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Hon. Kevin Falcon  
Minister of Health Services  
Room 337  
Parliament Buildings  
Victoria BC V8V 1X4

Dr. Nigel Murray  
President and CEO  
Fraser Health Corporate Office  
#300 – 10334 – 152A Street  
Surrey BC V3R 7P8

Dear Minister Falcon and Dr. Murray,

We are writing with regard to the recent death of Mr. Porteous, a resident of a residential care facility (Maple Hill Centre - Langley Memorial Hospital) in the Fraser Health Authority.

We appreciate that media reports are not necessarily complete or accurate. However, this incident is most troubling and we hope that a thorough investigation will be undertaken to determine what happened and how different actions might have led to a better outcome.

May this sad situation serve as a learning experience for all those who share responsibility for the care of ill, disabled elders in British Columbia residential care facilities. And, may it be an impetus to review protocols, standards of practice and policies related to intravenous therapy in long term care as well as staffing models to ensure provision of adequate numbers of health care professionals with the qualifications, skills and support needed to provide timely and appropriate resident care.

Specifically we have concerns about:

## **1. Care Plans and their implementation**

- There is a need for current 'Care Plans' that reflect both standards of best care practice and the specific care needs of each resident. However, Care Plans alone, are not sufficient. Care Plans must also specify that strategies are to be implemented by qualified staff.

*Given the age of this resident and his diagnosis of diabetes, an individualized Care Plan would have been expected to highlight the need for foot care, including close monitoring for any sign of injury. Wound care typically specifies the required frequency of dressing changes.*

*The media reports would suggest that this resident may not have received comprehensive and timely nursing assessment, nor, appropriate wound management to mitigate worsening of the condition. We understand that his condition would have been exceptionally painful and with a foul odour as it reached the gangrenous stage - and that the pain, discomfort and odour are important symptoms of an underlying condition that requires diagnosis and appropriate treatment.*

## **2. Intravenous therapy in long term care**

- There is need for an immediate review of the availability of intravenous treatment as recommended by a physician (either as a palliative or curative measure) for a resident in long term care in British Columbia.

*It is noted that there are examples of intravenous treatments provided to residents in residential care facilities via acute care hospital 'outpatient' services – with daily transfer of the individual. Also, there is precedent for treatment made available to those at home, provided by Home and Community Care with the assistance of a visiting nurse.*

*Surely, with the necessary 'goodwill', arrangements can be made to afford equitable access to intravenous treatment for those in residential care in British Columbia, given that the residential care facility is their home. Where this is not possible, facilities (and qualified health care professionals) should consider the option of transfer to hospital.*

We were disheartened with the response of Dr. Michael McBryde to this situation. While it may be true that the resident would have died anyway – as will we all someday, principles related to the provision of compassionate and ethical care would suggest that at best, the worsening of his condition may have been prevented through timely and appropriate care and at the very least, his lived experience would have been less painful through timely and appropriate care measures. Neither of these standards was apparently met in this case.

There is an expectation that those ill and frail elders who enter residential care in B.C. will receive quality care and be able to enjoy a decent quality of life in accordance with best practice knowledge and standards, resident-focused care and their Bill of Rights.

In this regrettable situation, this seems not to be the case.

For many, this has become another example of a British Columbia residential care facility, not yet, truly meeting its many obligations around quality of care and life in residential care facilities.

And, we note the statement in the joint letter of January 7, 2010 from the Ministers of Health Services and Healthy Living and Sport, to the Ombudsperson of BC: “Government is committed to promoting the health and well-being of vulnerable persons in care, and will follow up with each health authority to ensure that any substantiated complaints are addressed.”

We are hopeful that a full investigation will be launched to determine the underlying causative factors pertaining to this case, and that recurrence of such a tragic situation can be prevented.

We strongly recommend that effective immediately, serious consideration be given to promptly implementing policies and practices that provide for equitable access by residents of residential care facilities in British Columbia to intravenous therapy recommended by physicians, for curative or palliative treatment, as a matter of best care and ethical practice.

Would you please advise us of the action taken by the Fraser Health Authority and the Ministry of Health Services to investigate this situation. As well, we would like to know what measures will be initiated and when, to help prevent recurrence of any similar situation in residential care facilities in British Columbia.

Thank you for your attention to this most troubling matter. We look forward to your response.

Kathleen Hamilton  
President,  
for, the ACR Board

cc Patient Care Quality Office, Fraser Health Authority  
K. Carter, Office of the Ombudsperson for BC