

**British Columbia
Care Aide
& Community Health Worker
Registry:
A REVIEW**

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EXECUTIVE SUMMARY

Objective of the review: The objective of the review of the British Columbia (BC) Health Care Aide and Community Health Worker Registry ('the Registry') was to examine its strengths and weaknesses and to make recommendations on what the Ministry of Health (MOH) could consider, moving forward.

Background: There is increasing awareness of abuse of seniors and other vulnerable people in many jurisdictions, including BC. In response, a commitment was made in 2008 by the BC Minister of Health to establish a means to identify health care assistants (HCAs) who engage in 'serious misconduct' to ensure they do not work with vulnerable people requiring care. The MOH worked with the Health Employers Association of BC (HEABC) and Health Match BC to consult with unions, employers, educators and other key stakeholders to establish a registry of HCAs working in publicly funded facilities in BC. The agreement to collaborate in the establishment and support for the Registry is described in a 'Letter of Understanding' signed by the representatives of three groups: HEABC, the Facilities Bargaining Association and the Community Bargaining Association. Details are contained in 'Appendix A: Process for removal from the Registry,' a companion to the Letter of Understanding.

Methods: Background information and current data were received from MOH and Registry staff. Semi-structured interviews via telephone and in-person, conducted in September and October, 2012, supplied the bulk of the information for this report. Interviewed were more than 50 stakeholders from the following broad groups: (a) Registry architects, overseers and staff members; (b) potential users of the Registry, e.g., managers; and (c) investigators and managers from investigated sites.

Findings

Description of the Registry

- The Registry was launched in January 2010 and included HCAs providing services to patients in publicly funded health care facilities. A key Registry goal was and is to increase safeguards for vulnerable British Columbians in care. The Registry reports to the Executive Director at Health Match BC, the HEABC President / CEO, and the MOH. Registry staff includes an allowance for 1.5 FTE support people as well as some contracting dollars. HCAs do not pay to register. If an HCA under investigation is a member of a union the cost of investigation (a mean of \$6200 per investigation) is shared by the union and the employer; investigations of non-union HCAs are funded by the Registry. The 2012 /2013 annual budget, primarily from the MOH, is \$478,000 to cover staff salaries / benefits and operating expenses.
- A 13-member Advisory Committee (AC) provides guidance on issues related to the Registry, although it does not have decision-making authority; it meets about three times a year. AC members come from unions, employer groups and educational institutions. A function of the AC is to appoint investigators (currently five); all investigators have extensive experience in labour relations and mediation / arbitration and currently all are based in Vancouver. Investigators work on an as-needed basis under a contract arrangement.

- Registry data are regularly compiled for reporting purposes. The most recent data (October 24, 2012) covering the first 34 months of Registry operation, are included in the table below. Close to 44,000 HCAs have registered since January 2010 – a far higher number than what was initially expected. Although only workers at publicly funded facilities are required to register, the Registry accepts HCAs from both public and private facilities.

Data from Registry “alleged abuse” cases reported, first 34 months (to Oct 24, 2012)

Data category	Total number	
Employer reports of alleged abuse by an HCA to the Registry	123	
Suspension by employer; employee later returned to work & was reinstated to Registry after the suspension ended	47	
Termination reported by employer:		76
• No Registry investigation requested; HCA removed indefinitely		23
• Union & employer resolved dispute at stage 3 of grievance process; HCA was reinstated		10
• Registry-appointed investigations (98% union-requested)		43
– Permanently removed as a result of investigation confirming abuse		6
– Reinstated after investigation – no proof of abuse		15
– Reinstated after proof of completion of recommended training or provision of medical documentation as stipulated by the Registry-appointed investigator		13
– Pending reinstatement when recommended training is complete		5
– Registry-appointed investigations underway		4

Findings from interviews

Interviewees divided into three general groups:

Group 1: Registry architects, overseers and staff members (n=25): Most believed the Registry’s objectives are being met although some characterized them as a ‘work in progress.’ Challenges were identified by this group, e.g., mandatory registration for HCAs in publicly funded facilities only; Registry only addresses abuse and leaves other important performance issues unaddressed, e.g., competence; privacy issues when it comes to sharing information; inability to compel reporting of abuse or participation in the investigatory process; loopholes in various processes; and questions about sustainable operating funding.

Group 2: Potential users of the Registry, e.g., managers (n=21): Challenges and issues were similar to those of Group 1 plus additional considerations such as investigation costs; system mal-alignment (i.e., multiple investigatory streams, conflicting results and tolerance for abuse); questions about the impartiality of investigators; and the absence of an easy mechanism for annually checking the registration status of potentially large numbers of HCAs. Although no one advocated abandoning the Registry there were significant opposition to the investigation process and anecdotal reports of facility operators’ intent to refuse access to Registry investigators. Interviewees were divided as to whether the Registry is meeting their needs and expectations.

Group 3: Investigators and managers from investigated sites (n=12):

- Investigators: In addition to reservations regarding the authority underlying the process, the investigators cited challenges and issues related to their ability to access documents (e.g., licensing reports), and witness names and related information.
- Managers from investigated sites: Sites included a mix of health authorities and contracted service providers. Most managers found the initiation of the investigation process opaque and the process sometimes very long and drawn-out. A key issue was the notion of zero tolerance for which employers almost universally advocated. Even employers who were positive regarding the investigation process expressed extreme frustration at the mixing of decisions related to Registry status and employment status. The investigation process was viewed as taxing in terms of workload with many receiving little support through the process.

Recommendations:

Recommendation 1: The MOH should review the suitability of the enabling framework under which the Registry exists/operates (i.e., the Letter of Understanding and 'Appendix A') with particular attention to mandate clarity/focus, the implications for the Registry's scope (e.g., inclusion of private sector employers/employees) and ability to ensure the participation of employers and HCAs.

Recommendation 2: The MOH should ensure an appropriate governance structure exists for the Registry and that, within the context of the Registry's enabling framework, it is vested with the necessary authority to pursue the Registry's objectives and to establish a management structure charged with implementing strategic direction, developing operating policy/procedure, etc.

Recommendation 3: The MOH should take steps to redress current gaps in the Registry's protection mandate. Minimally, this would include: addressing the exclusion of private sector HCAs; establishing an oversight role related to abuse accusations handled outside the Registry's investigation process; eliminating loopholes (e.g., resignation of an accused HCA) that frustrate the Registry's ability to investigate; broadcasting Registry suspensions to employers; and compelling HCA registration as a condition of employment and employer participation in Registry investigations, etc.

Recommendation 4: The MOH should review the Registry's funding model with a view to ensuring a sustainable funding base as well as an equitable allocation of expenses. Given that the Registry's intent parallels, in some dimensions, the function of a regulatory college, and given that the Registry's creation is in part a response to failed human resource processes, charges to registrants and employers cannot be precluded. Existing inequities related to investigation costs (e.g., higher costs for facilities geographically distant from investigators and no costs for non-union facilities) should also be addressed.

Limitations of the review: Privacy and confidentiality are important in this sensitive area therefore interviews with investigated HCAs and patients and their families were not possible. Project timeline and scope were also limited with a focus on investigation processes. The Registry is newly established and BC is the first in Canada to take this route; there was therefore limited experience to draw on.

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REVIEW:

BC Care Aide & Community Health Worker Registry

BACKGROUND

Health care assistants and their role

In British Columbia (BC), the number of seniors is expected to increase by more than 200% over the next 20 years and the Ministry of Health (MOH) has committed to providing them with the best possible health care services. Much of the care for the aged and the vulnerable, both in private homes and in institutions, is supplied by important groups of providers known as care aides and community health workers, here collectively referred to as health care assistants (HCAs).

These providers constitute a very large group and provide important and often intimate care (frequently unsupervised) but their occupations are unregulated. A province-wide comprehensive system does not therefore exist to determine the quality of care they provide.

There is increasing awareness of abuse of seniors and other vulnerable people in many jurisdictions including BC. In response, a commitment was made in 2008 by the BC Minister of Health to establish a means to identify HCAs who engage in 'serious misconduct' to ensure they do not work with vulnerable people requiring care.

Establishing the Registry

In June 2008, a plan for the study and creation of an HCA registry was announced. The MOH worked with the Health Employers Association of BC (HEABC) and Health Match BC (HMBC) to consult with unions, employers, educators and other key stakeholders. Terms of Reference (TOR) for the BC Care Aide and Community Health Worker Registry ("the Registry") were developed (dated June 28, 2009).

The TOR addresses the following topics:

1. Role and mandate (i.e., to protect vulnerable patients, residents and clients; to establish and improve standards of care in the HCA occupations; and to promote professional development and assist HCAs in identifying career opportunities)
2. Occupations included in the Registry
3. Registration eligibility

4. Information collected on registrants
5. Impact of non-registration on currently employed HCAs
6. Registry costs to HCAs (note that there is currently no cost to these providers)
7. Access to the Registry database
8. Registry suspension and removal process (refers to a document called 'Appendix A')
9. Governance

The agreement to collaborate in the establishment and support for the Registry is described in a "Letter of Understanding" signed by the representatives of three groups: HEABC, the Facilities Bargaining Association and the Community Bargaining Association. A four-page document called "*Appendix A: Process for removal from the Registry*" (dated January 12, 2010) is a companion to the Letter of Understanding among the signing parties. The document specifies that "*removal from the Registry may only occur where an employee of a facility or service provider is terminated for abuse*". In 16 points, with numerous sub-points, the process for removal is described. The process is complex with many branching possibilities depending on the circumstances. The document includes a definition of abuse which includes financial abuse, emotional abuse, physical abuse, sexual abuse, neglect and/or deprivation of food or fluids as a form of punishment.

The Registry was formally established in January 2010 to register all HCAs providing services to patients in publicly funded health care facilities. Employers were informed about the Registry in an MOH letter to Human Resource Departments dated January 20, 2010 and signed by Valerie St. John, Assistant Deputy Minister, Health Human Resources at the MOH. The letter stated that all current HCAs must be registered with the Registry by April 28, 2010,^{1,2} as a condition of employment in publicly funded care facilities. Initially a 'grandparenting' period allowed registration without proof of certification or previous training (these criteria were required after the grandparenting period ended). Employers were instructed to send contact information for each person employed as an HCA to a contact at HMBC.

Ombudsperson's report (2012)

An important subsequent development was an examination of seniors' health care by the BC Ombudsperson with a report released in February 2012: *The best of care: Getting it right for seniors in British Columbia (Part 2)*. This report briefly discussed the Registry and made several recommendations (http://www.ombudsman.bc.ca/images/pdf/seniors/Seniors_Report_Volume_2.pdf, page 76):

¹ An exception was allowed – those who opted not to register could continue to work for their current employer but would be required to register if switching to another publicly funded employer.

² The grandparenting deadline was extended to June 28, 2010.

The Ombudsperson finds that

F20. The Ministry of Health does not require care aides and community health workers at home support agencies, assisted living residences and residential care facilities that do not receive public funding to register with the BC Care Aide & Community Health Worker Registry.

The Ombudsperson recommends that

R24. The Ministry of Health, by January 2013, require care aides and community health workers at all home support agencies, assisted living residences and residential care facilities to register with the BC Care Aide & Community Health Worker Registry.

The Ombudsperson finds that

F21. The Ministry of Health does not require applicants to the BC Care Aide & Community Health Worker Registry to disclose whether they have ever been subject to formal disciplinary action by a health care employer.

The Ombudsperson recommends that

R25. The Ministry of Health require applicants to the BC Care Aide & Community Health Worker Registry to disclose whether they have ever been disciplined or terminated by a health care employer on the grounds of abuse, and establish a process for evaluating whether it is appropriate to allow registration.

Seniors Action Plan

The BC MOH has recently developed a Seniors Action Plan called *'Improving care for BC seniors'*. The Action Plan covers a number of areas such as: appointment of a seniors' advocate, expanding non-medical home support, increasing transparency and accountability through public reporting of the quality of care, and initiatives aimed at standards and quality of care. Of particular interest to the review of the Registry is the following:

- *'Strengthening protections from abuse and neglect, including improved protections for those who report care concerns or complaints.'*

In the Action Plan report the Registry is profiled as an activity already accomplished. An identified action going forward is to develop a provincial elder abuse prevention, identification and response strategy by December 2012. More information is available at:

<http://www2.gov.bc.ca/assets/gov/topic/AE132538BBF7FAA2EF5129B860EFAA4E/pdf/seniorsactionplan.pdf>

Review of the Registry

Most stakeholders have been and remain supportive of the Registry but, as with most new initiatives, opportunities for refinement and improvement are seen to exist. Stakeholders have identified a number of areas where greater clarity or change may be required. Some advocated for an independent review related primarily to the Registry's administrative efficiency, communications, and investigative processes. In particular, the BC Care Providers Association (BCCPA)³ passed resolutions at its 2011 and 2012 annual general meetings (AGMs) urging the MOH to initiate an independent review of the Registry. The specific concerns are detailed in the BCCPA AGM Resolution Reports (adapted for use here) are:

2011: *It is hereby recommended that the BCCPA call upon the provincial government to make improvements to the Registry as follows:*

- Review Registry operations to ensure they have remained in full alignment and within the initial purpose and intention.
- Review the effectiveness and appropriateness of the investigation process as well as the mandate and selection process for investigators.
- Initiate a communication program to explain elements of the Registry including program objectives, processes and feedback opportunities.
- Initiate a consumer and family awareness campaign in partnership with BCCPA to create demand for Registry HCAs in private pay markets.
- Take steps to include processing and approval of criminal record checks within the Registry's mandate in the next 12-18 months to eliminate system duplication.
- Establish an accessible list of employees removed from the Registry for abuse.
- Provide funding for costs associated with mediation / investigation of abuse cases.
- Clarify rules and procedures associated with protection of patients' privacy.

2012: *It is hereby moved that:*

- BCCPA ask the Minister of Health to initiate an independent review of the Registry with findings and proposed actions to be tabled by the end of this year
- Among other things, this Review should:
 - Determine the effectiveness of the Registry in preventing elder abuse.
 - Re-examine the Letter of Agreement [Understanding] entered into by HEABC.
 - Address findings and recommendations of the BC Ombudsperson's report.
 - Consider a legislative model similar to other health professions instead of the policy approach currently being applied.

³ "The BCCPA has been serving private and non-profit care providers for over 30 years. In addition to employing more than 7000 British Columbians, BCCPA members care for over 10,000 seniors each day in residential care and an additional 4000 each year through home support." (BCCPA website wording: <http://www.bccare.ca/goals>)

The MOH remains committed to the Registry and its success. Accordingly the former Minister of Health, Mike de Jong, directed that a review be undertaken. This review was first mentioned by the Minister when he was interviewed by Globe and Mail media on June 20, 2012 (<http://www.theglobeandmail.com/news/british-columbia/bcs-elder-caregiver-registry-to-face-review/article4358946/>). At that time, Mr. de Jong promised to make “*changes necessary to ensure that residents, patients, their families and the care homes themselves have the confidence to know the registry is operating as it was intended to.*”

REVIEW’S OBJECTIVE

The objective of the review is to examine the strengths and weaknesses of the Registry and to make recommendations on what the MOH could consider, moving forward.

Areas that were suggested for the review:

1. Background of the Registry
2. Resources to support the Registry
3. Links to the MOH Senior’s Action Plan
4. Implications / options of zero tolerance policy
5. Implications of HCAs working in multiple sites and employer notification
6. How patients / families are advised of investigation outcomes
7. Utilization of investigation process
8. Review of criminal records check process and involvement of the Registry

METHODS

Background information and current data were received from the MOH and Registry staff; additional materials were suggested by other stakeholders and through searches of the Internet. A list of documents is contained in Appendix 1. Much information on Registry operation was obtained via telephone or in-person interviews conducted between August 30 and October 26, 2012. In total, 38 interviews were conducted involving more than 50 stakeholders from the following groups:

- MOH (Health Human Resources; Home, Community & Integrated Care; Seniors Action Plan; Professional Regulation)
- Registry staff
- Health Match BC
- Health authorities

- Registry Advisory Committee (all 13 members)
- BC Care Providers Association
- Public and private care facilities
- Registry investigators (all 5 investigators)
- Representatives of investigated sites (6 investigated sites)

Interviews followed a semi-structured format guided by a short list of questions that were shared with the interviewee a few days ahead of time. The questions are included in Appendix 2.

DESCRIPTION OF THE REGISTRY

Registry staff complement and budget

The Registry was officially launched on January 29, 2010. The Registry's Manager commenced work in late 2009 and is still in this position; his background is in labour management. The Registry reports up through the Executive Director at Health Match BC, the HEABC President and CEO, and then the MOH. Registry staff includes an allowance for 1.5 FTE support people as well as some contracting. Office space is on West Broadway Avenue in Vancouver in an area populated by other health care organizations.

The Registry's annual budget is \$478,000 (2012 /2013) to cover staff salaries / benefits / development and various operating expenses. Not included is 'in-kind' assistance from the secondment of an MOH staff person. Funding comes from government, primarily the MOH. HCAs do not pay to register. If an HCA under investigation is a member of a union the cost of investigation is the responsibility of the union and the employer; the Registry covers the cost of investigations of non-union HCAs. This union / employer responsibility for costs (reported to be a mean of \$6202 per investigation) is a major issue for the payers who feel these costs should be borne by the Registry, particularly since the Registry pays for non-union employees being investigated.

Registry Advisory Committee

An independent Advisory Committee (AC) for the Registry provides some guidance although it does not have decision-making authority; it first met on January 12, 2010 and has continued to meet about three times a year. The Registry TOR describe AC membership as including the following representatives: three union; three employer (one each from health authority, residential and community services sectors – union and employer representation were both subsequently increased to four); two educational institution; and one Health Match BC. The minutes of the AC document the addition of two representatives from the home support sector such that the AC now includes 13 members. A Health Match representative is the Chair and this function has been performed by the Registry's Manager throughout. The AC meets at the call of the Chair. One function of the AC is to appoint investigators

every 3 years. (The TOR state there will be four but this has been increased to five investigators to ensure someone is always available.)

Registry investigators

There are currently five investigators with four having been in place since the beginning and one recently added. All have extensive experience in labour relations and mediation / arbitration. Most have law degrees and currently all are based in Vancouver. Investigators work on an as-needed basis under a contract arrangement. There is no formal “job description” but a recruitment ad developed in early 2012 stated that the ideal candidate would have experience in labour relations, mediation and conflict resolution; and knowledge of the BC health care system.

Process of investigation

“Appendix A: *Process for removal from the Registry*” describes how public employers and their contracted agencies report to the Registry in cases of alleged abuse by HCAs, i.e., “an employer in receipt of public funding is required to report to the Registry in writing every suspension pending the investigation for alleged abuse or termination of an employee for alleged abuse” (Figure 1).

FIGURE 1: Process of employers reporting to the Registry

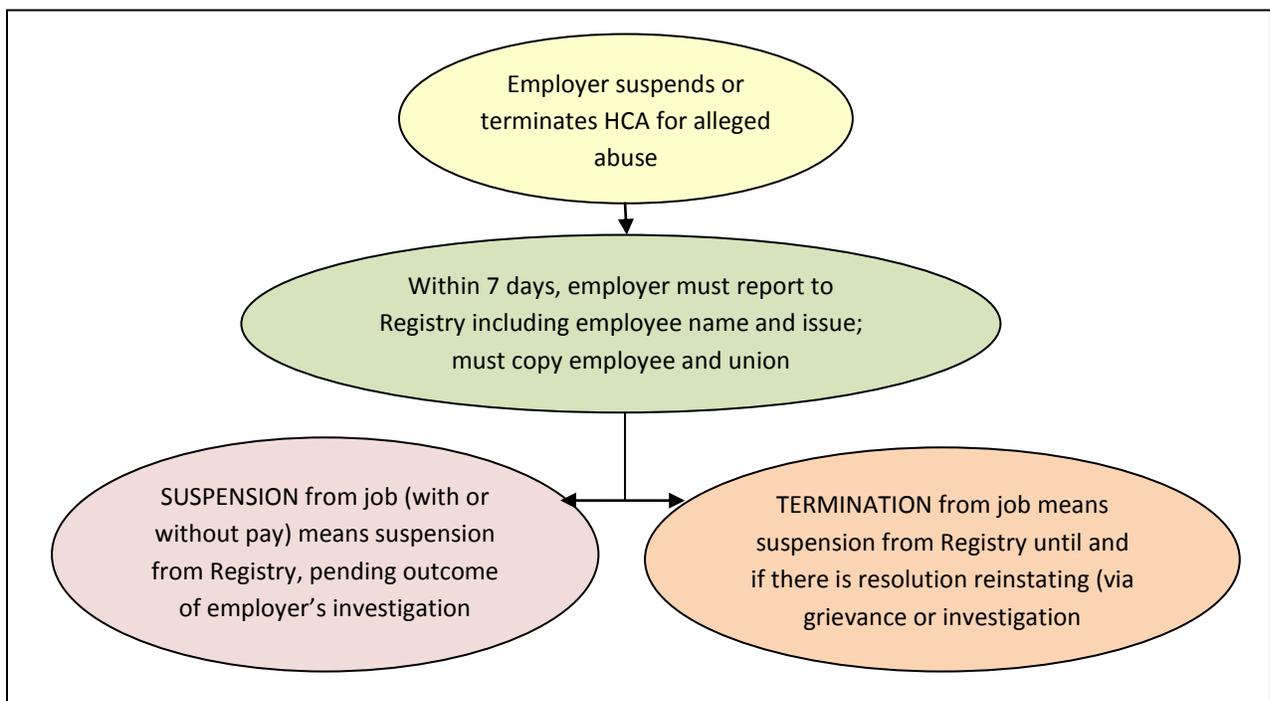


Figure 2 illustrates the most prescribed investigation processes that occur for unionized employees not reinstated via the grievance process. Figure 3 is a comparable illustration of the processes for non-unionized employees and unionized employees where the union decides not to ask for an investigation or support arbitration.

FIGURE 2: Registry investigation for unionized employees not reinstated via the grievance process

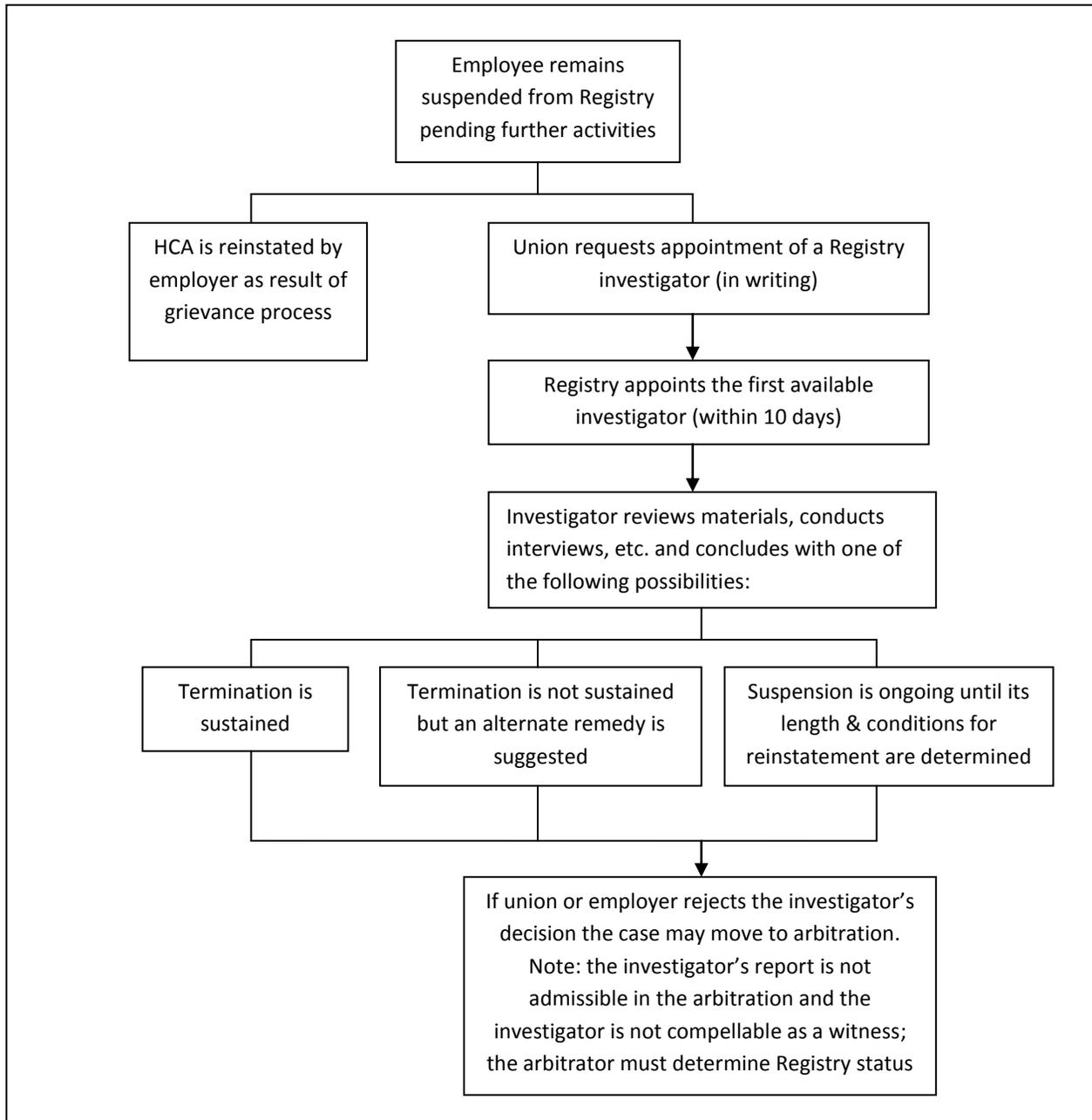
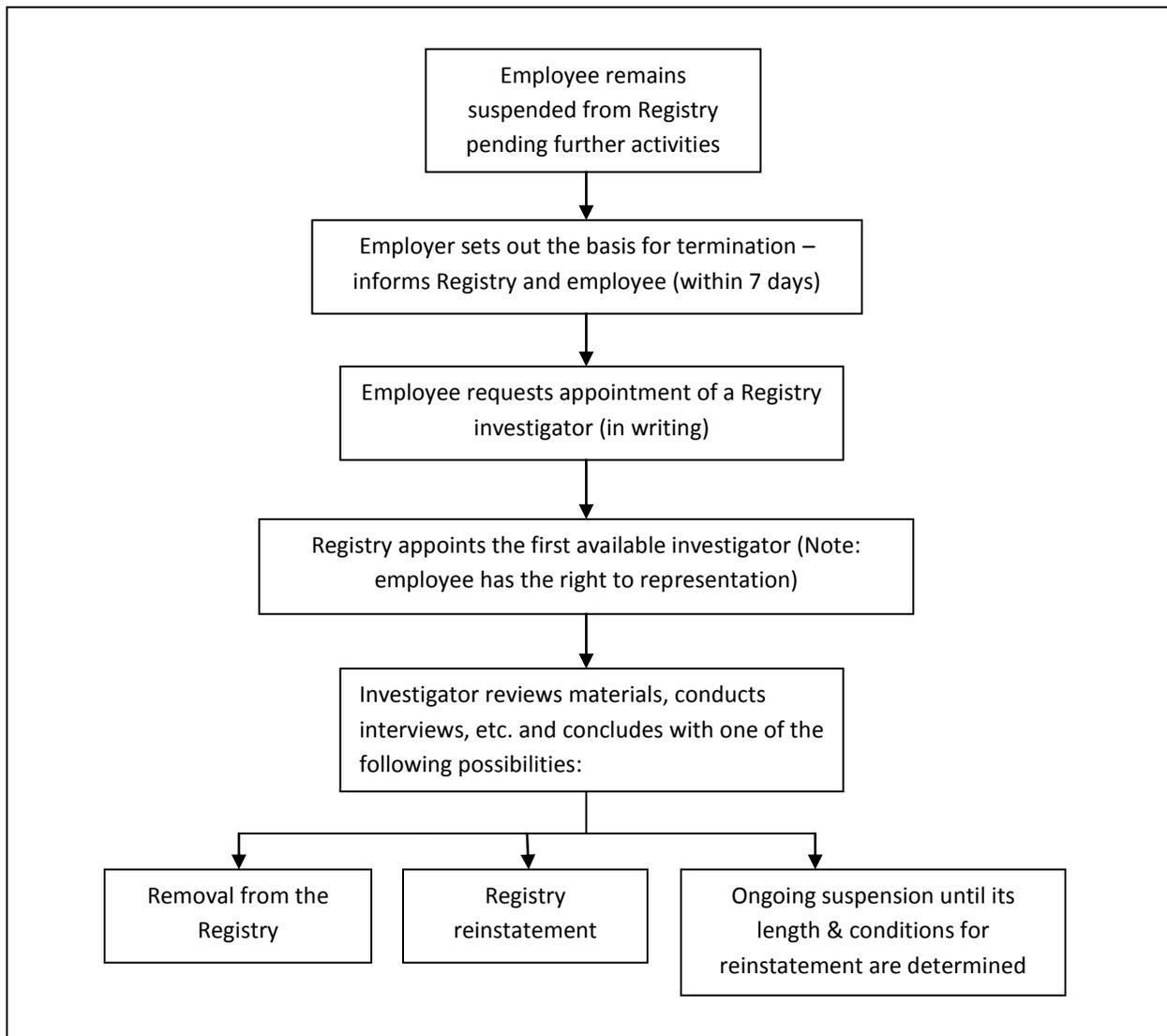


FIGURE 3: Registry investigation process for (a) non-unionized employees and (b) unionized employees where the union decides not to ask for an investigation or support arbitration.⁴



⁴ Note: Unlike the pathway depicted in Figure 2 this pathway includes no appeal process, i.e., arbitration.

Recent data and information from the Registry

Registry data are regularly compiled for reporting purposes. The most recent (October 24, 2012) covering the first 34 months of Registry operation, are included in Table 1 below and also displayed in ‘flow chart’ form in Figure 4 on the following page.

Close to 44,000 HCAs have registered since January 2010 – a far higher number than what was initially expected. Although only workers at publicly funded facilities are required to be registered, the Registry accepts those from both public and private facilities; therefore, a number of workers at private facilities have also voluntarily registered. Estimated numbers are about 25,000 at public facilities and the remainder at private facilities.

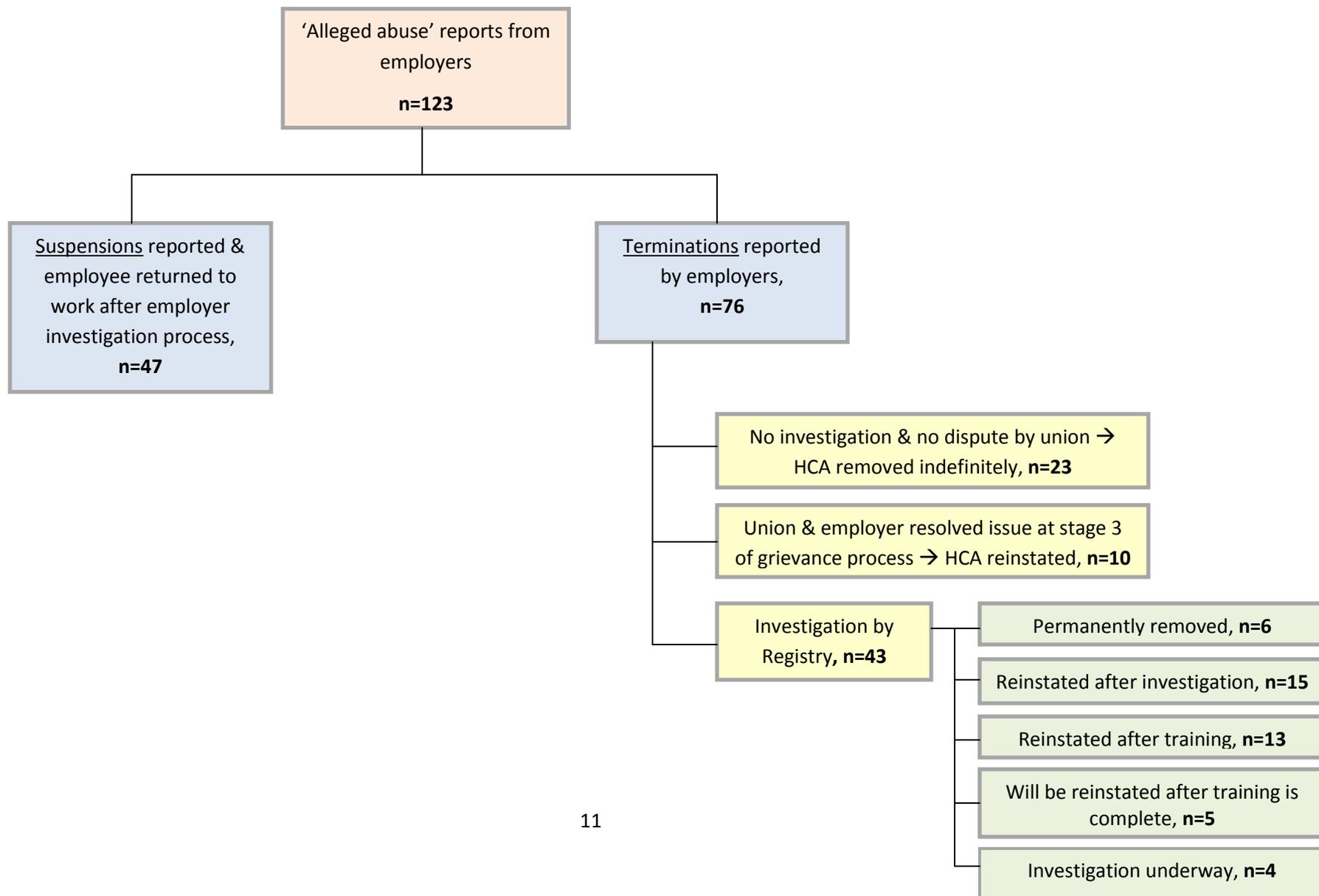
TABLE 1: Data from Registry “alleged abuse” cases reported, first 34 months (to Oct 24, 2012)

Data category	Total number	
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<ul style="list-style-type: none"> • Registry-appointed investigations (98% union-requested) <ul style="list-style-type: none"> ○ Permanently removed as a result of investigation confirming abuse ○ Reinstated after investigation – no proof of abuse ○ Reinstated after proof of completion of recommended training or provision of medical documentation as stipulated by the Registry-appointed investigator ○ Pending reinstatement when recommended training is complete ○ Registry-appointed investigations underway 		43
		6
		15
		13
		5
		4

⁵ As per the Letter of Understanding and ‘Appendix A’ the employer needs to report to the Registry any suspension or termination of alleged abuse. These can ultimately be:

- (a) termination after the employer’s full investigation into the incident,
- (b) suspension time is served and the employee returns to work, or
- (c) suspension is overturned by the employer as no abuse was found to occur.

Figure 4: Data from Registry – ‘alleged abuse’ cases reported, Jan 2010 to Oct 2012



Initiatives in other provinces

BC was the first province to develop any kind of registry or documentation of HCAs. Ontario and Nova Scotia have followed with their own models.⁶ However, both of these focus more on networking and human resource (HR) planning and neither includes an aspect of abuse reporting or investigation.

Ontario

In June 2012, the Ontario Ministry of Health and Long-term Care (MOHLTC) launched a Personal Support Worker (PSW) Registry. First announced in May 2011, the background work extended to at least 2005.⁷ In fact, staff members from the MOHLTC consulted with the BC Registry leaders while designing their own system. The PSW Registry intends to register all PSWs employed by publicly funded health care employers; however, implementation will be phased with the first phase focussing on PSWs employed in the home care sector, with campaigns to engage workers in other sectors to follow.

The PSW Registry is a database capturing contact information, education and training, years of experience, and basic demographic information. One 'perk' for PSWs is inclusion of a job board listing employment opportunities. The database is publicly available, with open access to basic information about registered PSWs as searched by name and/or registration number. There is no indication of an abuse-reporting-and-investigation function. However, a recent web-based 'PSW Fact Sheet' states, "*the Registry will be establishing a process for reviewing, suspending, or terminating PSW registration to ensure that a PSW listed on the Registry does not present a known risk to the public... the Registry team is in the process of consulting with stakeholders to determine an effective process that balances the needs of both the public and PSWs.*"

A PSW Registry Steering Committee has been established to "guide and provide expert opinion to the project team in the development of the Registry." The Steering Committee is made up of front-line PSWs, various representatives of PSW organizations, employers, patient advocacy groups, educators, and labour groups." The website <http://www.pswregistry.org> indicates that the SC has 25 members including a representative from each of 22 organizations plus three PSWs.

Nova Scotia

A Continuing Care Assistant Registry (CCAR) has been established, primarily for networking purposes. Annual paid membership is voluntary. Benefits for CCAs include a newsletter, occupational surveys, membership on committees, and discounts on the costs of continuing education. Benefits for employers include resources like the CCA scope of practice, generic job descriptions and educational requirements (see: novascotiaccia.ca/Generic.aspx?PAGE=Employer+Tools&portalName=ha)

⁶ This material is a 'convenience sample', i.e., material was not sought from each province and territory.

⁷ The Health Professions Regulatory Council reviewed options for the regulation of PSWs and recommended against both regulation under the *Regulated Health Professions Act* and development of a registry. For more detail on the reasons, see <http://www.hprac.org/en/reports/resources/PSW-FinalReportSept27-06.pdf> pages 25-26.

RESULTS OF INTERVIEWS

As noted previously, interviews were conducted with more than 50 individuals representing at least nine broad stakeholder groups. For presentation purposes interview results are condensed below according to three respondent groups: (a) Registry architects, overseers and staff members; (b) potential users of the Registry (managers); and (c) investigators and managers from investigated sites.

Registry architects, overseers and staff members

This respondent group included approximately 25 individuals primarily composed of MOH staff, individuals directly involved in the creation of the Registry, Registry staff, and members of the Registry Advisory Committee. These individuals generally had the longest and most extensive ongoing involvement in the Registry although their involvement typically stopped short of direct experience with the investigation process.

Despite the tenure and level of involvement typical of this group, the vast majority had little substantive insight into the origins of the Registry. Frequent reference was made to several media reports regarding incidents of abuse of seniors, and to the possibility that hiring processes (e.g., reference checks) might not preclude abusive HCAs from moving to new employers and repeating the abusive behaviour. However, the incidence or prevalence of abuse was typically viewed as low, in keeping with the experience for other health occupations, and some interviewees reported that they were surprised by the establishment of the Registry at the time, i.e., it 'came out of the blue'.

The objectives of the Registry were consistently identified as relating to protection of vulnerable clients and standardization of HCA education with the greatest emphasis clearly given to the protection objective. Most individuals believed objectives are being met while a minority were more hesitant or characterized the objectives as a 'work in progress', particularly in relation to the education objective.

The majority of individuals readily identified and acknowledged benefits flowing from the Registry, including the following:

- An assurance function at time of hire
- Increased recognition for an important occupational group
- Gathering of data regarding actual abuse incidence
- Increased standardization of training
- Enhanced linkages between educators and employers
- Timely and fair investigation process that may also enhance rigour in upstream investigation processes (i.e., licensing and employer processes)
- Cost effective investigation process (relative to arbitration)

Notwithstanding the generally positive assessment of progress against objectives and the recognition of benefits flowing from the operation of the Registry, a significant number of challenges/issues were also identified, including the following:

- Regarding the Registry's scope
 - Mandatory use of the Registry extends only to publicly funded service providers
 - Registry only addresses abuse and leaves other important performance issues unaddressed such as competency
- Regarding the Registry's design / implementation
 - Absence of a statutory basis for the Registry gives rise to privacy issues especially regarding what information can be shared by facilities with investigators, e.g., facilities believe that in the absence of statutory authority they are very limited in their ability to provide, or cannot provide, investigators with access to patient information, personnel information, the findings of related investigations, etc.
 - Inability of the Registry to broadcast disciplinary decisions or changes to an HCA's Registry status despite the fact these workers may have multiple employers.
 - Slow development of educational objectives.
 - No ability to compel reporting of abuse or participation in the investigatory process.
 - Questions about sustainable operating funding.
 - Adequacy of the 'contract' structure and language, i.e., the relation of the Letter of Understanding to the Collective Agreement, the ability of the Letter to bind parties and provide a basis for action, etc.
 - Failure to integrate criminal record checks in the Registry database.
 - Loopholes, e.g., if an HCA resigns before being terminated, the Registry has no authority to investigate
- Regarding the investigation process
 - Introduces an additional dispute resolution layer to the processes already established in the collective agreement and interferes with the latter, i.e., may discourage commitment to the grievance process.
 - Uses an undefined 'scale-of-abuse' that is seen as being tolerant of abuse.
 - Differential treatment of union and non-union shops with respect to investigation costs.
 - Cost may not be lower than those of arbitration in some instances.
 - Occasionally produces findings that conflict with earlier investigation processes such as licensing investigations triggered by the same event.
 - Absence of deadlines once the process begins.
 - Clarity regarding investigator mandate as investigator versus mediator
- Regarding uptake and impact of 'deal making'
 - Employers do not always seem to be aware of the Registry's existence or operating protocols

- Anecdotal reports of employers not reporting abuse incidents or using Registry status as a threat to induce resignation; similarly, unions offering to facilitate resignation in exchange for preserving Registry status
- Regarding Registry governance and role of the AC: Some members of the AC raised questions regarding overall governance of the Registry and the role of the AC.

Desired improvements generally paralleled the identified challenges and issues with a couple of noteworthy additions. One individual noted that the Registry has no policy or process to remove inactive registrants, a situation that might become problematic over time given the size of this occupational group (presently close to 44,000 are registered). Periodic re-registration was identified as a potential solution.

Although no one advocated abandoning the Registry some individuals felt the challenges and issues were sufficient in number and significance to warrant reviewing the purpose / intent of the Registry.

Potential users of the Registry (management)

This respondent group included approximately 21 individuals comprised of health authority and/or facility managers. Although some individuals in this group were involved in pre-implementation consultations regarding the Registry, most have had no direct or regular involvement with the Registry. As might be expected, insight regarding the origins of the Registry is limited but references to media reports regarding abuse and weaknesses in hiring processes were again noted.

The basic objectives of the Registry were again well known with continued emphasis on the protection objective. Positive assessment regarding the degree to which the objectives have been achieved was much more muted in this group but not to the point there was no acknowledgement of Registry-associated benefits. Identified benefits were a subset of those already mentioned including increased recognition for HCAs and the prospect of greater standardization in training. Notably, the assurance function of the Registry was not highlighted as a benefit.

The challenges and issues identified were fairly limited in number and scope and generally amplified items already documented above.

- The issue of investigation costs was again raised but here it was emphasized that these costs represent a new cost to the system as terminations for abuse seldom go to arbitration; in short, the investigation costs, no matter how modest, are not replacing a cost that would otherwise be incurred but rather represent a new cost with no change in outcome. Some were of the view that investigation costs may be impeding employers from reporting abuse cases but it is also clear that not all interviewees were aware that investigation costs are typically shared.
- System alignment (i.e., multiple investigatory streams, conflicting results and tolerance for abuse) was mentioned repeatedly. The continued presence of terminated HCAs on the Registry

as a result of conflicting investigation and/or discipline decisions was seen to be undermining trust in the Registry.

- There were concerns about the impartiality of investigators, investigator skills for interviewing vulnerable clients and the absence of an easy mechanism for annually checking the registration status of potentially large numbers of HCAs.

Desired improvements paralleled the identified challenges/issues to a degree, but there was also significant emphasis on separating the registry status and employment issues in favour of a focus primarily on the former. Enforcement of a 'zero tolerance policy for abuse' (i.e., abuse always results in termination of employment and removal from the Registry) was also emphasized. Where others merely identified a concern regarding a lack of statutory authority for the Registry, many in this group specifically advocated for a legislative framework and a professional regulatory college model.

Although no one advocated abandoning the Registry there was significant opposition to the investigation process as well as anecdotal reports of facility operators' intent to refuse access to Registry investigators. Interviewees were sharply divided as to whether the Registry is meeting their needs and expectations with the most positive suggesting it represents a step in the right direction.

Investigators and managers from investigated sites

This respondent group included 12 individuals: five Registry investigators and seven facility managers who have direct experience with the Registry investigation process. These interviews focused narrowly on the investigation process.

Investigators

Although the investigators are charged with establishing their own investigatory procedures, all provided a similar description of the process followed. They reported little variability across investigations. All emphasized their investigator role (as opposed to being a 'trouble-shooter', for example) and the associated need to identify and interview witnesses and provide verbal and/or written decisions. The relevance of arbitration jurisprudence in assessing the severity (scale) of abuse and determining questions related to Registry and employment status was emphasized.

The investigators generally see 'Appendix A' of the Letter of Understanding as an extension of the collective agreement and are of the view the authority for the process is ultimately rooted in the collective agreement. This view stands in contrast to the opinion of some other interviewees. Nonetheless, some of the investigators hold the view that elements of 'Appendix A' (e.g., the requirement to address Registry and employment status) are somewhat murky and that this murkiness may extend to the authority underlying the process.

In addition to reservations regarding the authority underlying the process, the investigators cited challenges and issues related to their ability to access documents (e.g., licensing reports), and, occasionally, to access witness names and related information. Uncertainty related to privacy issues

extended to the investigators' reports as well and has precluded any detailed discussion or sharing amongst investigators regarding their reports. Employer engagement and preparation and willingness to make witnesses available were also occasional issues.

Desired improvements include greater clarity related to the authority underlying the process and a desire that the authority be rooted in statute; also, language issues in 'Appendix A' could use attention, e.g., Appendix A sometimes references 'termination' without indicating whether the context is registry status or employment status.

Investigated Sites

The investigated sites included a mix of HAs and contracted service providers and spanned a time frame capturing both early and very recent investigations involving most of the five investigators. The 'investigated sites' sample reflected experience gleaned from 12 investigations or about 28% of the investigations undertaken since the Registry was established in January 2010. In some instances 'corporate' HR staff members actively supported facility managers through the investigation process whereas in other cases no such support was available.

Most managers found the initiation of the investigation process less than smooth although those involved in multiple investigations and those with HR support were more positive regarding the initiation of investigations, at least as far as subsequent investigations were concerned. In most cases the investigation process took 3 to 8 weeks to complete, although this depended in part on whether the process also included mediation of the employment relationship. In one instance the process extended to 5 months and in another it was delayed by about a year.

Process delays occurred as a result of routine logistical challenges (e.g., gaining access to witnesses) but, in the most extreme case, employer willingness to comply with the process defined in 'Appendix A' was also an issue. Preparation for an investigation and scheduling of interviews was described as time consuming but overall most individuals (7 of 12 investigations) expressed no discontent with the speed of the process. Similarly, some (6 of 12 investigations) spoke positively regarding their interaction with the investigators while others found them intimidating and vowed never to participate in the investigation process again.

It appears most of the Registry investigations (10 of 12) confirmed that abuse had occurred but in all instances the involved HCA was ultimately reinstated to the Registry. Notwithstanding the foregoing, in no instance did the employer reverse its decision to terminate employment, even in those cases where the investigator was asked to mediate the employment relationship. At issue here is the notion of zero tolerance, i.e., guided by arbitration precedent the investigators have zero tolerance for abuse but are required to ensure discipline reflects the circumstances of a case. Service providers also have zero tolerance but many are of the view that termination of employment is always the appropriate discipline.

Challenges and issues:

- Even employers who were positive regarding the investigation process expressed extreme frustration at the mixing of decisions related to Registry status and employment status.
- The investigation process is viewed as taxing in terms of workload, with most managers receiving little or no support through the process.
- Smaller providers made explicit reference to the fact that HEABC advisors had little insight regarding the Registry and could offer minimal support.
- The zero tolerance issue remains prominent and seemed to be the source of much of the frustration with the investigation process; it was also sometimes characterized as a lack of understanding on the part of the investigators regarding abuse and processes for interviewing cognitively impaired clients.

Desired improvements include:

- Greater education and support for user of the Registry users
- Complete separation of Registry status issues and employment issues
- Clarity regarding privacy issues
- Better definition of processes and timelines
- Opportunity for input into draft investigation reports
- Dissemination of disciplinary decisions

DISCUSSION

This review engaged a small fraction of the total pool of Registry stakeholders but a relatively large proportion of those most familiar with the creation, evolution and operation of the Registry. Most stakeholders saw benefits flowing from the Registry and few made comments that could be interpreted as calling for the demise of the Registry. In short, it seems reasonable to suggest the majority of stakeholders supported the purpose of the Registry if not all aspects of the instrument *per se*.

Most stakeholders saw opportunities for improvement and some saw this as an inescapable consequence of the age and unique structure of the Registry rather than a commentary on its utility or potential. Nonetheless, many expressed significant frustration with certain aspects of the Registry, particularly those most closely related to its protection mandate.⁸

⁸ This review did not explore in any detail the Registry's education-related mandate but spontaneous comments made by stakeholders tended to be more positive than those related to the protection mandate. Some saw the Registry's education-related mandate as being more important than the investigation / discipline process with respect to the long-term effort to prevent abuse.

The discussion that follows does not attempt to address all of the challenges and issues and, more importantly, the implicit opportunities enumerated earlier in this report. Issues such as the absence of investigatory deadlines once the process begins and the desirability of having the Registry assume responsibility for criminal record checks may well have value and those responsible for the Registry should not lose track of them. However, there are substantive ‘core’ issues that reflect the major frustrations expressed by stakeholders and that require attention first:

- Registry model
- Governance
- Protection of the vulnerable
- Investigation process

Registry model

The Registry represents a relatively novel approach to enhancing the accountability of HCAs and their employers for abusive behaviour while also addressing real or perceived deficiencies in traditional hiring practices (e.g., the failure and/or unreliability of reference processes). The Registry also has an important education-related mandate but stakeholders confirmed that the protection mandate was the primary consideration in the decision to create the Registry.

The Registry is unique in that it is the product of a negotiation process and, more specifically, its key processes exist by way of a Letter of Understanding as opposed to more formal regulatory structures. Many stakeholders are of the opinion that a more traditional regulatory structure (i.e., a regulatory college) would be desirable. The basis for this opinion is unclear but may be rooted in mistaken impressions regarding the efficacy of such structures or the possibility of transferring costs from employers to HCAs.

Although a complete discussion of the subject is beyond the scope of this report, there is little evidence to suggest that regulatory colleges offer superior protection to the public. Criticisms regarding colleges’ ability to ensure the competence of members and the handling of public complaints regarding members are very common. Further, there is evidence that, at least historically, restrictive forms of regulation have contributed to system inefficiency, human resource constraints and increased costs.⁹

There are various tests for assessing the need for formal occupational regulation. In their least complex form they focus on whether the benefits of regulation outweigh the costs and whether regulation will substantially reduce the threat of harm. It seems likely a proposal to regulate HCAs would fail one or both of these tests. Others have used more exhaustive criteria to address this question in detail and have concluded that regulation of this occupational group is not justified, e.g., Ontario Health Professions Regulatory Advisory Council. Normally this would close the door on discussions regarding

⁹ For a discussion of occupational regulation see: Manitoba. Law reform Commission. 1994. *Regulating Professions and Occupations*. Available at: http://www.manitobalawreform.ca/pubs/pdf/archives/84-full_report.pdf

regulation because only two options typically exist, college or no college. The Registry model represents a novel pursuit of middle ground.

The Registry is a relatively low cost alternative (approximately \$11 per registered HCA) which seeks to bind employers while potentially imposing serious sanctions on abusive HCAs; namely, the inability to work in the public sector.

‘Regulatory’ instruments can be ranked in terms of their flexibility and enforceability characteristics. For example, guidelines are flexible and easily modified to reflect system changes but they are not particularly enforceable. Most statutory instruments are just the opposite; relatively inflexible but highly enforceable.

The Registry model offers relative simplicity and flexibility – but at the expense of enforceability. Importantly, the further one attempts to extend the reach of the Registry and the more heterogeneous¹⁰ the encompassed organizations, the more acute the enforceability issue becomes. To be successful, the Registry must find ways to overcome the enforceability issue, where enforceability is understood to mean the ability to compel compliance with Registry policies etc. In the case of publicly-funded service providers this is supposedly addressed by way of funding agreements between HAs and providers.

This review did not examine the contract provisions currently in place but there is reason to doubt they are sufficient. Many stakeholders questioned the Registry’s source of authority and there were multiple comments regarding failure to report incidents of abuse as well as threats from employers to boycott investigation processes and/or actively refuse access to Registry investigators.

In a similar vein, stakeholders repeatedly raised questions and offered divergent opinions regarding the nature of ‘Appendix A’. Some expressed the view that ‘Appendix A’ is a part of the collective agreement and probably should be formally incorporated, while others were adamant this is not the case. For some the authority underlying the investigation process is at stake.

Those holding the view that ‘Appendix A’ is part of the collective agreement argue that, as a result, the Labour Code provides the legal authority underlying the investigation process and overcomes a host of issues related to privacy, the ability to compel evidence, etc., at least as far as employers covered by HEABC are concerned. Nonetheless, the advocates of this perspective are tentative in their opinion which points to an important need for clarification.

¹⁰ The most important contributors to heterogeneity are probably the presence or absence of a collective agreement and public sector versus private sector (contracted or non-contracted). Where collective agreements exist, the form of those agreements (sector-specific versus facility-specific) is also important.

Clarifying the nature of 'Appendix A' may help to address some privacy issues but the Registry needs to be proactive in providing clear guidance on this matter. If this has occurred, the effort does not seem to have produced positive results.

Governance

Governance was not a common theme in interviews with stakeholders but a few individuals made comments regarding the AC and/or the connection between the MOH and the Registry. Comments regarding the AC were mixed with some stakeholders expressing positive views and others questioning its utility or functionality.

The AC is, as the title suggests, purely advisory in nature. The one area where the AC is portrayed as having some decision-making authority is in relation to the establishment of a roster of approved investigators. This perception may be in contradiction to the contents of Appendix A which stipulates that investigators can be replaced by the Registry provided HEABC and the unions are in concurrence.

A review of AC minutes indicates consequential issues are discussed (e.g., notifying employers regarding the names of HCAs struck from the Registry) but seemingly tabled due to lack of consensus or on the assumption the Registry is not authorized to act on the issue. Registry staff members indicate that issues are discussed with the MOH but are also quite frank regarding their inability to proactively make policy decisions or changes. The constraining factor is the negotiated nature of the Registry. Notwithstanding the Registry's assurances, it is not evident that clear and appropriate escalation processes exist to move important or challenging issues beyond the AC.

Identifying an appropriate governance structure for the Registry may be a challenge, given its negotiated nature; however, at a minimum a clear process should be identified for logging issues, developing options papers, and bringing forward issues on those occasions when negotiations are re-opened. It is not clear who this task should fall to but it is almost certainly not the AC whose own mandate might be impacted as a result.

Protection of the vulnerable

The first mandate of the Registry is the protection of vulnerable patients / residents / clients. More specifically the Registry is:

- To provide a database of credentialed ("registered") HCAs eligible for employment in publicly-funded organizations and settings.
- To create a common process for employers in reporting and investigating patient, resident and client abuse complaints.

- To suspend from the Registry, and/or permanently remove from the Registry after the completion of the appeal process, any HCAs who have been terminated by the employer for just cause for patient, resident or client abuse.

While the education-related mandate of the Registry is undeniably important, the protection mandate is the metric the Registry is most likely to be measured against. This was evident in the overwhelming majority of interviews with stakeholders and would almost certainly be foremost on the mind of any individual or family impacted by an abusive HCA.

Stakeholders were generally somewhat harsh in their assessment of the Registry's performance in terms of the protection mandate. While their judgment has merit it is very difficult in some instances to disentangle from personal reactions to investigation decisions and the associated discipline in those instances where abuse was confirmed.

Viewed dispassionately there is evidence that the Registry is contributing to the protection of vulnerable clients. A database of credentialed HCAs has been established as have reporting and investigation processes. In addition, 29 HCAs have been permanently removed from the Registry and thus banned from working in the public sector while at least another 18 have been subject to some lesser form of discipline.

However, the Registry's protection mandate can also be seen as severely restricted. A partial list of issues includes:

- *Restricted jurisdiction:* Although the Registry may be free to oversee HCAs working in the private sector only the public sector is compelled to use the Registry. For all intents and purposes, the Registry's jurisdiction is restricted. To date the Registry has registered almost 44,000 HCAs with more than 40% of those working in the private sector. Some private operators require their workers to be registered but they do not participate in the investigation process; therefore there is a real risk that the Registry is providing a 'blind' assurance function regarding the employability of private sector HCAs by including them on the Registry.
- *Oversight scope:* The Registry's oversight role in abuse cases is at best a passive and narrow one. The Registry is actively involved only if invited and only in instances where an HCA is terminated for abuse. Any allegation of abuse that is resolved through the normal grievance process or that does not result in termination of employment is merely reported to the Registry and largely outside its purview. Since the Registry was established almost 50% of reported abuse allegations have been resolved outside the Registry's investigation process. No substantive information is available regarding the disposition of these cases but some of them involve the reversal of terminations which, in some minds, raises questions regarding whether potential 'deals' are being negotiated that leave an employee's Registry status intact.
- *Reporting Registry decisions:* The Registry is not permitted to broadcast the Registry status of HCAs to employers. Changing this practice would be complicated in part because the consent forms signed by registrants appear to preclude the sharing of such information. At issue here is

the simple fact that an HCA cannot be deemed a risk in one setting and not in others. Failure to broadcast suspensions and/or removals from the Registry represents the most fundamental failure conceivable in a system intended to protect vulnerable clients.

The investigation process

The investigation process is laid out in 'Appendix A' which is an appendix to the Letter of Understanding establishing the Registry. The investigation process can only be initiated by a union or an employee and only in cases where the employee has been terminated for abuse.

The investigation process is a concern for many stakeholders but for varying reasons. Investigators have confidence in their application of the process and are very well qualified for the task but have many concerns regarding the nature of "Appendix A (already addressed in this discussion) and its wording."¹¹ Employers have significant concerns regarding the application of the process and, most specifically, its cost, its perceived incursion into employment decisions, and its outputs.

'Appendix A' is a more complicated and nuanced document than it first appears. It occasionally provides challenges for the investigators and, depending on its interpretation, may be the source of some of the employer frustrations that are typically blamed on the investigators. Most investigators noted ambiguity in 'Appendix A' wording. Specifically, the word 'termination' is sometimes used in reference to employment and sometimes in reference to an employee's Registry status. Investigators also expressed confusion over the requirement to address both Registry status and employment status.

One perspective is that the investigator must address Registry status and must offer to assist with the employment relationship, an offer which can be denied. It appears employers only accept the investigators' offer to mediate the employment relationship about 50% of the time and that the outcome of the process is seldom anything other than an agreement to end the employment relationship. In fact, despite the low uptake and the minimal impact on outcome, 'Appendix A' actually obligates the investigators to recommend in writing (with reasons) whether the decision to terminate employment should be sustained or not [12(g)(i)]. This is a major irritant for many stakeholders but a careful review of 'Appendix A' makes the primacy of the employment issue evident [see also 12(d) and (e)] except where no union is involved. In the latter case, even if the employee was a member of a union at time of termination, 'Appendix A' imposes no obligation on the investigator to speak to the termination decision.

Two issues remain:

- Costs
- Outputs, where outputs refer to disciplinary decisions other than removal from the Registry.

¹¹ It should be noted that the investigators had no role in the development of 'Appendix A'.

Stakeholders from the employer group are of the view that a commitment was made that the Registry investigation process would entail no cost or be cost neutral. The simple reality is that an agreement was negotiated by those authorized to represent the parties and a decision was made to perpetuate the industry norm regarding the splitting of costs related to dispute resolution processes. In the 3 years since the Registry was established roughly \$262,000 has been spent on Registry investigations. Meanwhile, HEABC notes that arbitrations related to HCAs have declined from an average of 11 per year in the 3 years prior to establishment of the Registry to a current average of 3 per year.

In light of the industry norm and given a belief that 'Appendix A' is linked to the collective agreement, this review does not recommend any major change regarding cost sharing of investigations. It is worth noting that, were the focus of the investigation process to shift solely to a determination of Registry status, cost sharing would not parallel other 'regulatory' regimes and the cost burden might appropriately fall solely to the Registry. In the meantime, the equity of cost sharing policies should be reviewed in the context of the additional costs incurred by facilities outside the Lower Mainland for several reasons: (a) currently all five of the investigators are based in Vancouver and (b) there is an inconsistency with cost sharing relief offered to non-unionized employers.

Many stakeholders perceive the investigation process as being tolerant of abuse as investigation decisions speak of a 'scale of abuse' and sometimes impose lesser penalties than employers deem fit. The notion that anyone would abuse a vulnerable client evokes strong responses but legal precedent (i.e., arbitration jurisprudence) dictates that not all abuse is equal and punishment must be proportionate. The investigators are well qualified and familiar with the relevant jurisprudence; further, their decisions are not capricious but rather very likely similar to what an arbitrator would find.

Finally, despite the expressed disappointment of stakeholders in regards to the punishment imposed, it seems highly likely a 'scale of abuse' is in active use outside the investigation process. As noted earlier, almost 50% of the allegations of abuse reported to the Registry were resolved without recourse to the Registry. All of these cases were initially reported to the Registry as HCA suspensions or terminations and in all cases the HCA was reinstated to the Registry essentially at the direction of the employer (i.e., the employer advises the Registry that the HCA has been reinstated and the Registry reinstates the HCA to the registry). Assuming that not all the suspensions / terminations were unfounded and that employers are not actively pursuing 'deals' that facilitate termination while permitting abusive HCAs to remain on the Registry, a scale of abuse is likely in operation (i.e., employers are imposing lesser forms of discipline) and the Registry process cannot be characterized as being an outlier.

RECOMMENDATIONS

The mandate for this review focussed on (a) identifying strengths and weaknesses of the Registry as it currently exists and (b) developing recommendations regarding courses of action the MOH *could* consider on a go-forward basis. Our mandate did not extend to determining the fate of the Registry or redesigning the Registry. Some might see this as a limitation of the review but we would disagree.

With regard to the fate of the Registry, stakeholders were almost unanimous either in their support for the Registry or, if not the Registry *per se*, then the intent of the Registry. The fate of the Registry is therefore not as big an issue as might first be thought – the design of the Registry is of more relevance. On the latter point we would argue that ‘form should follow function’ and that the task for this review was to identify issues to be addressed by the MOH, the product of which will inform design.

With the foregoing in mind we make the following recommendations:

Recommendation 1: The MOH should review the suitability of the enabling framework under which the Registry exists/operates (i.e., the Letter of Understanding and ‘Appendix A’) with particular attention to mandate clarity/focus; implications for the Registry’s scope (e.g., inclusion of private sector employers/employees); and ability to ensure the participation of employers and HCAs.

Recommendation 2: The MOH should ensure an appropriate governance structure exists for the Registry and that, within the context of the Registry’s enabling framework, it is vested with the necessary authority to pursue the Registry’s objectives and to establish a management structure charged with implementing strategic direction, developing operating policy/procedure, etc.

Recommendation 3: The MOH should take steps to redress current gaps in the Registry’s protection mandate. Minimally this would include: addressing the exclusion of private sector HCAs; establishing an oversight role related to abuse accusations handled outside the Registry’s investigation process; eliminating loopholes (e.g., resignation of an accused HCA) that frustrate the Registry’s ability to investigate; broadcasting Registry suspensions to employers; and compelling HCA registration as a condition of employment and employer participation in Registry investigations, etc.

Recommendation 4: The MOH should review the Registry’s funding model with a view to ensuring a sustainable funding base as well as an equitable allocation of expenses. Given that the Registry’s intent parallels, in some dimensions, the function of a regulatory college, and given that the Registry’s creation is in part a response to failed human resource processes, charges to registrants and employers cannot be precluded. Existing inequities related to investigation costs (e.g., higher costs for facilities geographically distant from investigators and no costs for non-union facilities) should also be addressed.

LIMITATIONS OF THE REVIEW

- The Registry is young and therefore the documentation available was limited. Also, BC is the first in Canada to develop such as registry therefore there were no other examples to learn from.
- Issues surrounding the Registry include some that are very sensitive and privacy and confidentiality were important. This meant that interviews with investigated HCAs and patients and their families were not possible.
- The timeline for review completion was limited as the MOH committed to a short turn-around period. This necessarily limited the number of people who could be interviewed, although more than 50 participated in interviews and gave generously of their time. This also narrowed the scope of the review to a focus on investigation processes with minimal exploration of topics such as resources, education and training programs, and criminal records checks.

Appendix 1: Documents employed for the Review

Document description	Date produced
"Care Aide Registry Review For Discussion" background document	July 24, 2012
Registry Terms of Reference	June 28, 2009
HR Departments from Val St. John (called "Initial letter to HEABC")	January 2010
Agreement APPENDIX A: Process for removal from the Registry	January 2010
Letter of Understanding among HEABC and bargaining associations	February 2010
Registry – Description & role and mandate & Advisory Committee Terms of Reference	June 2010
DRAFT #4.1a – "Care Aide Registry – phased approach"	September 2010
Health care assistant program standards for delivery of the BC HCA curriculum	June 2011
Qualification recognition for applicants to the Registry: Recommendations	June 2011
Approval process for BC health care assistant programs	June 2011
BCCPA AGM resolutions for 2011	2011
BCCPA AGM resolutions for 2012	2012
Registry Background on 2012/13 Development (figures current as of January, 2012)	August 9, 2012
Briefing Note: Update on Creation of Care Aide/Home Support Registry	December 2008
Briefing Note: BC Care Aide and Community Health Worker Registry	July 2010
Letter to Minister from Ed Helfrich, BCCPA (re the review)	June 26, 2012
Response to Ed Helfrich from Sharon Stewart	July 27, 2012
Letter to Minister from Bonnie Pearson, HEU	July 10, 2012
Response to Bonnie Pearson from Sharon Stewart	August 20, 2012
Letter to Minister from Darryl Walker, BCGEU	August 22, 2012
Occupation benchmarks for collective agreements	1987 & other
Minutes of meetings of the Advisory Committee	2010, 2011, 2012
Protocol letter for employers when an investigator has been appointed	2012
Registry update as of August 2012	September 2012
Historical case of abuse – record of investigation	1982
Advertisement for investigators	2012
Ombudsperson's Report "The Best of Care: Getting it right for seniors in BC" (Part 2): http://www.ombudsman.bc.ca/images/pdf/seniors/Seniors_Report_Volume_2.pdf	February 2012
Globe & Mail interview with BC Health Minister: http://www.theglobeandmail.com/news/british-columbia/bcs-elder-caregiver-registry-to-face-review/article4358946/	June 20, 2012
Care Aide Registry website: http://www.cachwr.bc.ca/	2012
Improving care for BC seniors: An action plan: http://www2.gov.bc.ca/assets/gov/topic/AE132538BBF7FAA2EF5129B860EFAA4E/pdf/seniorsactionplan.pdf	2012

Appendix 2: Questions that guided the interviews

2A. Registry Advisory Committee members and other key stakeholders

1. What is the nature of your involvement with the Registry and how long have you been involved?
2. Do you have any insight into what led to the establishment of the Registry?
3. What do you understand to be the primary objectives of the Registry and have these been met?
4. What benefits flow from the Registry?
5. What challenges/issues have you encountered regarding the Registry?
6. What improvements would you make to the Registry and why?
7. Overall, is the Registry meeting your needs/expectations?

2B. Registry investigators

1. How long have you been involved in the registry investigation process?
2. How many investigations have you completed?
3. What investigatory process do you follow?
4. What do you see as the primary objective of the process?
5. Does your process vary from investigation to investigation?
6. Is there any coordination among investigators and the processes used?
7. What challenges or issues have you encountered?
8. What improvements would you make?

2C. Investigated sites

1. What was the general nature of the incident that led to the investigation?
2. In what year did the investigation occur?
3. Who was the investigator?
4. Regarding process initiation...did you receive a clear explanation re process and its initiation?
5. Regarding the investigation...how long did the process take?
6. What was the outcome of the investigation?
7. What challenges or issues emerge from your experience with the process?
8. What changes would you make to the process?