

Guide for Vancouver Coastal Health and Providence Health Care Owned and Contracted Residential Care Facilities

Tools for Enhancing Resident and Family Involvement in Residential Care Facilities



Why involve residents and family members in residential care planning and services?

The purpose of this guide is to provide residential care staff with **resources** and **tools** to assist them in **implementing and enhancing** involvement of residents and family members in residential care planning and services.

For further information on this document please contact:

- VCH/PHC Owned and Operated facilities contact your Director
- Contracted facilities contact your Contract Manager

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1. Introduction to Resident and Family Voice in Residential Facilities

On August 21, 2008, The B.C. Ombudsperson, Kim S. Carter, initiated a province wide investigation to look at seniors' care, with a specific focus on issues of access to information, access to services, quality of care, standards of care, monitoring and enforcement, and complaints processes.

The public response to the investigation was unparalleled in the history of the Ombudsperson's office with over 600 responses to the questionnaire posted on their website. They spoke with more than 300 people by phone, and opened more than 200 individual complaint files. Complaints covered issues from lack of information, to delays in access to services and from poor food quality to inadequate responses to concerns about care.

Parallel to the Ombudsperson's investigation, discussions were being held by the Complex Residential Care Working Group (CRCWG) of Vancouver Coastal Health (VCH) and Providence Health Care (PHC). The CRCWG wanted to establish increased rigor in the process of gathering and using resident and family voice, to inform the operations of residential care, in order to positively impact the quality of life for residents.

When the BC Ombudsperson report was released, December 17, 2009, (see Appendix A for an excerpt from the report) it included 10 specific recommendations in three categories; seniors' rights, transparency and the role of family councils. The CRCWG had identified difficulties in the current resident/family council model and the inconsistent practice of bringing the voice of the residents and family members to inform planning and care delivery within residential care facilities. The current *Community Care and Assisted Living Act Residential Care Regulation #59* stipulates that a licensed facility must provide an opportunity, at least annually, for residents and family members to establish one or more councils or similar organizations to represent the interests of the residents or family members (see Appendix B for the details of Regulation 59).

To bolster the practice of resident and family involvement, the CRCWG aligned 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 (see Appendix C for details of the process).

This guide and toolkit is intended to support facilities, their administrators and staff as they seek to either implement or enhance effective methods for resident and family involvement within residential care facilities.



2. Rationale for Enhancing Resident and Family Involvement

Residential care facilities may be categorized as institutions but they are people's homes and are most likely the last home they will have. Residents and family members have expectations of the type of care and the resident experience that a facility will offer. Residents and family members will often express that the quality of the experience has little to do with the physical building but almost everything to do with the way residents are cared for and treated by direct care providers and the administration. It may be thought that for family members, the placement of their loved one in a facility relieves the stress and burden of care-giving because the responsibilities have been shifted from the family to the facility. In fact, family members continue to experience emotional distress and social disruption even after their loved one is placed in a residential facility as they must deal with a new set of issues and stressors which arise.

Most residents and their family members desire to partner closely with administration and care teams, in order to personally benefit from safe, quality care. Importantly, residents and family members also desire this relationship to benefit the facility and the care providers. There is a distinct advantage to facilities when they deliver care and service in a resident-centred way. Planning together with residents and family members can often mitigate issues that can be costly to remedy.



Family members are not always sure of how they can best communicate and feel part of the residential facility. A relationship with facility staff, acceptance as a member of a care-giving team, who is able to share information, be recognized as a resource, and be involved in decisions is important to family members. A facility that practices open communication with residents and family members develops relationships of trust. When a facility makes the effort to provide numerous mechanisms for residents and family members to express their ideas and concerns it benefits from the relationships that evolve. The benefits can far outweigh the investment required to develop such relationships.

Residents and family members understand and appreciate the benefits of their consistent involvement in residential care facilities. It is important for administrators and staff to recognize that families need to have choices about how much, how little, and in which ways they can be involved in the facility operations and care of their loved one. Accountability results in trust, trust allows for collaborative communication that benefits residents, and contributes to a positive environment and smooth operation of facilities.

Excerpts from: Gaugler, J.E. & Ewen, H. H. (2005) Building relationships in residential care: Determinants of staff attitudes toward family members. *Journal of Gerontological Nursing*, 31 (9), 19-26,

3. Highlights from workshops

Seven workshops were held throughout the VCH/PHC region. The workshops were designed to gather feedback on four main areas of resident and family voice:

- 1) the values that should guide the gathering and utilizing of resident and family voice
- 2) indicators to measure that these values are being upheld in gathering and using resident and family voice
- 3) methods to effectively gather resident/family voice
- 4) demonstration that resident/family voice is being gathered, listened to and used to inform day to day operations, planning and improve the quality of life for residents.

These are the key findings and summary of participant feedback drawn from the workshops. For the complete report go to http://www.vch.ca/media/CEReport_ResidentVoice.pdf

Part One:

Purpose – to come up with a common list of values to guide resident/family involvement in facility operation

Results - over 80 values were noted from the workshop discussion. These eight were the most commonly identified by participants as important:

- Resident/Family Centred
- Accountability
- Trust
- Integrity
- Respect
- Safety
- Open Communication
- Inclusiveness

Part Two:

Purpose – to determine how a facility can measure the values and what indicators, that are relevant to VCH and the public, will be used

Results - participants generated numerous indicators for each of the eight values. The two listed for each value were the most commonly suggested indicators.

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

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 survey or other form of feedback to measure satisfaction of response from the person who brought up the issue (with a satisfaction rating)

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 equipment training and other relevant training

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

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

Safety

- Number of education sessions offered for Residents/Families about what happens to concerns/complaints, what is the timeline and 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

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 staff spend in person with each new resident or the family for the orientation

Inclusiveness

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

Part Three:

Purpose – to come up with a menu of methods for resident/ family dialogue and involvement to occur at the facility level.

Results – numerous methods were suggested by participants, those listed here are the three most commonly suggested methods and are grouped into four themes.

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).
- Staff log book for 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
- Manager schedules facility walkabouts to talk with residents/families
- Encourage staff culture and education to understand the importance of resident family involvement

Part Four:

Purpose – to determine how a facility will demonstrate that they are responding to and using the feedback of residents and family members.

Results – participants shared numerous suggestions for how a facility can in fact demonstrate that they are responding to and using the feedback of residents and family members. The top three suggestions are listed under these categories; gathering voice, hearing voice and using voice.

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 times (eg. 1 month after admission, 3 months, 6 months, 1 year)
- Proactive reaching out to families/residents via e-mail, mail, facility website posts, resident/family council meetings

Hearing Voice

- Process detailing how concerns from residents/family members will be dealt with is provided on admission
- Care conferences are not structured to a specific facility protocol but instead are adaptive and responsive to the individual family/resident circumstances and needs
- Minutes generated from Resident/Family council, or other voice gathering methods are documented, actions directed to administration for follow-through and outcomes posted in a prominent place

Using 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
- 'Nothing about us without us'; the facility is resident and family -centred and they are included in planning
- Residents and family members indicate, through annual evaluations, that they feel they have been heard



4. Measuring Involvement for VCH/PHC facilities

Indicators are used to measure progress toward a goal or target. Residential Care facilities currently have a number of indicators that measure operational, clinical and safety practice.

Currently the only indicator for measuring the level of involvement of residents and family members, within residential care facilities, is the number of resident/family council meetings held each year. The lack of rigor in this indicator spurred the engagement process and informed the design of the workshops to engage residents, family members, staff and advocates to develop more effective indicators. As detailed in the report and summarized in the highlights (Section 3) participants identified values that would ground these indicators.

A number of indicators were generated by residents, family members, VCH/PHC staff and advocates at the seven workshops held within VCH, to measure involvement of residents and family members. A full list of indicators is available in the report http://www.vch.ca/media/CEReport_ResidentVoice.pdf

Many of the indicators generated support the increased involvement, of residents and family members, in facility planning and care. By using these indicators and regularly reporting on them facilities can demonstrate accountability and build trust, reflecting transparency to residents and their family members.

The following indicators have been recommended by the CRCWG and the Regional Residential Quality Practice Council for facilities to use in measuring the level of involvement of residents and family members. Going forward each facility may want to determine which additional indicators they will use to positively impact the quality of life for their residents.

Recommended indicators for residential care facilities:

- A minimum of three different methods of communication a facility has in place to keep residents and family members informed and gather information e.g. meetings, celebrations, Skype, Facebook, website with posting board, phone, suggestion boards, e-mail, newsletters (hard and e-copies), special events.
- Scheduled/planned opportunities for residents or family members to speak at family care conferences, that are scheduled when convenient for the resident and family.
- A maximum of three business days between a communicated issue or concern, from a resident or family member, and acknowledgment of the issue or concern by staff.
- A clear documented process in place, with staff response timelines, that informs residents and family members of how they can express compliments, ideas, or concerns about care or the facility.
- A target of 90% satisfaction with resident and family involvement expressed by residents and family members

5. Steps to implement or enhance resident and family voice

Many facilities currently have mechanisms in place to gather and use the voice of residents and family members. These facilities will attest to the value of these relationships in contributing to the day-to-day operations of their facilities and to the overall quality of life for their residents. Like many actions, that are worth doing, the striving for the ongoing involvement of resident and family members is worth doing well.

These suggested steps are designed to support the implementation or enhancement of resident and family involvement in residential care facility operations:

5.1 Getting Started:

- Conduct an inventory of the methods currently used to engage residents and family members
- Engage residents and family members to determine if the current methods are providing the intended results. Use inventory and evaluation tool in Section 6.1
- Decide if you will keep existing methods as they are, enhance existing methods or introduce new methods
- With input from a select group of residents and family members decide on which methods you would like to pilot-test, determine the test period and develop an evaluation process for each method
- After the pilot-test and evaluation, and with input from residents and family members, determine the methods your facility will use to gather and use resident and family voice
- Establish indicators that will be used to measure the effectiveness of methods chosen and how these will be gathered and reported

5.2 Getting Underway:

- Ensure staff are aware of and understand the direction you are taking with relation to increased involvement of residents and family members
- Connect the changes to the existing or developing vision/mission of your facility
- Use the tools in Section 6 to promote, to all residents and family members, the methods of involvement you have decided on
- Roll out the methods of involvement
- Work together with residents and family members to apply new methods of involvement

5.3 Getting Involvement:

- Support staff to engage residents and family members in using the various mechanisms for involvement available to them
- Establish regular assessments to measure the level of involvement.
- Ensure residents and family members are involved in measuring the level of involvement.
- Share successes with staff, residents and family members as well as other facilities

6. Facilities Toolkit for implementing and enhancing resident and family involvement

6.1 Inventory tool for evaluation of current methods of involvement
(customize for your facility)

6.2a Sample Letter of invitation to residents and family members to get involved using new methods (customize for your facility)

6.2b Sample Letter of invitation to residents and family members to get involved using existing methods (customize for your facility)

6.3 Evaluation Questionnaires for residents and family members (customize for your facility)

6.4 Posters for promotion of mechanisms for engaging residents and family members (customize for your facility)

- + suggestion box
- + suggestion board
- + websites
- + resident or family councils

6.5 - 6.7 Resident or Family Council tools (customize for your facility)

- + letters of invitation
- + agenda template
- + terms of reference

6.8 Care Conference tool to support increased involvement of residents and family members (customize for your facility)



6.1 Inventory tool for evaluation of current methods of involvement

Residential Care Resident & Family Involvement Inventory and Evaluation

DATE:

METHOD	IMPLEMENTED	UTILIZATION	FORMAL EVALUATION	INFORMAL EVALUATION	EFFECTIVENESS	DECISION
suggestion box	Apr-09	average of 2 suggestions per week	not currently in place	family members have mentioned to staff that they appreciate having this form of communication available	1 administrator, 2 staff, 2 residents and 2 family members concluded this is an effective mechanism and will be continued	Method retained and formal evaluation to take place after 6 months and then annually
Newsletter	Jan-08					
Resident Council						
Family Council						

6.2a Sample Letter of invitation to residents and family members to get involved using new methods

April 21, 2011

Dear _____,

As a resident/ family member at Providence Health Care Youville Residence we value your point of view and want to hear from you. Starting on May 25, 2011 we will use some new ways of getting your input. We hope you will take part and share your experience voice with us in order to guide how this residence is run and to improve the quality of life for our residents.

As of May 25, 2011 you will see a suggestion box on the entry table near the sign in book and one in the dining room by the coffee station. Any comments placed in these boxes will be collected once a week on Friday mornings. Dave Smith, the Administrator will review your comments and will post answers on the board in the front entry by the Friday, one week later, by 3pm.

Starting June 2, 2011 log books will be placed in each resident's room on the shelf near the beds. We ask that residents and family members use these log books to share any information that they wish staff to know. Staff will read these daily and will respond as needed.

On June 10, 2011 we will launch our *Youville and You* website. On this site you will find information about life at Youville. We will have a section with frequently asked questions and answers to those questions. There will be a list of staff with their roles and how to contact them. We will have weekly tips for family members on how to get involved with your loved one and stay connected to Youville and its staff. We will post a list of all activities, showing which activities family members may attend. We will also have a feedback section so that residents and family members can submit ideas or concerns. Your feedback will be read by Dave Smith, the Administrator, who will post a response within 48 hours. Thank you for any ideas you have for this website. We are grateful for the input we receive from our residents and family members. With these new methods, of involving our residents and their family members, we look forward to even greater involvement and support as we strive to provide improved quality of life and care for our residents.

Sincerely,

6.2b Sample Letter of invitation to residents and family members to get involved using existing methods

April 21, 2011

Dear _____,

As a resident/ family member at Providence Health Care Youville Residence we value your point of view and want to hear from you. We currently have in place a number of ways for you to share your suggestions with us. We hope you will find these ways helpful to you as you share your experience with us in order to guide how this residence is run and to improve the quality of life for our residents.

For 3 years now we have had a suggestion box on the entry table near the sign-in book and one in the dining room by the coffee station. We want to remind you that any comments placed in these boxes will be collected once a week on Friday mornings. Dave Smith, the Administrator will review your comments and will post answers to your feedback on the board in the front entry by the Friday, one week later, by 3pm.

Our resident/family log books have been utilized since May 2010 as a way for residents and family members to record important information for staff, as well as for staff to share information with residents and family members. They are located in each resident's room on the shelf near the beds. We ask that residents and family members use these log books to share any information that they wish staff to know. Staff will read these daily and will respond as needed.

We are grateful for the input we receive from our residents and family members. With these current methods, of involving residents and their family members, in place we ask that you consider using these ways to share your experience. We look forward to your involvement and support as we strive to provide improved quality of life and care for our residents.

Sincerely,

6.3 Sample Evaluation Questionnaires for residents and family members

Resident and Family Involvement Evaluation Form

As a resident or family member your feedback is valued and the staff of _____ wants to hear from you. The comments you provide will be used by staff and managers of our facility to guide our ongoing communication with you and to work towards improving communication and quality of care for our residents.

1. Are you (please tick one):

- a resident
 a family member
 a chosen caregiver
 Other: _____

2. Please tell us what community you reside in _____

3. Are you considered the key contact for the person living in this home?

- Yes
 No

4. Please mark how long you or your loved one has lived here

- less than 3 months
 less than 12 months
 less than 2 years
 more than 2 years

5. Please circle your level of satisfaction with:

	Very low		Medium		Very high
Welcome	1	2	3	4	5
Care Conferences	1	2	3	4	5
Communication with administration	1	2	3	4	5
Communication with nursing staff	1	2	3	4	5

Comments:

Communication with other staff	1	2	3	4	5
Environment	1	2	3	4	5
Recreation Leisure Program	1	2	3	4	5

Comments:

4. What do you like the most about this residence?

5. What are one or two things you would improve?

6. Please share with us any ideas or information.

7. Please indicate if you are willing to participate in any of the following:

- Family Council
- Family/Residence events or social gatherings
- Education events
- Other: _____

Thank you for taking time to complete this form, your feedback is important to us.

6.4 Posters for promotion of mechanisms for engaging resident and family

Click on the icon below to open the poster. Once the poster is opened, click on the area to change text, photos, etc. If you have trouble with the icons the posters are also attached as separate documents on the memory stick.



Poster Res Voice
Workshop



Poster Res Voice
Resident Family Coun



Poster Res Voice
Resident Family Foru



Poster Res Voice
Suggestion Board



Poster Res Voice
Suggestion Box

6.5 Sample Letter of Invitation for Resident/Family Council

April 21, 2011

Dear _____,

As a resident/ family member at Providence Health Care Youville Residence we value your point of view and want to hear from you. On May 25, 2011 we will hold a meeting to discuss starting a Resident/Family Council. We invite you to think about joining us and sharing your experience with us in order to guide how this residence is run and to improve the quality of life for our residents.

The meeting will be:

DATE:

TIME:

LOCATION:

Please respond to _____ by _____ to confirm you are coming. If you are traveling by car please park in the _____

When we meet on _____ we will use this first meeting to get to know each other and to decide on the principles of the council and our purpose. If you are unable to attend this first meeting but wish to be involved in further meetings the Council meeting schedule will be posted on the Info Board in the entry near the Welcome Desk.

I look forward to meeting you and to the work we will do together. If you have any questions at all please contact me at _____.

Sincerely,

6.6 Sample Application Form

Vancouver Coastal Health Providence Health Care

Resident/Family Council

Name:
Address:
Phone:
E-mail:

Are you currently an employee of Vancouver Coastal Health or Providence Health Care? _____

What city/community do you reside in? _____

Please describe your interest in joining the Resident/Family Council:

Please describe experience that you may have in the following areas:

- Working within committees
- Working collaboratively to examine services, policy and/or strategies
- Being involved in discussions and/or decisions regarding issues within healthcare or related to health

What do you believe makes you a good candidate to represent residents/family members on this committee?

Are you currently involved in your community or with broader social concerns? Please describe your involvement.

Are there other things that you would like to tell us about yourself?

REFERENCES:

Please give the names of two people who can be contacted for a reference:

Name:
Relation to Applicant:
Phone:

Name:

Relation to Applicant:

Phone:

Important additional information

Time commitment:

We are looking for participants who are interested in being committed to an ongoing and unfolding opportunity. This council meets once every month. Meeting preparation may include pre-reading.

All meetings are held on Thursday afternoons, from 4-6pm.

Do you foresee having difficulty with the time commitments as outlined above?

For additional information on this process or to find out about other opportunities, please contact:

6.7 Sample Terms of Reference

Resident /Family Council Terms of Reference

Purpose

1. To facilitate bringing the resident/family voice to inform planning of care and improve the quality of life for residents.
2. To contribute to decisions and recommendations of the administration of _____ through community consultation and engagement, to meet the current and emerging needs of residents and family members.

Accountability

They will document minutes of their meetings and post them for the information of all residents and family members.

- Resident and Family Council Members will act as a channel or 'bridge' for the residential community, communicating information about facility operations and gathering feedback from them, in order to inform decision-making processes.
- Members are encouraged to share their knowledge, skills and experience, as well as learn from and support each other's perspectives in the council's efforts to propose recommendations.
- Members will collaborate together in order to make recommendations which will best meet the needs of all residents and family members.

Responsibilities

- In collaboration with the facility leadership, review and advise on strategic priorities, policies, activities and identified health outcomes, to ensure they reflect the needs of residents and family members.
- Review documents as required (e.g. Ombudsperson Report on Seniors Care in BC 2009 and 2010) to support formation of recommendations.
- Share information with, and solicit feedback from community members and community partners for development of recommendations (e.g. educational materials, possible future initiatives).
- Identify and support methods of further consultation with residents and family members on planning for improved quality of life for residents.
- Assist the leadership team in ongoing monitoring of resident and family involvement.

Membership

- There will be a minimum of _____ members on the Resident and Family Council.
- Members are broadly informed and interested in the operation of the residence and broadly engaged in their community.
- Members of the council are appointed for a 1-year term, with the opportunity to serve for two additional 1-year terms, to a maximum of three years.
- Committee members will be encouraged to identify and mentor new members to ensure continuity, and are encouraged to initiate recruitment after the first year of their first term.
- After the end of the committee's first year, new members may be recruited at any time to fill vacancies, their 1-year term beginning at the time of appointment.
- All applicants will be required to complete an application form and screening process prior to joining the council.
- There will be no remuneration for participation.

Frequency of Meetings

The council will meet on a monthly basis for a minimum of 10 meetings a year.

6.8. Care Conference tool to support increased involvement of residents and family members

Rationale for resident and family member involvement in Care Conferences

A Care Conference (CC) is a meeting of the resident (as applicable), family member(s) and health care team to discuss the plan of care and resident and family goals for care. Care conferences are held to address communication issues and resolve identified or anticipated issues.

Active involvement of residents and family members in care conferences is integral to achieving the intended outcome of the care conference. The goal of a CC is to focus on the health and well being of the residents with the intent to understanding care goals with a focus on optimum care. The input of the resident and their family members is a crucial component. It is important that all of the information shared by staff is heard and understood by the resident and family member. The resident and family members should have the opportunities to communicate their needs and preferences clearly and to be listened to by the staff.

Process for Care Conferences:

For new residents

- Provide CC preparation brochure in person or by mail 2 - 4 weeks after residence begins or could be given at orientation.



Care Conference
Brochure

- Confirm CC date with resident (if applicable) and family member for 6 - 8 weeks after moving to facility.
- Prior to meeting with the resident and family member schedule a brief pre meeting of all health care professionals to discuss care specific clinical care details in order to ensure a collaborative approach when discussing details with the resident or family member.
- Use care conference record which can be tailored to your facility.



Care Conference
Record

- Use format for Care Conferences (as below) to ensure good practice and begin CC by asking resident and family members if they have any initial questions or comments.
- Have each care team member provide a brief synopsis of their area of care as it relates to the resident followed by asking if the resident or family members has any questions or comments.
- Communicate that next formal care conference will take place in one year but informal meetings can take place at the request of residents or family member.

- Review CC outstanding items or actions on a regular basis. Ensure follow up

For existing residents:

- One month prior to CC confirm date with resident (if applicable) and family member and send out care conference preparation brochure (link to brochure developed by St. Vincent's Langara, Providence Health).
- Confirm care conference (CC) date with resident (if applicable) and family member one month before scheduled CC.
- Prior to meeting with the resident and family member schedule a brief pre meeting of all health care professionals to discuss care specific clinical care details in order to ensure a collaborative approach when discussing details with the resident or family member.
- Use care conference record which can be tailored to your facility (see icon above)
- Use format for Care Conferences (as below) to ensure good practice and begin CC by asking resident and family members if they have any initial questions or comments.
- Have each care team member provide a brief synopsis of their area of care as it relates to the resident followed by asking if the resident or family members has any questions or comments.
- Communicate that next formal care conference will take place in one year but informal meetings can take place at the request of residents or family member.
- Review CC outstanding items or actions on a regular basis. Ensure follow up

Format for Care Conferences:

1. Set up the room and ensure the space supports collaborative respectful discussion
 - a. Discuss purpose of conference
 - b. Identify goals and desired outcomes of conference
 - c. Identify family needs and wishes
2. Identify current and anticipated issues
3. Identify resources among resident, family, staff and community that can support resident and family coping.
4. Explore and identify hopes and goals beyond the elimination of current issues.
5. Identify follow-up actions and document these on the **Care Conference Record**.

Care Conference Record

Resident _____ Family Member _____
 Family Contact Info _____ Follow up with Family by: ___ Email
 ___ Phone

Care Team: _____

Date of Previous Care Conference: _____
 Date of this Care Conference: _____

DISCUSSION TOPICS	LEAD TEAM MEMBER	COMMENTS/ FOLLLOW UP or ACTION	DATE COMPLETED
General well being <ul style="list-style-type: none"> • Quality of Life • Happiness • Notable changes 	Resident and/or Family Member		
Psycho Social / Spiritual	Pastoral care worker /Social Worker		
Activities <ul style="list-style-type: none"> • Participation • What did they enjoy in the past? 	Rehabilitation		
Nutrition <ul style="list-style-type: none"> • Appetite • Weight changes • Supplements • Likes and dislikes 	Nutritionist/Dietitian		
Medical and Nursing care <ul style="list-style-type: none"> • Medical history • Pain management • Wound care • Falls history • Sleep History • Behavioral concerns • Others? 	Physician/Nurse		
Medications <ul style="list-style-type: none"> • Current medication and purpose • Changes planned 	Pharmacist		
Resident/Family Concerns	Resident and/or Family Member		

7. Appendices

Appendix A

Excerpt of BC Ombudsperson Part One of Special Report on Seniors Care in BC

When the Ombudsperson undertook to investigate residential care services in the Province of BC she did so as a result of an overwhelming number of complaints and concerns expressed to her office related to the care of seniors in residential facilities.

The Ombudsperson is defined as BC's independent voice for fairness and the role exists to:

- ✦ Uphold the democratic principles of openness, transparency and accountability
- ✦ Ensure that every person in British Columbia is treated fairly in the provision of public services
- ✦ Promote and foster fairness in public administration

The Ombudsperson serves:

- ✦ The principle of administrative fairness
- ✦ The public
- ✦ The Legislature of British Columbia

The functions of the Ombudsperson are to:

- ✦ Generally oversee the administrative actions of government authorities
- ✦ Conduct thorough, impartial and independent investigations of complaints
- ✦ Consider possible resolutions of complaints
- ✦ Consult with, provide reasons, and make recommendations to authorities to improve administrative practices
- ✦ Provide reports to the Legislative Assembly and the people of British Columbia about administrative fairness issues and how they can be remedied
- ✦ Respond to inquiries from the public
- ✦ Provide information and advice about administrative fairness

By conducting thorough and impartial investigations the Ombudsperson:

- ✦ Identifies issues of administrative unfairness
- ✦ Identifies causes of recurring unfairness and advise on how it can be avoided in the future
- ✦ Attempts to resolve complaints through consultation when appropriate
- ✦ Employs an approach that identifies and addresses the underlying causes of complaints
- ✦ Makes recommendations and issues reports that are based on sound analysis of the facts, are consistent with our statutory mandate and apply the principles of natural justice and administrative fairness

On August 21, 2008, The B.C. Ombudsperson, Kim S. Carter, initiated a province wide investigation to look at seniors' care, with a specific focus on issues of access to information, access to services, quality of care, standards of care, monitoring and enforcement, and complaints processes.

The public response to the investigation was unparalleled in the history of the Ombudsperson's office. They received more than 600 responses to the questionnaire posted on their website, spoke with more than 300 people by phone, and opened more than 200 individual complaint files. Complaints covered issues from lack of information, to delays in access to services and from poor food quality to inadequate responses to concerns about care.

The investigation team visited 50 residential care and assisted living facilities across the province including facilities in each health authority; in rural, suburban and urban areas; and public, non-profit and privately operated facilities. Meetings were held with the Minister of Health Services and ministry staff, with the Minister of Healthy Living and Sport and ministry staff. The ministries have accepted and are implementing four of the ten recommendations made in the report. The other six recommendations have been accepted by the ministries but not implemented to date. The report was made public on December 17, 2009 under section 25 of the *Ombudsperson Act*.

Commitment to Care and Residents' Rights

In the course of the investigation, the Ombudsperson heard from concerned seniors and their families who did not feel they had an adequate understanding of the level of care that seniors are entitled to receive in residential care facilities. People said they were reluctant to raise concerns about the level of care that facilities provide, in part because they were not confident about what residents were entitled to receive or what their rights were. The concerns that people brought forward included; food quality, response times to call buttons, medication errors and assistance with personal needs. The Ministry of Health Services and the Ministry of Healthy Living and Sport stated that if such concerns were raised with facility operators and regional health authorities, the ministries expected they would have been taken seriously.

The ministries said these were the sort of concerns that should have been investigated promptly and if substantiated, should have resulted in timely and specific remedial action. They said that if these

concerns were not appropriately dealt with by the facility or health authority, the ministries themselves wanted to hear about them, so that they could ensure appropriate action was taken. It is difficult, however, for people to persevere with their concerns and complaints if they do not know what their rights are and what treatment they can reasonably expect from a residential care facility. It can be challenging to continue to press forward to obtain a timely response or adequate remedial action without a clear idea of what a person's rights are.

While the different acts and regulations that govern the provision of residential care in British Columbia impose obligations on facility operators, it was concluded that a clear understanding of what the government's commitment to care is and what residents' rights are — would assist not only residents and their families, but also health authority staff and facility staff. A clear statement of residents' rights should also reduce misunderstandings and miscommunications and facilitate consistency of expectations and service delivery.

The Ombudsperson stated in Recommendation:

1(a) that the ministries take the necessary steps to ensure a commitment to care and the rights of seniors living in all residential care facilities be set out clearly in law by March 31, 2010

1(b) that the commitment and the rights be posted at the entrance to facilities where they are easily visible to residents and visitors alike.

1(c) that the ministries develop a reliable and objective process to monitor and evaluate the degree to which residents' rights are respected.

1(d) that the ministries publicly report the results of this monitoring and evaluation annually, commencing in 2011.

The ministries accepted the first and second recommendations and the implementation process has already resulted in the passage of Bill 17, *The Health Statutes (Residents' Bill of Rights) Amendment Act 2009* on November 2, 2009. The *Residents' Bill of Rights* requires facilities to post the rights in a prominent place in each facility.

The ministries have indicated that they accept the need for a reliable and objective process to monitor and evaluate the degree to which residents' rights are respected. They have explained that complaints about breaches can be dealt with by either regional medical health officers or the Patient Care Quality Offices, and that these complaints will be tracked and reported regularly to the Ministry of Health Services. The ministries would then rely on these bodies to raise any issues that they could not address themselves to the highest levels of the health authority or to the ministries.

In addition, the Ministry of Healthy Living and Sport will require community care licensing staff to monitor facility compliance with the *Residents' Bill of Rights* and report their findings to the ministry on a regular basis, by March 31, 2010.

Public Information and Reporting

Decisions about how, where and when to move into a residential care facility are difficult for seniors and their families even in the best of circumstances. These decisions are even more stressful when, as is often the case, very little time is available in which to make these decisions. Seniors and their

families need to be able to find pertinent, useful information about residential care facilities quickly and easily, so they can make informed decisions. This information should be available without having to make multiple calls or in-person visits, or visit several websites.

Without clear, accurate and objective information, it is difficult to evaluate facilities' abilities to meet their needs and interests, whether these are physical requirements, proximity to family, availability of certain therapies, or linguistic, religious, cultural or social preferences.

In the course of the investigation many seniors and their families stated that they did not have enough information available to make these important decisions. They said that in particular they would have appreciated more information about:

- eligibility criteria
- what residential care facilities are available in a community
- how placement decisions are made
- how and when residents can transfer to other facilities
- staffing levels and care standards
- dietary plans and activity schedules
- any extra charges for services
- previous complaints about the facility and how they have been dealt with
- who within a facility they can approach with a question or to resolve an issue
- who they can approach if they are dissatisfied with how a facility responds to a complaint.

Unfortunately, at this time there is no single place where seniors and their families can go to compare residential care facilities in a particular area, in order to identify an appropriate or preferred facility. While the regional health authorities provide some information, its availability and accessibility varies from one health authority to another. While some regional health authorities have developed printed guides containing information about eligibility, access to services, costs, case management and complaints processes, others have not. In some cases, guides are also available online. In other cases, health authority websites offer only general descriptions of services and contact information. As well, health authority and ministry websites can be difficult to navigate, so information can be hard to find. It may be unclear which part of a website has the relevant information and in some cases, it is scattered through several different sections. It is also disappointing to find that the information is not typically presented in a way that allows for easy comparisons between facilities and services.

Recommendation 2(a) states that the ministries develop a single provincial website for the public reporting of useful information about residential care facilities and that the information be updated regularly and organized in a way that makes it easy for seniors, their families and other members of the public to search for and compare facilities. Also included in Recommendation 2(a), that specific information about each facility be posted on the website, including details on funding, staffing, quality of care and standards of care. Recommendation 2(b) suggests the ministries review the evaluation model and information reporting that is to be implemented in Ontario after one year of operation, to evaluate whether there are further improvements that can be made to British Columbia's public information system.

Resident and Family Councils

Seniors who live in residential care facilities were the focus of the first report on seniors' care, because they are the most vulnerable. After much consultation and consideration of the various possible means for improvement, the Ombudsperson concluded that strengthening the role of resident and family councils would be both a significant positive step forward and an easily achievable one.

The benefits of resident and family councils, when properly supported, are numerous. They offer residents the chance to exercise greater influence over the conditions and decisions made about the facilities in which they live. On the one hand these facilities are institutions, but they are also their homes. Through councils, residents have a collective and therefore stronger voice. Councils offer an opportunity to overcome the isolation that often accompanies life in residential care, and so may provide social and therapeutic benefits as well. They also provide a forum in which complaints and issues of concern can be aired and perhaps resolved. Often family members receive similar benefits from participating in a council. Resident and family councils are already playing an important role in some facilities, but there is great potential for their contribution to be extended to other facilities where they don't currently exist, and for their role to be clarified and enhanced in the facilities where they do. The investigation team concluded that there is wide variation among the regional health authorities regarding the degree to which they support and interact with resident and family councils. There are benefits to both types of councils and a more consistent approach to their support and the health ministries, in their stewardship role, can ensure that this is achieved. Those who would most benefit from this change are the many seniors who are not in regular contact with family or friends, and who lack anyone else to advocate for their particular interests.

Recommendation 3(a) suggests that the ministries establish an expanded role for resident and family councils in legislation or regulation and ensure that the change applies to all residential care facilities, regardless of which set of laws or regulations they are subject to. The Ombudsperson specified that these changes should require that there be a designated person at each facility and in each health authority to assist and respond to resident and family councils, and that there be specific deadlines for responding to the concerns or questions raised by resident and family councils. The ministries have expressed their general support for this recommendation and highlighted that, once in force, the *Residents' Bill of Rights* will create the right to establish and participate in a resident or family council. The ministries have expressed their agreement with the intent of this recommendation, but have not committed to making an individual in one of the two ministries responsible for promoting and developing resident and family councils. Instead, the ministries have said they will "work with health authorities to further promote resident and family councils as an important component of a commitment to support family caregivers in all settings."

Appendix B

Community Care and Assisted Living Act **RESIDENTIAL CARE REGULATION**

[includes amendments up to B.C. Reg. 10/2010, January 15, 2010]

Family and resident council

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A licensee must provide an opportunity, at least annually, for persons in care and their parents or representatives, family members and contact persons to

(a) establish one or more councils or similar organizations to represent the interests of the persons in care, or their parents or representatives, family members and contact persons, or both, and

(b) meet with the licensee, either as a council, or, if no council is established, as a group, for the purpose of

(i) promoting the collective and individual interests of the persons in care, and

(ii) involving the persons in care in decision making on matters that affect their day to day

living.

Appendix C

Overview of Vancouver Coastal Health/Providence Health Complex Residential Care Working Group Project with Community Engagement

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.

On December 17, 2009, the BC Ombudsperson released the first of two reports on her investigation into the care of seniors in British Columbia. It included 10 specific recommendations in three categories; seniors' rights, transparency and the role of family councils. The CRCWG had identified a weakness in the current resident/family council model, the inconsistent and ineffective practice of bringing the voice of the residents and family members to inform planning and care delivery within residential care facilities. To address this the CRCWG aligned 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.

To determine current practice within VCH/PHC as it relates to family councils, an inventory was conducted that determined if a family council or other similar structure was in place. Included in the information was confirmation of operation within terms of reference, how many people are represented and if a facility representative is present during meetings. The inventory confirmed that there is inconsistent practice for both functioning of resident/family councils and effectiveness of the structure in ensuring the voice of residents and family members are considered in planning for services and care.

Community Engagement was asked to explore sustainable and effective mechanisms for family involvement, at all VCH and PHC owned and contracted complex care facilities, that would contribute to enhanced quality of life for residents and provide a channel for residents and family members/loved ones' input to the facility management.

Community Engagement, in collaboration with the CRCWG project team, designed a consultation process. Using a workshop model 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 a shared vision among residents and family members of effective mechanisms for 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.

Seven workshops were held throughout the VCH/PHC region. The workshops were designed to gather feedback on four main areas of resident and family voice; the values that should guide the gathering and using of resident and family voice, indicators to measure that these values are being upheld in the gathering and using of resident and family voice, methods to effectively gather resident/family voice and demonstration that resident/family voice is being gathered, listened to and used to inform day to day operations, planning and improve the quality of life for residents.

The goal for the workshop feedback is to support VCH Managers and contracted facility leaders to actively involve residents and family members in improving the ongoing operations of residential facilities to improve the quality of life for residents.

Following the sharing of the report the CRCWG is committed to supporting implementation of participatory workshops or consultations at the facility level to establish meaningful resident/family involvement methods specific to the facility.

The primary participants were residents and family Members, all existing family council members and interested family members of residents

Included were VCH and PHC Staff from all owned and operated residential care facilities, staff from all VCH area residential care facilities that are contracted by VCH and all residential facilities that are privately operated within the VCH Region

All 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.



Vancouver Coastal Health Respectful Workplace Policy



Respectful Workplace & Human Rights Policy

1.0 Policy Purpose

The purposes of this Policy are:

- a) Define standards to promote and support a respectful and discrimination-free workplace.
- b) Provide resolution processes.

2.0 Policy Statement and Scope

Mutual respect is a value of Vancouver Coastal Health Authority (VCH) that we commit to live by. A respectful and discrimination-free workplace is a priority for VCH. The benefits of a respectful workplace include patient/client experience, enhanced job satisfaction, teamwork, and productivity.

All persons associated with VCH are accountable for their own conduct and must conduct themselves in a civil, respectful, cooperative and non-discriminatory manner at the workplace and at work-related gatherings.

This policy does not limit the rights of VCH to appropriately and in good faith manage the work performance of persons. VCH reserves the right to investigate incident(s), with or without the person's consent, where there are concerns about the alleged disrespectful conduct or discrimination and the impact of such conduct on maintaining a respectful workplace.

Person(s) includes all employees (excluded and unionized), students, medical staff, dentists, researchers, physicians, residents, fellows, volunteers, executives, contractors, visitors, clients, and patients.

3.0 Definition for Disrespectful Conduct and Discrimination

Disrespectful Conduct is defined as including any harassing or bullying behaviour directed against another person that a reasonable person knows, or ought to know, would cause offence, humiliation, or intimidation.

Discrimination is defined as any comments or conduct that would constitute a breach of the BC Human Rights Code. The BC Human Rights Code contains protected categories including race; colour; ancestry; place of origin; religion; marital status; family status; physical or mental disability; sexual orientation; or, age of that person. In addition, VCH considers gender identity as a protected category for the purposes of this section.

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Issued By: Vice President – Employee Engagement			
Implementation Site: VCH All Sites			Page: 1 of 5

Appendix E

Links & Resources:

- Guidelines for the Development of Resident or Family Councils
HOME AND COMMUNITY CARE MINISTRY OF HEALTH SERVICES – January 2011



hcc-family-council-guidelines

- Residents Bill of Rights - **MINISTRY OF HEALTH SERVICES**

http://www.health.gov.bc.ca/ccf/residents_bill_of_rights.html - link to Ministry page



adultcare_bill_of_rights

- The Association of Advocates for Care – Family Council Booklet

<http://www.acrbc.ca/familycouncil-hand.html>

- VCH Compliments and Complaints Process

[http://www.vch.ca/about_us/compliments %26 complaints/compliments %26 complaints](http://www.vch.ca/about_us/compliments_%26_complaints/compliments_%26_complaints)