of seniors for quality and timely care.

Without this information, it is impossible to know how well our system is working, if it is helping (or hurting) seniors, and whether the funding is effective and adequate. Such information is essential for ensuring accountability to the public, for planning purposes, and for making changes in areas where services are not producing the positive outcomes promised.

<sup>6</sup> These numbers refer to the recommendation numbers in the Ombudsperson’s report.

The first five findings in the Ombudsperson’s report focus on the MOH’s failure to track and report information on how and where funds are being expended in home and community care, and whether this funding is effective in meeting the needs of seniors for quality and timely care.

The very first recommendation in the report is a requirement for the MOH to provide the public with a clear and accessible annual report on the funding allocated and expended for home and community care in each health authority, and an assessment of whether these funds have been effectively utilized to achieve positive results. The government chose not to respond to this recommendation.

In the sections of the report dealing with home support and residential care, there are additional recommendations related to the importance of public reporting on wait times for services and assessments, and the need to track and report quarterly on the additional costs of keeping someone in hospital who requires residential care.

Although there is an explicit commitment in the Action Plan to provide more information on wait times, the MOH has not followed through on this commitment. And it ignored the call for reporting on the additional costs of keeping people in hospital who require residential services.

## ADVOCACY AND SUPPORT FOR SENIORS AND FAMILIES NEEDING TO ACCESS BC'S HOME AND COMMUNITY CARE SYSTEM (R9, R22)

As the Ombudsperson notes, "advocacy is necessary for seniors to ensure that their voices are heard, their rights respected, and their needs met."

As the Ombudsperson notes,<sup>7</sup> "advocacy is necessary for seniors to ensure that their voices are heard, their rights respected, and their needs met." To address this need for individual advocacy, the report recommends that the MOH "establish a program to support seniors and their families to navigate the home and community care system and bring forward complaints and concerns."

The MOH has established a province-wide Seniors Health Care Support Line where seniors can raise concerns. It has also enacted legislation creating an Office of the Seniors Advocate to address systemic concerns. These are both positive developments, but do not address the need for individual advocacy and support. The government ignored the Ombudsperson's call to establish local programs to assist seniors in navigating the complex array of care services and in raising concerns with the appropriate staff members when problems arise.

## PROVINCE-WIDE QUALITY STANDARDS IN HOME SUPPORT, ASSISTED LIVING AND RESIDENTIAL CARE (R42, R69, R133, R142 AND R143)

Issues related to quality of care in home support, assisted living and residential care were common concerns raised by seniors and their families during the Ombudsperson's investigation. The Ombudsperson's findings provide clear evidence that the MOH is not adequately monitoring quality in any of their home and community care programs.

In assisted living the MOH has not established minimum and binding requirements in areas such as staffing, residents' rights, food quality and nutrition, or assistance with activities of

<sup>7</sup> Ombudsperson. 2012. "Overview." 22.

daily living. Similarly in residential care there are no objective and measurable standards related to bathing frequency, minimum direct staffing hours, toileting assistance, the provision of culturally appropriate care, etc.

To date, the MOH has not responded to the Ombudsperson's call for clear and binding quality standards in home support and assisted living, or for minimum levels of direct care staffing in residential care. It has agreed that in residential care services it will develop a common set of standards to ensure acceptable levels of safety and quality by February 2014, but has not included minimum direct care staffing hours as part of this commitment.

## CHANGES TO THE COMPLAINTS PROCESSES IN HOME AND COMMUNITY CARE

There were approximately 50 recommendations in the Ombudsperson's report for improving the complaints processes in home and community care. As part of the systemic investigation the Ombudsperson's office conducted a very detailed audit of health authority files, documenting how client/resident complaints had been addressed in the past. By comparing the existing practices in the health authorities and MOH, the Ombudsperson was able to identify the strengths and weaknesses in the current complaint processes and recommend how these processes could be standardized and improved.

Despite this very detailed documentation of the problems and strategies for making improvements, the response from MOH has been minimal. The MOH did agree in the Action Plan to conduct an independent review of the Patient Care Quality Offices and Review Board, and has now completed this review—but decided that no changes are needed. This is despite the fact that the Ombudsperson's audit found that the person who responded to a complaint was often the same person who provided the care in the first place. Nor is there any information available to the public on who conducted this independent review and why they concluded that no changes were needed.

The Ombudsperson also recommended that a standardized complaint process for home support be developed, which should apply regardless of who is paying for the care (i.e. whether the service is subsidized or privately paid) (R47). This recommendation was ignored by MOH, as was the recommendation for making very concrete and specific improvements to the complaints processes in assisted living (R75) and residential care (R148).

When seniors do not have access to quality home support, their independence, safety and health may be negatively affected, which can result in unnecessary hospitalizations.

## ADEQUACY OF HOME SUPPORT SERVICES (R34)

The Ombudsperson's report documents the erosion of the home support system in BC. She also references research showing that when seniors do not have access to quality home support, their independence, safety and health may be negatively affected, which can result in unnecessary hospitalizations. On top of being unjust, this situation is more costly for our health care system than providing a broad range of home support services.

The Ombudsperson's report raises serious questions about the ability of BC's home support program to meet the MOH's stated goal: to assist "seniors to live in their home as long as

it is practical and in their and their family's best interests."<sup>8</sup> Since the publication of the report, there have been no actions taken by MOH to address the question of adequacy of the home support services delivered by the health authorities.

Instead, the government focus has been exclusively on creating a parallel, largely volunteer program for delivering non-medical home support services (such as friendly visits, shopping assistance and transportation) to seniors in their homes.

## THE SENIORS ADVOCATE, A NEW AVENUE FOR RAISING CONCERNS

The Seniors Advocate is the first office of its kind in Canada and represents a very significant win for everyone who has worked so hard to improve care and support for BC seniors. If it weren't for the pressure from the community, this office would never have been established.

Thanks to the work of the BC Health Coalition, organizing efforts of seniors from around the province, and outstanding in-depth coverage about seniors care by *The Province* newspaper,<sup>9</sup> the provincial government has agreed to establish a Seniors Advocate to address systemic problems in BC's system of seniors care and support. It is the first office of its kind in Canada and represents a very significant win for everyone who has worked so hard to improve care and support for BC seniors. If it weren't for the pressure from the community, this office would never have been established.

While it was disappointing to learn that the Advocate will not be an independent office of the legislature (as is the case for the Ombudsperson, the Auditor General and others), the Minister of Health, is on record as saying that the office will have "considerable independence plus the flexibility to work within government and across sectors to promote positive change for seniors."<sup>10</sup> He compares the role of the Seniors Advocate to the Provincial Medical Health Officer, who works in the interests of the public but reports to the Minister.

Only time will tell how effective this office will be. What is significant and important is the fact that its focus will be on systemic issues in seniors care. This represents a significant new opportunity to raise concerns about the BC's system of care and support for seniors.

8 Ombudsperson. 2012. "Overview." 35.

9 Guggi, Ros, ed. 2011.

10 British Columbia. Legislative Assembly. Official Report of the Debates of the Legislative Assembly. 40. July 23, 2013 at (24 March 2009) 1700 (Hon. T. Lake). <http://www.leg.bc.ca/hansard/40th1st/20130723pm-Hansard-v4n4.htm>

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