Vancouver Coastal Health

Resident and Family Voice Workshops

Community Engagement Report

March 2011

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Resident and Family Voice Workshops

Executive Summary
Report on Consultations
November and December 2010

VCH Community Engagement Department

1. Introduction

The Complex Residential Care Working Group (CRCWG) of Vancouver Coastal Health (VCH) and Providence Health Care (PHC) is made up of senior leadership within residential care. This group was interested in establishing increased rigor in the process of gathering and utilizing resident and family voice, to inform the operations of residential care in order to positively impact the quality of life for residents.

The CRCWG felt there was a weakness in the current family council model, the usual way to bring the voice of the residents and family members to inform planning and care delivery within residential care facilities. An inventory of current practice was conducted, which included information on the status of the councils, existence of terms of reference, number of participants and attendance of a facility representative. The inventory confirmed there is inconsistency in both the functioning of family councils and their effectiveness in ensuring the voice of residents and family members is considered in planning for services and care.

The need to further examine this issue became more urgent when the BC Ombudsperson released the first of two reports on her investigation into the care of seniors in British Columbia in December 2009. It included 10 specific recommendations in three categories; seniors' rights, transparency and the role of family councils.

To address this gap, the CRCWG worked with VCH Community Engagement in the development and implementation of an engagement process to inform effective resident and family involvement at all VCH and PHC owned and contracted complex care facilities. Community Engagement was asked to explore sustainable and effective mechanisms for family involvement that could enhance quality of life for residents. Key findings are outlined below, while more detailed workshop notes are included in Appendix 1.

2. Consultation

2.1 Engagement:
Community Engagement, in collaboration with the CRCWG project team, designed a consultation process featuring participatory workshops. The goal was to develop a consensus among families/loved ones, VCH staff and other stakeholders on a shared vision for resident/family involvement. The objectives of the engagement were:

- To develop shared values that would guide meaningful involvement in residential care facility operations

- To develop a range of effective mechanisms for meaningful resident/family involvement at all VCH and contracted residential facilities

- To propose a number of indicators that would effectively capture the level of satisfaction with those involvement mechanisms, which can be monitored by VCH and will support improved quality of care.

Workshop findings are to support VCH Managers and contracted facility leaders to actively involve residents and family members in the ongoing operations of residential facilities. Once this report has been discussed, the CRCWG will support implementation of participatory workshops or consultations at the facility level to establish meaningful resident/family involvement methods adapted to each facility.

2.2 Participants
The primary participants were **r**esidents and family members or friends, as well as all existing family council members. Also invited were VCH and PHC staff from owned and operated residential care facilities, staff from VCH area residential care facilities that are contracted by VCH, and residential facilities that are privately operated within the VCH Region. Community organizations that provide direct service to residential care facilities within the VCH jurisdiction were invited to attend, as well as non-governmental organizations and advocacy groups.

2.3 Recruitment
Seven workshops were held in the region in November and December 2010. Recruitment for the workshops began in early October with the support of the CRCWG and administrators of VCH/PHC facilities. Posters were created to promote each of the workshops and a letter was sent out to the facility administration detailing the workshop goals and intended participants.

The workshops were participatory, allowing people the opportunity to contribute fully to the discussion. A total of **58** people participated in the workshops (details in Appendix 2).

2.4 Public Consultation Process

Each workshop covered four main components during three to four hours. Convenient locations and different times were offered to potential participants. A facilitation guide (Appendix 3) was prepared for each session. Participants were encouraged to pre-register; actual participant numbers differed from pre-registration counts. The workshop facilitation guide allowed flexibility for different group sizes.

Each workshop began with a brief overview from a member of CRCWG project team or local administrator regarding the purpose of the workshop. A member of the VCH Community Engagement team facilitated the session. An evaluation was provided to participants (Evaluation Summary, *Appendix 5).*

3. Workshop Feedback

3.1 Values

These are the key values identified by participants that should guide the gathering and utilizing of resident and family voice by residential care facilities' administration. A full list of values submitted by participants can be found in Appendix 4.

1. **Resident/Family Centred**	5. **Accountability**
2. **Trust**	6. **Integrity**
3. **Respect**	7. **Safety**
4. **Open Communication**	8. **Inclusiveness**

3.2 Indicators

In VCH and PHC, the only indicator of resident/family involvement in Residential Care is the number of times a Family Council meets. Workshop participants came up with indicators that could measure resident and family involvement for each of the 8 primary values identified. Listed below are the two most frequently suggested indicators for each value; a more complete list is in Appendix 1.

Value - Resident/Family Centred
- Number of residents and family members directly involved with decisions regarding staffing and facility operations
- Number of staff per facility, or per resident

Value - Trust
- Number of difficult issues or concerns involving residents and family members that are reported
- Number of training opportunities provided to staff (and completion rates) on topics such as caring respectfully and competently for residents, equipment training and other relevant training

Value - Respect
- Measurable amount of time that a resident or family member can speak at care conferences
- Number of training opportunities provided to staff (and completion rates) on topics such as caring respectfully and competently for residents, cultural competency and sexual orientation

Value - Open Communication
- Number of communication mechanisms a facility has in place to keep family members informed and gather information e.g. meetings, celebrations, Skype, phone, newsletter, suggestion boards, e-mail, newsletters (hard and e-copies), special events
- The length of time spent one on one for the orientation of each admission

Value- Accountability
- Number of days between a communicated issue or concern and a response from staff
- Rating of satisfaction level with the response or action taken – part of management performance review. Would have a feedback mechanism to measure satisfaction of response from the person who brought up the issue (w/satisfaction rating)

Value - Integrity
- Number of complaints and incidents. Process for tracking how many incidents and how are they dealt with and by whom.
- Number of staff who know what the protocol or process is for communicating issues or requests and what the response time is

Value - Safety
- Number of education sessions offered for Residents/Families about what happens to concerns/complaints, what is the timeline process, who is responsible, what is the remedy for inaction, and what is the confidentiality protocol
- Number of care aides, LPNs, RNs in each facility relative to number of residents

Value - Inclusiveness
- Number of languages spoken by staff
- Number of residents participating in social activities

3.3 Methods

Resident/Family Councils are one method of gathering resident and family voice to inform the operations of residential care. Participants were asked to generate other methods that could be offered to facilities. The top three suggested methods for each theme are listed (a complete list can be found in Appendix 1).

Use of Technology
- Facility website with mechanism for residents/family members to offer suggestions or communicate with administration or other family members (e.g. chat room on facility website)
- Evaluations/surveys following care conferences
- Educational webinars and conferences

Face to Face
- Focus groups that are issue or topic specific, or to discuss results of surveys
- Resident & Family Council or "Neighborhood" (Floor/wing) meetings
- Residents/families as members of operational committees

Communication Options
- Suggestion box with structured procedure (i.e. – checked 3 x a week, given to ___, checked by ___, a response will happen within ___ days).
- Log book for staff to family communication
- Information to be given on admission; who is the administrator and what are the procedures for communicating concerns

Administrative Support
- Regularly scheduled care conferences
- Walkabouts by manager engaging residents/families
- Staff culture and education to understand the importance of resident family involvement

3.4 Demonstration

Currently residential facilities may employ methods of gathering and using resident and family voice to inform planning and care, but the actual demonstration of this process may not be evident to residents or family members. Participants were asked to articulate what could demonstrate that resident/family voice is being gathered, listened to, and used to inform day to day operations and planning. We list below the top three methods; a complete list is found in Appendix 1.

Gathering voice
- There is a communicated method of capturing resident /family needs as they relate to cultural, physical, social, geographical issues
- Evaluations provided to all family members at specific timelines (eg. 1 month after admission, 3 months, 6 months, 1 year)
- Proactive reaching out to families/residents via e-mail, mail, facility website posts

Hearing Voice
- Process detailing how concerns from residents/family members will be dealt with is provided on admission
- Care conferences are not formulaic – should be reflective of the individual family/resident circumstance
- Minutes generated from Resident/Family council or other voice gathering method are documented, actions directed to administration for follow through and outcomes posted in a prominent place

Utilizing Voice
- A commitment to safe and ethical communication between staff and residents and families with a pre and post measure of the number of issues – once the commitment to safety is made clear
- 'Nothing about us without us'; the facility is resident and family -centred and they are included in planning
- People feel they have been heard

4. Next Steps

The following process is recommended by the Community Engagement team.

- In a follow up to the workshops, the CRCWG will need to confirm they have received this feedback by selecting the values that will be measured and the indicators used to measure them. Clearly stating the values and selecting indicators that are to be used for ongoing monitoring should help facilities administrators to focus on improving the level of involvement of residents and family members.
- The CRCWG can further support facilities in the implementation or enhancement of resident family involvement, by providing a guide and a toolkit to support implementation of gathering, hearing and utilizing resident and family voice.
- The guide would provide step by step support for facilities to utilize the findings of the workshops. It would list the key elements of enhanced resident and family involvement; it would support facilities to embed the values emerging from the workshops in the collection and utilization of resident and family voice. It could also outline how VCH wants indicator data collected and reported, including to residents and families.
- The toolkit would provide details of the various methods that facilities could use to gather, listen to and utilize resident and family voice. The toolkit would also support administrators to demonstrate to residents and families that the methods chosen are being used to inform day to day operations and enhance the quality of life for residents.
- The Community Engagement department, in partnership with the CRCWG, could support the development of the guide and toolkit. By designing options for various types of facilities, CE can assist the CRCWG to transfer the learning of the workshops to the day to day operations of residential facilities.

- The CRCWG should consider setting a timeline for implementation of the indicators and the process for their validation and reporting.
- The CRCWG could consider putting in place a process to monitor the progress of resident and family involvement. Clearly stating the goals for increased involvement of resident and family members will help administrators succeed and ensure consistent and sustained practice.

Appendix 1 – Detailed Workshop Findings

Part One – Values

Participants generated numerous values they felt were important as a foundation to guide and underpin the gathering and utilization of resident and family voice. (Comprehensive list in Appendix 4). Participants stated that these values, if used to inform practice and methods of resident and family communication, would impact positively on the day to day care and quality of life for residents in facilities. While many values were generated participants were asked to theme them and clearly identified consistent values throughout the various workshops. Participants identified that basis for effective and ongoing involvement of resident and family members is the relationship established between the administration and their staff and the residents and their family members. The primary values determined by participants are as follows:

1. Resident/Family Centred	**5. Accountability**
2. Trust	**6. Integrity**
3. Respect	**7. Safety**
4. Open Communication	**8. Inclusiveness**

Part Two - Potential Indicators to measure values in practice

"Now facilities are staff lean and $ centered – we hear lots of language 'we are resident centered' but I don't see it!"

Currently the only indicator utilized, within VCH and PHC, to measure resident/family involvement in Residential Care is the number of times a Family Council meets. As some facilities do not have Family Councils this indicator does not accurately measure involvement whether it is or is not occurring. Workshop participants were tasked with coming up with indicators that would measure involvement. Using the fourteen primary values identified, participants generated indicators that could be used to measure that these values were indeed being used as the basis to gather and utilize resident/ family voice in residential care operations.

Value - Resident/Family Centred

- Number of residents and family members directly involved with decisions regarding staffing and facility development
- Number of staff per facility/resident
- Number of Care conferences per resident
- Number of methods available for family members to participate in Care Conferences
- Number of times a newsletter is distributed
- The rating of the facility based on a Provincial rating scale
- Number of annual education sessions for families on how to partner in care, on various chronic diseases as well as other topics
- Number of staff injuries related to resident interactions
- Number of staff sick days – fewer days could indicate reduced stress
- Number of staff education sessions
- Number of staff hrs dedicated to each resident
- Number of staff who indicate happiness with workplace
- Number of community partners who provide a service or program
- Number of programs offered by a facility that enable interaction of residents
- Number of volunteers who are interacting with residents – programs and direct care
- Number of participants in facility sponsored social events or educational events
- Number of programs that volunteers provide (e.g. reading, talking together)

Value – Trust

- Number of difficult issues or concerns involving residents and family members that are reported
- Number of training opportunities provided to staff and the completion rate on topics such as safety of residents, Neuro-cognitive disease progression, care for specific populations, equipment training and other relevant training
- Number of litigations against the facility
- Number of complaints of reprisals (through independent 3rd party)
- Number of residents and family members on councils or other mechanisms for communication
- Number of complaints/kudos
- Number of times complaints/issues result in training/education/safety huddles
- Number of referrals to other community resources – caregiver support network/social worker
- Number of team based/resident activities
- Number of people who participate in the care management meetings
- Number of each discipline at a facility and how much time is spent with each resident
- Number of behavioural incidences per residents

Value - Respect

- Measurable amount of time that a family member can speak at care conferences
- Number of training opportunities provided to staff and the completion rate on topics such as caring respectfully and competently for residents, cultural competency and sexual orientation
- Number of care conferences – compare number of admission vs. number of care conferences
- Number of Care conferences that a family doctor attends
- Number of methods that a facility has in place for family members to communicate with the facility

Value – Open Communication

- Number of communication mechanisms a facility has in place to keep family members informed about events, meetings, issues, celebrations i.e. – e-mail, newsletters (hard and e-copies), special events
- The length of time spent one on one for the orientation of each admission
- Workload and case load indicators. Facility to identify:
    o # of SW and # residents
    o # of RNs and # residents
    o # of LPNs and # residents
    o # of Care Aides and # residents
- Number of formal and informal opportunities available for staff and family members to discuss concerns
- Number of times a resident/family is consulted on care decisions
- Number of mechanisms for communication to gather residents/family feedback (e-mail, Skype, phone, newsletter, suggestion boards)
- Number and types of social activities
- Number of education sessions for families
- Number of times families/residents are consulted on decisions about facility operations
- Number of minimum hours as a family member I have to spend with my family member/loved one/resident

Value- Accountability

- Number of days between a communicated issue or concern and a response from staff
- Rating of satisfaction level with the response or action taken – part of management performance review. Would have a feedback mechanism to measure satisfaction of response from the person who brought up the issue (w/satisfaction rating)
- Number of unresolved issues remaining
- Number of times resident/family are consulted on care decisions

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- Number of issues identified and the number of issues resolved
- Number of kudos/compliments facility receives
- Number of times a conversation is held between resident/family and staff (using technology to capture and chart conversations and results)
- Number and frequency of Resident/Family surveys

Value – Integrity

- Number of complaints and incidents. Process for tracking how many incidents and how are they dealt with and by whom.
- Number of staff who know what the protocol or process is for communicating issues or requests and what the response time is
- Use of Tracer methodology used in QMentum(Accreditation Canada) to track resident experience
- Number of staff that know the details of day to day operation of a facility
- Number of promises or deliverables to resident and families that are completed
- Measures of longevity/turnover of staff
- Number of exit interviews for staff, family & residents
- Education sessions:
  - # held for staff
  - # held for families
  - # held for residents
- Number of incidence reports and number of times the family is notified
- Average length of time to response following a communicated issue

Value – Safety

- Number of educational sessions provided to staff on historical context of institutional abuse to understand what residents/families have gone through
- Number of educations sessions offered for Residents/Families about what happens to concerns/complaints, what is the timeline process, who is responsible, what is the remedy for inaction and what is the confidentiality protocol
- Number of care aides, LPNs, RNs in each facility relative to number of residents
- Number of staff that have been disciplined for breach of confidentiality
- Number of complaints – breaches of confidentiality

Value - Inclusiveness

- Number of education session offered to staff about cultural differences, interpreting/translating
- Number of languages spoken by staff
- Number of residents participating in social activities

- Number of methods utilized to inform residents and family members of events, activities and operational information

Part Three - Methods to facilitate Resident and Family Involvement

Resident/Family Councils are one method of gathering resident and family voice, to inform the operations of residential care in order to positively impact the quality of life for residents. However, councils may not be practical for all facilities to implement. The consistent practice of gathering and utilizing resident and family voice is integral to improving relationships and positively impacting the quality of life for residents. The CRCWG is interested in having each facility, within VCH and PHC, establish at least one or more methods to engage with residents and family members. The following methods were generated by workshop participants and offer a number of options to facilities.

Use of Technology

- Facility website with mechanism for residents/family members to offer suggestions or communicate with administration or other family members (e.g. chat room on facility website)
- Phone/e-mail system to report problems for staff/residents/families
- Online surveys (anonymous)
- Telephone surveys
- Telephone conferences
- use of Skype to conference
- Resident and family involvement in Accreditation Canada process
- Educational webinars and conferences
- Evaluations/Surveys following care conferences
- E-mail bulletins
- E-mail news from Family Council Meetings to all families who opt in their e-mail address
- Phone committee to inform family members of upcoming meetings or events
- Phone interviews e.g. – post conference, 3 months after admission, 2 months after a person passes away

Face to Face

- Focus groups that are issue or topic specific or to discuss results of surveys
- Resident & Family Council or "Neighborhood" (Floor/wing) meetings
- Residents/families as members of operational committees
- Live town meeting – public meeting at facility with CEO, local gov't
- Opportunity for residents and families to meet/talk/organize without staff so that they can talk openly, share and swap experiences and then report back to the top person

- Parties/social events with informal conversations
- One on one conversations with residents/staff/family
- More frequent care conferences – monthly
- Volunteer council that intersects with the family council
- Create clubs i.e. – men's club, spouses support, new resident support groups

Communication Options

- Suggestion box with structured procedure (i.e. – checked 3 x a week, given to ___, checked by ___, a response will happen within ___ days).
- Log book for staff to family communication
- Information to be given on admission; who is the administrator and what are the procedures for communicating concerns
- Families/residents could send suggestions to Family Council for response – suggestions/solutions need to be summarized/reported and put in newsletter
- Bulletin board with suggestion/request and response area
- Bulletin board for each resident, in each room for family to message to staff
- Newsletters
- Compliment/complaint sheet available by front door and a place to hand it in
- Information handbook with a feedback tear off sheet
- Elevator postings and facility communication boards
- Questionnaire to gather rating scale of resident/family members satisfaction conducted monthly/quarterly/bi-annually
- Peer support – buddy system between family members or residents

Administrative Support

- Regularly scheduled Care Conferences
- Walkabouts by manager engaging residents/families
- Staff culture and education to understand the importance of resident family involvement
- A funded advocacy position that could support ongoing resident/family involvement
- A designated senior administrator to be the central person who responds to written suggestions
- Offer staff recognition for courage in bringing issues to administrator's attention
- VCH CEO visits facility 2 x a year to meet all residents/families broadcast live on internet
- Comprehensive orientation provided to all staff
- Regular client/family/support/caregiver reviews – annually administered
- Provide a contact list of advocates to residents and family members
- Include information notices with invoices
- Conduct exit interviews with staff and family members
- Have an open door policy for residents and family members
- Distribute feedback forums to resident or families (weekly, bi-weekly, monthly)

Part Four - How does a facility demonstrate that it gathers, hears and uses resident and family voice

"Lift every voice"

Gathering voice

- There is a communicated method of capturing resident /family needs as they relate to cultural, physical, social, geographical needs
- A legislated council structure that is facility based, regionally based and provincially based
- There is a policy for staff to stop 'gossip' or sharing personal info about residents
- Proactive reaching out to families/residents via e-mail, mail, facility website posts
- There is a consistent and clear complaint process in place
- Conversations happen – difficult issues/adverse events are brought forward
- Exit interviews are conducted for staff, family & residents
- There is equal opportunity for communication (eg. Can't advocate for mother from far distance – must have equal opportunity to be heard)
- There are log books or boards that staff and family members use to track resident activity
- Staff use newsletters and email for communication with family members
- Evaluations provided to all family members at specific timelines (eg. 1 month after admission, 3 months, 6 months, 1 year)
- Availability of translated materials and interpreters
- A demonstrated mechanism for capturing a residents or family members care preferences – such as bathing, sleeping, dressing, hair care
- Capture life history of resident in the care history – demonstrated in documentation
- There are social activities for families that allow for informal sharing
- Resident and family satisfaction surveys conducted annually
- A calendar of events or newspaper is provided
- Regular communication with GP is documented in charts
- All staff ask residents and family members about food preferences, bedtimes, bathing activities and resident's preferences

Hearing Voice

- Method or process followed for responding to complaints or requests with a time frame stipulated by which action is taken or explanation given and to include who the accountable person is their contact info and the resolution format
- Residents and family members can say clearly and honestly what is happening without fear of retaliation
- Administration follows up with staff who could corroborate a resident complaint
- Confidentiality is not used as an excuse to not address systemic problems
- A process in place (a regular audit) to determine who is accessing resident files

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- If feedback is directed to staff that are in a position to make a decision
- Minutes generated from Resident/Family council are documented, actions directed to administration for follow through and outcomes posted in a prominent place
- Process details on how concerns from residents/family members will be dealt with is provided on admission
- Care conference held at times that are convenient for family members with Teleconference/Skype or other methods offered to accommodate families
- Policy that, if possible, the resident be involved in care conferencing
- Protocol in place to minimize falls
- Protocol for medication dispensing in place
- Facility had a communication board that indicates which staff is on shift
- If there is an issue with care or medication family members are told and engaged in solutions
- Care conferences are not formulaic – should be reflective of the individual family/resident circumstance
- Residents are included in care conferences

Utilizing Voice

- The problem is acted on without resident/family being punished later – need process by which family/resident keeps some control of the issue, or safety is guaranteed
- Education provided to staff about respectful communication and how not to be judgmental
- A funded position on an impartial person who has understanding/knowledge of Residential Facility System who can review/assess the complaint process
- A commitment to safe and ethical communication between staff and residents and families with a pre and post measure of the number of issues – once the commitment to safety is made clear
- An annual resident/family survey or focus group is held to determine the degree of safety is perceived
- Confidentiality of complaints is respected by facility management
- There are competency measures and expectations of staff
- Staff satisfaction rating is gathered regularly and reported out
- Only Medical staff only to have access to medical records (nurses and doctors)
- Number of staff education session or sensitivity training on professional relationship with residents (eg. not asking for info you do not need or cannot act upon)
- 'Nothing about us without us' being resident-centred is the focus of residential care
- Families understand the confidentiality constraints on facilities management/staff
- Staff/management don't discuss patients openly
- Care plans are at regular intervals with residents and family members and there is documentation that care plans are being met by facility
- Residents can determine who is involved in planning/responding (may be family/friend, etc. or outside advocate)
- Atmosphere is good, you can 'feel' that residents are happy

- There is a policy in place of not ignoring residents in distress
- Support and education for residents and family members to understand levels of Intervention with examples offered that demonstrate or inform what each level would mean to a resident
- An education session is provided to residents/families on system navigation
- Administration is transparent, at orientation on the amount of time that can be allotted to each resident and family
- My mother's hair is tidy and well groomed and she is dressed appropriately
- Intimacy of residents is honored and respected
- Training provided to staff on dementia care – Gentle care approach offered to staff
- Facility reports results of safety audit and satisfaction surveys to residents and family members
- Respecting families knowledge of patient's needs and inviting that knowledge/involvement
- Care aides have documented competency assessments
- Documented procedure for Families/residents to be informed of care standards and policies
- Staff satisfaction rating is high and measured annually
- There is a resident preferences protocol to accommodate food or other specific preferences
- Staff have opportunities for mentoring/support
- Resident concerns about staff skill are documented, given to coordinator, reviewed (e.g. Performance Evaluation) by neutral body (e.g. non-medical/union/management)
- Residents voice is included/taken seriously/believed regarding their concerns about staff
- Residents and their families are treated respectfully, with gentleness and in a sympathetic manner
- Program funding set up to support residents who do not have financial means to pay for extras
- Facility provides safety tips for residents
- Maintenance – repairs are completed quickly
- The rate of falls declines substantially
- The number of incidence reports declines dramatically
- A Care Guide for each residents in which daily activities are captured for family to see
- There is a policy and protocol in place at the facility level that details the process for communicating issues and the mutually agreed upon plan to resolve the issue or concern
- The majority of issues are resolved to satisfaction of resident/family
- Have philosophy of being resident-centered in place and communicate this to all staff when hiring
- A facility guidebook for family members is provided
- When there are planned changes family are part of the planning process and all impacted residents and family members are informed in advance: activities, menus, renovations
- Individual staff issues are handled as an education/training opportunity for all staff – before it becomes disciplinary
- Disciplinary issues are dealt with when needed
- Quality care is provided even if the resident is not 'nice'

- Visitors are respected and welcomed
- Facility staff know the residents names and know their story
- Respect for the residents is demonstrated in the "conversation" and the "whole person" is honoured
- There is an absence of defensiveness or aggression between staff and residents
- People feel they have been heard

Next Steps

In follow up to the workshops the CRCWG will need to confirm the feedback by selecting the values that will be measured and the indicators used to measure them. Clearly stating the values and determining the indicators provided to facilities, for ongoing monitoring, will enable facilities to focus on improving the level of involvement of residents and family members. The CRCWG can further support facilities, in the implementation or enhancement of resident family involvement, by providing a toolkit of the various method options to gather, listen to and utilize resident and family voice. CE will be available to support the development of the toolkit and a guideline that facilities will use to engage their communities in determining the methods best suited for their facility. By designing options for various types of facilities, CE can assist the CRCWG to transfer the learning of the workshops to the day to day operation of residential facilities. By providing support tools and clear measurements with target goals the CRCWG can demonstrate leadership in the area of resident and family involvement to inform the operations of residential care to positively impact the quality of life for residents.

Appendix 2

November 5th	United Church – Canadian Memorial Peace Centre in Vancouver
November 17th	George Pearson Centre in Vancouver
November 22nd	West Vancouver Community Centre
November 30th	Richmond City Hall
December 8th	Sechelt at St. Mary's Hospital
December 10th	Powell River at Evergreen in the AM and Olive Devaud in the PM

Total Participants in the Public Consultations

Residents	9
Family members	20
Advocates	8
Staff	11
Other	10

Appendix 3

Workshop Facilitation Guide

Workshop Process: 4 hours Total

9:00 to 9:25 am

Welcome and Introductions – names only (name tags to have names only no affiliation)

Housekeeping details – timeframe, washrooms, refreshments etc. Lunch will be delivered for 12:15

Presentation – Set context for workshops and reasons why VCH/PHC is holding them Shannon Berg, Executive Director Community Care Network VCH

Outline goal of today's workshop – Belinda

Part One:
9:25 – 9:50

Brainstorm using sticky notes to generate a list of values, tenets, principles that would be used to guide resident/family involvement and giving voice to the residents and their families.
principle, belief, held to be true; especially *: one held in common by members of an organization, movement, or profession*
*can not be proven explicitly, however we can measure and quantify them observing the results that **they** produce.*
Eg.   Fair   Respectful   Transparent   Safe   Sincere

9:50 – 10:00
Once the group has completed a list then theme them to have 6-8 max (position sticky notes on large pieces of paper) write values on tent cards to place on tables for discussion in part 2

Part Two:
10:00 – 11:00
Introduce by asking participants to consider how the values we have chosen will be measured for example if the value is Transparency then a facility might gather suggestions and post them (anonymously) or share them with residents and family members and discuss ways to incorporate them or not given the situation.

Activity A- break up the group into small – 4-6 person discussion groups. Give each group 2-3 values to discuss at a facilitated table. Have them focus on how these values could be measured

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Activity B- facilitated plenary session to determine indicators that will effectively measure that a value is being met. Place each value on a flip chart and discuss the possible indicators

Respect – hold information/discussion sessions at times that are convenient to residents and family members not staff (Time of day and frequency)

Safe –anonymity is provided and if a resident or family member shares something and wishes it held in confidence it is.

Part Three:
11:00 – 11:45

Purpose- To come up with a menu of method options for resident/family dialogue. What methods could facilities use? Have participants consider all the many ways their feedback has been sought in other venues or interactions. (eg. Whole Foods post it board)

Activity- small discussion groups to brainstorm methods that facilities could use to get feedback or hold the conversation. Use sticky notes to record the methods. Have the groups come up and post their ideas on a sheet and share them with the group.

LUNCH
11:45 – 12:15

Part Four:
12:15 – 12:55

Purpose- to determine how a facility will demonstrate that they are responding to and utilizing the feedback of residents and family members
Recap the values brainstorm and the 6-8 values. Recall the ways these values can be measured. Recall the methods that were brainstormed. Introduce this last activity by asking residents, family members and advocates how they would want to know facilities are hearing them and how they would want to hear from facilities. For staff/facility operators ask how is it reasonable for you as a facility to respond to residents/families/advocates/public. How did VCH/PHC respond? Have them come together and discuss their ideas and find common themes/methods

Activity- divide the participants into staff and residents/families/advocates and have them create a list of how utilization of resident/family feedback can be demonstrated and then have both groups unite to discuss common elements of their discussion

12:55 – 1:00
Wrap up and follow through and thank you

Appendix 4

Comprehensive List of Values - generated by participants to inform Resident and Family Involvement in Residential Care Facility operations

Accessible	Openness/Generosity	Attentive
Meaningful	Listening	Autonomous
Resident focused (Individual needs not just protocols)	Adaptable (to family situation; geography, language)	Variety – different mechanisms/tools for communication
Accountability	Integrity	Responsive
Fairness	Team based	Mutually Supportive
Equality	Confidential	Transparent
Ethical	Common Sense	Safe
Honourable	Senior Focused	Trust
No personal agenda	Inclusive	Friendliness
Honesty	Compassion	Positive Attitude
Truthful	Caring	Involvement
Timely/Continuous	Dignity	Choice
Consistent	Empathy	Persistent
Commitment	Open communication	Sharing
No blame Non-judgmental (staff)	Respectful (Individual choices respected)	Clear on Purpose
Active Engagement	Meaningful	Constructive
Partnering	Advocacy	

Appendix 5

Resident and Family Voice Workshop Evaluations

Compiled Report

Evaluation Forms

1.   The Participants (total 58 participants)

Resident	9
Family Member	20
Advocate	8
Staff	11
Other	10

Breakdown of "other"

Staff in Care Facility (Non VCH or PH)	.5
Caregiver	1
Non Profit Org. Staff	1
Friend of Resident	1
Family Council Member	.5
Director of Care	3
Administrator in Facility	2
External rehab provider	1

2.   How people heard about the workshop

At my residence	5
At my family member's residence	15.5
From my place of work	16.5
Other	21

Breakdown of "other"

e-mail	4
At a facility	4
From a family member	2
From VCH	2
CRCWG	1
Care Givers Group	1
Support Group	1
Client	1
Staff	4
No answer	1

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3.   Did the method of participation suit the participants needs (e.g. privacy, comfort, convenience?

Method of Participation

where 1 = not at all and 5 = very suitable
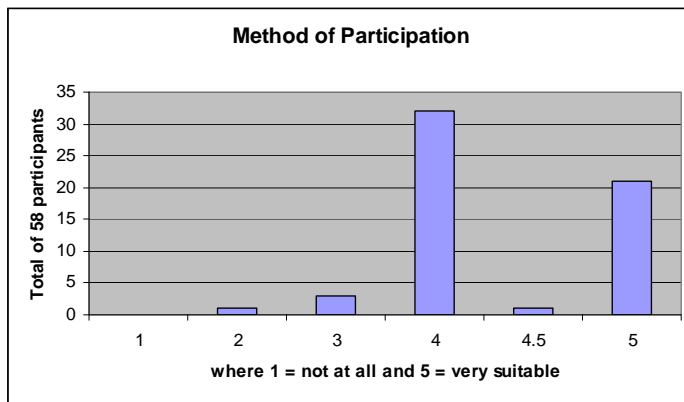
4.   Did participants have enough information to participate in a meaningful way?

Enough information to participate

Where 1 = not enough and 5 enough
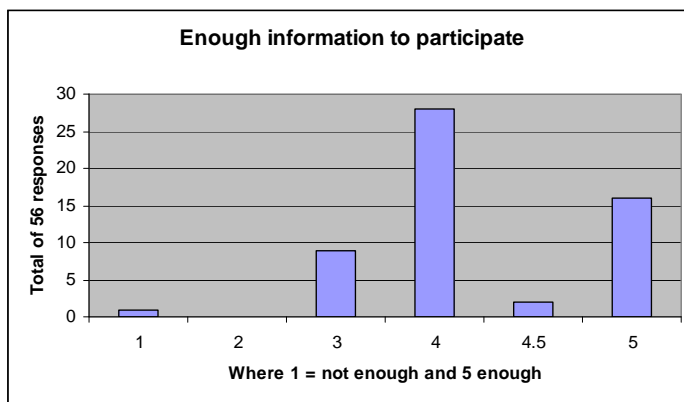
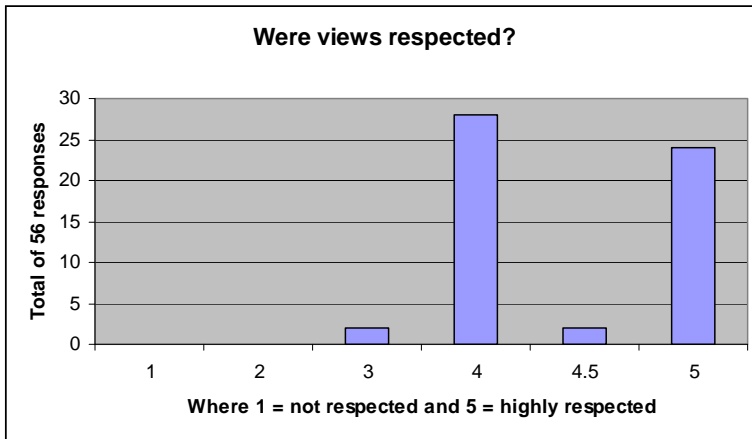*Two people did not answer this question.

5.   Was there sufficient time for participants to express their views?

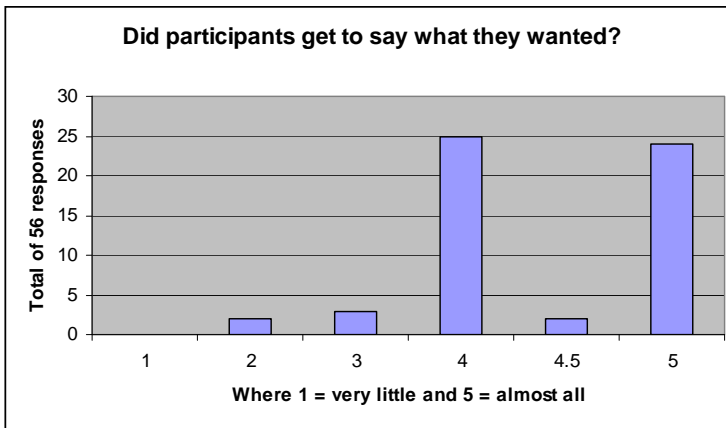**Sufficient Time**

Where 1 = not enough and 5 = enough
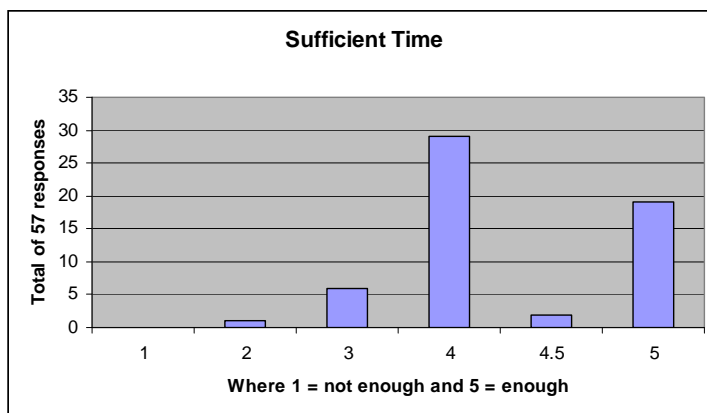
* One person did not answer this question

6.   Did participants feel their views were respected?

Were views respected?

Total of 56 responses

Rating	
1	0
2	0
3	2
4	28
4.5	2
5	24

Where 1 = not respected and 5 = highly respected

*Two people did not answer this question

7.   Did participants get to say all they wanted to say?

Did participants get to say what they wanted?

Total of 56 responses

Rating	
1	0
2	2
3	3
4	25
4.5	2
5	24

Where 1 = very little and 5 = almost all

*Two people did not answer this question

8.   How important was it for participants to be asked about their experiences of involvement in residential care and to offer suggestions to improve services?

How important for participants to be asked for feedback?

Total of 55 repsonses

Rating	
1	0
2	4
3	1
4	20
5	30

Where 1 = not important and 5 = very important

* 3 people did not answer this question

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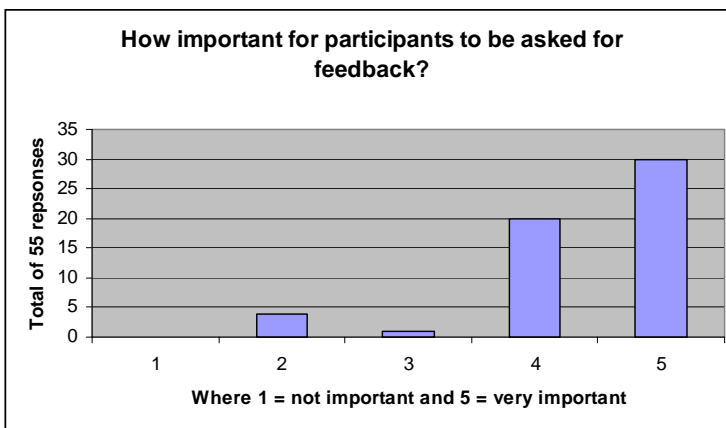
9.   Additional feedback about the workshop

Results:
- Looking forward to the results from all the combined workshops
- Would like to see the consolidated outcomes of the series
- How will we know what will get implemented or what changes will happen?
- Would like to know if and when suggestions are incorporated into present facilities re: Shorncliffe
- Please e-mail us a summary of the session
- Would like to hear how other family councils are operated – their successes and challenges
- Wonder what the outcomes will be from the workshops and if it will be meaningful in the day to day experience of residents
- Grateful for opportunity to provide feedback – would like there to be implementation
- Good workshop – please include ARCs program into your analysis. Thanks for the opportunity
- Very happy to be a part of the initiative and will work hard to implement the outcomes
- Lots of good ideas for both staff and resident/families – look forward to seeing some of the suggestions put forward

Attendance:
- Disappointed that families don't attend
- Wish more people would have attended
- Weekend session may have been better attended by family members
- Disappointed more families are not here to impress upon them the importance of 2 way communication before problems arise. Rather hear issues sooner than later.
- Need more time to involve and encourage people to attend. Sometimes in a rural community one on one approach would be more useful in getting participants engaged and to attend.
- I think that more people would attend a workshop of this type if they knew about it. An evening offering of the workshop would be great if you are not doing this already.
- Advertising was fairly good but more clarity would have helped

General Comments:
- Very informative and lots of time to give you ideas
- Found it helpful and enjoyable. Hope that our contributions will add to this project. Thanks Belinda!
- Regular forms to fill for evaluation of surveys received
- I was impressed that Belinda was very patient when dealing with the Residents
- More of this type of feedback is needed
- Small group process was excellent
- Great workshop with great value to everyone
- Not enough recording/brainstorming and too much deflection and rationalization
- Another good workshop
- Keep specific to suggestions of mechanisms
- Intro a bit too long
- Way of having more action towards change – less talk from family's point of view
- Interesting mix of participants

- Forum was well-managed with respect for the different stakeholders
- Thank you! Much appreciated
- Very productive
- Great experience and process
- Look forward to hearing/reading the outcomes
- Great to have a workshop with enthusiastic staff, but would like staff to keep in mind that workshops/meetings have been happening for years with no change and families/residents are often burnt out and cynical. Great to think this will create change but be respectful that we might not believe the same. Prove it to us with action.

Additional feedback (provided by one participant)

- The problem is power: resident and families have no power. Care facilities are essentially a dictatorship – workshop has no point
- I have very little faith that my concerns will be acted on. The only hope is that the care needs of my father will continue to be excellent, despite the extreme hardship of the staff. Facility is chronically under-funded. Father and I have the utmost respect and admiration for staff.
- Make records that every person on the floor sees more complete to include family concerns – work with the staff in order to figure out how to do this. Once done, allot time and protocols to ensure the records are actually used
- Appoint senior administrator as the person to which institutional concerns/suggestions are sent to. Answer the concerns in 2 ways: reply back to the person and address the suggestions that come up frequently in the monthly newsletter and on its web page.
- Allow/encourage family members to talk more about their concerns at family conferences