

## **Biffard, Bev HLTH:EX**

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**From:** Cuthbertson, Lena [PH] <lcuthbertson@providencehealth.bc.ca>  
**Sent:** Saturday, April 16, 2016 10:36 AM  
**To:** Mackenzie, Isobel HLTH:EX; Ronayne, Bruce HLTH:EX  
**Cc:** Parsons, Lillian [PH]; Wallace, Bianca M HLTH:EX  
**Subject:** FOR REVIEW: LTC MFV Cover Letter Draft & FOR YOUR INFO: FINAL C00825 BCCSS BC Long Term Care Sector Survey Contract  
**Attachments:** OSA Res Care 2016 Cover Letter\_Draft 1 (April 16, 2016)LNC.docx

Great news, Isobel et al! Our vendor negotiations for your Res Care survey were concluded yesterday!

This email covers three topics: provides an overview of the contract and immediate next steps, asks for your review of the cover letter for the MFV survey, and provides you a short bio of Dr. Walter Woodchis.

### **CONTRACT:**

In anticipation of a successful conclusion...Lillian and I met yesterday with NRCC's VP Canadian Partnerships, Director of Client Operations, and the TWO Project Managers assigned to this project; the Senior VP based in Lincoln Nebraska called us to express her enthusiasm for the opportunity to work with us. We have worked previously with one of the Project Managers...and she is FABULOUS. s.13  
s.13 then I am confident that they will work very hard to meet our needs and deliver a high quality survey.

In addition to data capture, collation and reporting...we negotiated:

-5 Trainers (to be called Regional Training Leads) salaries to be paid by NRCC and each RTL to be "matched" to one of our REL's by HA to work up to 30 hours per week for the duration of the project; the RTL's will be folks Lillian and her Volunteer Resource Managers identified through the postings for the REL's (which yielded (at last count) 82 applicants: s.13

So, next steps:

s.13

### **COVER LETTER:**

I have attached a draft cover letter to accompany the MFV survey. Isobel and Sara, pls feel free to edit (track changes pls). Isobel, I included the commitment you made during our webinar that we would explain that only one survey per resident is being provided. Pls take a look at how I framed that.

### **BIO of WALTER WOODCHIS:**

Below

Lena

Dr. Walter Wodchis, PhD, MA, MAE, BMath – NRCC Research Advisor

Credentials: Dr. Wodchis is an Associate Professor at the Institute of Health Policy, Management and Evaluation at the University of Toronto. He is also a Research Scientist at the Toronto Rehabilitation Institute, an Adjunct Scientist at the Institute for Clinical Evaluative Sciences and Principal Investigator for the Health System Performance Research Network. His main research interests are health economics and financing, health care policy evaluation, and long-term care. Dr. Wodchis is currently leading a second province-wide research study called The Determinants of Quality in Ontario Long Term Care. Other research projects include identifying and developing performance measures for complex populations with chronic conditions who transition through multiple health care sectors, health system performance measurement and measuring return on investment for interventions in the health system. And, past significant publications include quality of life measurement for older populations, incentives and government payment for physicians and long-term care including pay for performance, and the relationship between quality and cost.

Dr. Wodchis holds a Bachelor of Mathematics (Waterloo), Master's in both Gerontology (Waterloo) and Economics (Michigan) and earned his doctorate in Health Services Organization and Policy (Health Economics) at the University of Michigan.

Role: Dr. Wodchis is the lead expert regarding survey tool design and development, data results interpretation, and overall consultation on the survey process and how best to enhance the tool and processes. Dr. Wodchis is actively involved in tool validation and key correlation analysis.

Lena Cuthbertson / Provincial Director, Patient-Centred Performance Measurement & Improvement / British Columbia Ministry of Health / Ph: 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5

From: Stuve, Becky [HSSBC] [Becky.Stuve@VIHA.CA]

Sent: Friday, April 15, 2016 12:34 PM

To: Cuthbertson, Lena [PH]

Cc: Parsons, Lillian [PH]; Schenkers, Michael [HSSBC]

Subject: RE: FINAL C00825 BCCSS BC Long Term Care Sector Survey Contract with Tracked Changes BAS

Thank you very much Lena

I will forward to the Vendor for Signature.

Becky Stuve

Buyer, Sourcing - Allied Health, IMIT, Facilities, Support Services, Food and Housekeeping Supply Chain BC Clinical and Support Services Society

63 Gorge Rd East

Victoria, British Columbia

V9A 1L2 Canada

Phone: 250-519-5354/ Fax: 250-382-0703

Email: Becky.Stuve@hssbc.ca Web: www.hssbc.ca

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may be unlawful. If you have received this e-mail in error, please reply to the sender Immediately to inform us that you are not the intended recipient and permanently delete the e-mail unread, including any attachments from your Computer system. Thank you.

-----Original Message-----

From: Cuthbertson, Lena [PH] [mailto:lcuthbertson@providencehealth.bc.ca]  
Sent: Friday, April 15, 2016 12:25 PM  
To: Stuve, Becky [HSSBC]  
Cc: Parsons, Lillian [PH]; Schenkers, Michael [HSSBC]  
Subject: RE: FINAL C00825 BCCSS BC Long Term Care Sector Survey Contract with Tracked Changes BAS

Hi Becky,

pg 24, 6.9 doesn't read correctly:

The Supplier will keep suitable and proper accounts and records of all reports, correspondence, documents and records relating to the supply of the Services for a period of 2 years from the date of termination of this Contract upon ten (10) days prior written notice and the copies and extracts are the Purchasers own cost. The Supplier will make such information at all reasonable times available for inspection by Purchasers, who may make copies and extracts therefrom.

I get the gist. They want 10 days notice within the 2 year retention period, should we require copies and they will charge us. If we want to come and inspect the records we can do that during business hours, and make copies (which then we don't get charged for).

Fine.

pg 25, 6.10.2 Fine

pg 25, 6.10.3<sup>s.13</sup>

s.13

Lena

Lena Cuthbertson / Provincial Director, Patient-Centred Performance Measurement & Improvement / British Columbia Ministry of Health / Ph: 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5

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From: Stuve, Becky [HSSBC] [Becky.Stuve@VIHA.CA]

Sent: Friday, April 15, 2016 11:43 AM

To: Cuthbertson, Lena [PH]

Cc: Parsons, Lillian [PH]; Schenkers, Michael [HSSBC]

Subject: FINAL C00825 BCCSS BC Long Term Care Sector Survey Contract with Tracked Changes BAS

Hi Lena

I have attached the contract with tracked changes the Vendor would like to implement. You can find these on Pg. 24 6.9, and page 25 6.10.2 and 6.10.3.

Can you please let us know if these are approved by the Negotiation Team.

Thank you

Becky Stuve

Buyer, Sourcing - Allied Health, IMIT, Facilities, Support Services, Food and Housekeeping Supply Chain BC Clinical and Support Services Society

63 Gorge Rd East

Victoria, British Columbia

V9A 1L2 Canada

Phone: 250-519-5354/ Fax: 250-382-0703

Email: [Becky.Stuve@hssbc.ca](mailto:Becky.Stuve@hssbc.ca) Web: [www.hssbc.ca](http://www.hssbc.ca)

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Confidentiality Notice: This message and any attachments are intended solely only for the use of the designated addressee(s) and may contain Information that is privileged, confidential and exempt from disclosure. Any unauthorized viewing, disclosure, copying, distribution or use of Information contained in this e-mail is prohibited and may be unlawful. If you have received this e-mail in error, please reply to the sender immediately to inform us that you are not the intended recipient and permanently delete the e-mail unread, including any attachments from your Computer system. Thank you.



If you prefer to complete this survey  
in: French, Chinese, Punjabi, German,  
Filipino, Farsi, Spanish, please call  
(toll free):

1-XXX-XXX-XXXX

Month, Day, Year

Dear (MFV Name):

As the Seniors Advocate for British Columbia, I am sending the enclosed survey that asks a number of questions about your impressions of the quality of the care and services received by (name of resident) at (name of residence/facility).

I am conducting a province-wide survey to hear the collective voices of the more than 27,000 seniors living in 303 care homes in British Columbia. All residents in facilities that receive public funding are included in this survey. In addition, I am conducting a survey for family and most frequent visitors of each resident; this survey mirrors the resident survey and includes additional questions to reflect your unique experiences as family members and visitors.

Completion of the survey is voluntary. One survey for each resident's family and visitors is provided. I encourage you to complete the enclosed survey together with other family members and frequent visitors who visit (name of resident).

Your feedback is very important to us. Please feel free to express your opinions frankly and be assured that your responses will be held in the strictest confidence. The National Research Corporation Canada, an independent research company, has been selected to receive your completed survey and to collect the results on behalf of my Office. At all times your personal information is protected and will only be used as authorized under the BC Freedom of Information and Protection of Privacy Act.

You can complete the enclosed paper survey and return it in the postage-paid envelope, or you may complete a web version at the address [www.nrcpicker.com/bcsurvey](http://www.nrcpicker.com/bcsurvey). The password assigned for your exclusive use is XXXXXXXXXX. If you have any questions or concerns about the survey, please contact my Office at (Phone). If you prefer to receive this questionnaire in another language, please call 1-XXX-XXX-XXXX (Toll Free).

Thank you for your time and help. As the Seniors Advocate for British Columbia, I would like to extend my heart-felt thanks for the time you take to complete our survey. Your input and feedback will help ensure that the quality of residential care in this province is something we can all be proud of.

Sincerely,

Isobel Mackenzie  
Seniors Advocate, Province of British Columbia

## **Biffard, Bev HLTH:EX**

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**From:** Cuthbertson, Lena [PH] <lcuthbertson@providencehealth.bc.ca>  
**Sent:** Thursday, April 21, 2016 10:16 AM  
**To:** Mackenzie, Isobel HLTH:EX  
**Subject:** Re: are you available tot talk by phone?

Hello from Winnipeg. I have a few minutes now and then not again until late this evening. 6046120005

Lena Cuthbertson /Provincial Director, Patient-Centred Performance Measurement & Improvement / BC Ministry of Health / Ph: 604.806.9401 / Cell: 604.612.0005 / c/o Providence Health Care, 1190 Hornby Street, 3rd Floor (307B), Vancouver, BC V6Z 2K5

**From:** Mackenzie, Isobel HLTH:EX  
**Sent:** Thursday, April 21, 2016 12:14 PM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** are you available tot talk by phone?

And if, yes, what #  
Isobel

## **Biffard, Bev HLTH:EX**

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**From:** Mackenzie, Isobel HLTH:EX  
**Sent:** Thursday, April 21, 2016 4:32 PM  
**To:** XT:HLTH Cuthbertson, Lena; Ronayne, Bruce HLTH:EX  
**Subject:** FW: Scanned Letter  
**Attachments:** BCCPA Letter.pdf

Lena:

Here is the letter BCCP sent to our public email account. I will be preparing a full response but I am wondering if you could help answer the list of 11 concerns they have raised as you are more intimately aware of the technicalities involved. I will be addressing their involvement for over a year and that the project was announced over 18 months ago and they were supportive. If you could provide for me any of the excerpts etc that speak to the BCCPA support of this, I would be appreciative.

Thanks  
Isobel

**From:** Blandford, Sue J HLTH:EX  
**Sent:** Thursday, April 21, 2016 4:28 PM  
**To:** Mackenzie, Isobel HLTH:EX  
**Subject:** Scanned Letter

Isobel: Attached scanned letter  
Sue



## BC CARE PROVIDERS ASSOCIATION

April 21<sup>st</sup>, 2016

Office of the Seniors Advocate  
[info@seniorsadvocatebc.ca](mailto:info@seniorsadvocatebc.ca)

VIA EMAIL

Dear Office of the Seniors Advocate,

The BCCPA has a long history of serving as a strong voice for care providers and the countless seniors and family members served by those providers. As you are aware, our members make a commitment every day toward delivering top quality seniors care in the province. It's a focus on excellence that spans over many decades and which continues to guide our activities as we respond to the ever-growing needs of an aging population.

**With this in mind we are writing to you to respectfully request you delay the implementation of your upcoming quality improvement satisfaction survey until there has been time to adequately address the concerns outlined in this letter.**

Throughout our history the BCCPA has actively encouraged quality improvement surveys as they provide seniors and care providers with valuable information. That said, we believe it is important that quality improvement surveys be conducted in a consistent and coordinated fashion with best practices in mind.

It is for this reason that voicing our concerns to the OSA should not be construed or positioned as our opposition to conducting surveys – rather, we are speaking to the specific nature of this proposed survey and the manner in which it is being conducted.

**Issues Pertaining to Satisfaction Survey**

From our understanding this initiative is being positioned by the OSA as a quality improvement survey. It is widely understood that these types of surveys require much less rigor and are subject to significantly lower standards than peer-reviewed research.

For this reason, there is a long-standing practice that quality improvement survey results are not shared with the public – but rather, they are provided directly to care operators which can be used to track and improve the overall quality of care. This is done in order to ensure quality improvement survey results are not inappropriately misconstrued by the public as research and relied upon by seniors and their families to make critical decisions with respect to care.

We also understand that these quality improvement survey results will be posted on a site-by-site basis and made available to the public. In our opinion this significantly increases the risk of misinterpretation and misapplication creating confusion for seniors and potential frustration among care providers.

As care providers we are committed to supporting a survey that is a valuable and reliable measurement tool that serves its intended purpose of improving the quality of care provided to our seniors.



What follows is a sampling of additional concerns and/or unanswered questions:

1. **Consent** – The OSA indicates that verbal consent from a resident is all that is required. Does this constitute informed consent? Has this been confirmed in writing by the OSA's legal counsel and the health authorities? How will this be handled for those residents deemed incapable of providing consent? Do providers also need to obtain consent from family members before we provide their contact information to the OSA?
2. **Ethics** – The OSA indicates it is prepared to bypass the typical ethics review due to the fact this is a quality improvement survey – and not research. Considering the vulnerable nature of the population being surveyed, is this advisable?
3. **Human Resources** – Given the scope of work involved of operators to support volunteers who will conduct interviews our members may be faced with the decision of either redirecting resources from the bedside – or hiring additional personnel to prevent reducing services elsewhere to ensure they meet their obligations as prescribed in the *Office of the Seniors Advocate Act*. Will the OSA or Health Authorities give authorization to redirect resources or provide additional funding to support this?
4. **Resident Interviews** – The OSA staff indicate volunteers will be conducting interviews lasting up to 90 minutes. This will most certainly be an onerous task for many of our frail elderly residents. Will the OSA create a more realistic time commitment of 45 mins for residents – such as earlier discussed at the LTC-CG?
5. **Volunteer Training** – The quality improvement survey proposes to use 1,500 volunteers who are provided with a cursory amount of training, in particular as it relates to Dementia. In light of this, will it be possible for the OSA to assure seniors there was anything near province-wide consistency of information gathering?
6. **Service Alerts** – There is no published definition for "service alerts" as referenced in the material distributed to care providers. If a "service alert" has anything to do with resident safety/health status/incidents, it must be immediately reported to the operator, not one of the OSA's Regional Engagement Leads (REL) – as is currently proposed. Does the REL have authority under current legislation to receive confidential and sensitive information about residents?
7. **Privacy**: Can the OSA have the *Office of the Information and Privacy Commissioner for British Columbia* confirm that care providers will not be in contravention of provincial privacy legislation by releasing confidential family/frequent visitor contact information to a third party vendor for the proposed mail-out survey?
8. **Scheduling for Resident Interviews/Surveys** – We have been advised scheduling will be directed by the REL and some permissions to change interview dates may be allowed, but are at the sole determination of the REL. How will this be coordinated with Operators?



9. **“Conversational” Methodology** – Conversational interviews are being used to gather information for the purposes of this satisfaction survey. This would be considered an unacceptable practice if this were being conducted as research. Has the OSA confirmed with the academic community regarding the efficacy of using a “conversational” approach to gather data in this manner? If this is done in an interview format, shouldn’t everyone be asked the identified questions in order to ensure consistency? How has interviewer bias been taken into account?
10. **Liability** – Can you provide clarity as to whether the OSA will assume legal liability relating to any on-site injuries or incidents related to the volunteers it has directed to individual care homes?
11. **Independent Analysis** – The goal of the survey would be to ensure it meets the needs of the OSA while at the same time ensuring data gathering techniques are in line with best practices. Would the OSA be prepared to have the current satisfaction survey questions, methodology and support materials reviewed by an independent body linked to the Province’s major post-secondary institutions such as UBC or SFU?

Care providers fall under the jurisdiction of numerous regulatory bodies in British Columbia. We feel that one of our many responsibilities is to ensure that by providing information to one agency, we have not inadvertently broken our commitments or legal obligations.

Noting the accelerated timeline for this project, would it be possible to arrange a meeting with the OSA as soon as possible in order that we can support your overall efforts to conduct this quality improvement survey? In particular, we would like to understand the answers to the questions above in order to ensure we are addressing all of our regulatory requirements, legal responsibilities and risks as well as meeting ethical standards. Equally important is the responsibility we have to ensure seniors and the public in general that we are compliant with the *BC Residents Bill of Rights*.

Please feel free to contact me directly with any questions and/or concerns. I look forward to meeting with the OSA to discuss further at your earliest convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'Daniel Fontaine'.

Daniel Fontaine  
CEO, BCCPA

cc. Stephen Brown, Deputy Minister of Health  
Dr. Darryl Plecas, Parliamentary Secretary to the Minister of Health

**Biffard, Bev HLTH:EX**

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**From:** Mackenzie, Isobel HLTH:EX  
**Sent:** Thursday, April 21, 2016 4:37 PM  
**To:** Ronayne, Bruce HLTH:EX; XT:HLTH Cuthbertson, Lena  
**Subject:** meeting with Daniel

Lena/Bruce:

In the letter Daniel asks to meet with the OSA. I think we can discuss this over the phone with. Lena- what is your availability in the next 10 days.

Thanks  
Isobel

## **Biffard, Bev HLTH:EX**

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**From:** Cuthbertson, Lena [PH] <lcuthbertson@providencehealth.bc.ca>  
**Sent:** Friday, April 22, 2016 9:24 AM  
**To:** Mackenzie, Isobel HLTH:EX; Ronayne, Bruce HLTH:EX  
**Subject:** RE: Scanned Letter

Hi Isobel,

I will work on a draft response to the concerns. Let's caucus on Monday to discuss timing, meeting with Daniel, etc. I'll make this a priority, so in response to my availability in the next 10 days... I had a full day meeting cancelled on the 27th/Wed and if you think it would be strategic to host our webinar on the 28th/Thursday from the BCCPA offices and then meet with Daniel afterwards, I could do that. Friday morning is flexible too.

Lena

Lena Cuthbertson / Provincial Director, Patient-Centred Performance Measurement & Improvement / British Columbia Ministry of Health / Ph: 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5

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**From:** Mackenzie, Isobel HLTH:EX [Isobel.Mackenzie@gov.bc.ca]  
**Sent:** Thursday, April 21, 2016 4:32 PM  
**To:** Cuthbertson, Lena [PH]; Ronayne, Bruce HLTH:EX  
**Subject:** FW: Scanned Letter

Lena:

Here is the letter BCCP sent to our public email account. I will be preparing a full response but I am wondering if you could help answer the list of 11 concerns they have raised as you are more intimately aware of the technicalities involved. I will be addressing their involvement for over a year and that the project was announced over 18 months ago and they were supportive. If you could provide for me any of the excerpts etc that speak to the BCCPA support of this, I would be appreciative.

Thanks  
Isobel

**From:** Blandford, Sue J HLTH:EX  
**Sent:** Thursday, April 21, 2016 4:28 PM  
**To:** Mackenzie, Isobel HLTH:EX  
**Subject:** Scanned Letter

Isobel: Attached scanned letter  
Sue



## **Biffard, Bev HLTH:EX**

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**From:** Mackenzie, Isobel HLTH:EX  
**Sent:** Monday, April 25, 2016 11:22 AM  
**To:** XT:HLTH Cuthbertson, Lena  
**Subject:** RE: Fraser Health Residential Care Administrator Committee

Yes.

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**From:** Cuthbertson, Lena [PH] [<mailto:lcuthbertson@providencehealth.bc.ca>]  
**Sent:** Monday, April 25, 2016 10:40 AM  
**To:** Mackenzie, Isobel HLTH:EX; Ronayne, Bruce HLTH:EX  
**Cc:** Parsons, Lillian [PH]  
**Subject:** FW: Fraser Health Residential Care Administrator Committee  
**Importance:** High

Hi Isobel,

Fyi...Lillian has received an invitation to meet with FHA contracted facility administrators at a regularly scheduled meeting on May 10th. Shall we accept this invitation, i.e., in the spirit of "business as usual" regardless of the BCCPA letter? Would you like me to accompany Lillian P to assist should any difficult dynamics arise?

Lena

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**From:** Parsons, Lillian [PH]  
**Sent:** Monday, April 25, 2016 10:36 AM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** FW: Fraser Health Residential Care Administrator Committee  
**Importance:** High

Voila!

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**From:** Merkel, Michelle [<mailto:Michelle.Merkel@fraserhealth.ca>]  
**Sent:** Monday, April 25, 2016 10:33 AM  
**To:** Parsons, Lillian [PH]  
**Subject:** Fraser Health Residential Care Administrator Committee  
**Importance:** High

Hi Lillian,

On May 10<sup>th</sup> we will be hosting our regular Administrator's meeting. We usually have between 30 – 40 administrators from our contracted residential care sites attend. We would like to include the OSA Survey as an Agenda item and would request that you come to provide a brief update and respond to questions from the floor. Are you available May 10 sometime between 9 – 11 am? Lillian Whitmore could attend with you if you wish. The meeting is to be held in Surrey at Elim.

I will need your confirmation as soon as possible.

Thanks,

*Michelle Merkel*

Project Leader

**Residential Care & Assisted Living**  
**Fraser Health Authority**  
Tel 604-851-3032 (6-digit 643032)  
Cell 604-613-1839  
Fax 604-851-3041

## Biffard, Bev HLTH:EX

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**From:** Cuthbertson, Lena [PH] <lcuthbertson@providencehealth.bc.ca>  
**Sent:** Monday, April 25, 2016 12:38 PM  
**To:** Mackenzie, Isobel HLTH:EX; Ronayne, Bruce HLTH:EX  
**Subject:** RE: Scanned Letter

Hi Isobel,

Sorry I missed your call s.22 . I am working on a response to the issues outlined in the letter from the BCCPA. Shall I wait to receive your draft...or continue to work at my end?

I'm back at my desk, if you would like to give me a call.

Lena

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**From:** Mackenzie, Isobel HLTH:EX [<mailto:Isobel.Mackenzie@gov.bc.ca>]  
**Sent:** Thursday, April 21, 2016 4:32 PM  
**To:** Cuthbertson, Lena [PH]; Ronayne, Bruce HLTH:EX  
**Subject:** FW: Scanned Letter

Lena:

Here is the letter BCCP sent to our public email account. I will be preparing a full response but I am wondering if you could help answer the list of 11 concerns they have raised as you are more intimately aware of the technicalities involved. I will be addressing their involvement for over a year and that the project was announced over 18 months ago and they were supportive. If you could provide for me any of the excerpts etc that speak to the BCCPA support of this, I would be appreciative.

Thanks  
Isobel

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**From:** Blandford, Sue J HLTH:EX  
**Sent:** Thursday, April 21, 2016 4:28 PM  
**To:** Mackenzie, Isobel HLTH:EX  
**Subject:** Scanned Letter

Isobel: Attached scanned letter  
Sue

## **Biffard, Bev HLTH:EX**

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**From:** Mackenzie, Isobel HLTH:EX  
**Sent:** Monday, April 25, 2016 12:47 PM  
**To:** XT:HLTH Cuthbertson, Lena; Darling, Sara K HLTH:EX; Ronayne, Bruce HLTH:EX  
**Subject:** 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016  
**Attachments:** 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016.docx

Invite feedback, will be proofed before sent out. Note, Lena I need you exact title.

I would like to get this out tomorrow. I will be copying to the HA CEOs. I have not been provided with a copy of the letter that BCCPA sent to the CEOs



OFFICE OF THE  
**SENIORS ADVOCATE**  
BRITISH COLUMBIA

April 25, 2016

Ref: 302172

Daniel Fontaine  
CEO  
BC Care Providers Association  
Metrotower 1, 738 – 4710 Kingsway  
Burnaby BC V5H 4M2

Dear Daniel,

I am responding to the letter you sent to the general mailbox of the Office of the Seniors Advocate on April 21<sup>st</sup> 2016 outlining concerns regarding the upcoming survey of Residential Care Facilities.

As you are aware my office announced 18 months ago that we would be undertaking a standardized survey of all residents in licensed care and their family members. We also committed to publish the results at the provincial, health authority and facility levels. BCCPA publically welcomed the announcement and supported the initiative at the time and this was further supported by the Health Authorities who had identified the long term care sector as a priority for surveying on quality of life experience.

Subsequent to that announcement my office formed a working group of various stakeholders to provide input into the design of the survey and they have been meeting for the past 14 months. The BCCPA is an active member of this working group along with representatives from the Denominational Health Association (DHA), the British Columbia Nurses' Union (BCNU), Hospital Employees' Union (HEU) and family members of current residents. It was assumed by involving stakeholders such as the BCCPA in the working group that you bring the voice of your members to the table, and share with those you represent the decisions made on their behalf by their representative.

The amount of discussion and input provided by this working group under the leadership of Lena Cuthbertson, Director of XXX for the Province of BC has been significant. Expertise on survey tools, methodology and privacy impacts have been exhaustively canvassed and full field testing of the survey has been completed.

Throughout the process feedback from various members of the working group has been incorporated and the working group has validated the current resident and family survey and its plan for implementation. It is unfortunate that at no point during this lengthy 14 month process did BCCPA voice the concerns you now raise.

My office has welcomed the opportunity to work with BCCPA as an effective and efficient conduit to the members you represent, who collectively serve just over one third of our residents in residential care.

.../2

However it would appear, from the questions you have outlined in your letter and a lack of awareness of the process you participated in as the representative of your members, this model has not served us well in this instance.

Fortunately my office can now contact facilities directly regardless of whether they are a member of BCCPA, DHA, health authority owned and operated or independent. Through this direct contact my office will be able to ensure the same information is conveyed to everyone at the same time and in the same format. In addition my office will be able to directly respond to queries as and when they arise. This approach is also consistent with the mandate of the Seniors Advocate Act to work directly with service providers.

Thank you again for your continued efforts of representing the interests of the members of your association.

Sincerely,

Isobel Mackenzie  
Seniors Advocate

Cc: Stephen Brown  
Dr. Daryl Plecas  
List the 5 HA CEOs

## Biffard, Bev HLTH:EX

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**From:** Mackenzie, Isobel HLTH:EX  
**Sent:** Monday, April 25, 2016 1:30 PM  
**To:** XT:HLTH Cuthbertson, Lena  
**Subject:** RE: The silver tsunami: Daniel Fontaine in the Vanc Sun, April 2013

Brilliant – thank you Lena

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**From:** Cuthbertson, Lena [PH] [mailto:[lcuthbertson@providencehealth.bc.ca](mailto:lcuthbertson@providencehealth.bc.ca)]  
**Sent:** Monday, April 25, 2016 1:14 PM  
**To:** Mackenzie, Isobel HLTH:EX; Ronayne, Bruce HLTH:EX  
**Subject:** The silver tsunami: Daniel Fontaine in the Vanc Sun, April 2013

**“...stand-alone surveys aren't sufficient in providing the public with a clear picture of customer satisfaction.”**

*“That is why the **BC Care Providers Association** has long advocated for the government to conduct standardized province-wide satisfaction surveys for residential care facilities throughout the province. If implemented, they could become a powerful tool to further empower residents as well as their family members.”*

The ‘silver tsunami’ is already here, by Daniel Fontaine

<http://www.vancouversun.com/health/opinion+silver+tsunami+already+here/8241572/story.html>

April 14<sup>th</sup>, 2013; Special to the Vancouver Sun

## Biffard, Bev HLTH:EX

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**From:** Cuthbertson, Lena [PH] <lcuthbertson@providencehealth.bc.ca>  
**Sent:** Monday, April 25, 2016 3:57 PM  
**To:** Mackenzie, Isobel HLTH:EX  
**Subject:** RE: 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016

We're on the same page, Isobel. I didn't change that point...just softened it ☺

Lena

**From:** Mackenzie, Isobel HLTH:EX [<mailto:Isobel.Mackenzie@gov.bc.ca>]  
**Sent:** Monday, April 25, 2016 3:55 PM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** RE: 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016

Thanks Lena, this has some good things in it. I think I do still want to make the point about communicating directly with the facilities rather than through the BCCPA. s.13

s.13

I will do a few more edits and send bac,

**From:** Cuthbertson, Lena [PH] [<mailto:lcuthbertson@providencehealth.bc.ca>]  
**Sent:** Monday, April 25, 2016 3:01 PM  
**To:** Mackenzie, Isobel HLTH:EX; Darling, Sara K HLTH:EX; Ronayne, Bruce HLTH:EX  
**Subject:** RE: 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016  
**Importance:** High

Hi Isobel,

s.13

Over to you...

Lena

**From:** Mackenzie, Isobel HLTH:EX [<mailto:Isobel.Mackenzie@gov.bc.ca>]  
**Sent:** Monday, April 25, 2016 12:47 PM  
**To:** Cuthbertson, Lena [PH]; Darling, Sara K HLTH:EX; Ronayne, Bruce HLTH:EX  
**Subject:** 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016

Invite feedback, will be proofed before sent out. Note, Lena I need you exact title.

I would like to get this out tomorrow. I will be copying to the HA CEOs. I have not been provided with a copy of the letter that BCCPA sent to the CEOs



Page 021 to/à Page 036

Withheld pursuant to/removed as

s.13

## **Biffard, Bev HLTH:EX**

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**From:** Mackenzie, Isobel HLTH:EX  
**Sent:** Tuesday, April 26, 2016 7:19 AM  
**To:** XT:HLTH Cuthbertson, Lena  
**Cc:** Ronayne, Bruce HLTH:EX; Biffard, Bev HLTH:EX  
**Subject:** Re: Research Assistant

Sorry Lena. Thought I had done this.

Bev pls send Lena the job description for the RO 24.<sup>s.22</sup> position Thx Sent from my iPhone

> On Apr 26, 2016, at 7:02 AM, Cuthbertson, Lena [PH] <[lcuthbertson@providencehealth.bc.ca](mailto:lcuthbertson@providencehealth.bc.ca)> wrote:

>

> Morning Isobel!

>

> Pls send the job description for this job, if you would like me to promote this opportunity within Providence's Elder Care program.

>

> Lena

>

> Lena Cuthbertson /Provincial Director, Patient-Centred Performance

> Measurement & Improvement / BC Ministry of Health / Ph: 604.806.9401 /

> Cell: 604.612.0005 / c/o Providence Health Care, 1190 Hornby Street,

> 3rd Floor (307B), Vancouver, BC V6Z 2K5

## Biffard, Bev HLTH:EX

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**From:** Mackenzie, Isobel HLTH:EX  
**Sent:** Tuesday, April 26, 2016 12:14 PM  
**To:** XT:HLTH Cuthbertson, Lena  
**Subject:** Re: Opportunity in the Office of the Seniors Advocate

Thx Lena.

Sent from my iPhone

> On Apr 26, 2016, at 12:13 PM, Cuthbertson, Lena [PH] <[lcuthbertson@providencehealth.bc.ca](mailto:lcuthbertson@providencehealth.bc.ca)> wrote:

>

> Fyi...

>

> -----Original Message-----

> From: Cuthbertson, Lena [PH]

> Sent: Tuesday, April 26, 2016 12:01 PM

> To: Thompson, David [VP PHC]; Mak, Heather [PH]; Tait, Jo-Ann (Program

> Director) [PH]; Heppell, Leanne [PH]

> Subject: Opportunity in the Office of the Seniors Advocate

>

> Hi David, Jo-Anne, Heather and Leanne,

>

> Isobel Mackenzie has a vacancy for a Research Assistant in her Office of the Seniors Advocate. The position will be based in Victoria... however, Isobel would consider creative solutions, such as a term secondment, in order to build capacity for seniors care and issues across the province. Isobel and I discussed this opportunity for <sup>s.22</sup>

s.22

such, I offered to reach out to leaders in seniors care at Providence to determine if you might know someone working on one of your teams who might be a good fit for a secondment/cross-appointment ...with long term benefit to Providence and the province.

>

> I've attached the job description. The OSA is a happening place. I can promise that the expectations on this position would be high, the pace would be (uber) fast...and the learning would be incredible.

>

> Lena

>

> Lena Cuthbertson /Provincial Director, Patient-Centred Performance

> Measurement & Improvement / BC Ministry of Health / Ph: 604.806.9401 / Cell: 604.612.0005 / c/o Providence Health Care, 1190 Hornby Street, 3rd Floor (307B), Vancouver, BC V6Z 2K5 <Research Office R24 April 11 2016.pdf>

**TITLE: RESEARCH OFFICER**

**CLASSIFICATION: RESEARCH OFFICER 24**

## CONTEXT

The Office of the Seniors Advocate serves as an independent voice for seniors, monitoring and advising on a range of seniors' services in British Columbia. This includes advocating in the interests of seniors and analyzing issues important to the welfare of seniors generally. The advocate works with seniors and key stakeholders (governments, community agencies, private organizations and advocacy groups) to identify and understand systemic issues (i.e. those challenges that affect a large number of seniors) and make recommendations to government and those who deliver seniors' services.

## JOB OVERVIEW

To support the Office of the Seniors Advocate through the development and delivery of research studies, and communication of findings through various forums including working groups, committees, and briefings for the Executive Director, Deputy Advocate and Advocate. The Research Officer plans, manages and conducts quantitative and qualitative research studies and analysis and produces interpreted reports on the provision of seniors' services in the areas of health care, personal care, housing, transportation and income supports. The Research Officer is also responsible for ad hoc analysis assigned on a day to day basis involving emerging issues. The position is responsible for managing various projects related to the monitoring of seniors' services including managing consultation processes, conducting surveys, and identifying and analyzing systemic challenges facing seniors. The Research Officer works with BC ministries, academics, consultants and other jurisdictions as appropriate. The work is carried out in a small and busy office and when required, the Research Officer will be involved in duties associated with communications, outreach and stakeholder relations functions.

## ACCOUNTABILITIES

Required:

- Participates in management/executive planning sessions to formulate objectives and explore possible research projects/studies to support program and/or policy goals.
- Develops research plans and strategies using valid statistical/mathematical concepts, models and simulations.
- Leads the work of project teams, consultants, staff and/or students in the completion of research projects or data development and analysis components including providing feedback on performance.
- Designs, adapts and incorporates appropriate methodologies of data analysis.
- Performs or oversees the identification, creation and use of data sets and/or access tables, and new sources of data.

Career Group:  
Policy & Research

Job Family:  
Research & Statistics

Job Stream:  
Applied Research

Role:  
Professional

Revised Date:  
July 2011

- Determines currency, validity and feasibility, and identifies limitations and variations in data.
- Designs, conducts or oversees the development statistical surveys.
- Conducts various types of analyses (i.e. trend, cost benefit, comparative, statistical, and economic) to identify impacts, potential outcomes and risks.
- Develops or reviews conclusions and recommendations and tests reliability.
- Prepares or manages the preparation of various reports, flow charts, fact sheets, discussion papers, briefing notes and correspondence.
- Designs and delivers briefings to senior executive and stakeholders.
- Represents the Office of the Seniors Advocate on working groups and committees.
- Defends conclusions and recommendations to other ministries, external agencies and/or stakeholders where there is conflicting information and conclusions.
- Provides advice on research methods, sampling techniques, questionnaire design, data analysis and other evaluation processes.
- Leads or participates in stakeholder consultation initiatives.
- Identifies and develops measures, indicators, and targets for performance management and accountability activities.
- Supervises staff including the assignment of work, development and evaluation of performance goals and approval of leave.
- Manages contracted resources including writing and monitoring deliverables, negotiating and awarding contracts, and certifying satisfactory performance.
- Manages projects including developing project proposals, drafting business cases and cost benefit analyses, defining deliverables, recommending procurement of contracted resources, developing project plans and implementing monitoring measures.

## **JOB REQUIREMENTS**

- Bachelor's Degree in statistics, mathematics, public or business administration or social science field, or related field and a minimum of 2 years recent related experience (if Master's Degree is held then 1 year of recent related experience is required).
- Experience in designing and conducting qualitative and quantitative research.
- Experience with data base management including gathering, synthesizing, evaluating and interpreting information from diverse sources.
- Experience in preparing written reports, briefing materials, recommendations, or reports for consideration by senior officials;
- Experience managing projects or components of major projects of varying complexity;
- Excellent interpersonal, writing and communication skills.

- Preference may be given to applicants who have experience with seniors care issues.
- Successful completion of security screening requirements of the BC Public Service, which may include a criminal records check, and/or Criminal Records Review Act (CRRRA) check, and/or enhanced security screening checks as required by the ministry (**Note: It is important that you read the job posting carefully to understand the specific security screening requirements pertaining to the position).**

#### BEHAVIOURAL COMPETENCIES

- **Analytical Thinking** is the ability to comprehend a situation by breaking it down into its components and identifying key or underlying complex issues. It implies the ability to systematically organize and compare the various aspects of a problem or situation, and determine cause-and-effect relationships ("if...then...") to resolve problems in a sound, decisive manner. Checks to ensure the validity or accuracy of all information.
- **Planning, Organizing and Coordinating** involves proactively planning, establishing priorities and allocating resources. It is expressed by developing and implementing increasingly complex plans. It also involves monitoring and adjusting work to accomplish goals and deliver to the organization's mandate.
- **Results Orientation** is a concern for surpassing a standard of excellence. The standard may be one's own past performance (striving for improvement); an objective measure (achievement orientation); challenging goals that one has set; or even improving or surpassing what has already been done (continuous improvement). Thus, a unique accomplishment also indicates a Results Orientation.
- **Initiative** involves identifying a problem, obstacle or opportunity and taking appropriate action to address current or future problems or opportunities. As such, initiative can be seen in the context of proactively doing things and not simply thinking about future actions. Formal strategic planning is not included in this competency.
- **Teamwork and Co-operation** is the ability to work co-operatively within diverse teams, work groups and across the organization to achieve group and organizational goals. It includes the desire and ability to understand and respond effectively to other people from diverse backgrounds with diverse views.
- **Flexibility** is the ability and willingness to adapt to and work effectively within a variety of diverse situations, and with diverse individuals or groups. Flexibility entails understanding and appreciating different and opposing perspectives on an issue, adapting one's approach as situations change and accepting changes within one's own job or organization.

**Biffard, Bev HLTH:EX**

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**From:** Mackenzie, Isobel HLTH:EX  
**Sent:** Wednesday, April 27, 2016 12:26 PM  
**To:** XT:HLTH Cuthbertson, Lena  
**Cc:** Blandford, Sue J HLTH:EX  
**Subject:** Re: BC Care Providers Association

Sounds fine. My letter to Daniel Fontaine was sent to the ha CEOs I think it went out yesterday afternoon Sue please confirm

Sent from my iPhone

On Apr 27, 2016, at 10:35 AM, Cuthbertson, Lena [PH] <[lcuthbertson@providencehealth.bc.ca](mailto:lcuthbertson@providencehealth.bc.ca)> wrote:

Fyi, I received a call from Seana-Lee Hamilton, Regional Privacy Director for FHA. She has been asked by Michael Marchbank to provide a response to the issues on the attached excerpt from the BCCPA letter. I have a long standing and excellent relationship with Seana-Lee and the Health Information, Privacy and Security Operations Committee on which she sits as the FHA Rep. I am pleased that she has reached out to me.

Unless you advise otherwise, my plan will be to address the issues she has requested my input on, cutting/pasting from the responses we have already drafted from the Q&A's arising from our webinars. s.22 and has asked me to assist her with her response before the end of the day.

Lena

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**From:** Mancini, Felicia [<mailto:Felicia.Mancini@fraserhealth.ca>]  
**Sent:** Wednesday, April 27, 2016 10:21 AM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** BC Care Providers Association

Greetings Lena,

Seana-Lee Hamilton, Manager, Fraser Health Information Privacy has asked me to forward this to you.

Thank you,

**Felicia Mancini CHIM**  
**Coordinator, Information Privacy**  
FH Information Privacy Office  
[felicia.mancini@fraserhealth.ca](mailto:felicia.mancini@fraserhealth.ca)

**IMPORTANT NOTICE:**

Privacy Notice: The collection, use and disclosure of any personal information contained in this e-mail are governed and restricted by the Freedom of Information and Protection of Privacy Act.

Confidentiality Notice: This message is intended only for the use of the designated addressee(s), and may contain information that is confidential. If you have received this e-mail in error, please reply to the sender immediately to inform us that you are not the intended recipient, and delete the e-mail from your computer system. Email can be intercepted in transit and sent to the wrong address, so use secure means to send information if you are concerned about confidentiality in transit. Thank you.

To discontinue Email communication, please send a return Email with the subject line: *"I wish to no longer receive Emails from this Fraser Health Business Area."*

<BC Care Providers Association.pdf>



1. **Consent** – The OSA indicates that verbal consent from a resident is all that is required. Does this constitute informed consent? If so, has this been confirmed in writing by Fraser Health Authority's legal counsel? How will this be handled for those residents deemed incapable of providing consent? Do providers need to obtain consent from family members before we provide their contact information to the OSA?
2. **Research or Quality Improvement Survey** – This initiative is being positioned as a quality improvement survey which requires much less rigor and standards than peer-reviewed research. There is a long-standing practice that quality improvement survey results are not shared with the public – but rather, they are provided directly to care operators in order to be used to improve the quality of care. This process has been used in order to prevent quality improvement survey results from being misconstrued as research – something we know will unfairly impact how the public perceives one particular care home vs another. Is the Fraser Health Authority aware that the information being gathered is being done so under the premise of a quality improvement survey – but that the information will be publicly released on a site by site basis which runs the risk it may be interpreted by the public as “research”?
3. **Ethics** – The OSA indicates it is prepared to bypass the typical ethics review due to the fact their initiative has been deemed as a quality improvement survey and not research. This is highly unusual in our sector. Considering the vulnerable nature of the population being surveyed, this does not seem advisable. Has the Fraser Health Authority expressed any concerns regarding this to the OSA?
4. **Human Resources** – Given the scope of work involved of operators to support volunteers who will conduct interviews and the fact there are no identified resources from the OSA to support it, our members may be faced with the decision of either redirecting resources from the bedside – or hiring additional personnel at a significant cost to prevent reducing services elsewhere to ensure they meet their obligations as prescribed in the *Office of the Seniors Advocate Act*. Can the Fraser Health Authority confirm that our members will be permitted to use funded care hours to assist the OSA in conducting the quality improvement survey? If not, will additional funds be made available to care home operators that do not have the operational capacity to undertake this activity? Given we anticipate significantly more requests of this nature from the OSA over the coming months, have you accounted for this increased activity and cost item in your annual funding lifts to care providers?
5. **Resident Interviews** – The OSA staff indicate volunteers will be conducting interviews lasting up to 90 minutes. This will most certainly be an onerous task for many of our frail elderly residents. Has Fraser Health Authority expressed its concern to the OSA regarding the possible impact to our resident population?
6. **Volunteer Training** – The quality improvement survey proposes to use 1,500 volunteers who are provided with a cursory amount of training, in particular as it relates to Dementia. In light of this, it will be impossible for the OSA to assure seniors there was anything near province-wide consistency of information gathering. Does the REL have authority under current legislation to receive confidential and sensitive information about individual residents?
7. **Service Alerts** – There is no published definition for “service alerts” as referenced in the material distributed to care providers. If a “service alert” has anything to do with resident safety/health status/incidents, it must be immediately reported to the operator, not one of the OSA's Regional Engagement Leads (REL) – as is currently proposed. Has the Fraser Health Authority expressed any concern over this process to the OSA?
8. **Privacy**: Can the Fraser Health Authority confirm that our members will not be in contravention of provincial privacy legislation by releasing confidential family/frequent visitor contact information to a third party vendor for the proposed mail-out survey?
9. **Consultation with Stakeholders** – Representatives from the BCCPA were invited to participate in the *OSA Volunteer Management Work Session* on Jan 7<sup>th</sup>, 2016. Many of the items listed above

## Biffard, Bev HLTH:EX

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**From:** Cuthbertson, Lena [PH] <lcuthbertson@providencehealth.bc.ca>  
**Sent:** Wednesday, April 27, 2016 12:49 PM  
**To:** Mackenzie, Isobel HLTH:EX; Darling, Sara K HLTH:EX; Ronayne, Bruce HLTH:EX  
**Cc:** Parsons, Lillian [PH]; Wallace, Bianca M HLTH:EX  
**Subject:** FW: Responses to Issues in BCCPA Letter to Michael Marchbank

**Importance:** High

Fyi...

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**From:** Cuthbertson, Lena [PH]  
**Sent:** Wednesday, April 27, 2016 12:47 PM  
**To:** [FHA] Hamilton, Seana-Lee  
**Subject:** Responses to Issues in BCCPA Letter to Michael Marchbank  
**Importance:** High

Hi Seana-Lee,

As you requested, I have provided my responses to the issues in the letter from the BC Care Providers Association to Michael Marchbank. Please let me know if you require further information. Please note that this is a snapshot of the work that has been done to prepare for this survey. I have done my best to address the issues and to provide you and Michael with confidence that the BC Patient Centred Measurement Working Group has done its due diligence on behalf of the Office of the Seniors Advocate, the Ministry of Health and the 5 participating Health Authorities to ensure that this sector survey meets our guiding principles of scientific rigour and bringing the voice of BC's patients, residents and their families to every level of our health care system in alignment with the provincial vision of a patient centred health care delivery system. Asking our seniors who receive 365/24/7 care to provide feedback about their satisfaction, experiences and health related quality of life...is the right thing to do and the BCPCMWG in partnership with the OSA is doing our very best to make this happen and ensure that we have meet all legal and privacy obligations...as we always do!

Thanks for reaching out, Seana-Lee, and for the opportunity to provide you with this information about our preparations for the OSA's LTC survey. I've pasted below each of the questions...and my response.

Lena

Lena Cuthbertson / Provincial Director, Patient-Centred Performance Measurement & Improvement / British Columbia Ministry of Health / Ph: 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5

- 1 Consent – The OSA indicates that verbal consent from a resident is all that is required. Does this constitute informed consent? If so, has this been confirmed in writing by Fraser Health Authority's legal counsel? How will this be handled for those residents deemed incapable of providing consent? Do providers need to obtain consent from family members before we provide their contact information to the OSA?

The Office of the Seniors Advocate's Long Term Care Consultation Group, representative of each of the 5 participating health authorities, the Ministry of Health, community stakeholder groups, unions (BCNU and HEU), academics and family members of residents has been meeting for 14 months to plan every aspect of this sector survey. The Chair of the BC Patient Centred Measurement Working Group has been meeting since January with the Health Information, Privacy and Security Operations Committee (HIPSOC) of BC that has representation from every health authority and the Ministry of Health; the HIPSOC's advice, not legal advice is sought to insure all aspects of our provincial surveys, including the OSA's LTC sector survey, meet the requirements under BCFOIPPA. The BCPCMWG has conducted a

Privacy Impact Assessment (PIA) that includes a data dictionary for the personal information needed to conduct this survey, and it includes names and addresses for the most frequent visitor (MFV) for each resident. The HIPSOC members have indicated that they are satisfied with the information privacy and security protocols we have put in place for this survey and we will audit our survey vendor to validate that the information shared with them about your residents and their MFV's meet the requirements of the privacy protection schedule in our contract. Notification posters will be posted on every unit of each LTC facility and include a statement that personal information that is going to be used for this survey will be used in compliance with the BC Freedom of Information and Protection of Privacy Act (BCFOIPPA). If Residents or MFV's do not wish to participate, they may opt out, and there will be the name of a contact person on the posters to contact if they do not wish to be included in the surveys.

The surveys will be conducted for the purpose of quality improvement. As such, the personal information of your residents and family/visitors that is collected to provide care is of 'consistent purpose' with our surveys under BCFOIPPA. The consistent purpose is evaluation of the care and services being provided to the resident. Because the OSA's survey is not being conducted as research, informed consent is not required. As indicated, we will provide appropriate notification, and our posters will satisfy that requirement.

All residents will be invited to participate in an interview and they may choose to decline. If they agree to participate, then they have provided their verbal, expressed consent. Residents will be informed that participation is voluntary and that all information provided will be held in confidence. MFV's also have the option to decline to participate; they will consent by completing and returning in the postage paid envelope the survey they receive from our vendor in the mail. The wishes of residents and/or their MFV's to be included in the survey will be respected. The guiding principle for this survey is that all residents who meet the inclusion criteria for the survey will be given the opportunity to participate. Interviewers will be trained to ensure that the script and appropriate protocols are followed to ensure that each expressed consent is given to proceed with a survey or not.


## Notification

Notification signage will be posted no less than one month in advance of surveying at each site to inform residents and families/most frequent visitors about:

- High level objectives of survey
- Dates for administration at each site
- FIPPA authority to collect
- Contact information
- Instructions for opting out

In-services for facility leaders and staff will be conducted in advance of the survey at each site.

# You are invited!



Mount Saint Joseph's is taking part in a province-wide survey to tell us what we're doing right and what needs improvement from the point of view of residents and their family members.

Your feedback will be used to improve how we provide care to all seniors in care.

Resident interviews will be conducted by volunteers between:


**April 29<sup>th</sup> – May 31<sup>st</sup>, 2016**

Family members will be mailed a separate survey.

For more information or if you prefer not to participate, please contact:

Site Coordinator: Sandra Lee  
Email: [sandra.lee@mtsjbc.ca](mailto:sandra.lee@mtsjbc.ca)  
Phone: 604-492-7334 ext. 6752-4

Project Manager: Gillian Farnham  
Email: [gillian.farnham@mtsjbc.ca](mailto:gillian.farnham@mtsjbc.ca)  
Phone: 604-492-7334



**SENIORS ADVOCATE**  
BC SENIORS ADVOCATE

The survey will be conducted on:  
The British Columbia Office of the Seniors Advocate,  
an independent office of the provincial government.

PIA #2016-01-01: The purpose of this PIA is to identify and minimize the risks to personal information collected and used for the purpose of the survey. The PIA was conducted by the BC Seniors Advocate, an independent office of the provincial government.

2. **Research or Quality Improvement Survey** – This initiative is being positioned as a quality improvement survey which requires much less rigor and standards than peer-reviewed research. There is a long-standing practice that quality improvement survey results are not shared with the public – but rather, they are provided directly to care operators in order to be used to improve the quality of care. This process has been used in order to prevent quality improvement survey results from being misconstrued as research – something we know will unfairly impact how the public perceives one particular care home vs another. Is the Fraser Health Authority aware that the information being gathered is being done so under the premise of a quality improvement survey – but that the information will be publicly released on a site by site basis which runs the risk it may be interpreted by the public as "research"?

The planning for this sector survey has been under the leadership of Lena Cuthbertson, Provincial Director of Patient-Centred Performance Measurement for the Province of BC and Co-chair of the BC Patient Centred Measurement Working Group that has implemented province wide coordinated sector surveys over the past 13 years in BC. Expertise on survey tools, methodology and privacy impacts have been exhaustively canvassed and full field testing of the surveys, additional questions based on input from the Consultation Group, and consultation with national and international experts has been completed.

Throughout the 14 month planning process for this survey feedback from various members of the working group, as well as a subcommittee of volunteer resources managers also representative of the five participating health authorities, has been incorporated and the working group has validated the current resident and family survey and its plan for implementation. Best practices from surveys conducted in this and other sectors in BC, nationally and internationally have informed our plans. Input from academics in Canada, including Dr. John Hirdes, Canadian Country Fellow for interRAI at the University of Waterloo, Dr. Rick Sawatzky, Canada Research Chair in PROMS, Dr. John Morris and Dr. Brant Fries, Co-Presidents of interRAI, and Adrian Dalloo, CIHI. The rigour and sample plan (a census of all residents matched with each resident's most frequent visitor) for this sector survey meets all published best practices for surveys used to inform both quality improvement and accountability. BCPCM WG sector surveys are fully publicly released by the Ministry of Health and the participating HA's. The OSA plans to follow this practice and, as with other sectors surveys conducted in BC, the results and data from the surveys does provide a rich source of information for secondary analysis and, if appropriate controls are established, to inform research. The opportunity for this sector survey to meet BC's commitments to the Strategy for Patient Oriented Research (SPOR) are significant and would be a valuable outcome of the OSA's survey to further mine the results and inform local improvement efforts, analysis of the performance of the LTC sector, and policy. The results of this sector survey will be available to each site within 30 days of the close of collection at the facility level; results from facilities will then be rollup to each HA and then to the province. The OSA will release results with comparisons on her public website that meet all thresholds for scientific rigour. Dr. Walter Woodchis from the University of Toronto will author the descriptive summary report and oversee all analysis of results.

3. **Ethics** – The OSA indicates it is prepared to bypass the typical ethics review due to the fact their initiative has been deemed as a quality improvement survey and not research. This is highly unusual in our sector. Considering the vulnerable nature of the population being surveyed, this does not seem advisable. Has the Fraser Health Authority expressed any concerns regarding this to the OSA?

Ethics approvals are required for research. The OSA's LTC sector survey, as with all BCPCM WG surveys, is not conducted as research. The unique needs of every patient, regardless of sector, are addressed on a sector by sector basis. The BCPCM WG has conducted surveys of marginalized, homeless, and other vulnerable populations; a province wide survey of all mental health and substance use patients in short stay inpatient care was conducted in 2010/11; not REB applications have been required, and where submitted, these have been returned as "not research". Letters from REB's to this effect are available for review. Of course, REB applications are submitted for secondary analysis of data and this has been done by the Centre for Health Services and Policy Research for further analysis of Emergency and Outpatient Cancer Care survey results. An REB application for secondary analysis of the results of the OSA's survey is in progress in order to

conduct further analysis of the results of the VR-12 Quality of Life survey which is being adapted for use in LTC residential care with the guidance of Dr. Rick Sawatzky, Cda Research Chair in PROMS at Trinity Western University, Dr. Lewis Kazis at Boston University, and Dr. Rozanne Wilson, a post doctoral fellow working with Rick and Lena Cuthbertson.

- 4 **Human Resources** – Given the scope of work involved of operators to support volunteers who will conduct interviews and the fact there are no identified resources from the OSA to support it, our members may be faced with the decision of either redirecting resources from the bedside – or hiring additional personnel at a significant cost to prevent reducing services elsewhere to ensure they meet their obligations as prescribed in the *Office of the Seniors Advocate Act*. Can the Fraser Health Authority confirm that our members will be permitted to use funded care hours to assist the OSA in conducting the quality improvement survey? If not, will additional funds be made available to care home operators that do not have the operational capacity to undertake this activity? Given we anticipate significantly more requests of this nature from the OSA over the coming months, have you accounted for this increased activity and cost item in your annual funding lifts to care providers?

Each facility is being asked to identify a “facility coordinator” to welcome the volunteer interviewers into each facility. All surveys will be conducted by trained volunteers and Regional Engagement Leads assigned to each health authority. Volunteer Resources Managers in each HA have provided input into the Volunteer Resources Management model. There is NO expectation of facility staff conducting the surveys. Facility staff will be asked to identify the most frequent visitor for each resident in order for the MFV to be mailed a survey. The MHSU sector survey conducted in 2010/11 used a similar model of Site Leads and Site Champions, who in fact supported the dissemination of surveys to patients at the point of discharge; this responsibility was welcomed as a ROI of the results that would be provided to each unit and facility. The “value” of the results is anticipated to far outweigh any workload at the facility level. As a LTC sector survey is a requirement of Accreditation Cda for each facility and the OSA’s survey will meet this requirement, in fact, the OSA is saving each facility to cost and workload associated with undertaking a resident and family client experience survey and meeting Accred Cda’s mandatory reporting requirement.

5. **Resident Interviews** – The OSA staff indicate volunteers will be conducting interviews lasting up to 90 minutes. This will most certainly be an onerous task for many of our frail elderly residents. Has Fraser Health Authority expressed its concern to the OSA regarding the possible impact to our resident population?

When Volunteer Interviewers approach a resident they will be trained to use the following script to seek consent to participate in the survey interview:

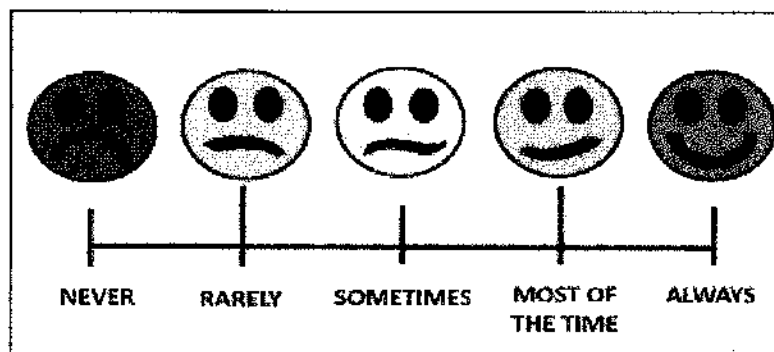
- **“I am here today on behalf of the BC Office of the Seniors Advocate.**
- **We are doing a survey that asks questions about the experience of living here at <<name of facility>>.**
- **The purpose of this survey is to find out how YOU feel about living here!**
- **With this information, we will be able to learn how to improve the quality of care residents living in care homes receive.**
- **The interview takes about 30 to 90 minutes.**
- **Would you like to take the survey?**
- **Is now a good time?”**

Before the Volunteer Interviewer starts the survey:

- **“Before we begin, I want you to feel confident that the information you provide today will be completely confidential.**

- Also, your participation is completely voluntary.
- If at any time, you want to stop the interview, or you have something more to tell me, please interrupt me.
- If there are certain questions you find difficult or don't feel comfortable answering, let me know.
- If you get tired or don't want to answer any more questions, we will take a break or stop.
- Before we begin, do you have any questions?"

We feel confident we can engage residents to participate in the surveys. The testing conducted in the Summer of 2015 by the BCPCMWG of the survey tools and our administration protocols demonstrated that we were able to complete surveys with all residents except CPS level 6. Our success in engaging residents reflects our commitment to collecting both quantitative (evaluative) and qualitative (narrative) feedback from residents, by conducting the surveys in both a structured format and by presenting this survey as an opportunity for an interaction and a conversation. The evaluative responses (questions that yield quantitative data) will be scored, and the narrative comments (qualitative data) will be transcribed, masked to ensure anonymity, and coded for further analysis. The length of the interviews during the testing phase ranged from between 30 to 90 minutes. The strategies developed and the training video we produced with the Alzheimer Society of BC on Communication Strategies for People with Dementia will help our volunteer interviewers to conduct the survey with residents who present with short attention span. The use of the visual analogue board during our testing also made it easier for residents to rate the evaluative questions on the surveys. If a resident does not want to or is unable to continue with the interview, the volunteer interviewer will respectfully end the interview and will not push the resident to complete the survey.



6. **Volunteer Training** – The quality improvement survey proposes to use 1,500 volunteers who are provided with a cursory amount of training, in particular as it relates to Dementia. In light of this, it will be impossible for the OSA to assure seniors there was anything near province-wide consistency of information gathering. Does the REL have authority under current legislation to receive confidential and sensitive information about individual residents?

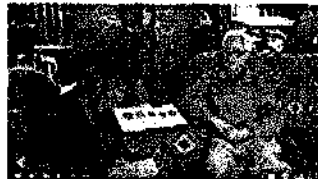
## Volunteer Training

→ 1-day in person mandatory training session to include:

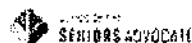
- Intro to OSA, purpose, and project objectives
- Privacy, confidentiality and safety
- Administrative processes
- How to conduct a structure interview, including mock interviews
- Communication strategies



As shown above, training of the residents is a key for a successful OSA survey.



As shown above, training of the residents is a key for a successful OSA survey.



Volunteer interviewers will collect quantitative and qualitative responses from residents. Qualitative responses are the narrative comments or the stories residents share during the course of an interview. These comments will be transcribed by volunteer interviewers verbatim. Our vendor will mask all identifiers before organizing the comments into themes that will provide a rich source of additional information about residents' experiences; masking will follow BCPCMWG protocols which have been audited on three occasions by Dr. David Flaherty, BC's first privacy Commissioner. The collection and reporting of confidential information from respondents in BC is addressed in our PIA's for all sector surveys.

7. **Service Alerts** – There is no published definition for “service alerts” as distributed to care providers. If a “service alert” has anything to do with status/incidents, it must be immediately reported to the operator, not Engagement Leads (REL) – as is currently proposed. Has the Fraser Health any concern over this process to the OSA?

We call “service alerts” any comments from a resident shared during an interview that raises concerns. All volunteer interviewers will be instructed during our training day on how to deal with issues that raise concerns. Examples are comments from residents that contain information about staff-to-resident or family/visitor-to-resident abuse (verbal, physical, emotional, sexual, financial). The REL will be trained to immediately bring any issues reported by volunteer interviewers to the attention of the Facility Coordinator or other senior leader, and we expect that the normal policies and procedures for dealing with these situations in your facilities will be implemented. Our responsibility as the project team will be to ensure that the appropriate people in the facility are notified, not to address the issue.

8. **Privacy:** Can the Fraser Health Authority confirm that our members will not be in contravention of provincial privacy legislation by releasing confidential family/frequent visitor contact information to a third party vendor for the proposed mail-out survey?

As shown above, training of the residents is a key for a successful OSA survey.

See previous responses regarding the completion of a PIA (under review by the HIPSOC) and the privacy protection schedule in our HSSBC contract with the survey vendor.

9. **Consultation with Stakeholders** – Representatives from the BCCPA were invited to the *OSA Volunteer Management Work Session* on Jan 7<sup>th</sup>, 2016. Many of the it

I cannot see the remainder of this point. We did hold a session on January 7<sup>th</sup> and FHA had representation from:

1. **The Office of the Seniors Advocates LTC Consultation Group (meeting since January 2015)**  
FHA representatives:
  - Michelle Merkel
  - Liz Findlay
2. **The Volunteer Resources Management Subcommittee of the LTC CG (meeting since January 2016)**  
FHA representatives:
  - Lorraine Bullinger
  - Lynn Hawthorne
  - Sue Mills
  - DeAnn Adams



## Cuthbertson, Lena [PH]

---

**From:** Cuthbertson, Lena [PH]  
**Sent:** Saturday, April 16, 2016 10:36 AM  
**To:** isobel.mackenzie@gov.bc.ca; bruce.ronayne@gov.bc.ca  
**Cc:** Parsons, Lillian [PH]; bianca.wallace@gov.bc.ca  
**Subject:** FOR REVIEW: LTC MFV Cover Letter Draft & FOR YOUR INFO: FINAL C00825 BCCSS BC Long Term Care Sector Survey Contract  
**Attachments:** OSA Res Care 2016 Cover Letter\_Draft 1 (April 16, 2016)LNC.docx

Great news, Isobel et al! Our vendor negotiations for your Res Care survey were concluded yesterday!

This email covers three topics: provides an overview of the contract and immediate next steps, asks for your review of the cover letter for the MFV survey, and provides you a short bio of Dr. Walter Woodchis.

### CONTRACT:

In anticipation of a successful conclusion...Lillian and I met yesterday with NRCC's VP Canadian Partnerships, Director of Client Operations, and the TWO Project Managers assigned to this project; the Senior VP based in Lincoln Nebraska called us to express her enthusiasm for the opportunity to work with us. We have worked previously with one of the Project Managers...and she is FABULOUS. s.13

s.13 then I am confident that they will work very hard to meet our needs and deliver a high quality survey.

In addition to data capture, collation and reporting...we negotiated:

-5 Trainers (to be called Regional Training Leads) salaries to be paid by NRCC and each RTL to be "matched" to one of our REL's by HA to work up to 30 hours per week for the duration of the project; the RTL's will be folks Lillian and her Volunteer Resource Managers identified through the postings for the REL's (which yielded (at last count) 82 applicants:

s.13

So, next steps:

s.13

### COVER LETTER:

I have attached a draft cover letter to accompany the MFV survey. Isobel and Sara, pls feel free to edit (track changes pls). Isobel, I included the commitment you made during our webinar that we would explain that only one survey per resident is being provided. Pls take a look at how I framed that.

### BIO of WALTER WOODCHIS:

Below

Lena

Dr. Walter Wodchis, PhD, MA, MAE, BMath – NRCC Research Advisor

Credentials: Dr. Wodchis is an Associate Professor at the Institute of Health Policy, Management and Evaluation at the University of Toronto. He is also a Research Scientist at the Toronto Rehabilitation Institute, an Adjunct Scientist at the Institute for Clinical Evaluative Sciences and Principal Investigator for the Health System Performance Research Network. His main research interests are health economics and financing, health care policy evaluation, and long-term care. Dr. Wodchis is currently leading a second province-wide research study called The Determinants of Quality in Ontario Long Term Care. Other research projects include identifying and developing performance measures for complex populations with chronic conditions who transition through multiple health care sectors, health system performance measurement and measuring return on investment for interventions in the health system. And, past significant publications include quality of life measurement for older populations, incentives and government payment for physicians and long-term care including pay for performance, and the relationship between quality and cost.

Dr. Wodchis holds a Bachelor of Mathematics (Waterloo), Master's in both Gerontology (Waterloo) and Economics (Michigan) and earned his doctorate in Health Services Organization and Policy (Health Economics) at the University of Michigan.

Role: Dr. Wodchis is the lead expert regarding survey tool design and development, data results interpretation, and overall consultation on the survey process and how best to enhance the tool and processes. Dr. Wodchis is actively involved in tool validation and key correlation analysis.

Lena Cuthbertson / Provincial Director, Patient-Centred Performance Measurement & Improvement / British Columbia Ministry of Health / Ph: 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5

From: Stuve, Becky [HSSBC] [Becky.Stuve@VIHA.CA]

Sent: Friday, April 15, 2016 12:34 PM

To: Cuthbertson, Lena [PH]

Cc: Parsons, Lillian [PH]; Schenkers, Michael [HSSBC]

Subject: RE: FINAL C00825 BCCSS BC Long Term Care Sector Survey Contract with Tracked Changes BAS

Thank you very much Lena

I will forward to the Vendor for Signature.

Becky Stuve

Buyer, Sourcing - Allied Health, IMIT, Facilities, Support Services, Food and Housekeeping Supply Chain BC Clinical and Support Services Society

63 Gorge Rd East

Victoria, British Columbia

V9A 1L2 Canada

Phone: 250-519-5354/ Fax: 250-382-0703

Email: Becky.Stuve@hssbc.ca Web: www.hssbc.ca

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OSA LOGO

Month, Day, Year

Dear (MFV Name):

If you prefer to complete this survey  
in: French, Chinese, Punjabi, German,  
Filipino, Farsi, Spanish, please call  
(toll free):  
1-XXX-XXX-XXXX

As the Seniors Advocate for British Columbia, I am sending the enclosed survey that asks a number of questions about your impressions of the quality of the care and services received by (name of resident) at (name of residence/facility).

I am conducting a province-wide survey to hear the collective voices of the more than 27,000 seniors living in 303 care homes in British Columbia. All residents in facilities that receive public funding are included in this survey. In addition, I am conducting a survey for family and most frequent visitors of each resident; this survey mirrors the resident survey and includes additional questions to reflect your unique experiences as family members and visitors.

Completion of the survey is voluntary. One survey for each resident's family and visitors is provided. I encourage you to complete the enclosed survey together with other family members and frequent visitors who visit (name of resident).

Your feedback is very important to us. Please feel free to express your opinions frankly and be assured that your responses will be held in the strictest confidence. The National Research Corporation Canada, an independent research company, has been selected to receive your completed survey and to collect the results on behalf of my Office. At all times your personal information is protected and will only be used as authorized under the BC Freedom of Information and Protection of Privacy Act.

You can complete the enclosed paper survey and return it in the postage-paid envelope, or you may complete a web version at the address [www.nrcpicker.com/bcsurvey](http://www.nrcpicker.com/bcsurvey). The password assigned for your exclusive use is XXXXXXXXX. If you have any questions or concerns about the survey, please contact my Office at (Phone). If you prefer to receive this questionnaire in another language, please call 1-XXX-XXX-XXXX (Toll Free).

Thank you for your time and help. As the Seniors Advocate for British Columbia, I would like to extend my heart-felt thanks for the time you take to complete our survey. Your input and feedback will help ensure that the quality of residential care in this province is something we can all be proud of.

Sincerely,

Isobel Mackenzie  
Seniors Advocate, Province of British Columbia

## Cuthbertson, Lena [PH]

---

**From:** Mackenzie, Isobel HLTH:EX <Isobel.Mackenzie@gov.bc.ca>  
**Sent:** Sunday, April 17, 2016 8:42 PM  
**To:** Ronayne, Bruce HLTH:EX  
**Cc:** Cuthbertson, Lena [PH]; Parsons, Lillian [PH]; Wallace, Bianca M HLTH:EX  
**Subject:** Re: FOR REVIEW: LTC MFV Cover Letter Draft & FOR YOUR INFO: FINAL C00825 BCCSS BC Long Term Care Sector Survey Contract

Yes, I echo "well done" to the both of you . My first glance of the letter is that it looks fine. Not sure if you think we need to explain only one survey per MFV per resident, although the completion of the one survey can be a group effort (BTW, do we ask in the survey is it reflects many opinions or just one?) Beautiful up here in Smither...Houston, Vanderhoof and Prince George- our people are everywhere!  
Isobel

> On Apr 16, 2016, at 12:47 PM, Ronayne, Bruce HLTH:EX <Bruce.Ronayne@gov.bc.ca> wrote:

>

> Thanks Lena this is great news, You and Lillian did amazing work on the negotiations and we are very fortunate to have the outcomes you secured.

>

> Bruce

>

> Sent from my iPhone

>

>> On Apr 16, 2016, at 10:36 AM, Cuthbertson, Lena [PH] <lcuthbertson@providencehealth.bc.ca> wrote:

>>

>> Great news, Isobel et al! Our vendor negotiations for your Res Care survey were concluded yesterday!

>>

>> This email covers three topics: provides an overview of the contract and immediate next steps, asks for your review of the cover letter for the MFV survey, and provides you a short bio of Dr. Walter Woodchis.

>>

>> CONTRACT:

>> In anticipation of a successful conclusion...Lillian and I met yesterday with NRCC's VP Canadian Partnerships, Director of Client Operations, and the TWO Project Managers assigned to this project; the Senior VP based in Lincoln Nebraska called us to express her enthusiasm for the opportunity to work with us. We have worked previously with one of the Project Managers...and she is FABULOUS. <sup>s.13</sup>

s.13 then I am confident that they will work very hard to meet our needs and deliver a high quality survey.

>>

>> In addition to data capture, collation and reporting...we negotiated:

>>

>> -5 Trainers (to be called Regional Training Leads) salaries to be paid by NRCC and each RTL to be "matched" to one of our REL's by HA to work up to 30 hours per week for the duration of the project; the RTL's will be folks Lillian and her Volunteer Resource Managers identified through the postings for the REL's (which yielded (at last count) 82 applicants;

s.13

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>> So, next steps:  
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>>  
>> BIO of WALTER WODCHIS:  
>> Below  
>>  
>> Lena  
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>>  
>> Dr. Walter Wodchis, PhD, MA, MAE, BMath – NRCC Research Advisor  
>> Credentials: Dr. Wodchis is an Associate Professor at the Institute  
>> of Health Policy, Management and Evaluation at the University of Toronto. He is also a Research Scientist at the Toronto Rehabilitation Institute, an Adjunct Scientist at the Institute for Clinical Evaluative Sciences and Principal Investigator for the Health System Performance Research Network. His main research interests are health economics and financing, health care policy evaluation, and long-term care. Dr. Wodchis is currently leading a second province-wide research study called The Determinants of Quality in Ontario Long Term Care. Other research projects include identifying and developing performance measures for complex populations with chronic conditions who transition through multiple health care sectors, health system performance measurement and measuring return on investment for interventions in the health system. And, past significant publications include quality of life measurement for older populations, incentives and government payment for physicians and long-term care including pay for performance, and the relationship between quality and cost.  
>>  
>> Dr. Wodchis holds a Bachelor of Mathematics (Waterloo), Master's in both Gerontology (Waterloo) and Economics (Michigan) and earned his doctorate in Health Services Organization and Policy (Health Economics) at the University of Michigan.  
>> Role: Dr. Wodchis is the lead expert regarding survey tool design and  
>> development, data results interpretation, and overall consultation on the survey process and how best to enhance the tool and processes. Dr. Wodchis is actively involved in tool validation and key correlation analysis.  
>>  
>> Lena Cuthbertson / Provincial Director, Patient-Centred Performance  
>> Measurement & Improvement / British Columbia Ministry of Health / Ph:  
>> 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health  
>> Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5  
>>  
>> From: Stuve, Becky [HSSBC] [Becky.Stuve@VIHA.CA]  
>> Sent: Friday, April 15, 2016 12:34 PM  
>> To: Cuthbertson, Lena [PH]

## **Cuthbertson, Lena [PH]**

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**From:** Mackenzie, Isobel HLTH:EX <Isobel.Mackenzie@gov.bc.ca>  
**Sent:** Thursday, April 21, 2016 4:37 PM  
**To:** Ronayne, Bruce HLTH:EX; Cuthbertson, Lena [PH]  
**Subject:** meeting with Daniel

Lena/Bruce:

In the letter Daniel asks to meet with the OSA. I think we can discuss this over the phone with. Lena- what is your availability in the next 10 days.

Thanks

Isobel

## **Cuthbertson, Lena [PH]**

---

**From:** Cuthbertson, Lena [PH]  
**Sent:** Friday, April 22, 2016 9:24 AM  
**To:** Mackenzie, Isobel HLTH:EX; Ronayne, Bruce HLTH:EX  
**Subject:** RE: Scanned Letter

Hi Isobel,

I will work on a draft response to the concerns. Let's caucus on Monday to discuss timing, meeting with Daniel, etc. I'll make this a priority, so in response to my availability in the next 10 days... I had a full day meeting cancelled on the 27th/Wed and if you think it would be strategic to host our webinar on the 28th/Thursday from the BCCPA offices and then meet with Daniel afterwards, I could do that. Friday morning is flexible too.

Lena

Lena Cuthbertson / Provincial Director, Patient-Centred Performance Measurement & Improvement / British Columbia Ministry of Health / Ph: 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5

---

**From:** Mackenzie, Isobel HLTH:EX [Isobel.Mackenzie@gov.bc.ca]  
**Sent:** Thursday, April 21, 2016 4:32 PM  
**To:** Cuthbertson, Lena [PH]; Ronayne, Bruce HLTH:EX  
**Subject:** FW: Scanned Letter

Lena:

Here is the letter BCCP sent to our public email account. I will be preparing a full response but I am wondering if you could help answer the list of 11 concerns they have raised as you are more intimately aware of the technicalities involved. I will be addressing their involvement for over a year and that the project was announced over 18 months ago and they were supportive. If you could provide for me any of the excerpts etc that speak to the BCCPA support of this, I would be appreciative.

Thanks  
Isobel

**From:** Blandford, Sue J HLTH:EX  
**Sent:** Thursday, April 21, 2016 4:28 PM  
**To:** Mackenzie, Isobel HLTH:EX  
**Subject:** Scanned Letter

Isobel: Attached scanned letter  
Sue



## BC CARE PROVIDERS ASSOCIATION

April 21<sup>st</sup>, 2016

Office of the Seniors Advocate  
[info@seniorsadvocatebc.ca](mailto:info@seniorsadvocatebc.ca)

### VIA EMAIL

Dear Office of the Seniors Advocate,

The BCCPA has a long history of serving as a strong voice for care providers and the countless seniors and family members served by those providers. As you are aware, our members make a commitment every day toward delivering top quality seniors care in the province. It's a focus on excellence that spans over many decades and which continues to guide our activities as we respond to the ever-growing needs of an aging population.

**With this in mind we are writing to you to respectfully request you delay the implementation of your upcoming quality improvement satisfaction survey until there has been time to adequately address the concerns outlined in this letter.**

Throughout our history the BCCPA has actively encouraged quality improvement surveys as they provide seniors and care providers with valuable information. That said, we believe it is important that quality improvement surveys be conducted in a consistent and coordinated fashion with best practices in mind.

It is for this reason that voicing our concerns to the OSA should not be construed or positioned as our opposition to conducting surveys – rather, we are speaking to the specific nature of this proposed survey and the manner in which it is being conducted.

### **Issues Pertaining to Satisfaction Survey**

From our understanding this initiative is being positioned by the OSA as a quality improvement survey. It is widely understood that these types of surveys require much less rigor and are subject to significantly lower standards than peer-reviewed research.

For this reason, there is a long-standing practice that quality improvement survey results are not shared with the public – but rather, they are provided directly to care operators which can be used to track and improve the overall quality of care. This is done in order to ensure quality improvement survey results are not inappropriately misconstrued by the public as research and relied upon by seniors and their families to make critical decisions with respect to care.

We also understand that these quality improvement survey results will be posted on a site-by-site basis and made available to the public. In our opinion this significantly increases the risk of misinterpretation and misapplication creating confusion for seniors and potential frustration among care providers.

As care providers we are committed to supporting a survey that is a valuable and reliable measurement tool that serves its intended purpose of improving the quality of care provided to our seniors.





What follows is a sampling of additional concerns and/or unanswered questions:

1. **Consent** – The OSA indicates that verbal consent from a resident is all that is required. Does this constitute informed consent? Has this been confirmed in writing by the OSA's legal counsel and the health authorities? How will this be handled for those residents deemed incapable of providing consent? Do providers also need to obtain consent from family members before we provide their contact information to the OSA?
2. **Ethics** – The OSA indicates it is prepared to bypass the typical ethics review due to the fact this is a quality improvement survey – and not research. Considering the vulnerable nature of the population being surveyed, is this advisable?
3. **Human Resources** – Given the scope of work involved of operators to support volunteers who will conduct interviews our members may be faced with the decision of either redirecting resources from the bedside – or hiring additional personnel to prevent reducing services elsewhere to ensure they meet their obligations as prescribed in the *Office of the Seniors Advocate Act*. Will the OSA or Health Authorities give authorization to redirect resources or provide additional funding to support this?
4. **Resident Interviews** – The OSA staff indicate volunteers will be conducting interviews lasting up to 90 minutes. This will most certainly be an onerous task for many of our frail elderly residents. Will the OSA create a more realistic time commitment of 45 mins for residents – such as earlier discussed at the LTC-CG?
5. **Volunteer Training** – The quality improvement survey proposes to use 1,500 volunteers who are provided with a cursory amount of training, in particular as it relates to Dementia. In light of this, will it be possible for the OSA to assure seniors there was anything near province-wide consistency of information gathering?
6. **Service Alerts** – There is no published definition for "service alerts" as referenced in the material distributed to care providers. If a "service alert" has anything to do with resident safety/health status/incidents, it must be immediately reported to the operator, not one of the OSA's Regional Engagement Leads (REL) – as is currently proposed. Does the REL have authority under current legislation to receive confidential and sensitive information about residents?
7. **Privacy**: Can the OSA have the *Office of the Information and Privacy Commissioner for British Columbia* confirm that care providers will not be in contravention of provincial privacy legislation by releasing confidential family/frequent visitor contact information to a third party vendor for the proposed mail-out survey?
8. **Scheduling for Resident Interviews/Surveys** – We have been advised scheduling will be directed by the REL and some permissions to change interview dates may be allowed, but are at the sole determination of the REL. How will this be coordinated with Operators?



9. **"Conversational" Methodology** – Conversational interviews are being used to gather information for the purposes of this satisfaction survey. This would be considered an unacceptable practice if this were being conducted as research. Has the OSA confirmed with the academic community regarding the efficacy of using a "conversational" approach to gather data in this manner? If this is done in an interview format, shouldn't everyone be asked the identified questions in order to ensure consistency? How has interviewer bias been taken into account?
10. **Liability** – Can you provide clarity as to whether the OSA will assume legal liability relating to any on-site injuries or incidents related to the volunteers it has directed to individual care homes?
11. **Independent Analysis** – The goal of the survey would be to ensure it meets the needs of the OSA while at the same time ensuring data gathering techniques are in line with best practices. Would the OSA be prepared to have the current satisfaction survey questions, methodology and support materials reviewed by an independent body linked to the Province's major post-secondary institutions such as UBC or SFU?

Care providers fall under the jurisdiction of numerous regulatory bodies in British Columbia. We feel that one of our many responsibilities is to ensure that by providing information to one agency, we have not inadvertently broken our commitments or legal obligations.

Noting the accelerated timeline for this project, would it be possible to arrange a meeting with the OSA as soon as possible in order that we can support your overall efforts to conduct this quality improvement survey? In particular, we would like to understand the answers to the questions above in order to ensure we are addressing all of our regulatory requirements, legal responsibilities and risks as well as meeting ethical standards. Equally important is the responsibility we have to ensure seniors and the public in general that we are compliant with the *BC Residents Bill of Rights*.

Please feel free to contact me directly with any questions and/or concerns. I look forward to meeting with the OSA to discuss further at your earliest convenience.

Sincerely,

Daniel Fontaine  
CEO, BCCPA

cc. Stephen Brown, Deputy Minister of Health  
Dr. Darryl Plecas, Parliamentary Secretary to the Minister of Health

## Cuthbertson, Lena [PH]

---

**From:** Mackenzie, Isobel HLTH:EX <Isobel.Mackenzie@gov.bc.ca>  
**Sent:** Monday, April 25, 2016 1:30 PM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** RE: The silver tsunami: Daniel Fontaine in the Vanc Sun, April 2013

Brilliant – thank you Lena

---

**From:** Cuthbertson, Lena [PH] [mailto:lcuthbertson@providencehealth.bc.ca]  
**Sent:** Monday, April 25, 2016 1:14 PM  
**To:** Mackenzie, Isobel HLTH:EX; Ronayne, Bruce HLTH:EX  
**Subject:** The silver tsunami: Daniel Fontaine in the Vanc Sun, April 2013

**"...stand-alone surveys aren't sufficient in providing the public with a clear picture of customer satisfaction."**

*"That is why the BC Care Providers Association has long advocated for the government to conduct standardized province-wide satisfaction surveys for residential care facilities throughout the province. If implemented, they could become a powerful tool to further empower residents as well as their family members."*

The 'silver tsunami' is already here, by Daniel Fontaine  
<http://www.vancouver.sun.com/health/opinion+silver+tsunami+already+here/8241572/story.html>  
April 14<sup>th</sup>, 2013; Special to the Vancouver Sun

## Cuthbertson, Lena [PH]

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**From:** Cuthbertson, Lena [PH]  
**Sent:** Monday, April 25, 2016 3:01 PM  
**To:** 'Mackenzie, Isobel HLTH:EX'; Darling, Sara K HLTH:EX; Ronayne, Bruce HLTH:EX  
**Subject:** RE: 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016  
**Attachments:** 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016LNC.docx; QA's April 2016 Information Sessions \_OSA Res Care Survey\_LP\_OSALNC2 with BCCPA q's added.docx

**Importance:** High

*2 attachments.*

Hi Isobel,  
s.13

Over to you...

Lena

---

**From:** Mackenzie, Isobel HLTH:EX [<mailto:Isobel.Mackenzie@gov.bc.ca>]  
**Sent:** Monday, April 25, 2016 12:47 PM  
**To:** Cuthbertson, Lena [PH]; Darling, Sara K HLTH:EX; Ronayne, Bruce HLTH:EX  
**Subject:** 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016

Invite feedback, will be proofed before sent out. Note, Lena I need you exact title.

I would like to get this out tomorrow. I will be copying to the HA CEOs. I have not been provided with a copy of the letter that BCCPA sent to the CEOs

Page 064 to/à Page 079

Withheld pursuant to/removed as

s.13



OFFICE OF THE  
**SENIORS ADVOCATE**  
BRITISH COLUMBIA

April 26, 2016

Ref: 302172  
**Sent by email only**

Daniel Fontaine  
CEO  
BC Care Providers Association  
Metrotower 1, 738 – 4710 Kingsway  
Burnaby BC V5H 4M2

Dear Daniel,

I am responding to the letter you sent to the general mailbox of the Office of the Seniors Advocate on April 21<sup>st</sup> 2016 outlining concerns regarding the upcoming survey of Residential Care Facilities.

As you are aware my Office announced 18 months ago that we would be undertaking a standardized survey of all residents in licensed care and their family members. We also committed to publish the results at provincial, health authority and facility levels. BCCPA publically welcomed the announcement and supported the initiative at the time and this was further supported by the Health Authorities who had identified the long term care sector as a priority for surveying on quality of life and experience. In addition, Daniel, I have appreciated your active campaign for government to conduct standardized province-wide satisfaction surveys for residential care facilities (1).

As you know, subsequent to my public commitment to survey all residents and their families in residential care my Office formed a working group of various stakeholders to provide input into the design of the survey and they have been meeting for the past 14 months. The BCCPA is an active member of this working group along with representatives from the five health authorities that directly manage and contract residential care beds, the Denominational Health Association (DHA), the British Columbia Nurses' Union (BCNU), the Hospital Employees' Union (HEU), community stakeholder groups, such as QMUNITY, academics, and family members of current residents.

The amount of discussion and input provided by this working group under the leadership of Lena Cuthbertson, Provincial Director of Patient-Centred Performance Measurement for the Province of BC has been significant. Expertise on survey tools, methodology and privacy impacts have been exhaustively canvassed and full field testing of the surveys, additional questions based on input from the Consultation Group, and consultation with national and international experts has been completed.

Throughout the planning process feedback from various members of the working group, as well as a subcommittee of volunteer resources managers representative of your members and the five participating health authorities, has been incorporated and the working group has validated the current resident and family survey and its plan for implementation. Throughout this lengthy 14 month process all the concerns you raise have been discussed. Best practices from surveys conducted in this and other sectors in BC, nationally and internationally have informed our plans. Input from academics in Canada, including Dr. John Hirdes, Canadian Country Fellow for interRAI at the University of Waterloo, Dr. Rick Sawatzky, Canada Research Chair in PROMS, Dr. John Morris and Dr. Brant Fries, Co-Presidents of interRAI, and Adrian Dalloo, CIHI.

.../2

My office has welcomed the opportunity to work with the BCCPA, who collectively serve just over one third of our residents in residential care. It was assumed by involving BCCPA throughout the entire development and roll out of this survey that you would bring the voice of your members to the table and share with them the decisions you participated in on their behalf. This model of stakeholder engagement can often be effective and efficient. However, it appears in this case this may not have been the outcome.

Fortunately, my office has the ability to liaise directly with each facility and ensure the same information is conveyed to everyone at the same time and in the same format regardless of whether the facility is a member of BCCPA; the DHA, health authority owned and operated or independent. This direct relationship with facilities will continue to be strengthened as we move forward in our continued work in the residential care sector.

We have currently conducted three province wide webinars and a fourth is scheduled for April 28<sup>th</sup>. Through these webinars we will have communicated directly with over 85% of facilities involved in the survey. If additional webinars are required we will certainly be prepared to host them. At each of the webinars facilities are able to ask questions directly and we have compiled all questions into a comprehensive Q and A that will be sent to all facilities later this week. We will certainly ensure the subjects covered in your questions are addressed as well.

Thank you again for your continued efforts of representing the interests of the members of your association. I look forward to the results of this survey. The feedback from our residents and their families and visitors will help ensure that the quality of residential care in this province is something we can all be proud of.

Sincerely,



Isobel Mackenzie  
Seniors Advocate

pc: Dr. Darryl Plecas, Parliamentary Secretary to Minister of Health for Seniors  
Stephen Brown, Deputy Minister, Ministry of Health  
Doug Hughes, Associate Deputy Minister, Ministry of Health  
Lena Cuthbertson, Provincial Director,  
Patient-Centred Performance Measurement & Improvement for Province of BC  
Michael Marchbank, CEO, Fraser Health Authority  
Dr. Brendan Carr, CEO, Vancouver Island Health Authority  
Mary Ackenhusen, CEO, Vancouver Coastal Health Authority  
Chris Mazurkewich, CEO, Interior Health Authority  
Cathy Ulrich, CEO, Northern Health Authority

**(1) "...stand-alone surveys aren't sufficient in providing the public with a clear picture of customer satisfaction. That is why the BC Care Providers Association has long advocated for the government to conduct standardized province-wide satisfaction surveys for residential care facilities throughout the province. If implemented, they could become a powerful tool to further empower residents as well as their family members."**

The 'silver tsunami' is already here, Daniel Fontaine; April 14, 2013, Special to the Vancouver Sun  
<http://www.vancouversun.com/health/opinion+silver+tsunami+already+here/8241572/story.html>

# BC Office of the Seniors Advocate's Residential Care Survey 2016

## Questions & Answers

May 2015

### Kick Off Information Session The OSA's Provincial Residential Care Survey 2016



If you have further questions not addressed in this Q&A document that are relevant across facilities, please contact Lillian Parsons, Project Manager, at [LParsons@providencehealth.bc.ca](mailto:LParsons@providencehealth.bc.ca).



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## Survey Schedule

***Q1: We do our own surveys, both resident and family, every year. I would be concerned that the survey times do not overlap.***

A: We will be sending letters to you with the proposed date range for your facility. The factors we outlined in our presentation (slides 22 and 23) will define the site by site rolling schedule. However, as indicated, if we have proposed a period of time for survey activity in your facility that conflicts with another significant activity, we want to know and will work with you to choose another timeframe within the project timelines. So, if you are conducting surveys that happen to be taking place during the same timeframe that we had planned to be in your facility, then we want to know about that and we'll do our best to coordinate a different time for your facility. A reminder that Accreditation Canada has accepted this survey as satisfying the new requirement for facilities to survey.

***Q2. Will the surveys be done Monday - Friday? On weekends? What hours of the day?***

A: We will work with each facility to determine the best schedule. We want to avoid peak care routine times in your facilities and will be looking to you to help us determine what will be the best times for the volunteers to be onsite. We are able to conduct the interviews seven days a week if the facility is willing. We will be looking to your Facility Coordinators to advise the REL on the best days of the week and times when volunteer interviewers should come into the facility to conduct the resident interviews.

## Survey Length

***Q3: I am concerned that a 90 min survey is much too long for our residents. Most have a short attention span to this type of activity.***

***Q4: Do you believe that the volunteers will be able to keep residents engaged for 90 minutes?***

***Q5: What are the ethics around having a 1.5 to 2 hour interview with a resident with dementia, who may not even be able to tell you their name?***

***Q6: Did I understand correctly that the quantitative and qualitative data will be separated? I have concerns that the qualitative data offers too many choices for many of our residents. Their stories/qualitative data may be more informative.***

A: We feel confident we can engage residents to participate in the surveys. The testing we conducted in the summer of 2015 of the survey tools and our administration protocols demonstrated that we were able to complete surveys with residents across all CPS levels except CPS level 6. Our success in engaging residents reflects our commitment to collect both quantitative (evaluative) and qualitative (narrative) feedback (slides 12 and 13) from residents, by conducting the surveys in both a structured format and by presenting this survey as an opportunity for an interaction and a conversation. The evaluative responses (questions that yield quantitative data) will be scored, and the narrative comments (qualitative data) will be transcribed, masked to ensure anonymity, and coded for further analysis. The length of the interviews during the testing phase ranged from between 30 to 90 minutes. The strategies shown on slide 23 and the training video we produced with the Alzheimer Society of BC on Communication Strategies for People with Dementia will help our volunteer interviewers to conduct the survey with residents who present with short attention span. The use of the visual analogue board (slide 13) during our testing also made it easier for residents to rate the evaluative questions on the surveys. If a resident does not want to or is unable to continue with the

interview, the volunteer interviewer will respectfully end the interview and will not push the resident to complete the survey.

The OSA's Residential Care Survey is being conducted as a quality improvement project, not research; as such, research ethics approval is not required. We will ensure during our training of the volunteer interviewers that the survey is presented to residents as an invitation to participate, and that the experience of participating in the survey is a pleasant experience.

## Inclusion and Exclusion Criteria

***Q7: Will residents with a purple dot be automatically excluded? It would be a shame to close the door on their voice.***

A: No, they will not be automatically excluded. Purple dots will serve as a guideline, to ensure the safety of volunteers and residents. We would be happy to discuss with you any residents who you think might be able to participate safely in the right situation.

***Q8: Are private pay clients included or excluded?***

A: Private pay clients living in facilities that also have publicly funded beds will be included. We discussed this with our Consultation Group and decided that we didn't want to single out private pay or public pay residents. So everybody will be invited to participate. We are not surveying facilities that are exclusively private pay.

***Q9: What is your definition of the 'temporary beds' that will be included?***

***Q10: If someone is in a respite bed at a facility for a month or two, would they be excluded?***

A: Our understanding from our work with our Consultation Group is that from time to time facilities are asked to keep residents in temporary beds, for example during flu season, and that the status of these residents' often transitions to 'permanent' when a first available bed becomes available. We are including the residents in these beds in the survey because from the perspective of the resident, they are in a regular residential care bed, in their new home. Clients staying in respite beds are not included in the survey because they are not a 'permanent' resident and the intention is usually for them to return home following their respite stay. As such, they have a very different experience of residential care. Also, one factor considered in our in- and exclusion criteria was whether a resident has a completed RAI MDS assessment at the 2 week mark. This supports residents in temporary, but not respite beds being included in the survey.

## Residents with Dementia

***Q11: We have several residents that have advanced dementia and would not be able to provide either a verbal or non-verbal response to the volunteer's questions. I am concerned that questioning these residents would be a waste of time for the volunteers.***

A: When Isobel shared her vision that every resident living in a residential care facility in the province of BC be given a voice, we too wondered if this would be possible. We do know there are some provinces that do not engage residents when conducting their surveys; they only ask the family members. We know there are others who only engage residents who are CPS levels 0, 1 and 2. I'm happy to say Isobel was right! We were

able to elicit very clear responses to the questions on the survey from people of every cognitive level except level 6. And so, our guiding principle is, in alignment with Isobel's vision, that every individual will be approached. Volunteers will be trained on how to respectfully approach and engage all residents, regardless of cognitive level. The results of a study at Sunnybrook Hospital's Veteran's facility had findings that support Isobel's vision. They found that 30% more residents were able to complete a survey interview than the number who clinical staff identified as able. Our protocol, then, will be to approach each resident up to three times to participate in an interview. If the resident agrees, but it is clear after the first five questions that the individual is unable to provide evaluative responses, our volunteers will be trained to discontinue the interview in a respectful manner. It won't be considered a waste of time for volunteers, as it will provide important information that assists us in terms of determining to what extent we're able to engage people across different cognitive levels.

***Q12: Our facility specializes in residents with a dementia I am therefore presuming that it will be the MFV that is involved?***

A: If you operate specialized, Behavioural Care Units, then you are correct, your residents will be excluded and each resident's MFV will be mailed a survey. However, if your residents have dementia but are not in Special Care Units, they will be included in the survey.

## Special Care Units

***Q13: There is no province-wide definition of "special care" so how do we ensure the same parameters are used across every health authority?***

***Q14: Most of our residents have behaviours and the reliance of answers/understanding of the questions is complex and focus is minimal. An earlier slide indicates special care is excluded?***

***Q15: There are people in our Special Care Unit that would be interested and able to respond to the survey as much as in our regular population there would be people that wouldn't be able to as the lines between the two are blurring as the years go by. Is there an option for residents to opt-in? Can we highlight or identify people who could potentially participate?***

A: In general, we are excluding residents in Special Care / Behavioural Care Units. The most frequent visitor of these residents will still be identified and will receive an MFV survey to complete. A major factor in the development of the exclusion criteria was to ensure the protection and the safety of the volunteer interviewer. It will be very valuable if facility staff are able to identify any residents who could be included. Our guiding principles are both safety and inclusion.

The survey results will be analyzed to allow us to understand residents' responses based on respondent characteristics that will be identified by the information from the the interRAI MDS.

## Service Alerts

***Q16: What are "service alerts" and shouldn't the service provider be contacted in this case?***

A: As indicated on Slide 12, volunteer interviewers will collect quantitative and qualitative responses from residents. Qualitative responses are the narrative comments or the stories residents share during the course of an interview. These comments will be transcribed by volunteer interviewers verbatim. Our vendor will

mask all identifiers before organizing the comments into themes that will provide a rich source of additional information about residents' experiences. We call "service alerts" any comments that raise concerns and that a volunteer interviewer will be instructed during our training day to bring to the attention of their supervising Regional Engagement Lead. Examples are comments from residents that contain information about staff-to-resident or family/visitor-to-resident abuse (verbal, physical, emotional, sexual, financial). The REL will be trained to immediately bring any issues reported by volunteer interviewers to the attention of the Facility Coordinator or other senior leader, and we expect that the normal policies and procedures for dealing with these situations in your facilities will be implemented. Our responsibility as the project team will be to ensure that the appropriate people in the facility are notified, not to address the issue.

***Q17: If a service alert is in regards to resident safety or health related incident, we will need to be informed as soon as possible.***

A: Yes, our volunteers will be trained to report resident safety or health-related incidents to their REL.

## **Family Involvement in the Resident Survey**

***Q18. What if the family member who has the medical representation agreement will not allow the survey to the residents?***

A: A representation agreement names a person or persons to make decisions for a resident's personal and healthcare decisions. Our review found that an invitation to participate in a survey interview is no different than inviting a resident to participate in an activity, such as a music program in the facility. However, family members are able to opt out of the survey on behalf of the resident. Information for opting out will be included on the notification poster – essentially they can either opt out through the Facility Coordinator (and they will let us know) or they can email/call Lillian Parsons. Family members will also be able to be present at the resident interview if they choose. However, the interview is for the resident as the MFV will be engaged through a mailed survey. As such, the MFV will not be allowed to answer for the resident. If the resident is unable to answer, then the volunteer will end the interview. If a family member has questions about the survey, we hope that your Facility Coordinator will direct their questions to our project team.

## **Methodology and Data Privacy & Security**

***Q19: What meets the definition of "Informed Consent?"***

A: The OSA's survey is not a research project; as such, informed consent will not be sought. Residents will be asked for expressed consent. When Volunteer Interviewers approach a resident they will be trained to use the following script to seek consent to participate in the survey interview:

- **"I am here today on behalf of the BC Office of the Seniors Advocate.**
- **We are doing a survey that asks questions about the experience of living here at <<name of facility>>.**
- **The purpose of this survey is to find out how YOU feel about living here!**
- **With this information, we will be able to learn how to improve the quality of care residents living in care homes receive.**
- **The interview takes about 30 to 90 minutes.**

- **Would you like to take the survey?**
- **Is now a good time?"**

Before the Volunteer Interviewer starts the survey:

- **"Before we begin, I want you to feel confident that the information you provide today will be completely confidential.**
- **Also, your participation is completely voluntary.**
- **If at any time, you want to stop the interview, or you have something more to tell me, please interrupt me.**
- **If there are certain questions you find difficult or don't feel comfortable answering, let me know.**
- **If you get tired or don't want to answer any more questions, we will take a break or stop.**
- **Before we begin, do you have any questions?"**

***Q20: In regards to confidentiality - where does the site stand in regards to giving you names and addresses of family? We do not normally release this to anyone.***

A: We have been meeting since January with the Health Information, Privacy and Security Operations Committee (HIPSOC) of BC that has representation from every health authority and the Ministry of Health. We have conducted a Privacy Impact Assessment (PIA) that includes a data dictionary for the personal information needed to conduct this survey, and it includes names and addresses for the most frequent visitor (MFV) for each resident. The HIPSOC members have indicated that they are satisfied with the information privacy and security protocols we have put in place for this survey and we will audit our survey vendor to validate that the information shared with them about your residents and their MFV's meets the requirements of the privacy protection schedule in our contract. I can commit to all of the facility operators that we will make that PIA available to you. The notification posters that we will be providing to you to post on every unit of your facilities include a statement that personal information that is going to be used for this survey will be used in compliance with the *BC Freedom of Information and Protection of Privacy Act* (BCFOIPPA). If residents or MFV's do not wish to participate, they can opt out, and there will be the name of a contact person on the posters to contact if they do not wish to be included in the surveys.

## Notification

Notification signage will be posted no less than one month in advance of surveying at each site to inform residents and families/most frequent visitors about:

- ◆ High level objectives of survey
- ◆ Dates for administration at each site
- ◆ FIPPA authority to collect
- ◆ Contact information
- ◆ Instructions for opting out

In-services for facility leaders and staff will be conducted in advance of the survey at each site.

### You are invited!



Mount Saint Joseph's is taking part in a province-wide survey to tell us what we're doing right and what needs improvement from the point of view of residents and their family members.

Your feedback will be used to improve how we provide care to all seniors in care.

Resident interviews will be conducted by volunteers between:

**April 29<sup>th</sup> – May 31<sup>st</sup>, 2016**

Family members will be mailed a separate survey.

For more information or if you prefer not to participate, please contact:

<b>Site Coordinator: Sandra Lee</b> Email: <a href="mailto:slee@providencehealth.bc.ca">slee@providencehealth.bc.ca</a> Phone: 604-682-2344 (ext. 63389)	<b>Project Manager: Lillian Parsons</b> Email: <a href="mailto:lparsons@providencehealth.bc.ca">lparsons@providencehealth.bc.ca</a> Phone: 604-370-2094
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**OFFICE OF THE  
SENIORS ADVOCATE  
BRITISH COLUMBIA**

The surveys will be conducted by  
The British Columbia Office of the Seniors Advocate,  
an independent office of the provincial government.

Participating in an interview or completing a survey is completely voluntary and all your information will be treated confidentially, in compliance with the BC Freedom of Information and Protection of Privacy Act.

**Q21: What resident information do we need to submit and what process do we go through for the consent to release the information?**

A: See response above.

The surveys will be conducted for the purpose of quality improvement. As such, the personal information of your residents and family/visitors that is collected to provide care is of 'consistent purpose' with our surveys under BCFOIPPA. The consistent purpose is evaluation of the care and services being provided to the resident. Therefore, using this information for the purpose of the survey does not require consent. It does require notification, and our posters will satisfy that requirement.

Also, residents will be invited to participate in an interview and they may choose to decline. If they agree to participate, then they have provided their verbal, explicit consent. Residents will be informed that participation is voluntary and that all information provided will be held in confidence. MFV's also have the option to decline to participate; they will consent by completing and returning in the postage paid envelope the survey they receive from our vendor in the mail.

The following table describes the data elements submitted to the Health Information, Privacy and Security Operations Committee of BC in the Privacy Impact Assessment for this sector survey. This list represents the personal health information of residents that will be used to conduct the **Resident** survey: Items **highlighted in blue** represent data elements that will be provided to Volunteers to conduct the survey; all other items are required in order to generate reports with relevant analyses based on population demographics.

Data Element	Reason Element Required
Resident First Name	To identify the resident and personalization when conducting interviews.
Resident Last Name	To identify the resident and personalization when conducting interviews.
Medical Record Number	To ensure accuracy in planning; needed to link the resident to their results of the RAI-MDS dataset.
PHN	Universal identifier that will permit linkage when pt records with survey results are transferred to HealthIDEAS
Cognitive Performance Scale Score (RAI-MDS)	To permit analysis of results based on cognitive capacity.
Language Code	For planning purposes to permit the interview to be conducted in the language the resident is most comfortable speaking.
Room Number	To locate resident within the facility.
Bed Number	To locate resident within the facility.
Resident Gender	Needed for analytical purposes in the reporting stage (e.g. to sort survey results by male vs. female); not self-identified in the survey.
Resident Date of Birth	Needed for analytical purposes, to sort results by age groupings; not provided in the survey.
Facility Name	Needed for planning purposes and at the reporting stage.
Admission Date	Needed for analytical purposes in the reporting stage (e.g. to compare experiences with different lengths of stay).
Data Elements from the RAI-MDS 2.0 Assessment	In the reporting phase, survey results will be compared to various data elements collected through the RAI-Minimum Data Set.

The following table describes the data elements needed to conduct the mailed **Family/Most Frequent Visitor** survey:

Data Element	Reason Element Required
First Name	Personalization of envelope and cover letter.
Last Name	Personalization of envelope and cover letter.
Primary Address	Permits mailing of self-report survey to family members/most frequent visitors.
City of Residence	As above.
Postal Code	As above.
Province of Residence	As above.
Language Code	For planning purposes to permit the survey to be mailed in the language the family is most comfortable reading/writing.
Facility Name	Needed for analytical purposes in the reporting stage.
Resident PHN	Universal identifier that will permit linkage between resident and MFV results.

***Q22: Surveys conducted as “Quality Improvement” are less rigorous than surveys conducted as “research.”***

A: The OSA’s Residential Care Survey is not a research study; as such a Research Ethics Board application has not been submitted. REB applications are not submitted for the BCPCMWG sector surveys. All BCPCMWG sector surveys are, however, subject to a Privacy Impact Assessment and information about BC’s residents



and their most frequent visitors is used in accordance with BC's *Freedom of Information and Protection of Privacy Act*. All sector surveys conducted by the BCPCMWG follow survey best practices, using valid, reliable and psychometrically tested survey instruments and sample planning guidelines. The OSA's Long Term Care Consultation Group selected the survey instruments for this survey based on the recommendation of a survey research expert, Dr. Faye Schmidt, who conducted a review of the literature and environmental scan of survey tools for this sector and made recommendations to the BCPCMWG, the pan-Canadian Interjurisdictional Patient Experience Committee, and the OSA's LTC Consultation Group. Dr. Faye Schmidt is an internationally recognized survey expert.

Expertise on survey tools, methodology and privacy impacts have been exhaustively canvassed and full field testing of the surveys, additional questions based on input from the OSA's Expert Consultation Group, and consultation with national and international experts has been completed.

Throughout the 14 month planning process for this survey feedback from various members of the working group, as well as a subcommittee of volunteer resources managers also representative of the five participating health authorities, has been incorporated and the working group has validated the current resident and family survey and its plan for implementation. Best practices from surveys conducted in this and other sectors in BC, nationally and internationally have informed our plans. Input from academics in Canada, including Dr. John Hirdes, Canadian Country Fellow for interRAI at the University of Waterloo, Dr. Rick Sawatzky, Canada Research Chair in PROMS, Dr. John Morris and Dr. Brant Fries, Co-Presidents of interRAI, and Adrian Dalloo, CIHI. The rigour and sample plan (a census of all residents matched with each resident's most frequent visitor) for this sector survey meets all published best practices for surveys used to inform both quality improvement and accountability. BCPCMWG sector surveys are fully publicly released by the Ministry of Health and the participating HA's. The OSA plans to follow this practice and, as with other sectors surveys conducted in BC, the results and data from the surveys do provide a rich source of information for secondary analysis and, if appropriate controls are established, to inform research. The opportunity for this sector survey to meet BC's commitments to the Strategy for Patient Oriented Research (SPOR) are significant and would be a valuable outcome of the OSA's survey to further mine the results and inform local improvement efforts, analysis of the performance of the LTC sector, and policy. The results of this sector survey will be available to each site within 30 days of the close of collection at the facility level; results from facilities will then be rollup to each HA and then to the province. The OSA will release results with comparisons on its public website that meet all thresholds for scientific rigour. Dr. Walter Woodchis from the University of Toronto will author the descriptive summary report and oversee all analysis of results.

## Voluntary Participation

***Q23: If residents decline to participate, will that number be recorded in the survey results and the reason for their refusal.***

A: Yes. We will calculate response rates, and for the resident surveys we will instruct our volunteer interviewers on coding the reasons why an interview was not completed. The list of codes is shown below:

1	Complete Interview	When you obtain a completed survey
2	Partial Interview	When you obtain a partial survey
3	Refused	When you receive an adamant refusal from a resident to participate in an interview to conduct a survey

4	Too Ill	When a resident is too ill to participate
5	Unresponsive	When a resident is completely unresponsive, i.e. no acknowledgement of your presence
6	Confused	When a resident cannot comprehend what you are saying or continues muttering while you are speaking or goes completely off topic while you are conducting an interview.
7	Aggressive	When a resident displays aggressive behaviour towards you or you have been advised by the facility that it is unsafe to interview the resident
8	Language	When the resident wishes to conduct the interview in a language other than what is being offered as part of our survey
9	Could not Locate	When the Interviewer is unable to locate the resident from the information provided on their Confidential Resident List
10	Deceased	Resident is deceased
11	Discharged	When a resident has been discharged from the facility
12	Moved Units	When a resident has moved units and is not at the location indicated on the Confidential Resident List
13	Other	Please specify:

***Q24: If a resident declines the interview, will a family or frequent visitor be asked to respond for them?***

***Q25: It is not clear to operators if the family survey is distinct from the resident survey?***

A: Residents will be asked to participate in an interview; if they decline to participate, their wishes will be respected. The Most Frequent Visitor (MFV) of residents will receive a MFV survey and be invited to complete it, regardless of whether the resident chooses to participate. The MFV results, however, will not be used in the calculation of resident results; the MFV results will be analysed as a separate data set. The MFV will not be able to answer the resident survey in lieu of the resident; they are only able to answer the MFV survey.

## Survey Tools

***Q26: Can we see a copy of the surveys?***

A: All Health Authorities will be included in our license to use the interRAI surveys. The Resident and Most Frequent Visitor surveys will be distributed to all facilities with a cover letter that outlines the copyright obligations.

***Q27. Can the survey be done in Italian?***

A: We have translated the surveys and plan to recruit volunteer interviewers in the nine languages that BC Stats indicated to us are those that represent “mother tongue still spoken at home” in the population of BC

over 65. The languages are English, French, Punjabi, Chinese Simplified (Mandarin) and Chinese Traditional (Cantonese), German, Spanish, Korean, Persian, Filipino. We are working with MOSAIC Translation Services to translate the surveys. We do have a placeholder for one more language. Thanks for your question. When we send the letter with the dates for the survey in your facility, we'll ask about languages spoken as a check on what additional languages we may need, perhaps Italian.

## **Volunteer Management**

### ***Q28: Will the volunteer interviewers have visible identification to distinguish them?***

A: The volunteer interviewers will display three forms of identification at all times. The first is a big nametag with the BC Office of the Seniors Advocate's logo and the volunteer's first name on the front, and emergency contact information on the back. They'll also be carrying bags with the OSA logo on them in which to store the survey materials, hand sanitizer, etc they'll need. The third piece of ID is a big button with the OSA logo.

### ***Q29: How are volunteers recruited?***

A: There will be a targeted public awareness campaign as a part of our strategy to recruit volunteers. Interested individuals will apply online through a dedicated website, [surveyBCseniors.com](https://surveyBCseniors.com). In addition, each region will employ their own unique recruitment methodologies (e.g. service clubs, existing volunteer resources) in order to recruit volunteer interviewers.

If facility operators have suggestions of local ways we can promote and increase public awareness and interest that would be great. We have reached out to every university college with nursing, social work, care aide programs and engaged with professors and clinical instructors looking for students who may be interested in doing volunteer work over the summer and getting a reference. We've reached out to retired nurses, social workers and care aides. We've advertised our Regional Engagement Lead positions over CharityVillage and we've got the commitment and strength of our Consultation Group and the Volunteer Resources Managers on our VRMSC.

### ***Q30: How do you ensure that the volunteers won't be biased and record a different answer from the one the resident gave?***

A: By ensuring that volunteers do not have a relationship with the facility we will mitigate any risk of bias. For example, if a volunteer used to or currently volunteers at, works at, has a family or friend living at, or otherwise has a history with a facility, he or she will not be able to volunteer at that facility. During the mandatory in-person training session, volunteers will be evaluated on how well they can conduct a structured interview in a respectful and reliable manner. Volunteers who do not demonstrate the required skills will be re-assigned to other related duties within the project.

### ***Q31: Will you be doing criminal record checks for all volunteers?***

A: Yes, all volunteer interviewers will have received a clearance letter from a police information check through the Ministry of Justice and also provide two references. All volunteers will be asked to complete a new police information check, regardless of any prior police information checks or criminal record checks submitted for other reasons. If volunteer interviewers are currently existing volunteers in a Health Authority, one of their references will need to be from the facility where they currently volunteer.

### ***Q32: What do we do if we have a problem or a concern with one of your volunteers?***

A: If you have a concern about a volunteer, please report it to the Regional Engagement Lead. If it is very serious and you cannot reach the REL, please call Lillian Parsons directly. OSA and BCPCMWG contact information will be provided with the survey schedule.

***Q33: What kind of volunteer training will there be around resident aggression? Sometimes there's not always a regular pattern or purple dot...you can come across some unpredictable behaviours.***

A: There will be training for our volunteers on how to de-escalate minor issues, know when to end an interview, and to ask for help from staff where residents show signs of anxiety or responsive behaviours.

Even someone without a purple dot can have a bad day, and present with a responsive behaviour. The priority is that our volunteers remain safe. Volunteers will first and foremost be instructed that if their personal safety is at risk, they must leave the room and get staff assistance immediately. This speaks to the critical role of your Facility Coordinators. We will expect the volunteers to sign in on arrival in your facilities and report to your Facility Coordinator. The FC can flag anyone on the volunteer's resident list for interviews who isn't having a good day. We want to work with you and follow your cue when we're in your facility. We are visitors in your facility; you are the experts in what can be done, when and with whom.

***Q34: What is the responsibility of the facility to the safety of the volunteers? For example, if a resident not in a Special Care Unit still has responsive behaviours***

A: The OSA's Consultation Group defined in/exclusion criteria for the residents who will be approached and invited to participate in a survey interview. It was the intent of the CG to exclude residents with documented aggressive behaviours/tendencies, "purple dot" designation and/or residents who, in the view of the Facility Coordinator would pose a risk to a volunteer during the period that volunteers are onsite to conduct interviews in the facility.

A provincial Volunteer Resources Management Subcommittee of the OSA's Residential Care Expert Consultation Group recommended a centralized volunteer management model for this project. The VRMSC is comprised of representatives from all health authorities and the BC Care Providers Association. Two principles guided the recommendation and development of this model:

1. To minimize the burden of volunteer recruitment, screening, orientation, training, and deployment on the LTC facilities and health authorities; and
2. To ensure the safety of our volunteer interviewers.

We are also developing an Infection Prevention and Control training module that will be a part of the mandatory orientation of every volunteer. Volunteers will be given information to protect both themselves and your residents. This includes hand hygiene protocols, wiping down the visual analogue boards we showed you on slide 13, and being provided with the required supplies.

## **Facility Role**

***Q35: You are pretty much asking us to hire someone and pay staff to facilitate the survey.***

A: The Facility Coordinator role (slides 18, 19, 20) is a liaison between your facility and our project team. He or she is the person that we hope will welcome the volunteer interviewers into your facility. We do not have any expectations for your Facility Coordinator to conduct the surveys. All surveys will be conducted by trained volunteers and Regional Engagement Leads assigned to each health authority. Volunteer Resources

Managers in each HA have provided input into the Volunteer Resources Management model. There is NO expectation of facility staff to conduct the surveys. Facility staff will be asked to identify the most frequent visitor for each resident in order for the MFV to be mailed a survey. The MHSU sector survey conducted in 2010/11 used a similar model of Site Leads and Site Champions, who in fact supported the dissemination of surveys to patients at the point of discharge; this responsibility was welcomed as a ROI of the results that would be provided to each unit and facility. The “value” of the results is anticipated to far outweigh any workload at the facility level. As a LTC sector survey is a requirement of Accreditation Canada for each facility and the OSA’s survey will meet this requirement, in fact, the OSA is saving each facility the cost and workload associated with undertaking a resident and family client experience survey and meeting Accreditation Canada’s mandatory reporting requirement.

***Q36: Are you expecting private space to be provided for the interviews? We have shared rooms.***

A: While private space for an interview is ideal, we recognize that it’s not feasible in many facilities. The interview can take place wherever the resident feels safe to answer the questions honestly. This may be in a common area, or in a shared room. If another resident or a staff member comes into the room during an interview, the Volunteer Interviewer will temporarily pause the interview, and either continue when the resident is comfortable or reschedule to a later time. Volunteers will be trained and prepared for this situation.

***Q37: We don’t have wifi at the facility, so will our survey just be done by paper?***

A: The Resident survey will be done through a face-to-face in-person interview conducted by a trained Volunteer Interviewer. The Most Frequent Visitor survey will be mailed to the MFV’s address, so wifi at your facility is not required.

## **Identifying Most Frequent Visitors**

***Q38: We may have no way of determining who the "most frequent visitor" is. Visitors are supposed to sign in when they visit, but they only leave their names, not contact information.***

A: That’s part of the reason we will be posting notification signage. The posters are required in accordance with BC FOIPPA, and they provide promotion about the survey. During our on-site cognitive testing we found that family members approached us to say they’re very keen to participate. We’re hoping that with our posters, inservices that our REL’s and project team will provide on request in your facilities, having an identified Facility Coordinator on site who assists us to promote the survey within your facility to your residents, your visitors, and to your staff, that we will actually have people coming to self-identify their interest to you. We appreciate that generating the MFV list is going to be the biggest challenge for your facilities. We promise the project team and the OSA will do a lot to promote this survey and we’re hoping you’re going to be able to help us with that.

***Q39: Why is it necessary to identify the names of family/frequent visitor? Can this be done as we have done with prior family satisfaction surveys where we encourage participation by promoting it, provide the link to the online survey and paper copies in our sites for families/most frequent visitors to take home and complete/mail in?***

A: The approach of having facilities distribute MFV surveys would result in a convenience sample. Our goal is a matched sample of the MFV for each resident. Also, there is a considerable body of research literature showing that respondents are more inclined to provide honest feedback, when surveys are conducted by a neutral third party. As indicated, our survey protocols have been reviewed by the HIPSOC and a PIA has

been conducted. As such, there is no concern, and actually some benefit, to having the survey conducted by the OSA as a third party, and addresses provided to our survey vendor.

***Q40: If there are relatives who are frequent visitors and have mental health issues, would you then go to the power of attorney for that resident?***

A: No. The person who visits each resident the most often should be the person who will receive a mailed survey. We have established no additional criteria for screening the most frequent visitor. We anticipate that there will be instances where more than one person wishes to complete the survey. Isobel has asked us to include a note in the cover letter that asks the individual who receives the survey to engage other members of their family, friends, etc in the completion of the survey (see below for wording of cover letter). That will be our strategy if multiple people want to answer the survey; however, we will not be screening MFV. The example provided, we hope, would be an exception.

*Cover letter wording: Completion of the survey is voluntary. One survey for each resident's family and visitors is provided. I encourage you to complete the enclosed survey together with other family members and frequent visitors who visit (name of resident).*

## **Project Cost**

***Q41: What is the estimated cost of this project?***

A: The overall cost of the project is \$1.54 million. We are pleased to have been able to negotiate a vendor contract below estimated costs, and to have agreed on a volunteer-based interview model.

## **Results of the Survey**

***Q42: Will we get copies of the questions and the answers, so we'll know for each facility how to improve on things?***

***Q43: Will the survey data be reported by individual facility? When? What is the plan?***

***Q44: When the survey data gets released to facilities 30 days after it was conducted, will it also be going to the HA and/or the OSA at the same time?***

A: You will receive your facility's results for the resident and the MFV in ~30 days after the survey period ends in your facility. You will receive aggregated results, meaning you will not be able to identify individual residents. You will receive the full report with the results for every single question, and you will also get a one-page storyboard for you to post, showing the high level results for each of your resident and MFV populations. And you'll get that for every unit, as well as a roll up for the whole facility. The final report, produced at the end of the entire project, will contain facility, health authority and provincial results and will be submitted to the OSA. Dr. Walter Woodchis from the University of Toronto will author the descriptive summary report and oversee all analysis of results. The OSA will review the results, conduct additional secondary analysis, and be responsible for the public release of the results.

***Q45: What is the timeline regarding when facilities get information and when it's publicly available on the OSA's website?***

A: Facilities will receive their own high level results within ~30 days after their residents have been surveyed. The OSA will not be issuing a summary report on this survey until all facilities have been surveyed and all

facilities have had time to look at these results. The aggregate results will be shared with facilities in advance of any public reporting.

***Q46: Surveys conducted for Quality Improvement do not lend themselves to public release of results.***

A: The OSA has partnered with the BC Patient-Centred Measurement Working Group (BCPCMVG), which has a 13 year history of conducting scientifically rigorous, province-wide, coordinated sector patient experience surveys for the simultaneous purposes of providing information to support local quality improvement efforts and to support accountability about the performance of the health care system; all results from BCPCMVG surveys are publicly released and posted on the BC Ministry of Health and Health Authority public websites.

***Q47: How do we address the fact that residents and MFVs may be expecting project work or outcomes coming out of the facility based on what the survey results show?***

A: The notification posters will list the intended date range for interviews and the mailout of the MFV surveys, and there is some flexibility around scheduling to accommodate unique facility needs. A vendor for data collection and reporting was selected through a competitive bid process, and an Evaluation Committee representative of the BCPCMVG, OSA, and HEU. Our contract with the vendor includes production of two one-page storyboards for every unit, and facility level, for each of the resident survey and the MFV survey results separately. The storyboards will report high level aggregate results.

The results of this survey will be 'co-owned,' if you will. It's yours as much as it is mine. The OSA will be looking at systemic issues, but there will be a facility level response to these surveys – certainly Accreditation Canada will be looking for that - but that's up to you how you want to do that.

## **Cuthbertson, Lena [PH]**

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**From:** Cuthbertson, Lena [PH]  
**Sent:** Monday, April 25, 2016 3:57 PM  
**To:** 'Mackenzie, Isobel HLTH:EX'  
**Subject:** RE: 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016

We're on the same page, Isobel. I didn't change that point...just softened it ☺

Lena

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**From:** Mackenzie, Isobel HLTH:EX [<mailto:Isobel.Mackenzie@gov.bc.ca>]  
**Sent:** Monday, April 25, 2016 3:55 PM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** RE: 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016

Thanks Lena, this has some good things in it. I think I do still want to make the point about communicating directly with the facilities rather than through the BCCPA. s.13

I will do a few more edits and

send bac,

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**From:** Cuthbertson, Lena [PH] [<mailto:lcuthbertson@providencehealth.bc.ca>]  
**Sent:** Monday, April 25, 2016 3:01 PM  
**To:** Mackenzie, Isobel HLTH:EX; Darling, Sara K HLTH:EX; Ronayne, Bruce HLTH:EX  
**Subject:** RE: 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016  
**Importance:** High

Hi Isobel,

s.13

Over to you...

Lena

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**From:** Mackenzie, Isobel HLTH:EX [<mailto:Isobel.Mackenzie@gov.bc.ca>]  
**Sent:** Monday, April 25, 2016 12:47 PM  
**To:** Cuthbertson, Lena [PH]; Darling, Sara K HLTH:EX; Ronayne, Bruce HLTH:EX  
**Subject:** 302172 Fontaine - Res Care Facilities Survey - Apr 25 2016

Invite feedback, will be proofed before sent out. Note, Lena I need you exact title.

I would like to get this out tomorrow. I will be copying to the HA CEOs. I have not been provided with a copy of the letter that BCCPA sent to the CEOs



## Cuthbertson, Lena [PH]

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**From:** Cuthbertson, Lena [PH]  
**Sent:** Wednesday, April 27, 2016 10:32 AM  
**To:** Mackenzie, Isobel HLTH:EX (Isobel.Mackenzie@gov.bc.ca); Ronayne, Bruce HLTH:EX; sara.darling@gov.bc.ca  
**Cc:** Parsons, Lillian [PH]  
**Subject:** FW: BC Care Providers Association  
**Attachments:** BC Care Providers Association.pdf

**Importance:** High

Fyi, I received a call from Seana-Lee Hamilton, Regional Privacy Director for FHA. She has been asked by Michael Marchbank to provide a response to the issues on the attached excerpt from the BCCPA letter. I have a long standing and excellent relationship with Seana-Lee and the Health Information, Privacy and Security Operations Committee on which she sits as the FHA Rep. I am pleased that she has reached out to me.

Unless you advise otherwise, my plan will be to address the issues she has requested my input on, cutting/pasting from the responses we have already drafted from the Q&A's arising from our webinars. Seana-Lee is away after today and has asked me to assist her with her response before the end of the day.

Lena

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**From:** Mancini, Felicia [<mailto:Felicia.Mancini@fraserhealth.ca>]  
**Sent:** Wednesday, April 27, 2016 10:21 AM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** BC Care Providers Association

Greetings Lena,

Seana-Lee Hamilton, Manager, Fraser Health Information Privacy has asked me to forward this to you.

Thank you,

**Felicia Mancini CHM**  
**Coordinator, Information Privacy**  
FH Information Privacy Office  
[felicia.mancini@fraserhealth.ca](mailto:felicia.mancini@fraserhealth.ca)

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## Cuthbertson, Lena [PH]

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**From:** Cuthbertson, Lena [PH]  
**Sent:** Wednesday, April 27, 2016 12:49 PM  
**To:** Mackenzie, Isobel HLTH:FX (Isobel.Mackenzie@gov.bc.ca); sara.darling@gov.bc.ca; Ronayne, Bruce HLTH:EX  
**Cc:** Parsons, Lillian [PH]; Wallace, Bianca M HLTH:EX (Bianca.Wallace@gov.bc.ca)  
**Subject:** FW: Responses to Issues in BCCPA Letter to Michael Marchbank  
  
**Importance:** High

Fyi...

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**From:** Cuthbertson, Lena [PH]  
**Sent:** Wednesday, April 27, 2016 12:47 PM  
**To:** [FHA] Hamilton, Seana-Lee  
**Subject:** Responses to Issues in BCCPA Letter to Michael Marchbank  
**Importance:** High

Hi Seana-Lee,

As you requested, I have provided my responses to the issues in the letter from the BC Care Providers Association to Michael Marchbank. Please let me know if you require further information. Please note that this is a snapshot of the work that has been done to prepare for this survey. I have done my best to address the issues and to provide you and Michael with confidence that the BC Patient Centred Measurement Working Group has done its due diligence on behalf of the Office of the Seniors Advocate, the Ministry of Health and the 5 participating Health Authorities to ensure that this sector survey meets our guiding principles of scientific rigour and bringing the voice of BC's patients, residents and their families to every level of our health care system in alignment with the provincial vision of a patient centred health care delivery system. Asking our seniors who receive 365/24/7 care to provide feedback about their satisfaction, experiences and health related quality of life...is the right thing to do and the BCPCMWG in partnership with the OSA is doing our very best to make this happen and ensure that we have meet all legal and privacy obligations...as we always do!

Thanks for reaching out, Seana-Lee, and for the opportunity to provide you with this information about our preparations for the OSA's LTC survey. I've pasted below each of the questions...and my response.

Lena

Lena Cuthbertson / Provincial Director, Patient-Centred Performance Measurement & Improvement / British Columbia Ministry of Health / Ph: 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5

1. **Consent** – The OSA indicates that verbal consent from a resident is all that is required. Does this constitute informed consent? If so, has this been confirmed in writing by Fraser Health Authority's legal counsel? How will this be handled for those residents deemed incapable of providing consent? Do providers need to obtain consent from family members before we provide their contact information to the OSA?

The Office of the Seniors Advocate's Long Term Care Consultation Group, representative of each of the 5 participating health authorities, the Ministry of Health, community stakeholder groups, unions (BCNU and HEU), academics and family members of residents has been meeting for 14 months to plan every aspect of this sector survey. The Chair of the BC Patient Centred Measurement Working Group has been meeting since January with the Health Information, Privacy and Security Operations Committee (HIPSOC) of BC that has representation from every health authority and the Ministry of Health; the HIPSOC's advice, not legal advice is sought to insure all aspects of our provincial surveys, including the OSA's LTC sector survey, meet the requirements under BCFOIPPA. The BCPCMWG has conducted a Privacy Impact Assessment (PIA) that includes a data dictionary for the personal information needed to conduct this survey, and it

includes names and addresses for the most frequent visitor (MFV) for each resident. The HIPSOC members have indicated that they are satisfied with the information privacy and security protocols we have put in place for this survey and we will audit our survey vendor to validate that the information shared with them about your residents and their MFV's meet the requirements of the privacy protection schedule in our contract. Notification posters will be posted on every unit of each LTC facility and include a statement that personal information that is going to be used for this survey will be used in compliance with the BC Freedom of Information and Protection of Privacy Act (BCFOIPPA). If Residents or MFV's do not wish to participate, they may opt out, and there will be the name of a contact person on the posters to contact if they do not wish to be included in the surveys.

The surveys will be conducted for the purpose of quality improvement. As such, the personal information of your residents and family/visitors that is collected to provide care is of 'consistent purpose' with our surveys under BCFOIPPA. The consistent purpose is evaluation of the care and services being provided to the resident. Because the OSA's survey is not being conducted as research, informed consent is not required. As indicated, we will provide appropriate notification, and our posters will satisfy that requirement.

All residents will be invited to participate in an interview and they may choose to decline. If they agree to participate, then they have provided their verbal, expressed consent. Residents will be informed that participation is voluntary and that all information provided will be held in confidence. MFV's also have the option to decline to participate; they will consent by completing and returning in the postage paid envelope the survey they receive from our vendor in the mail. The wishes of residents and/or their MFV's to be included in the survey will be respected. The guiding principle for this survey is that all residents who meet the inclusion criteria for the survey will be given the opportunity to participate. Interviewers will be trained to ensure that the script and appropriate protocols are followed to ensure that each expressed consent is given to proceed with a survey or not.


## Notification

Notification signage will be posted no less than one month in advance of surveying at each site to inform residents and families/most frequent visitors about:

- ❖ High level objectives of survey
- ❖ Dates for administration at each site
- ❖ FIPPA authority to collect
- ❖ Contact information
- ❖ Instructions for opting out

In-services for facility leaders and staff will be conducted in advance of the survey at each site.

## You are invited!



Mount Saint Joseph's is taking part in a province-wide survey to tell us what we're doing right and what needs improvement from the point of view of residents and their family members.

Your feedback will be used to improve how we provide care to all seniors in care.

Resident interviews will be conducted by volunteers between:


**April 29<sup>th</sup> – May 31<sup>st</sup>, 2016**

Family members will be mailed a separate survey.

For more information or if you prefer not to participate, please contact:

**Site Coordinator: Bernice Lam**  
 Email: [bernice.lam@msjbc.ca](mailto:bernice.lam@msjbc.ca)  
 Phone: (604) 273-4411 ext. 2200

**Project Manager: Lillian Kwan**  
 Email: [lillian.kwan@msjbc.ca](mailto:lillian.kwan@msjbc.ca)  
 Phone: (604) 273-4411



**SENIORS' COUNCIL BC**  
 2015-2016

Authorized by the Ministry of Health  
 the British Columbia Office of the Information Access Officer  
 an independent office of the provincial government

This survey is being conducted in accordance with the Access to Information Act and the Privacy Act. Your participation is voluntary and your responses will be kept confidential.

2. **Research or Quality Improvement Survey** – This initiative is being positioned as a quality improvement survey which requires much less rigor and standards than peer-reviewed research. There is a long-standing practice that quality improvement survey results are not shared with the public – but rather, they are provided directly to care operators in order to be used to improve the quality of care. This process has been used in order to prevent quality improvement survey results from being misconstrued as research – something we know will unfairly impact how the public perceives one particular care home vs another. Is the Fraser Health Authority aware that the information being gathered is being done so under the premise of a quality improvement survey – but that the information will be publicly released on a site by site basis which runs the risk it may be interpreted by the public as “research”?

The planning for this sector survey has been under the leadership of Lena Cuthbertson, Provincial Director of Patient-Centred Performance Measurement for the Province of BC and Co-chair of the BC Patient Centred Measurement Working Group that has implemented province wide coordinated sector surveys over the past 13 years in BC. Expertise on survey tools, methodology and privacy impacts have been exhaustively canvassed and full field testing of the surveys, additional questions based on input from the Consultation Group, and consultation with national and international experts has been completed.

Throughout the 14 month planning process for this survey feedback from various members of the working group, as well as a subcommittee of volunteer resources managers also representative of the five participating health authorities, has been incorporated and the working group has validated the current resident and family survey and its plan for implementation. Best practices from surveys conducted in this and other sectors in BC, nationally and internationally have informed our plans. Input from academics in Canada, including Dr. John Hirdes, Canadian Country Fellow for interRAI at the University of Waterloo, Dr. Rick Sawatzky, Canada Research Chair in PROMS, Dr. John Morris and Dr. Brant Fries, Co-Presidents of interRAI, and Adrian Dalloo, CIHI. The rigour and sample plan (a census of all residents matched with each resident's most frequent visitor) for this sector survey meets all published best practices for surveys used to inform both quality improvement and accountability. BCPCM WG sector surveys are fully publicly released by the Ministry of Health and the participating HA's. The OSA plans to follow this practice and, as with other sectors surveys conducted in BC, the results and data from the surveys does provide a rich source of information for secondary analysis and, if appropriate controls are established, to inform research. The opportunity for this sector survey to meet BC's commitments to the Strategy for Patient Oriented Research (SPOR) are significant and would be a valuable outcome of the OSA's survey to further mine the results and inform local improvement efforts, analysis of the performance of the LTC sector, and policy. The results of this sector survey will be available to each site within 30 days of the close of collection at the facility level; results from facilities will then be rollup to each HA and then to the province. The OSA will release results with comparisons on her public website that meet all thresholds for scientific rigour. Dr. Walter Woodchis from the University of Toronto will author the descriptive summary report and oversee all analysis of results.

3. **Ethics** – The OSA indicates it is prepared to bypass the typical ethics review due to the fact their initiative has been deemed as a quality improvement survey and not research. This is highly unusual in our sector. Considering the vulnerable nature of the population being surveyed, this does not seem advisable. Has the Fraser Health Authority expressed any concerns regarding this to the OSA?

Ethics approvals are required for research. The OSA's LTC sector survey, as with all BCPCM WG surveys, is not conducted as research. The unique needs of every patient, regardless of sector, are addressed on a sector by sector basis. The BCPCM WG has conducted surveys of marginalized, homeless, and other vulnerable populations; a province wide survey of all mental health and substance use patients in short stay inpatient care was conducted in 2010/11; not REB applications have been required, and where submitted, these have been returned as “not research”. Letters from REB's to this effect are available for review. Of course, REB applications are submitted for secondary analysis of data and this has been done by the Centre for Health Services and Policy Research for further analysis of Emergency and Outpatient Cancer Care survey results. An REB application for secondary analysis of the results of the OSA's survey is in progress in order to

conduct further analysis of the results of the VR-12 Quality of Life survey which is being adapted for use in LTC residential care with the guidance of Dr. Rick Sawatzky, Cda Research Chair in PROMS at Trinity Western University, Dr. Lewis Kazis at Boston University, and Dr. Rozanne Wilson, a post doctoral fellow working with Rick and Lena Cuthbertson.

4. **Human Resources** – Given the scope of work involved of operators to support volunteers who will conduct interviews and the fact there are no identified resources from the OSA to support it, our members may be faced with the decision of either redirecting resources from the bedside – or hiring additional personnel at a significant cost to prevent reducing services elsewhere to ensure they meet their obligations as prescribed in the *Office of the Seniors Advocate Act*. Can the Fraser Health Authority confirm that our members will be permitted to use funded care hours to assist the OSA in conducting the quality improvement survey? If not, will additional funds be made available to care home operators that do not have the operational capacity to undertake this activity? Given we anticipate significantly more requests of this nature from the OSA over the coming months, have you accounted for this increased activity and cost item in your annual funding lifts to care providers?

Each facility is being asked to identify a "facility coordinator" to welcome the volunteer interviewers into each facility. All surveys will be conducted by trained volunteers and Regional Engagement Leads assigned to each health authority. Volunteer Resources Managers in each HA have provided input into the Volunteer Resources Management model. There is NO expectation of facility staff conducting the surveys. Facility staff will be asked to identify the most frequent visitor for each resident in order for the MFV to be mailed a survey. The MHSU sector survey conducted in 2010/11 used a similar model of Site Leads and Site Champions, who in fact supported the dissemination of surveys to patients at the point of discharge; this responsibility was welcomed as a ROI of the results that would be provided to each unit and facility. The "value" of the results is anticipated to far outweigh any workload at the facility level. As a LTC sector survey is a requirement of Accreditation Cda for each facility and the OSA's survey will meet this requirement, in fact, the OSA is saving each facility to cost and workload associated with undertaking a resident and family client experience survey and meeting Accred Cda's mandatory reporting requirement.

5. **Resident Interviews** – The OSA staff indicate volunteers will be conducting interviews lasting up to 90 minutes. This will most certainly be an onerous task for many of our frail elderly residents. Has Fraser Health Authority expressed its concern to the OSA regarding the possible impact to our resident population?

When Volunteer Interviewers approach a resident they will be trained to use the following script to seek consent to participate in the survey interview:

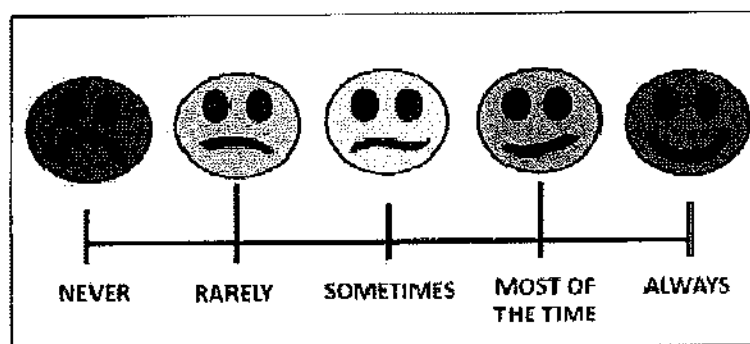
- "I am here today on behalf of the BC Office of the Seniors Advocate.
- We are doing a survey that asks questions about the experience of living here at <<name of facility>>.
- The purpose of this survey is to find out how YOU feel about living here!
- With this information, we will be able to learn how to improve the quality of care residents living in care homes receive.
- The interview takes about 30 to 90 minutes.
- Would you like to take the survey?
- Is now a good time?"

Before the Volunteer Interviewer starts the survey:

- "Before we begin, I want you to feel confident that the information you provide today will be completely confidential.

- Also, your participation is completely voluntary.
- If at any time, you want to stop the interview, or you have something more to tell me, please interrupt me.
- If there are certain questions you find difficult or don't feel comfortable answering, let me know.
- If you get tired or don't want to answer any more questions, we will take a break or stop.
- Before we begin, do you have any questions?"

We feel confident we can engage residents to participate in the surveys. The testing conducted in the Summer of 2015 by the BCPCMWG of the survey tools and our administration protocols demonstrated that we were able to complete surveys with all residents except CPS level 6. Our success in engaging residents reflects our commitment to collecting both quantitative (evaluative) and qualitative (narrative) feedback from residents, by conducting the surveys in both a structured format and by presenting this survey as an opportunity for an interaction and a conversation. The evaluative responses (questions that yield quantitative data) will be scored, and the narrative comments (qualitative data) will be transcribed, masked to ensure anonymity, and coded for further analysis. The length of the interviews during the testing phase ranged from between 30 to 90 minutes. The strategies developed and the training video we produced with the Alzheimer Society of BC on Communication Strategies for People with Dementia will help our volunteer interviewers to conduct the survey with residents who present with short attention span. The use of the visual analogue board during our testing also made it easier for residents to rate the evaluative questions on the surveys. If a resident does not want to or is unable to continue with the interview, the volunteer interviewer will respectfully end the interview and will not push the resident to complete the survey.



6. **Volunteer Training** – The quality improvement survey proposes to use 1,500 volunteers who are provided with a cursory amount of training, in particular as it relates to Dementia. In light of this, it will be impossible for the OSA to assure seniors there was anything near province-wide consistency of information gathering. Does the REL have authority under current legislation to receive confidential and sensitive information about individual residents?

## Volunteer Training

### ► 1-day in person mandatory training session to include:

- Intro to OSA, purpose, and project objectives
- Privacy, confidentiality and safety
- Administrative processes
- How to conduct a structure interview, including mock interviews
- Communication strategies



Volunteer interviewers will collect quantitative and qualitative responses from residents. Qualitative responses are the narrative comments or the stories residents share during the course of an interview. These comments will be transcribed by volunteer interviewers verbatim. Our vendor will mask all identifiers before organizing the comments into themes that will provide a rich source of additional information about residents' experiences; masking will follow BCPCMWG protocols which have been audited on three occasions by Dr. David Flaherty, BC's first privacy Commissioner. The collection and reporting of confidential information from respondents in BC is addressed in our PIA's for all sector surveys.

7. **Service Alerts** – There is no published definition for “service alerts” a distributed to care providers. If a “service alert” has anything to do w status/incidents, it must be immediately reported to the operator, n Engagement Leads (REL) – as is currently proposed. Has the Fraser H any concern over this process to the OSA?

We call “service alerts” any comments from a resident shared during an interview that raises concerns. All volunteer interviewers will be instructed during our training day on how to deal with issues that raise concerns. Examples are comments from residents that contain information about staff-to-resident or family/visitor-to-resident abuse (verbal, physical, emotional, sexual, financial). The REL will be trained to immediately bring any issues reported by volunteer interviewers to the attention of the Facility Coordinator or other senior leader, and we expect that the normal policies and procedures for dealing with these situations in your facilities will be implemented. Our responsibility as the project team will be to ensure that the appropriate people in the facility are notified, not to address the issue.

8. **Privacy:** Can the Fraser Health Authority confirm that our members will not be in contravention of provincial privacy legislation by releasing confidential family/frequent visitor contact information to a third party vendor for the proposed mail-out survey?

Seniors Advocacy members from the BCPCA were invited to participate in

See previous responses regarding the completion of a PIA (under review by the HIPSOC) and the privacy protection schedule in our HSSBC contract with the survey vendor.

9. **Consultation with Stakeholders** -- Representatives from the BCCPA were invited to the *OSA Volunteer Management Work Session* on Jan 7<sup>th</sup>, 2016. Many of the it

I cannot see the remainder of this point. We did hold a session on January 7<sup>th</sup> and FHA had representation from:

1. **The Office of the Seniors Advocates LTC Consultation Group (meeting since January 2015)**

FHA representatives:

- Michelle Merkel
- Liz Findlay

2. **The Volunteer Resources Management Subcommittee of the LTC CG (meeting since January 2016)**

FHA representatives:

- Lorraine Bullinger
- Lynn Hawthorne
- Sue Mills
- DeAnn Adams



## Cuthbertson, Lena [PH]

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**From:** Parsons, Lillian [PH]  
**Sent:** Wednesday, April 13, 2016 7:47 AM  
**To:** Wallace, Bianca M HLTH:EX; Cuthbertson, Lena [PH]  
**Subject:** RE: Questions from the three info sessions

Hi again B and L,

Some of the talks/conversations from the conference have taught me more about the issue of aggressive behaviour. I am wondering if we should re-frame the issue of residents with aggression and come up with a process to include/exclude residents with aggression.

My understanding now is that there are 4 components of aggressive behaviour (which create the ABS scale on the RAI-MDS): physically abusive, verbally abusive, socially inappropriate behaviour, and resistance to care -- all of which receive the purple dot in BC. As part of the BC OSA's Residential Care Survey, we will not be approaching residents with the first three forms of aggression, but I do think we should make an attempt to approach residents who might be resistant to care. I have no clue how we/volunteer interviewers would discern in a standardized manner between these residents and residents who might have other forms of aggressive behaviour. I do not know if residents with the more verbal/physical forms of aggression could still potentially be approached (maybe on a "good day"?). Do you think this would be worthwhile pursuing perhaps with a few members of the LTC CG? I know we are coming very close to the starting line of the survey, but this issue could be incorporated into the business rules of surveying.

What do you all think?

If you agree, I could reach out to some of the LTC CG members and get their input as to if there is a way (besides an interviewer asking a care provide in an informal manner) and, if so, how.

Thanks,  
Lillian

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**From:** Wallace, Bianca M HLTH:EX [Bianca.Wallace@gov.bc.ca]  
**Sent:** April 12, 2016 2:55 PM  
**To:** Parsons, Lillian [PH]; Cuthbertson, Lena [PH]  
**Subject:** RE: Questions from the three info sessions

Hi Lillian and Lena,

Thanks for taking the time to answer all of these Qs Lena! Attached are tracked changes from myself and Bruce.

Regarding the questions asking about how the data will be received/reported, Bruce has asked me to check whether Isobel gave approval on facility's receiving their individual data 30 days after their survey period? I believe Bruce was aware it was coming to the OSA after 30 days but just wants to check Isobel has agreed to it going to facilities at the same time, from the vendor.

Hope the conference is going really well! Can't wait to hear about it.

Bianca

-----Original Message-----

From: Parsons, Lillian [PH] [mailto:LParsons@providencehealth.bc.ca]  
Sent: Monday, April 11, 2016 9:36 AM  
To: XT:HLTH Cuthbertson, Lena; Wallace, Bianca M HLTH:EX  
Cc: Ronayne, Bruce HLTH:EX  
Subject: RE: Questions from the three info sessions

Hi all,

Thanks Bianca and Lena for putting this all together. I think a lot of the questions that we got, while perhaps worded a little tersely, were expected concerns (at least from my POV). I think this is a really good doc that we can turn into an FAQ that can also be distributed widely to facilities.

Lillian

-----Original Message-----

From: Cuthbertson, Lena [PH]  
Sent: Sunday, April 10, 2016 6:07 AM  
To: Wallace, Bianca M HLTH:EX; Parsons, Lillian [PH]  
Cc: Ronayne, Bruce HLTH:EX  
Subject: RE: Questions from the three info sessions  
Importance: High

Hi Again,

Here are the Q's from the Info Webinar sessions last week....and Lena's A's. I grouped similar themed questions, as much as possible, but suggest that the Q's be re-ordered to follow a logical sequence. I've run out of time to do that. I believe I've addressed the majority of the Q's...and have highlighted those that I couldn't or would like Isobel's input. I retained the themes/challenging Q's that Bianca noted.... at the end of the document for OSA response.

Pls take a look. Bianca, could you pls manage the edit process? My suggestion would be that everyone use track changes to send their suggested edits to you in order to manage version control. I would like a final review before this goes out (OK, Isobel gets final review, I'll do a penultimate review).

Thank you.

Lena

Lena Cuthbertson / Provincial Director, Patient-Centred Performance Measurement & Improvement / British Columbia Ministry of Health / Ph: 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5

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From: Cuthbertson, Lena [PH]  
Sent: Saturday, April 09, 2016 10:55 AM  
To: Wallace, Bianca M HLTH:EX; Parsons, Lillian [PH]  
Cc: Ronayne, Bruce HLTH:EX  
Subject: RE: Questions from the three info sessions

Hi Folks,

I have transferred the Q's/concerns from the email below to a Word doc and will edit or create responses on my flight today. I think it would be worth a conversation with Isobel and Sara to determine who distributes the response. Let's cross that bridge after I've taken a closer look at the questions and the overarching themes.

P.S. I looked at the Quick Fact Directory and the Vanc Sun coverage last night. I'm confused about why facility operators would be unhappy with the report, when Isobel's key message is that funding should be increased for staffing/hours of care. And, Daniel Fontaine reiterated that. Bruce, how did the meeting with Daniel go? He indicated to me that he had questions about the survey and our privacy module for the volunteer interviewers (which has been approved by the HIPSOC and is ready to go...I provided it to him as a courtesy). Do you have an update?

Lena

Lena Cuthbertson / Provincial Director, Patient-Centred Performance Measurement & Improvement / British Columbia Ministry of Health / Ph: 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5

From: Wallace, Bianca M HLTH:EX [Bianca.Wallace@gov.bc.ca]

Sent: Friday, April 08, 2016 1:29 PM

To: Cuthbertson, Lena [PH]; Parsons, Lillian [PH]

Cc: Ronayne, Bruce HLTH:EX

Subject: Questions from the three info sessions

Hi Lena and Lillian,

I apologize for the issues on the call today. I found out once we got started that we apparently have an 80-participant cap on the call (despite the fact that it should be 250) and a few people were therefore unable to connect today. I will need to contact the IT people here before our next session. That doesn't explain why you got cut off at the end though, another issue I'll raise.

Below are the questions that were asked over the three sessions. Please add to them if I accidentally missed something. I've transcribed the answers you gave from the first session, but unfortunately I couldn't audio record the second or third ones. You or I can send out answers when ready, just let me know.

There were three main question/concern themes today:

- 1) Repeat questions from s.22 about why the MFV survey can't be done without mailing the survey to MFVs (e.g. the MFV hears about the survey and either goes online or picks up a hard copy from the facility). Apparently this was done for a 2013 survey.
- 2) How residents with dementia will be approached, why they are being included, ethics
- 3) Facilities want to receive a letter detailing how the OSA will use and publish the data in advance, so they can explain to their executives and board, and so they can be prepared.

I will flag the highlighted questions to get responses from Isobel.

s.22 and s.22

What is the responsibility of the facility to the safety of the volunteers? For example, if resident not in SCU still has responsive behaviours

s.22

We do our own surveys, both resident and family, every year. I would be concerned that the survey times do not overlap.

We will be sending out the notification letters with the dates we're suggesting. If we've chosen to come into your facility in a certain week and you serve a certain cultural group and it's a major festival time and that's not going to work for you, then we want to know about that. And if you're conducting surveys and it happens to be the same week that we're going to be there, then we want to know about that and we'll do our best to try and coordinate a different time for you

s.22

I am also concerned that a 90 min survey is much too long for our residents. Most have a short attention span to this type of activity.

Our cognitive testing shows that with the survey tools we were administering, we were able to get people across the whole cognitive spectrum except CPS 6, and I believe the reason for that is that this is a survey instrument that allows people to tell us their narrative stories. So we're really presenting this survey as a structured interview with the opportunity for an interaction and a conversation. The evaluative responses will be scored, and the narrative comments will be recorded. So the 90 minutes is the encounter, it's not the time of the survey. In our testing done over the summer, we were able to include people of all cognitive levels, including short attention spans.

s.22

How are volunteers recruited?

There will be a dedicated website: surveyBCseniors. If facility operators have suggestions of local ways we can increase public awareness and interest that would be great. We have reached out to every university college with nursing, social work, care aide programs to engage with professors and clinical instructors looking for students who may be interested in doing volunteer work over the summer and getting a reference. We've reached out to retired nurses, social workers and care aides. We've advertised our Regional Engagement Lead positions over CharityVillage and we've got the strength of our consultation group and our volunteer resources managers.

s.22

In regards to confidentiality - where does the site stand in regards to giving you names and addresses of family. We do not normally release this to anyone.

Lena: We are meeting with the Health Information Privacy and Security Council of BC and have completed a Privacy Impact Assessment (PIA), and we've included the data elements for residents as well as the MFV. They've already seen the draft PIA and at this point we're expecting that they will be satisfied with the information privacy and security protocols that we've put in place. And what I can commit to all of the facility operators is that we will make that PIA available to you. The notification posters that we will be providing to you, in the hopes that you will assign a Facility Coordinator that will post them in every unit of your facility, include notification that the information that's going to be used for this survey is used with the BC Freedom of Information and Protection of Privacy Act. If people do not wish to participate, they can opt out, and there will be the name of a contact person they can contact if they do not wish to be contacted.

s.22

What is special care, on slide 9? Those residents wouldn't be included?  
Behavioural units

s.22

Will we get copies of the questions and the answers, so we'll know for each facility how to improve on things?  
That's the goal. We're negotiating with the vendor, and the plan is that you will receive the results 30 days after the survey period at your facility. It will be aggregated, you will not be able to identify individual residents. But you will get the information that paints the picture for you. You'll get both the thick report with the results for every single question, and you will also get a one-page storyboard that you can put up on your wall that shows the results for your residents and for the MFV. And you'll get that every unit, as well as a roll up for the whole facility.

s.22

If there are relatives who are frequent visitors and have mental health issues, would you then go to the power of attorney for that resident?

We are not asking you to screen the most frequent visitor. We're setting a criteria that says "the person that visits each resident the most often is the person that we would like to send the survey to." Unless you have some legal authority to say that that individual should not be engaged, then we should go with the above criteria. The person that visits the most often should not be screened, and that should be the name and address that should be put forward.

Isobel: We will probably need to include in the letter to the MFV an explanation as to why there's only one. What I can see happening is that there's multiple people that want to answer the survey, although they're only linked to one client. We will include that in our cover letter to the MFV. But we will not be screening out MFVs.

s.22

We have several residents that have advanced dementia and would not be able to provide either a verbal or non-verbal response to the volunteer's questions. I am concerned that questioning these residents would be a waste of time for the volunteers.

When Isobel said her vision is that every resident in the province of BC be given a voice, we too wondered if this would be possible. We do know there are some provinces that never ask residents, they only ask the family members. We know there are some that just ask residents that are CPS level 1 and 2. I'm happy to say Isobel was right, we were able to elicit very clear responses to the questions on the survey from people of every cognitive level except level 6. And so our guiding principle is in respect of Isobel's vision, that every individual will be approached, volunteers will be trained on how to approach people. However, if it's clear after the first five or six questions that the individual is unable to make evaluative responses, that will be part of the training as well and a decision will be made about whether the survey continues or not. It won't be considered a waste of time for volunteers but information that assists us in terms of determining to what extent we're able to engage people across different cognitive levels.

s.22

We may have no way of determining who the "most frequent visitor" is. Visitors are supposed to sign in when they visit, but they only leave their names, not contact information.

That's part of the reason we're going to put up notification posters. During our on-site cognitive testing we found that family members have actually approached us to say they're very keen to participate. We're hoping this issue is not going to be the majority, and that with having our posters, the dedicated Facility Coordinator on site, with the promotion that will be done about the survey, that we will actually have people coming to self-identify their interest. We appreciate that this is going to be a challenge and we're going to have to do a lot to promote this survey and we're hoping you're going to be able to help us with that.

s.22

What is the estimated cost of this project?

We're in the process of negotiating a process with a vendor and as soon as we've concluded that negotiation we will be able to say what the budget is. There was quite a diversity of pricing in the bids, and so we think our budget will be less than what we originally anticipated. We will have the answer to that questions once we have a signed contract with the vendor, and that's imminent in the next few weeks.

s.22

Lena, what are "service alerts" and shouldn't the service provider be contacted in this case?

s.22

Why is it necessary to identify the names of family/frequent visitor? Can this be done as we have done with prior family satisfaction surveys where we encourage participation by promoting it, provide the link to the online survey and paper copies in our sites for families/freq visitor to take home and complete/mail in?

We can mail them without identifying names. Just give us the funds for postage.

Villa Cathay Care Home

What resident information do we need to submit and what process do we go through for the consent to release the information?

s.22

Do you believe that the volunteers will be able to keep residents engaged for 90 minutes?

s.22

Can the survey be done in Italian?

Will the surveys be done Mon - Fri? w/e? what hours of the day?

s.22

Our facility specialized in residents with a dementia I am therefore presuming that it will be the MFV that is involved

s.22

If a service alert is in regards to resident safety or health related incident, we will need to be informed asap.

s.22

What if the family who has the medical representation agreement will not allow the survey to the residents.

s.22

Most of our residents have behaviours and the reliance of answers/understanding of the questions is complex an focus is minimal An earlier slide indicates special care is excluded

s.22

I am wondering if that meets the definition of "Informed Consent".

s.22

If residents refuse will that number be recorded in the survey results and the reason for their refusal

s.22

If a resident declines the interview, will a family or frequent visitor be asked to respond for them?

s.22

Did I understand correctly that the quantitative and qualitative data will be separated? I have concerns that the qualitative data offers too many choices for many of our residents. Their stories qualitative data may be more informative.

s.22

It is not clear to operators if the family survey is distinct from the resident survey?

s.22

What happens if residents have been declared mentally incompetent but aren't living in special care units? Will they be excluded?

s.22

What are the ethics around having a 1.5 to 2 hour interview with a resident with dementia, who may not even be able to tell you their name?

s.22

When the survey data gets released to facilities 30 days after it was conducted, will it also be going to the HA and/or the OSA at the same time? Because it appears that the data for the OSA's Quick Facts Directory was given to the media.

s.22

Will the survey data be reported by individual facility? When? What is the plan?

One person commented that we're pretty much asking them to hire someone and pay staff to facilitate the survey. Also, Czorny is all dementia and has serious concerns about their residents being surveyed, which I said we would discuss with them offline.

Thank you Lenal  
Bianca

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Bianca Wallace, MPA | Research Officer  
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**Cuthbertson, Lena [PH]**

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**From:** Parsons, Lillian [PH]  
**Sent:** Thursday, April 14, 2016 8:18 AM  
**To:** Bianca.Wallace@gov.bc.ca; Cuthbertson, Lena [PH]  
**Subject:** Fwd: Webinar to Youtube/Vimeo

Hi both,

Haven't tested this link yet, but have my fingers crossed!

Lillian

Begin forwarded message:

**From:** "Novakowski, Dawne [PH]" <DNovakowski@providencehealth.bc.ca>  
**Date:** April 14, 2016 at 10:48:27 AM EDT  
**To:** "Parsons, Lillian [PH]" <L.Parsons@providencehealth.bc.ca>  
**Subject:** RE: Webinar to Youtube/Vimeo

Hi Lillian;

Here is the youtube link!

<https://youtu.be/Q3Q4-INOhJM>

Thanks,  
Dawne

-----Original Message-----

**From:** Parsons, Lillian [PH]  
**Sent:** Wednesday, April 13, 2016 9:00 AM  
**To:** Novakowski, Dawne [PH]  
**Subject:** Fw: Webinar to Youtube/Vimeo

Morning Dawne,

Sorry to be a drag, but could we change the webinar from vimeo to youtube? Bianca, who sits as the OSA is getting the permission denied message too!

An infinite amount of thank yous,  
Lillian

Sent from my BlackBerry 10 smartphone on the TELUS network.

Original Message  
**From:** Wallace, Bianca M HLTH:EX <Bianca.Wallace@gov.bc.ca>  
**Sent:** Wednesday, April 13, 2016 11:42 AM  
**To:** Parsons, Lillian [PH]  
**Subject:** RE: Webinar to Youtube/Vimeo



Hey Lilly,

The link says "Permission Denied - Sorry, there is no video here. Either it was deleted or it never existed in the first place. Such are the mysteries of the Internet." Lol, love that last bit.

Is there a new link?

Thanks!

B

-----Original Message-----

From: Parsons, Lillian [PH] [mailto:LParsons@providencehealth.bc.ca]

Sent: Wednesday, April 13, 2016 7:36 AM

To: XT:HLTH Cuthbertson, Lena; Wallace, Bianca M HLTH:EX

Subject: Webinar to Youtube/Vimeo

Morning both,

Dawne has been a star and has changed the recording of the first webinar to Vimeo, which should be accessible by any user using the following link:

<https://vimeo.com/162542931>

Please let me know if you have trouble. I have not personally listened to more than 1 minute of the video, but from that 1 minute it looks/sounds good to me.

Thanks,  
Lillian

## Cuthbertson, Lena [PH]

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**From:** Parsons, Lillian [PH]  
**Sent:** Monday, April 18, 2016 8:59 AM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** REL Update - Emails out!

Hi Lena,

Just wanted to provide you with a very quick update of the folks I sent the "offer emails" to:

Fraser	s.22	
Interior		
Vancouver Coastal		
Island Health		

Exciting ☺

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**Lillian Parsons | Project Manager**  
BC Patient Centred Measurement Working Group  
Provincial Patient-Centered Performance Measurement & Improvement  
Providence Health Care  
Mobile: 604.317.2094  
Office: 604.682.2344 (Ext. 63836)

## Cuthbertson, Lena [PH]

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**From:** Parsons, Lillian [PH]  
**Sent:** Monday, April 18, 2016 9:37 AM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** RE: 3x very quick questions

Hi Lena,

Large scale survey forms are, from my understanding, the surveys printed in very large print. This is for people to read along if they are hearing impaired.

Lillian

-----Original Message-----

**From:** Cuthbertson, Lena [PH]  
**Sent:** Monday, April 18, 2016 9:30 AM  
**To:** Parsons, Lillian [PH]  
**Subject:** RE: 3x very quick questions

Pls see CAPS below...

Lena Cuthbertson / Provincial Director, Patient-Centred Performance Measurement & Improvement / British Columbia Ministry of Health / Ph: 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5

**From:** Parsons, Lillian [PH]  
**Sent:** Monday, April 18, 2016 8:43 AM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** 3x very quick questions

Hi Lena,

I have a couple quick questions for you that came out of the discussions I had with NRC last week:

- Do the visual analogue boards need to be translated and printed? YLS. CAN WE PRINT THESE ON CARD STOCK AND DISPOSE OF THEM BETWEEN RESIDENTS TO MITIGATE COSTS?
- Do we need to have large scale survey forms on hand for volunteer interviewers to use? WHAT ARE LARGE SCALE SURVEY FORMS?  
And if so, do we need to create them in the translated languages as well?
- Do we need to recruit any interviewers who can speak sign language?  
I THINK THIS CAN BE A SCREENING QUESTION, BUT NOT A REQUIREMENT. IF WE FIND SOME...GREAT. A CRITICISM OF OUR SURVEY WILL BE THAT WE CANNOT CONDUCT THEM IN ALL LANGUAGES. THIS WILL BE ONE MORE LIMITATION.

Thank you,  
Lillian

.....  
Lillian Parsons | Project Manager

BC Patient Centred Measurement Working Group Provincial Patient-Centered Performance Measurement & Improvement  
Providence Health Care  
Mobile: 604.317.2094  
Office: 604.682.2344 (Ext. 63836)

## Cuthbertson, Lena [PH]

**From:** Parsons, Lillian [PH]  
**Sent:** Monday, April 18, 2016 1:51 PM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** Swag for Volunteers - for your Input

Hi Lena,

I have a question about swag for the volunteers as we need to start placing orders for button, tote bags, lanyards....thank you cards etc.

Do you have a budget that you would like me to stick within? Or just find what we need for the best price?

I did some googling on prices for some of the products, which might give you a flavour of the range of costs:

Product	Purpose	Estimated Cost
Buttons	As per the recommendations report from LW, this would be the second form of IDing interviewers. It is just a large pin button with the OSA's logo on it.	3-inch buttons (x1,500) NOT including tax or shipping = \$480.00 (@0.32 cents per unit) (produced in Vancouver)
Tote Bags	For the volunteers to carry their visual analogue boards, lunch etc.	These really range from \$3.00 per unit to \$10.00 per unit, also depends on the colour of the logo. I found one bag, which has pockets, has green in it (like the OSA logo) and we could just write "BC Office of the Seniors Advocate" on it and circumvent colour printing costs (~\$6,000.00 @ 3.83 per unit) ( <a href="https://www.4imprint.ca/tag/106/Totes/product/C107707/Fun-Tote">https://www.4imprint.ca/tag/106/Totes/product/C107707/Fun-Tote</a> )
Lanyards	To hold their ID badges (the big printed name tags)	Run of the mill lanyard with the safety clip (like the PHC ones) = \$2200.00 (@ 1.48 per unit)
Hand Sanitizer	For volunteers to have in their bag	Ranges in options from 1oz (\$1740.00 @ 1.16 per unit) to 2 oz (\$1860.00 @ 1.24 per unit) OR hand spray (\$1860.00 @ 1.24 per unit). We can make these green and customize the logo too.
Disinfectant Wipes	For visual analogue boards (needs packs of x10 per volunteer)	Still waiting on a response from IPAC on the type we need to use.
Thank You Cards (Dogwood on front and note on inside)		I was thinking we could get postcards (for the residents) and then thank you cards printed. Postcards will be cheaper than regular cards.

Please let me know what you think. I was hoping to order materials so that they would be ready for mid-May. I can easily print ID tags, buttons etc in very small amounts for the pilot.

Thank you,  
Lillian

.....  
**Lillian Parsons | Project Manager**  
BC Patient Centred Measurement Working Group

Provincial Patient-Centered Performance Measurement & Improvement  
Providence Health Care  
Mobile: 604.317.2094  
Office: 604.682.2344 (Ext. 63836)

## Cuthbertson, Lena [PH]

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**From:** Cuthbertson, Lena [PH]  
**Sent:** Friday, April 22, 2016 7:52 AM  
**To:** Parsons, Lillian [PH]  
**Subject:** RE: Project Coordinator JD - for review  
**Attachments:** Project Coordinator - Job Description DRAFT (April 18 2016)LNC.docx

Here you go...my suggestions re the JD.

I'll leave it to you to decide whether we need a part-time or full-time role. You'll see I made the JD more generic.

Would she be happy to match her salary...or give her a small increase over her current rate? I don't know how the expectations of her current role compare to what we are asking/expecting.

Would you like me to meet her next week?

Lena

Lena Cuthbertson / Provincial Director, Patient-Centred Performance Measurement & Improvement / British Columbia Ministry of Health / Ph: 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5

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**From:** Parsons, Lillian [PH]  
**Sent:** Monday, April 18, 2016 2:49 PM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** Project Coordinator JD - for review

Hi Lena,

I've been thinking more about the role for the admin/clerical support and came up with a job description and potential title (both up for feedback). I did some Google research and found some comparable jobs/titles. You'll notice that I didn't directly put anything related to interviewing so that will keep us out of hot water with HEU, but she can be trained to conduct interviews and will be able to step in.

I also thought that perhaps we could bring <sup>s.22</sup> on as part-time and then ask her to come on more as needed. She will still continue <sup>s.22</sup> so she's flexible.

Also, what is the range of salary you think I should offer her? She is currently making <sup>s.22</sup>

What do you think?

Lillian

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Lillian Parsons | Project Manager  
BC Patient Centred Measurement Working Group Provincial Patient-Centered Performance Measurement & Improvement Providence Health Care  
Mobile: 604.317.2094  
Office: 604.682.2344 (Ext. 63836)

# **Provincial Patient-Centred Performance Measurement and Improvement**

Role description, for the position of

## **Patient Centred Measurement Project Coordinator**

### **Summary of Role Responsibilities**

In accordance with the Mission, Vision and Values, and strategic direction of Providence Health Care, the position promotes a safe environment for patients, residents, families, visitors and staff.

Reporting to the Provincial Director, Patient Centred Performance Measurement & Improvement, the Patient-Centred Measurement Project Coordinator is an integral member of the BC Patient Centred Measurement Working Group responsible for supporting the Director and Project Managers in the execution of the BCPCMWG's annual work plan that includes projects of varying sizes and complexity.

### **Role Responsibilities**

1. Assist the Provincial Director and the Provincial Project Managers in planning and implementing the annual work plan of the BCPCMWG.
2. Managing the logistics for each sector survey, such as organizing the Volunteer Interviewer Training Workshops for the Office of the Seniors Advocate's Residential Care survey, including booking locations, liaising with stakeholders, and arranging catering requirements.
3. Developing and maintaining a tracking system for tracking project expenses.
4. Maintaining accurate and current list of contacts for all sector surveys.
5. Arranging meetings for the BCPCMWG and sector specific meetings, as required, such as the volunteer training sessions, information sessions, in-services etc. for the OSA's Residential Care survey.
6. Working with specific BCPCMWG project teams to promote the surveys as required.
7. Providing overall project coordination and administrative support to BC PCM WG initiatives as required.

### **Skills and Qualifications**

- Minimum of high school diploma, supplemented by relevant post-secondary courses or degree.
- Minimum of 3-5 years of recent related experience in an administrative or clerical support role or an equivalent combination of training and experience
- Excellent judgement in setting priorities, identifying issues and determining action required when working under pressure and deadlines.
- Demonstrated experience in developing and utilizing databases for tracking team activity and projects.
- Proven ability to respond to a wide variety of issues and to deal with ambiguous situations and conflicting demands, and to seek leadership direction and support with priority setting when needed.
- Excellent computer skills using Word, PowerPoint, Outlook and Excel.
- Demonstrated ability to work independently and as a member of the team.



## Cuthbertson, Lena [PH]

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**From:** Parsons, Lillian [PH]  
**Sent:** Friday, April 22, 2016 1:19 PM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** RE: Project Coordinator JD - for review  
**Attachments:** s.22

Hi Lena,

All of these folks accepted informally, in response to an email from David Haffey. HR is preparing the formal offer letters, which they are supposed to send out by end of day today or early next week. I literally just pushed send on an email from David asking for an update.

s.22

I've attached her resume.

s.22

yes, he has signed the contract and it has been scanned and sent to me. When I see him in person, I'll get the original from him for you to sign. He has started working on the configuration of the 5x Better Impact accounts. We also ended up getting the Enterprise version at no extra cost, which apparently means there are a lot more features that will be useful for us.

Lillian

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**From:** Cuthbertson, Lena [PH]  
**Sent:** Friday, April 22, 2016 1:15 PM  
**To:** Parsons, Lillian [PH]  
**Subject:** Re: Project Coordinator JD - for review

So, am I reading correctly that all these folks accepted the position? What is an almost email??? Our graduate nurses and s.22 were paid \$25 per hour. Am I correct that s.22 Did you finalize the contract with s.22

Lena Cuthbertson /Provincial Director, Patient-Centred Performance Measurement & Improvement / BC Ministry of Health / Ph: 604.806.9401 / Cell: 604.612.0005 / c/o Providence Health Care, 1190 Hornby Street, 3rd Floor (307B), Vancouver, BC V6Z 2K5

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**From:** Parsons, Lillian [PH]  
**Sent:** Friday, April 22, 2016 2:54 PM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** RE: Project Coordinator JD - for review

Hi Lena,

I think the coordinator position is along the similar lines of the unit coordinator positions, but I could ask David Haffey?

Re: the RELs, we landed on s.22 (the first steps was s.22 or something very close) for all four positions. David strongly recommended that we do not negotiate, but said this is our best and final offer. I just got the (almost) email confirmation from the candidates who we offered the positions to, which means we are in business! Here are the names of each of our new RELs:

s.22

Fraser	
Island	
Interior	

Vancouver Coastal	
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They will all start on Monday, May 9<sup>th</sup> – the first day of a weeklong training session. I will start organizing logistics for this next week. Lillian W is slated to do some of the facilitating as is s.22 for the Better Impact content. LW has already developed the bulk of the curriculum, so I will need to pull everything together.

The hiring along of these individuals was a HUGE learning process for me (and still is....you'll quickly notice NHA is missing) and I am sure the on-boarding process is going to be just as challenging.

Lillian

-----Original Message-----

From: Cuthbertson, Lena [PH]  
 Sent: Friday, April 22, 2016 12:48 PM  
 To: Parsons, Lillian [PH]  
 Subject: Re: Project Coordinator JD - for review

Hi.

Where did you land with the REL salaries? I think the salary for this job needs to be rated significantly below the RELS, but I don't know how the responsibilities for this role compare to a Unit Clerk's job.

Lena

Lena Cuthbertson /Provincial Director, Patient-Centred Performance Measurement & Improvement / BC Ministry of Health / Ph: 604.806.9401 / Cell: 604.612.0005 / c/o Providence Health Care, 1190 Hornby Street, 3rd Floor (307B), Vancouver, BC V6Z 2K5

Original Message

From: Parsons, Lillian [PH]  
 Sent: Friday, April 22, 2016 1:41 PM  
 To: Cuthbertson, Lena [PH]  
 Subject: RE: Project Coordinator JD - for review

Hi Lena,

Thank you for reviewing. I accepted ALL changes.

I'm more comfortable starting her part-time (maybe 3 days a week) and then ramping up if need be. I think we could offer her a touch more? Perhaps s.22 I don't think the position should be making more than s.22 given the scope and responsibilities.

I think meeting her next week is a great idea. Do you have any particular days/times that you would like me to ask her to come in?

Merci,  
 Lillian

-----Original Message-----

From: Cuthbertson, Lena [PH]  
 Sent: Friday, April 22, 2016 7:52 AM  
 To: Parsons, Lillian [PH]  
 Subject: RE: Project Coordinator JD - for review

Here you go...my suggestions re the JD.

I'll leave it to you to decide whether we need a part-time or full-time role. You'll see I made the JD more generic.

Would she be happy to match her salary...or give her a small increase over her current rate? I don't know how the expectations of her current role compare to what we are asking/expecting.

Would you like me to meet her next week?

Lena

Lena Cuthbertson / Provincial Director, Patient-Centred Performance Measurement & Improvement / British Columbia Ministry of Health / Ph: 604 806 9401 (Office) 604 612 0005 (Cell) / c/o Providence Health Care; 1190 Hornby Street, 3rd Floor, 307B, V6Z 2K5

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From: Parsons, Lillian [PH]  
Sent: Monday, April 18, 2016 2:49 PM  
To: Cuthbertson, Lena [PH]  
Subject: Project Coordinator JD - for review

Hi Lena,

I've been thinking more about the role for the admin/clerical support and came up with a job description and potential title (both up for feedback). I did some Google research and found some comparable jobs/titles. You'll notice that I didn't directly put anything related to interviewing so that will keep us out of hot water with HEU, but she can be trained to conduct interviews and will be able to step in.

I also thought that perhaps we could bring <sup>s.22</sup> on as part-time and then ask her to come on more as needed. She will still continue as a <sup>s.22</sup> so she's flexible.

Also, what is the range of salary you think I should offer her? She is currently making <sup>s.22</sup>

What do you think?

Lillian

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Lillian Parsons | Project Manager  
BC Patient Centred Measurement Working Group Provincial Patient-Centered Performance Measurement & Improvement  
Providence Health Care  
Mobile: 604.317.2094  
Office: 604.682.2344 (Ext. 63836)

## Cuthbertson, Lena [PH]

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**From:** Parsons, Lillian [PH]  
**Sent:** Friday, April 22, 2016 3:47 PM  
**To:** Cuthbertson, Lena [PH]; Novakowski, Dawne [PH]  
**Subject:** IPAC Video Script - for review  
**Attachments:** IPAC Video - DRAFT (April 21 2016).docx

Hi Lena and Dawne,

Ted and Bal, from IPAC, have put together the attached "script" for the infection control video that we're shooting early next week. I've taken a look through what they've put together and am fine with it from my POV. Could you please both take a look at it and let me know what you think? Given the tight timelines and the busy nature of everyone's schedules, we have scheduled the filming for next Tuesday, April 28<sup>th</sup> at 6:45 am.

This video will vary slightly from the other training videos, in that Ted and Bal (plus one of their team members) is going to act out the scenes and then they would like to record voice-overs that go with those actions. Dawne if you have any feedback on this aspect, I'm more than open to hearing it!

Thank you both,  
Lillian

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**Lillian Parsons | Project Manager**  
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## Volunteer Interviewer Training – IPAC Video

BC OSA Residential Care Survey 2016

Scene	Shot/Action	Audio & Voice Content
Hands interacting with people and surrounding environmental surfaces	Demonstration of hand hygiene and surface disinfection / Voice over	<p>Germes are everywhere. They are not noticeable because they are so small they can't be seen by the naked eye. Because we need a microscope to see germs, they are also called microscopic organisms, or micro-organisms. Germs are not only all around us, but they also live inside and on the surface of our bodies. Micro-organisms can be good and bad and some do many important things. For example, the micro-organisms in our gut help us digest our food. However, there are some micro-organisms, like bacteria or viruses that could be harmful.</p> <p>Through our daily contact with the people we meet or the surfaces we touch we come in contact with the bad germs that could be harmful. These germs spread infections that can make people sick. Knowing how infections are spread helps us understand how to prevent infections to keep ourselves and others healthy. For this reason it is very important for volunteers to understand and use infection prevention measures, when working in health care facilities.</p> <p>This video, will show you what we call "the moments" when as a volunteer in a long term care facility you must wash your hands. This is called "hand hygiene". This video will also show you when and how you must clean certain surfaces. This is called, "surface disinfection". As a volunteer working in any health care facility, you must follow both hand hygiene and surface disinfection routine to prevent the spread of germs. Knowing and following these routines will help keep both you and our long term care residents healthy.</p>
Volunteer arrives at facility	Moving through entrance to reception interacting with receptionist / Voice over	<p>When you volunteer in a long term care facility, it is important to be healthy. You should never report for your volunteer shift if you feel sick.</p> <ul style="list-style-type: none"> <li>• If you are, please sick stay home!</li> <li>• If you have been in close contact with other people who are sick, please shower and change into clean cloths before coming to the facility.</li> </ul> <p>If you are feeling well, the first thing you will do when you walk into a facility is clean your hands. You can do this by washing your hands with soap and water or rubbing your hands using an alcohol hand rub. All facilities will have an alcohol hand rub right when you walk in the entrance.</p> <ul style="list-style-type: none"> <li>• Moment #1: When you enter a facility for your volunteer shift, clean your hands by <u>washing</u> with soap and water or <u>rubbing</u> your hands using an alcohol hand rub.</li> </ul>
At reception, Charge Nurse	At reception, Charge Nurse comes to	Introduce yourself and ask to speak with the Facility Coordinator. For your safety and

## Volunteer Interviewer Training – IPAC Video

BC OSA Residential Care Survey 2016

comes to desk to speak with volunteer	desk and interacts with volunteer / Voice over	that of others, it is important to check with the Facility Coordinator every time you report to the facility to find out if there are any clients who you should not visit or who may require special precautions. <ul style="list-style-type: none"> <li>When you arrive at the facility, speak to the Facility Coordinator <u>before</u> you begin resident interviews.</li> </ul>
Volunteer interacting with client in room	Volunteer performs hand hygiene before approaching client and is seen interacting, requesting their participation and sitting down to conduct survey. / Voice over	<ul style="list-style-type: none"> <li>When approaching the residents on your list to invite them to participate in a survey interview. Once a resident agrees to participate in an interview make sure he or she is comfortable. Moment #2: Before you approach a resident, clean your hands by <u>washing</u> with soap and water or <u>rubbing</u> your hands using an alcohol hand rub.</li> </ul>
At bedside conducting interview	Volunteer follows the steps involved in beginning an interview / Voice over	<ul style="list-style-type: none"> <li>Moment #3: Before you begin the interview with the resident, clean your hands with the alcohol hand rub you have been provided in your kit.</li> </ul> <p>Clean your hands in front of the resident, saying, “I am cleaning my hands before we start the interview”. This step is intended to prevent the transmission of microorganisms from person to person. For this reason clean your hands so the resident can see you cleaning your hands.</p>
At bedside conducting interview	Volunteer follows the steps involved in preparing interview materials / Voice over	<p>Now it’s time to set up the things you need to do the interview with your resident. Take a survey booklet, a pen, and the response boards from your kit.</p> <p>Before starting the interview remove the packet of disinfectant wipes from your kit and set them aside until the interview is complete. Everything inside your kit is considered “clean”; anything you take out of your kit must be cleaned before you put it back into your kit.</p> <ul style="list-style-type: none"> <li>Take a disinfectant wipe out of your kit BEFORE you start your interview.</li> </ul> <p>You are now ready to start the interview.</p>
At bedside conducting interview	Volunteer is seen finishing interview, using hand rub, and then wiping down response boards before returning them to kit bag. / Voice over	Once you have finished the survey interview, close the survey booklet, clean your hands with alcohol hand rub and wipe the response board with a disinfectant wipe. If the survey has been conducted at a bedside, turn the survey booklet over in your lap. You will use it as a clean surface when disinfecting the response boards. Next remove a disinfectant wipe from the packet and wipe your pen before returning it to the kit bag. Set the wipe aside for disposal.
Disinfection of response boards	Shot 1: Hands removing disinfectant wipe from packet and wiping center of response board. / Voice over	Follow these steps when disinfecting the response boards. Remove a fresh wipe from the packet and fold it in half. Using one side of the folded wipe disinfect the front of the response board.

## Volunteer Interviewer Training – IPAC Video

BC OSA Residential Care Survey 2016

Disinfection of response boards	Shot 2: Hand folds wipe over response board grasping front and back and cleaning edges of board / Voice over	Next place the response board into the folded wipe. Grasping both front and back of the response board disinfect the edges of the response board.
Disinfection of response boards	Shot 3: Response board placed, clean side down, and back surface of board wiped / Voice over	Place the response board, clean side down, onto the survey booklet in your lap. With the side of the wipe that has not had contact with the board, disinfect the back of the response board before returning the board to your kit bag.
Return survey materials to kit bag	Volunteer returns response boards, survey booklet and packet of disinfectant wipes to the survey kit bag / Voice over	Once you have finished disinfecting the response boards and returned them to your kit, place the completed survey booklet back into the kit bag. Finally, return the disinfectant wipes to the kit bag and prepare to leave the resident.
Disposal of used wipes	Volunteer disposes used wipe into waste bin, thanks client for participation, cleans hands with hand rub, picks up survey kit and leaves. / Voice over	Once survey materials are back in your kit bag, thank the resident, dispose of the disinfectant wipes in the nearest garbage can and clean your hands with alcohol hand rub before moving on to your next interview. <ul style="list-style-type: none"> <li>• Moment #4: After you finish the interview with a resident, clean your hands by <u>washing</u> with soap and water or <u>rubbing</u> your hands using an alcohol hand rub.</li> </ul>
Recap		<p>There are 5 moments where you must clean your hands by <u>washing</u> with soap and water or <u>rubbing</u> your hands using an alcohol hand rub.</p> <ol style="list-style-type: none"> <li>1. When you enter the long-term care facility at the start of your volunteer shift.</li> <li>2. Before you approach a resident to invite them to participate in an interview.</li> <li>3. Before you start the interview with a resident.</li> <li>4. After you finish the interview with the resident.</li> </ol> <p>And, now the last moment, moment #5:</p> <ol style="list-style-type: none"> <li>5. You MUST also clean your hands with soap and water if your hands touch anything and are visibly dirty.</li> </ol> <p>By following these moments of hand hygiene, you will help to keep yourself and our residents healthy!</p>

## **Cuthbertson, Lena [PH]**

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**From:** Parsons, Lillian [PH]  
**Sent:** Monday, April 25, 2016 5:30 PM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** s.21  
**Attachments:**

Hi Lena,

Attached is the summary + table for the results of the cog testing for the MFV survey. I've also attached the Excel spreadsheet, which has all of the results in much greater detail as an FYI.

Please take a look and review when you are able. Next steps will be to get this approved by Isobel et al and then off to translation.

Thank you,  
Lillian

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**Lillian Parsons | Project Manager**  
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Withheld pursuant to/removed as

s.21

## Cuthbertson, Lena [PH]

**From:** Parsons, Lillian [PH]  
**Sent:** Tuesday, April 26, 2016 4:14 PM  
**To:** Cuthbertson, Lena [PH]; 'Darling, Sara K HLTH:EX (Sara.Darling@gov.bc.ca)'; 'bianca.wallace@gov.bc.ca'  
**Subject:** FW: BCCPA Seeks Clarification Regarding Proposed OSA Satisfaction Survey

Hi ladies,

Kris from PHSA (who sits on the BC Patient Centred Measurement Working Group) forwarded this e-newsletter to me. Passing it along as an FYI.

Lillian

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**From:** BC Care Providers Association [<mailto:jesse=bccare.ca@cmail20.com>] **On Behalf Of** BC Care Providers Association  
**Sent:** Thursday, April 21, 2016 4:16 PM  
**To:** Gustavson, Kris  
**Subject:** BCCPA Seeks Clarification Regarding Proposed OSA Satisfaction Survey

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**BC CARE PROVIDERS  
ASSOCIATION**

### **BCCPA Seeks Clarification Regarding Proposed OSA Satisfaction Survey (Member Access Only)**

The BC Care Providers Association (BCCPA) sent a letter today to the Office of the Seniors Advocate (OSA) as well as the provincial Health Authorities regarding the OSA's proposed quality improvement satisfaction survey. The survey is scheduled to begin in a few weeks and be completed by this September. The OSA anticipates conducting up to 26,000 interviews across the province.

In the letter to the OSA, **Daniel Fontaine**, CEO for the BCCPA, requests the delay of the implementation of the survey until there has been time to adequately address concerns of care providers.



**All members of the BCCPA are encouraged to review the correspondence.**

**Click here** to access the BCCPA letter to the Office of the Seniors Advocate.

**Click here** to access a sample letter sent to the provincial Health Authorities.

## BCCPA Lists Board of Director Candidates Ahead of AGM

The BC Care Providers Association (BCCPA) has unveiled its list of seven candidates for the Board of Directors ahead of the Annual General Meeting on May 31 at the **2016 BCCPA Annual Conference** in Whistler.



This year's candidates include:

- **Ann Marie Leijen** - Chief Executive Officer, ValleyCare
- **Hendrik Van Ryk** - Chief Operating Officer, H & H Total Services
- **Henry Lu** - Chief Financial Officer, Retirement Concepts
- **Joe Mcquaid** - Executive Director, The Alberni-Clayoquot Continuing Care Society
- **Hilary Manning** - General Manager, Chartwell Malaspina Gardens Care Residence
- **Elissa Gamble** - National Director of Home Health Operations, Bayshore Health Care
- **Chris Mitchell** - Provincial Director, Revera Inc.

[Click here](#) to read full bios for all Board of Director candidates.

The BCCPA would like to thank the following directors who will be retiring from the Board in May. They have put in many years of service and helped to not only strengthen our Association, but the entire continuing care sector:

- **Dave Cheperdak**
- **Will McKay**
- **Andre Van Ryk**

The 2016/17 Executive Committee will be as follows:

- **Karen Baillie** will become President
- **Aly Devji** will become Vice-President
- **Riz Gehlen** will become Secretary/Treasurer
- **Elaine Price** will become Past-President

## BCCPA to Unveil New Look at 2016 Conference

The BC Care Providers Association (BCCPA) will unveil a new logo and colour scheme on the opening day of the **2016 BCCPA Annual Conference** on May 30 in Whistler.

# BC Care

"It's been well over a decade since we last refreshed our brand," says BCCPA Communications Coordinator **Jesse Adamson**. "We think our members will like the new logo which is bold, stylish

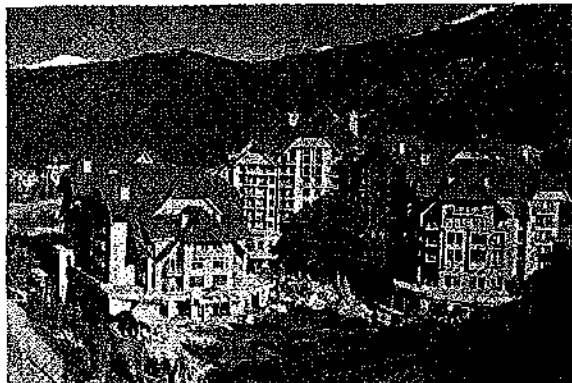
and tells a story of caring for people in B.C."

Attendees at the opening plenary will be the first people to get a close-up look at our new logo. They will also receive a special complimentary branded gift after the "big reveal".

**Click here** to register for the 2016 BCCPA Conference.

## **Annual Conference Hotel Update: Four Seasons Resort**

As mentioned in previous communications, the Fairmont Chateau Whistler Resort is sold out of rooms for the **2016 BC Care Providers Association (BCCPA) Annual Conference** May 29-31. The BCCPA has been working with the nearby Four Seasons Resort to secure rates for our overflow guests.



Four Seasons Resort rates and instructions:

**Individual guests must contact the Reservations Department at Four Seasons Resort and Residences Whistler directly in order to secure room reservations. Please dial 800-268-6282 and be sure to ask for the "BC Care Providers Conference" special group rates. When making reservations, each guest will need to provide a valid credit card in order to guarantee the reservation. Full Room and Tax will be taken upon reservation as deposit and is non-refundable.**

- Resort King Room - \$189
- Superior King Room - \$199
- Deluxe King Room - \$209
- Premier King Room - \$239
- Four Seasons Executive Suite - \$289
- Deluxe Four Seasons Executive Suite - \$319

**\*These room categories and rates are based on availability**

A waitlist is being taken at the Fairmont and cancellations do happen. Interested parties are encouraged to call the Fairmont to get on the waitlist and to identify themselves as being part of the BCCPA group.

## **Conference Cancellation and Modification Policies**

Please note if you wish to modify or cancel your registration:



BC CARE PROVIDERS  
ASSOCIATION



39<sup>th</sup>

Annual Conference  
May 28-31, 2016

**Cancellation Policy:**

If notice of cancellation is received in writing prior to March 31st, 2016 a full refund less a \$100 administration fee will be given. If

notice of cancellation is received in writing

between April 1st and April 30th, 2016 a refund of 50% of your registration fee will be given. As of May 1st 2016, a replacement delegate is the only option as NO REFUNDS will be processed after that date. Cancellations must be in writing / received by email with proper documentation – sent to the Manager of Events & Administration: [cathy@bccare.ca](mailto:cathy@bccare.ca)

**Modification Policy:**

Registrations may be modified at no charge up to 30 days in advance of the conference. Any changes made less than 30 days in advance of the conference will result in \$75.00 administration fee. Any changes/modifications made on-site at the conference will result in a \$150.00 administration fee. Please contact the Manager of Events & Administration if you need to modify your registration after April 30th, 2016: [cathy@bccare.ca](mailto:cathy@bccare.ca)

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604.736.4233

## **Cuthbertson, Lena [PH]**

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**From:** Parsons, Lillian [PH]  
**Sent:** Wednesday, April 27, 2016 12:33 PM  
**To:** 'khecmovic@nationalresearch.ca'; Cuthbertson, Lena [PH]  
**Subject:** Quick Questions Answered

Hi both,

Re: Cover Letter – the OSA's logo and Isobel's Mackenzie's signature only.

Re: # of days between mailout – 14 days

Lillian

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**Lillian Parsons | Project Manager**  
BC Patient Centred Measurement Working Group  
Provincial Patient-Centered Performance Measurement & Improvement  
Providence Health Care  
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## Cuthbertson, Lena [PH]

**From:** Cuthbertson, Lena [PH]  
**Sent:** Wednesday, April 27, 2016 11:34 AM  
**To:** Parsons, Lillian [PH]  
**Cc:** 'Phoebe Lawton'; 'Karen Hecimovic'; 'Shilpa Patel'  
**Subject:** RE: data elements needed to conduct the mailed Family/Most Frequent Visitor  
**Attachments:** (Godin Keefe Kelloway Hirdes 2015) Nursing home resident quality of life testing for measurement equivalence across resident family and staff p.pdf

Hi Again,

The attached (recent) article provides some suggestions for respondent characteristics that may be helpful for discussion with Walter.

Lena

**From:** Cuthbertson, Lena [PH]  
**Sent:** Wednesday, April 27, 2016 11:15 AM  
**To:** Parsons, Lillian [PH]  
**Cc:** 'Phoebe Lawton'; Karen Hecimovic; Shilpa Patel  
**Subject:** data elements needed to conduct the mailed Family/Most Frequent Visitor

Hi All,

Lilly asked me to send the data elements to be collected at the facility level for the MFV survey that are included in the OSA's LTC Sector Survey PIA 2016.

The following table describes the data elements needed to conduct the mailed **Family/Most Frequent Visitor** survey:

Data Element	Reason Element Required
First Name	Personalization of envelope and cover letter.
Last Name	Personalization of envelope and cover letter.
Primary Address	Permits mailing of self-report survey to family members/most frequent visitors.
City of Residence	As above.
Postal Code	As above.
Province of Residence	As above.
Language Code	For planning purposes to permit the survey to be mailed in the language the family is most comfortable reading/writing.
Facility Name	Needed for analytical purposes in the reporting stage.
Resident PHN	Universal identifier that will permit linkage between resident and MFV results.

Lena's view on additional elements that reflect characteristics of the respondent population (ie., survey completed by family member or friend; individual or group; age of respondent(s); marital status; distance of primary residence from facility; etc, etc, etc) is that these items should be added as questions to the survey, **rather than burdening the facility staff to collect this data** (and burden ME with the need to ask the privacy folks for permission to collect additional PI). I suggest Walter W be asked what are the key respondent characteristics that he recommends for inclusion as q's on the survey based on his experience, reading, etc.

Lena

**Cuthbertson, Lena [PH]**

---

**From:** Cuthbertson, Lena [PH]  
**Sent:** Tuesday, April 26, 2016 1:21 PM  
**To:** Parsons, Lillian [PH]; Lillian Whitmore  
**Subject:** FW: New White Paper: The Role of the Volunteer in Improving Patient Experience  
**Attachments:** Volunteer White Paper.pdf

*list below*

Hi Lillians x 2! I would like to suggest that it is time for an update for the Volunteer Resources Subcommittee...and this hot off the presses publication from the Beryl Institute could accompany a status report and links to the privacy training module and the website, as well as announcement of the successful recruitment of four REL's, signing our contract with a vendor, creation of the Regional Training Leads, launching of Better Impact, etc. There is much to report!

Lena

**From:** The Beryl Institute [mailto:info@theberylinstitute.org]  
**Sent:** Friday, April 15, 2016 8:45 AM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** New White Paper: The Role of the Volunteer in Improving Patient Experience

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**Cuthbertson, Lena [PH]**

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**From:** Parsons, Lillian [PH]  
**Sent:** Tuesday, April 26, 2016 4:50 PM  
**To:** Cuthbertson, Lena [PH]  
**Subject:** LTC CG Status Report - Draft  
**Attachments:** BC Office of the Seniors Advocate Res Care Survey - Status Report DRAFT (April 2016).docx

Hi Lena,

Attached is the draft version of the status report for the LTC CG and the LTC Volunteer Resources Subcommittee, to go out the second the website goes live!

Please review when you have a chance and let me know what you think.

Thank you,  
Lillian

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# Status Report



## The BC Office of the Seniors Advocate's Residential Care Survey

### Project Summary:

The Office of the Seniors Advocate's Residential Care Survey will be implemented on a rolling schedule over a 6 month period. The target date for surveying to begin is April 2016. The Resident surveys will be conducted as in-person interviews by trained volunteers; in addition, each Resident's most frequent visitor will receive a mailed, paper-based survey with an online option; this means the surveys will be conducted as a matched sample and both will be conducted simultaneously with a rolling implementation moving from facility to facility across the province with a target end date of November 2016.

### Accomplishments this Period:

Key Milestone	Target Date	Status
Finalization of the contract between the survey vendor, the National Research Corporation Canada, who will be supporting the collection, collation, and reporting of the survey results.	04/15/2016	Complete
Cognitive Interviews for the BC +interRAI MFV Survey Tool for BC. The final version of the BC + interRAI MFV Survey tool is attached.	04/25/2016	Complete
Launch of the publicly accessible volunteer/project website: <a href="http://www.surveybcseniors.com">www.surveybcseniors.com</a>	04/29/2016	NEAR complete
Wave 1 of Survey Administration in 2 Providence Health Care Sites (Youville and Mt. St. Joseph's)	Start dates MSJ: 04/29/2016 Youville: 05/02/2016	In Progress
Final meeting with HIPSCO (BC's Privacy Council, with representation from each health authority) to present the provincial Privacy Impact Assessment: Resident & Most Frequent Visitor Survey	05/05/2016	In Progress
Finalizing Licensing Agreement with interRAI for the use of the Resident and Family QoL survey instruments.	05/09/2016	In Progress
Recruitment of Regional Engagement Leads, the team members responsible for the management of volunteer interviewers across the five regional health authorities.	05/09/2016	All REL positions, except for NHA have been filled.
Development of an Infection Prevention and Control training video created specifically for the project and demonstrates processes relevant to Volunteer Interviewers.	05/13/2016	In Progress

# Status Report



## The BC Office of the Seniors Advocate's Residential Care Survey

### Planned Communication Activities:

Title & Description	Next Steps	Target Date
<b>Kick-Off Information Sessions</b> <ul style="list-style-type: none"> <li>4x 1-hour webinars that provided an outline of the project objectives, impact on staff, family members, and residents, and timelines</li> </ul>	<ul style="list-style-type: none"> <li>Distribute the FAQs that were developed out of the questions arising in the webinars to all facilities</li> <li>Distribute the link with a recording of the Kick-Off Information Webinar (<a href="https://youtu.be/Q3Q4_INOhJM">https://youtu.be/Q3Q4_INOhJM</a>)</li> </ul>	April 29 <sup>th</sup> , 2016

Title & Description	Objectives	Target Date
<b>Media Release</b> <ul style="list-style-type: none"> <li>The OSA's Director of Communications will facilitate a media release to the public.</li> </ul>	<input type="checkbox"/> Call for volunteer interviewers <input type="checkbox"/> Inform the general public about the survey	May 5 <sup>th</sup> , 2016
<b>Notice of Survey Schedule</b> <ul style="list-style-type: none"> <li>Personalized email notification to facility leader and identified facility coordinator, if available.</li> <li>Opportunity to re-schedule dates at a particular facility.</li> <li>Opportunity to request further information sessions for staff, families, and/or residents (e.g. teleconference or site visit)</li> </ul>	<input type="checkbox"/> To provide notice of the proposed survey dates <input type="checkbox"/> To allow time for facilities to reschedule, if necessary <input type="checkbox"/> To identify opportunities for further engagement at the facility level.	May 2 <sup>nd</sup> to May 6 <sup>th</sup> , 2016 (updated)

## Cuthbertson, Lena [PH]

**From:** Cuthbertson, Lena [PH]  
**Sent:** Wednesday, April 27, 2016 11:34 AM  
**To:** Parsons, Lillian [PH]  
**Cc:** 'Phoebe Lawton'; 'Karen Hecimovic'; 'Shilpa Patel'  
**Subject:** RE: data elements needed to conduct the mailed Family/Most Frequent Visitor  
**Attachments:** (Godin Keefe Kelloway Hirdes 2015) Nursing home resident quality of life testing for measurement equivalence across resident family and staff p.pdf

Hi Again,

The attached (recent) article provides some suggestions for respondent characteristics that may be helpful for discussion with Walter.

Lena

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**From:** Cuthbertson, Lena [PH]  
**Sent:** Wednesday, April 27, 2016 11:15 AM  
**To:** Parsons, Lillian [PH]  
**Cc:** 'Phoebe Lawton'; Karen Hecimovic; Shilpa Patel  
**Subject:** data elements needed to conduct the mailed Family/Most Frequent Visitor

Hi All,

Lilly asked me to send the data elements to be collected at the facility level for the MFV survey that are included in the OSA's LTC Sector Survey PIA 2016.

The following table describes the data elements needed to conduct the mailed **Family/Most Frequent Visitor** survey:

Data Element	Reason Element Required
First Name	Personalization of envelope and cover letter.
Last Name	Personalization of envelope and cover letter.
Primary Address	Permits mailing of self-report survey to family members/most frequent visitors.
City of Residence	As above.
Postal Code	As above.
Province of Residence	As above.
Language Code	For planning purposes to permit the survey to be mailed in the language the family is most comfortable reading/writing.
Facility Name	Needed for analytical purposes in the reporting stage.
Resident PHN	Universal identifier that will permit linkage between resident and MFV results.

Lena's view on additional elements that reflect characteristics of the respondent population (ie., survey completed by family member or friend; individual or group; age of respondent(s); marital status; distance of primary residence from facility; etc, etc, etc) is that these items should be added as questions to the survey, **rather than burdening** the facility staff to collect this data (and burden ME with the need to ask the privacy folks for permission to collect additional PI). I suggest Walter W be asked what are the key respondent characteristics that he recommends for inclusion as q's on the survey based on his experience, reading, etc.

Lena

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