COMMUNITY LIVING
BRITISH COLUMBIA

FAQ: CLBC's Response to the Coroner Inquest's Recommendations 9 and 10 on Health Care Definitions

Contents

1) What is the purpose of this FAQ, and who is it intended for?

This FAQ provides information for CLBC contracted service providers, CLBC- eligible adults[1], families and/or support networks on CLBC's phased, interim response to two of the 2025 Coroner's Inquest recommendations, specifically 9 and 10 on health care definitions.

The guidance is intended, in part, for unregulated care providers (such as community support workers) who are responsible for implementing an individual's support outlined in Health Care Plans and Care Plans. Regulated health professionals (for example, medical doctor, nurse practitioner, registered nurse etc.), who develop and oversee these plans may use different terms to describe them.

2025 BC Coroner's Inquest

2) What is the Coroner's Inquest, and what recommendations did the jury present to CLBC?

In January 2025, the BC Coroners Service held a public inquest into the 2018 death of Florence Marie Girard, a CLBC eligible individual, who died while receiving care in a CLBC funded agency coordinated home share. A Coroner's inquest is a non-fault-finding public inquiry that serves three primary functions:

- To determine the facts related to a person's death
- To make recommendations, where appropriate, to prevent deaths in similar circumstances, and
- To ensure public confidence that deaths are fully and transparently examined.

After the public inquest concluded, the jury issued recommendations to CLBC with a focus on proactive oversight, transparent standards, and enhanced safeguards in the home sharing program. Some recommendations targeted the broader government support

[1] This document uses the terms CLBC-eligible adult, individual and person interchangeably to describe people who are eligible for and are receiving CLBC funded services.

system and were directed to the Ministry of Health and the Ministry of Social Development and Poverty Reduction.

3) What are recommendations 9 and 10 of the Coroner's Inquest asking CLBC to do?

Of the 11 recommendations that the Coroner's Inquest jury presented to CLBC, recommendation 9 and 10 recommend CLBC to:

- Add definitions for Health Care Planning and Health Care Plans to the *Standards for the Coordination of Home Sharing. (*#9)
- Add a definition section to the *Standards for Home Sharing* similar to the *Standards for the Coordination of Home Sharing*. (#10)

4) What steps has CLBC taken so far to clarify and strengthen definitions of 'Health Care Plan' and 'health care planning' in CLBC's *Home Sharing Standards* and the *Standards for the Coordination of Home Sharing*?

Since the Coroner's Inquest in January 2025, CLBC has been working on the jury recommendations and determining the most appropriate path forward with input from CLBC's interest holders. Consultation with CLBC staff, the BC CEO Network, contracted service providers, Health Authorities, and regulated health professionals, helped CLBC draft and incorporate definitions for Person Centred Plan, Health Care Plan, and Care Plan, (which is based on and aligns with Community Care Licensing's definition), into both sets of standards. This will ensure that everyone involved in supporting CLBC-eligible adults living in home sharing arrangements have a consistent understanding of key terms.

CLBC is using the term 'Health Care Plan' rather than 'health care planning' to minimize confusion among service providers, staff, families, and/or support networks. This is because health, safety, and well-being are already part of CLBC's broader person centred planning process. CLBC defines Person Centred Plan as a general umbrella term that includes health care planning as one component of planning in addition to identifying goals, support needs, and support strategies to support service delivery.

More information on CLBC's response to the Coroner Inquest's recommendations can be found here: CLBC's response to Coroner's inquest and next steps - Community Living BC.

5) Why is CLBC proposing a phased approach to the introduction of health care definitions?

Some terminology, such as Health Care Plan, is distinct. However, the term 'health care planning' is closely linked to CLBC's broader person centred planning, and introducing new

definitions without aligning them to related policies could create additional confusion for CLBC staff, service providers, eligible adults, families, and/or support networks.

Using a phased approach will enable CLBC to:

- Address any immediate confusion right away
- Continue engaging with sector partners (for example, BC CEO Network, service providers, regulated health professionals), and
- Align all related policies and standards over time, creating lasting consistency and clarity.

6) Which documents will contain these definitions during this interim phase?

CLBC will include these new definitions in the *Standards for Home Sharing*, and the *Standards for the Coordination of Home Sharing* during this interim period. CLBC will complete the full alignment work and share more detailed information once the final phase is completed.

7) Will clarifying this terminology result in any new expectations for service providers?

No. Clarifying these terms will not create any new requirements for service providers. CLBC's response to the BC Coroner Request's recommendations #9 and #10 is meant to ensure consistent language and understanding among CLBC's sector partners, eligible adults, families and/or support networks). It does not create new responsibilities or modify current requirements for service providers. Rather it helps ensure consistent language and shared understanding among key sector partners and CLBC interest holders.

Over the next year, CLBC will continue consulting with sector partners and reviewing all affected policies and standards in preparation for the final phase of this work. This phase will focus on aligning terminology across documents and tools while avoiding any unnecessary burden on service providers.

8) How does consistent and aligned terminology help improve supports for eligible adults, their families and/or support networks?

Establishing clear, consistent health-related terminology will improve supports for eligible adults, their families, and/or support networks in several ways:

- **Improved understanding**: Eligible adults, families and/or support networks will have a better understanding of the purpose of each plan, what information it includes, and what to expect from CLBC, service providers, and health teams.

- **Consistent language across systems**: Aligning language across systems – health teams, CLBC and service providers – will ensure the same language is being used, reducing confusion, misunderstandings, and duplicated conversations.
- **Better coordination of supports**: Clearer terminology will help ensure an individual's health needs, personal goals, and daily disability-related support needs are considered together rather than in isolation.
- **Better navigation of systems**: Eligible adults, families, and/or support networks will be able to identify which plan addresses which type of support making it easier to navigate services and advocate for their family member's or support network's needs.
- **Consistency:** Standardized terminology across different systems promotes consistent practice and reduces ambiguity about roles and documentation expectations, leading to safer and more reliable care.

9) How will service providers be supported to implement CLBC's phased response to the 2025 Coroner's Inquest recommendations 9 and 10?

As part of CLBC's phased response to recommendations #9 and #10, CLBC has developed this interim FAQ document and examples of what these different types of plans look like and the type of information they contain. Once CLBC completes alignment of all relevant policies and standards, an updated FAQ and any necessary guidance documents will be released.

Person Centred Plan

10) How does CLBC define Person Centred Plan?

A Person Centred Plan is a general term used to describe a documented, individualized planning process that identifies the individual's desires and wishes, goals, and support strategies used in service delivery. Person Centred Plans address key quality of life domains such as emotional and physical well-being.

11) What information can be found in a Person Centred Plan?

Person Centred Plans are self-directed or informed by people in an individual's life who know them best and consider all aspects of a person's life. This plan may outline:

- Personal care preferences
- How they want to spend their money
- Activities they enjoy and how they like to spend their days

- How their well-being is attained (for example, safeguards, quality of life, social connections etc.)
- Whether they are employed or are seeking employment, and
- Set goals.

There are many related terms that draw on the principles of person centred planning, such as individual service plans and individual or personal support plans. Refer to *Standards for Home Sharing*, and the *Standards for the Coordination of Home Sharing* for more information about person centred planning.

Care Plan

12) What is the definition of Care Plan?

A Care Plan is defined in Section 81 and 82 of the Residential Care Regulation under the *Community Care and Assisted Living Act*. It is a document that describes a personalized and documented care approach that must be developed within 30 days of a person residing in a licensed facility (for example, a CLBC funded staffed living home).

13) What types of information can be found in a Care Plan?

A Care Plan is a key document outlining how to effectively care for and meet the unique needs of an individual. It is developed with the person or their representative, and must:

- Reflect the individual's unique abilities, needs (including physical, social and emotional), and cultural or spiritual preferences, and
- Provide information on prescribed areas such as how medication is taken, behavioural support, restraint use, oral health, nutrition, recreation and leisure, fall prevention, elopement risk[2], and any relevant legal or mental health condition.

14) Why are Care Plans important?

A Care Plan outlines how to meet the individual's unique needs by capturing all relevant information about their situation in one comprehensive document. Given that people in licensed facilities often have complex health care needs that may be supported by multiple caregivers, a Care Plan serves as a communication tool between the person, their support system, and care providers. A Care Plan also ensures that any changes in a person's health requiring adjustments to their care are consistently communicated to everyone. Care planning is essential to enhancing safety and reducing the risk of harm to the person.

[2] This term refers to the risk that a person will leave a safe, supervised, or designated environment without permission or without being noticed, potentially putting themselves in danger.

15) How is a Care Plan developed?

A Care Plan is developed using multiple sources including the person supported (and/or family, or person appointed to make health care decisions on the person's behalf), staff from the care facility or other service agencies, and regulated health professionals. For example, a Registered Dietician may recommend a heart healthy diet, or an Occupational Therapist may provide an information sheet for using a walker.

Additional recommendations from regulated health professionals may be incorporated into the content of the Care Plan.

While some services may have a template for a Care Plan and a set of procedures for developing one, others may have a less formal process. Care Plans vary, as each person's needs are unique and are developed through an individual planning process.

16) Do Care Plans apply in unlicensed settings?

Yes. In unlicensed settings, such as a CLBC funded home sharing arrangement, Care Plans should be created and implemented using the same principles outlined in the Residential Care Regulation.

CLBC recommends following a similar approach to care planning, regardless of care setting to ensure the individual's unique needs are considered.

Health Care Plan

17) How does CLBC define Health Care Plan?

Health Care Plan is a term used to describe a clinical document developed by a regulated health professional to address a person's specialized health care needs that require health professional oversight. Health Care Plans specify the actions, interventions, and required documentation to provide safe, effective and compliant care in accordance with applicable standards.

18) What types of information can be found in a Health Care Plan?

Health Care Plans can include issue specific protocol or guidelines (for example, bowel regime or seizure protocol), as well as emergency protocols, and required progress monitoring for the person's health status or functioning.

While the exact content differs depending on the person, a Health Care Plan typically includes:

- Current health status (for example, current diagnoses, related symptoms or health concerns)

- Medications and treatments (for example, insulin, required medical treatments or procedures)
- Clinical care instructions (for example, G-Tube feeding, seizure management, bowel regime, diabetes care, emergency response steps, etc.)
- Roles and contact information (for example, for regulated health professionals who are responsible for specific tasks, and the primary care provider.), and
- Review and update cycle (for example, when the plan was last updated and the timeline for the next review, etc.).

In some situations, multiple Health Care Plans may be active at the same time when different regulated health professionals are addressing distinct health needs. Health Care Plans developed by regulated health professionals form an important part of a person's care plan in both licensed and unlicensed settings.

19) What is a delegation of task, and if one exists, where is this information documented?

A delegation of task is when an authorized regulated health professional delegates the performance of a restricted activity, or an aspect of practice to an unregulated care provider (for example, a community support worker). The mechanism to 'delegate' can only be used if authorized in the delegating regulated health professional's regulatory college bylaws (B.C. Ministry of Health 2024). [3]

When a delegation of task is determined to be appropriate, detailed instructions are included in the Health Care Plan. Regulated health professionals provide training for each staff member who will be executing the task and maintaining oversight to ensure the individual's safety.

20) Who is responsible for implementing Health Care Plans and following up with regulated health professionals when updates or training are needed?

Service providers are responsible for implementing Health Care Plans and contacting the responsible regulated health professional(s) if any protocols or guidelines require review or additional training.

The regulated health-professional documents the plan of care and determines timelines for reassessment and review.

[3] Interpretive bulletin on scope of practice, restricted activities, and the use of delegation and other authorizing mechanisms.)

21) Who can consent to a Health Care Plan?

Under BC law, all adults (19 years and older) are presumed capable of making their own health care decisions unless assessed otherwise by a regulated health professional. If a regulated health professional determines the adult incapable of giving informed consent, consent may come from a legally authorized substitute. For a more detailed description about who is legally authorized to provide substitute consent, refer to this linked overview, developed by the Public Guardian and Trustee of British Columbia.

> Paid caregivers - for example, home share providers or community support workers - **cannot** consent to a person's health care decisions.

22) Where can I find a quick overview of the purpose of each plan and how they relate to one another?

Here is a table outlining the purpose or role of each type of plan and how the different plans compare to one another:

Plan	Purpose / Role	How It Works with the Other Plan
Person Centred Plan	The **"why and what matters"** It captures the person's goals, values, preferences, and life direction.	Sets the **overall direction**. The Care Plan and Health Care Plan should align with and support what matters to the person.
Care Plan	The **"daily how"** It operationalizes supports across caregivers, describing how daily routines, safety needs, and wellbeing will be supported.	Translates the Person Centred Plan into **day-to-day actions**. It may consider/include clinical requirements from Health Care Plans to ensure safe delivery of supports.
Health Care Plan	The **"clinical how"** Provides clinical protocols, monitoring requirements, and any delegated tasks needed to keep the person safe.	Supports the Care Plan by providing the **clinical instructions** that caregivers follow, ensuring that supports are both person aligned and clinically safe.