OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

Volunteer Interviewer Manual & Training Curriculum

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

Thank you for volunteering for our provincial Long Term Care Resident and Family/Most Frequent Visitor experience of care project. We sincerely hope that you find this work as rewarding as it is challenging.

Volunteers are integral to this project and will provide an important contribution to the improvement of the quality of care and services that our residents and their loved ones receive across British Columbia.

We thank you for your commitment.

INTRODUCTION

The Office of the Seniors Advocate

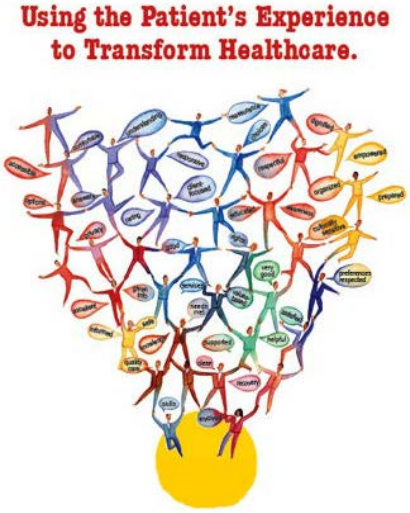
The Seniors Advocate will monitor and advise on a range of seniors' services related to health care, personal care, housing, transportation and income support. The Advocate will focus her priorities on systemic issues: challenges that affect a large number of seniors. Thus, the focus of the Office of the Seniors Advocate will be on making recommendations to government and those who deliver seniors' services, rather than on engaging in individual advocacy or resolving individual complaints. However, individual concerns or issues may identify a systemic issue which may lead to a broader policy review, and the Advocate's office may assist individuals by connecting them (with consent) to the appropriate body or agency to resolve their issues[1].

In February 2013, the B.C. government introduced legislation that outlines the duties and authorities of the Seniors Advocate. The *Seniors Advocate Act,* passed on March 14, 2013, marked an important milestone in establishing the Office. Legislation mandates that the advocate is responsible for monitoring the provision of seniors' services in the areas of: health, personal services, housing, transportation, income supports.

In addition to monitoring, the office will analyze issues pertaining to seniors, advocate in the interest of seniors and will identify, analyze and promote awareness of systemic challenges and resources. The office will refer individual complaints to the appropriate person or body for resolution and will track the issues raised by individuals and stakeholders, which may become topics for review. The office will collaborate with service providers to improve effectiveness and efficiency, working with government employees, health authority staff and private/non-profit service providers. The office must report to the minister annually on activities, and the minister must make these reports public. The office may report more frequently on system-wide issues.

[1] The Office of the Seniors Advocate's website: http://www.seniorsadvocatebc.ca/about/

The BC Patient Centred Measurement Working Group



In June 2002, BC's Leadership Council, including the Deputy Minister of Health and the CEOs from BC's six health authorities, appointed representatives from each of these bodies and established the BC Patient Satisfaction Steering Committee. Several years later, the name was changed to reflect a focus on patient and family-centered care, to the BC Patient Centred Measurement (BC PCM) Working Group.

The mandate of the BC PCM WG is to develop a provincial strategy for the measurement of patient reported satisfaction and patient reported experience of care in order, as well as patient reported outcomes of care:

1. To enhance the public accountability of the provincial health system, and
2. To support quality improvement initiatives at the point of care.

The BC PCM Working Group develops and implements a coordinated and standardized provincial approach for measuring patients' experience of care in sectors determined to be 'priority areas'. More precisely, their role is centered on specific tasks including:

- Selecting or designing and administering survey questionnaires,
- Processing and analyzing the data, and
- Interpreting & disseminating results through reports, presentations et cetera.

Since 2003, BC PREMS has asked approximately one million patients, clients, residents and family members in BC about their experiences and outcomes of care within the following sectors in our health care system: the Emergency Department, Acute Inpatient (Maternity, Surgery, Pediatrics, and Rehab), Outpatient Cancer Care, Mental Health and Substance Use, and Long-Term Care.

Background: Working Together

In October 2014 the Seniors Advocate released her report "The Journey Begins, Together We Can Do Better" that highlighted the need for reliable, objective, provincially standardized information to indicate where governments and service providers meet the needs of seniors and where they must improve. The Advocate determined the most effective approach would be for the Advocate, under the mandate of *Sections 3 and 4 and powers under Sections 7 and 8 of the Act, to use the independence of the Office of the Seniors Advocate,* to publicly report on a number of services and supports provided to seniors.

The Advocate stated that seniors in British Columbia (BC) will be informed of the quality and adequacy of services provided to them, as the Advocate will assume control of establishing, collecting, and tracking numerous provincial indicators that will be published and posted on the Advocate's website. The provincial indicators to address the spectrum of service areas covered by the *Seniors Advocate Act* will include a provincially standardized, independent satisfaction and experience of care survey for residents and families/frequent visitors who receive care and services in publicly funded long-term care (LTC) residential care facilities in BC. Results will be posted to the Advocate's website so that seniors and their families will be able to see how facilities in their community compare with others in the province from the perspective of residents and their families.

The Seniors Advocate determined that working with the BC Patient-Centred Measurement Working Group (BC PCM WG) is the best way to develop and administer the survey as this Committee has significant understanding and experience with survey research and a well-established framework for developing and implementing measurement strategies for province-wide, coordinated, sector-based surveys that provide scientifically rigorous feedback about the experience and satisfaction with the quality of care and services from the perspective of patients[2].

[2] In this case, patients also refer to clients, residents, families, frequent visitors, and supporters.

Project Objectives

A residential care facility is home to over 27,000 adults in British Columbia. For most of these residents, it becomes their home and the place where they will likely spend their last months or years of their lives. Residential care varies from other health sectors in that care is provided for residents 24 hours a day, 7 days a week, and 365 days a year.

The purpose of this initiative is to support health system change to a resident and family-centred health care system. The objective is to include the resident and family experiences in facility-based quality improvement initiatives, to better understand the impact of system changes on residents and their families, and to improve public confidence in the health system over time. Additionally, the initiative seeks to:

1. Ask residents to evaluate their own experience of care and satisfaction with the services and care received in all publicly-funded long-term care facilities in BC;
2. Ask family members/most frequent visitors to evaluate their own experience with the services and care received as well as the experience of their loved one in care;
3. Implement a provincially-coordinated, cost-efficient and scientifically rigorous approach to measurement;
4. Use the information to enhance public accountability of the health care system and to identify systematic issues and pockets of excellence in long-term residential care;
5. Use the information to support quality improvement at the point of care to meet the needs of our residents.

"Each person remains very much an individual, each with very different lived experiences. Each resident has their own preferences, values, beliefs and interests."

- Legal Issues in Residential Care: An Advocate's Manual

Inclusion and Exclusion Criteria

Our guiding principle is that all residents living in LTC facilities that receive any public funding will have the opportunity to participate. The tables below outline the criteria used to ensure those who are able to participate are given the opportunity:

Resident/Facility Characteristic	Decision
Age of residents	Include all residents regardless of age
Length of Stay	Include all residents with completed RAI-MDS[3]
Residents in Facilities scheduled or undergoing Major Renovations	Include
Residents in Facilities Scheduled for Closure	Include, unless written notice of closure issued to residents and families and 90 or fewer days remain prior to closure date
Residents in Temporary Beds	Include
Residents in HA owned and operated facilities	Include
Residents in publicly funded beds in private facilities	Include
Residents receiving End-of-Life care	Exclude
Residents who may pose a risk to volunteers due to aggressive or responsive behaviours.	Exclude

Resident/Facility Characteristic	Decision
Seniors residing in Group Homes and Family Homes	Exclude
Seniors in designated Respite Beds	Exclude
Seniors in designated Convalescent Beds	Exclude
Residents at End of Life / in Palliative Care Beds	Exclude
Residents in Flex Beds	Exclude
Residents living in Special Care Units	Exclude Resident, unless otherwise indicated by staff; Include MFV
Residents who decline/refuse to participate	Exclude Resident; Include MFV
Residents who are unresponsive/unable to participate	Exclude Resident; Include MFV

[3] The RAI-MDS is a clinical assessment completed within two weeks of a resident moving into a long term care home and on a quarterly basis, ongoing.

The Survey Instruments

The interRAI Self-Report Nursing Home Quality of Life Resident tool was selected by the BC Long-Term Care Consultation Group[4] in January 2015 following an extensive literature review[5]. The interRAI survey was released in a series of survey instruments that were designed to, "give persons enrolled in formal care programs the opportunity to share their perceptions on a variety of quality-of-life domains not otherwise addressed…including relationships, environment, comfort, food, and participation in meaningful activities."[6] There are ongoing research activities based out of the University of Waterloo that continue to test and refine the interRAI survey.

Other characteristics of the interRAI survey:

- Administered via an in-person interview by an interviewer who is not involved in the resident's care.
- Uses a 5-point response scale (Never, Rarely, Sometimes, Most of the Time, Always).
- Uses "I" statements (E.g. I get my favorite foods here.)

Following the selection of the interRAI tool, the BC Long Term Care Consultation Group performed a gap analysis to identify areas that were relevant to BC and not addressed in the current survey. Following the analysis, supplementary made-in-BC questions were added to the interRAI survey. As part of the development process, these additional questions along with the original interRAI tool were tested with a small sample of the resident population. The recommendations coming out of this phase of development led to the finalization of the BC version of the interRAI Quality of Life Resident tool.

[4] A group of subject matter experts with representation from the BC Ministry of Health, health authorities, caregiver unions (E.g. The Hospital Employees Union and the BC Nurses Union), private organizations (E.g. the BC Care Providers), family members/supporters, and other community advocacy groups (E.g. QMUNITY and Family Caregivers Network).

[5] Faye Schmidt, "Long-Term Care Surveys: Review of the Literature on Resident and Family/Frequent Visitor Experience of Care in the Long-Term Care Sector, Version 2.0." Schmidt and Carbol Consulting Group, Inc., December 2014.

[6] http://www.interrai.org/quality-of-life.html

What is being measured?	Resident Surveys	Most Frequent Visitor Surveys
Patient Reported <u>Experience</u> (measures experience and satisfaction)	The interRAI Resident Quality of Life Survey • Administered as a self-report, asking resident about their own experiences Made-in-BC Custom Questions • Address gaps in the core survey tool in the context of BC and OSA priorities	The interRAI Family Quality of Life Survey • Administered as a proxy, asking MFV about resident's experiences Made-in-BC Custom Questions • Ask about MFV's own experiences and observations in the care home
Patient Reported <u>Outcomes</u> (measures health-related quality of life)	Veterans RAND 12-item Health Survey (VR-12) • Administered as a self-report, asking residents about their own physical and emotional status	Veterans RAND 12-item Health Survey (VR-12) • Administered as a proxy, asking MFV about resident's physical and emotional status

Definition of Terms[7]

Long-Term Residential Care

Care services that provide 24-hour professional supervision and care in a protective, supportive environment for people who have complex care needs and can no longer be cared for in their own homes or in an assisted living facility. Long-term residential care services include:

- Standard accommodations;
- Development and maintenance of a care plan;
- Clinical support services (e.g. rehabilitation and social work services) as identified in the care plan;
- Ongoing, planned physical, social and recreational activities (e.g. exercise, music programs, crafts, games);
- Meals, including therapeutic diets prescribed by a physician, and tube feeding;
- meal replacements and nutrition supplements as specified in the care plan or by a physician;

[7] All definitions were taken from the BC Ministry of Health's website <www2.gov.bc.ca>

- Routine laundry service for bed linens, towels, washcloths and all articles of clothing that can be washed without special attention to the laundering process;
- General hygiene supplies, including but not limited to soap, shampoo, toilet tissue, and special products required for use with facility bathing equipment;
- Routine medical supplies;
- Incontinence management; and
- Any other specialized service (e.g., specialized dementia or palliative care) as needed by the client that the service provider has been contracted to provide.

Assisted Living

Assisted living services provide housing, hospitality services and personal care services for adults who can live independently and make decisions on their own behalf but require a supportive environment due to physical and functional health challenges.

Palliative Care

Palliative care is a specialized medical care for people with serious illness. It focuses on providing residents with relief from the symptoms, pain, and stress of a serious illness – whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care can be provided together with any beneficial treatment.

End-of-Life Care

End-of-life care is supportive and compassionate care that focuses on comfort, quality of life, respect for personal health care treatment decisions, support for the family, and psychological, cultural and spiritual concerns for dying people and their families. Care can be provided wherever the client is living, whether at home, in hospice, an assisted living resident or a residential care facility.

Publicly Subsidized Services

Publicly subsidized services are accessed by the individual/representative who meets general provincial eligibility criteria and agrees to participate in a formal assessment that is conducted by their health authority and are assessed as having needs that can be met by services. These services are:

- Subsidized by the BC Ministry of Health;
- Administered and delivered by the health authorities and other contracted providers;

- While individual preference for service is considered, the individual's need as determined by a formal assessment is the primary consideration in determining which service is provided.

Subsidized residential care is funded in part, by the regional health authority and, in part, by the individual senior. Residents will be charged a daily rate for residential care based on income level. Facilities may charge additional fees for amenities and additional services (e.g. cable TV, hairdressing).

To receive subsidized care, a senior must be assessed as unable to function independently because of chronic, health-related problems. Access to subsidized residential care facilities is governed by the provincial government's Access to Residential Care Policy (also known as 'the first available bed'). This policy means that seniors seeking a place in a subsidized residential care facility are expected to accept the first available bed in the resident's specified geographic area offered to them. The resident is expected to move in within 48 hours of notification. If the facility offered, is not a facility the resident requested, the resident may choose to go through a transfer process.

Models of Subsidized Residential Care[8]

Subsidized residential care in BC is provided in a variety of ways and by a variety of agencies. The following models are all utilized in the province:

- A publicly operated facility regulated under the Community Care and Assisted Living Act
- A publicly operated facility regulated under the Hospital Act
- A privately operated for-profit facility regulated under the Community Care and Assisted Living Act
- A privately operated for-profit facility regulated under the Hospital Act
- A privately owned non-profit facility regulated under the Community Care and Assisted Living Act
- A privately owned non-profit facility regulated under the Hospital Act.

Private Pay Services

Services accessed by the individual directly from the service provider, the government does not provide any financial assistance to individuals or service providers for the service. Each individual can shop and compare for services that best meet their needs and preferences. All aspects of service provision are agreed to by the individual and the service provider.

[88] The Office of the Ombudsperson, "The Best of Care: Getting it Right for Seniors in British Columbia (Part 2)", February 2012.

What is Patient-Centred Care?

Patient-centred care is an art and a science. It is about providing both the technical and the human aspects of care. The language of patient-centred care, inclusive of the dimensions of patient-centred care coined by the Picker Institute in the early 1980s (Gerteis 1993), shaped BC's approach to thinking about how and why to engage patients in providing their feedback. The result was the development of a strategy that valued measurement of patient perspectives about both their satisfaction with care –the traditional metric and their experience of care –the emerging metric. Measures of patient satisfaction were adopted from validated tools, adapted or developed to serve as global rating indicators, always informed by a thorough review of the published literature, then vetted and tested with patients, professionals and other stakeholders to ensure the survey items were important to patients and relevant in the context of care delivery in BC; measures of patient experience were selected to represent the drivers of patients' assessments of their overall satisfaction and their likelihood to recommend in an effort to provide information for targeted intervention for improvement of patient experiences at the point of care. The lack of agreement on what constituted patient- and family-centred care was never viewed as problematic; rather it was seen as an opportunity for stakeholder engagement (with patients, care providers, policymakers and the public) to confirm the elements of care experiences important for the target populations in BC[9].

> *"Quality has two dimensions. One has to do with technical excellence: the skill and competence of professionals and the ability of diagnostic or therapeutic equipment, procedures and systems to accomplish what they are meant to accomplish, reliably and effectively…*
>
> *The other dimension relates to subjective experience – its texture and substance, its sentient quality. In this sense, we speak of the quality of a sensation or experience of the quality of human relationships.* ***In health care, it is this subjective dimension that patients experience most directly – in their perception of illness or well-being and in their encounters with health care professionals and institutions****."*
>
> - M. Gerteis et al. "Through Patient's Eyes" (2002)

[9] *Lena Cuthbertson* BHSc (OT) (McMaster), MEd (Brock), PMP, Provincial Director, Patient-Centred Performance Measurement and Improvement British Columbia Ministry of Health.

What is the Patient Experience?

Patient feedback gathered through patient-reported experience and outcomes surveys is an important strategy used to evaluate the quality and appropriateness of our health care system in BC. This section of the Volunteer Handbook will provide you with a framework to understand what patient experience of care is and why it is important in healthcare.

The Beryl Institute – a non-profit think tank focused on patient experience offers the following definition:[10]

INTERACTIONS
The exchanges that happen between people, processes, policies, communications, and the environment.

CULTURE
The vision, values, people (at all levels and in all parts of an organization) and community.

PATIENT PERCEPTIONS
What is recognized, understood, and remembered by patients and families. Perceptions vary according to one's own experiences, such as beliefs, values, and cultural background.

CONTINUUM OF CARE
What happens before, during, and after the delivery of care.

The data, results, and information coming from patient experience of care surveys provide a measure of 'acceptability'. Originally, 'acceptability' referred to how satisfied patients were with the services they received. Today, acceptability includes patient satisfaction and has evolved to include the patient's perceptions of the overall quality of their care experience. In addition to ratings of satisfaction we look at reports of patient experience. For example, "Were

[10] The Beryl Institute's website: http://www.theberylinstitute.org/

you involved in decisions about your care as much as you wanted?" in addition to, "How satisfied were you with the involvement in your care?"

Regardless, we cannot improve what we do not measure. And patients are the final arbiter of the quality of the care and services that they receive and we provide. The data we collect and the translation of that data into information tells us how we measure up from the perspective of those that we provide services to.

VOLUNTEER ROLES & RESPONSIBILITIES

Your Role in the Project

The role of the interviewers is extremely important and absolutely vital to the success of the project.

Volunteers are an integral part of this project team and will provide an important contribution to the quality of care and services for residents in long-term care facilities across British Columbia.

In order to maximize resident participation and engagement in this survey, each resident will be administered the survey through a one-on-one in-person interview conducted by a trained volunteer. Interviewers will ask resident about their experience in a way that recognizes and respects their communicative and/or cognitive limitations. As each resident's experience is valid and their own, interviewers will engage in a dialogue with the residents that will measure residents' perceptions and personal accounts of daily living. Equally important to collecting information, is to provide a positive and pleasant experience for all residents.

Interviewers will work in small teams located in all five geographical health authorities in BC. Each interview team will be supported by a Regional Engagement Lead, who will be supported by the BC Office of the Seniors Advocate's Long Term Care Consultation Group, the BC Patient-Centred Measurement Working Group, and the BC Office of the Seniors Advocate.

Volunteer Code of Conduct

As a volunteer, you are expected to conduct yourself and the work you perform on behalf of the British Columbia Office of the Seniors Advocate and the BC Patient-Centred Measurement Working Group in a manner that honours their respective values and does not detract from the public's trust

The BC Office of the Seniors Advocate and the BC Patient-Centred Measurement Working Group is committed to:

- Fostering meaningful experience for volunteers;
- Providing comprehensive training to enable volunteers to feel prepared to carry out their duties;
- Offering adequate and ongoing support throughout the volunteers' commitment with the project;
- Asking for the volunteer perspective throughout the evaluation phase of the project.

As a volunteer interviewer, we expect that each interviewer will:

- Act with honesty and integrity and in accordance with the health authority and facility rules where you are assigned to carry out your duties;
- Treat all residents and their family members/frequent visitors with care and respect;
- Protect the privacy and confidentiality of personal health information;
- Be considerate to all facility staff;
- Complete the required number of interviews as outlined by the Regional Engagement Lead's schedule.

Benefits for being a volunteer interviewer:

- Benefit from the experience of connecting with residents;
- Develop new skills and gain experience in a health care environment;
- Enjoy the rewards of working with a committed team of volunteers;
- Make a positive impact on residential care in your community;
- Contribute to the larger provincial effort of the BC Office of the Seniors Advocate to improve the care and services available to seniors;

Upon request, a reference letter will be written for volunteers who are working towards building volunteer hours or gaining work experience. The letter of reference will only be provided upon the completion of the term commitment.

Taking Care of Yourself

In your volunteer role, you are choosing to provide support in a way that requires patience, compassion, empathy, and commitment. This experience of volunteering in residential long-term care will likely feel very rewarding and will likely be emotional and demanding. You might find yourself in situations you've never encountered before which could be stressful. For example, a resident might share a personal story of loss or you might engage with a resident who comes from a culture which is different from your own. It is extremely important to remain aware of how this volunteer experience and the circumstances you encounter may affect your emotional well-being.

> **"There is a difference between feeling responsible <u>for</u> people, where there is a tendency to rescue and take on the problems of others; and feeling responsible <u>to</u> people, where empathy and awareness are the front line emotions."**
>
> -Penticton's Better at Home Program

It is important that you allow yourself the time and space to take care of your needs and priorities to appropriately deal with stress and prevent burnout. Here are some suggestions on ways you can care for yourself:

In your personal life:

- Find time for yourself. This could include everything from hiking, to reading, to yoga, to listening to your favorite music – whatever you normally do to unwind.
- Check-in with yourself to ensure that you are able to maintain the balance and boundaries between your volunteer work and your personal life.
- Ask for help when you need it. Allow others to listen to you and validate what you are feeling.

When you are volunteering:

- Be sure to take a break between interviews. This can be going outside to get a breath of fresh air, or going to get a cup of coffee or tea.
- Ask for help when you need it. If you find yourself in a situation where you are uncomfortable and/or you cannot cope, reach out to your Regional Engagement Lead, other volunteers, the Facility Coordinator or facility staff for assistance.
- Interact and engage with other volunteers on your team. Other volunteers will likely better understand what you're going through and can be part of a valuable support system.

Confidentiality

As a volunteer interviewer, you will have access to residents' personal health information (e.g. First Name, Last Name) and you will likely hear very personal and honest opinions and anecdotes from the residents. The collection, use and disclosure of personal information under the custody and control of the health authority you are working in is governed by British Columbia's *Freedom of Information and Protection of Privacy Act* and the policies of your respective health authority.

As outlined in the Privacy & Confidentiality Training Module and Confidentiality Pledge you have already taken, volunteer interviewers are required to ensure the confidentiality of personal health information and exercise discretion when discussing the business of this project. All information is confidential and will only be provided on a "need to know" basis to carry out your individual responsibilities.

Volunteer interviewers are obligated to keep all information obtained while volunteering as strictly confidential. Information must not be discussed with anyone inside or outside of the facility, including social media, under any circumstances. Volunteers must take "reasonable security precautions" to ensure that all personal health information is protected against unauthorized access, use, collection, disclosure, loss, theft, disposal, duplication, retention, and storage.

- **DO NOT** give opinions if a resident offers you personal information or asks about their care. Direct them to the appropriate staff.
- **DO NOT** read resident's medical records and never ask for medical advice from staff.
- **DO NOT** seek out additional information about residents and their families. You will have all of the information you require for your survey assignments.
- **DO NOT** take photos of residents, staff, or other volunteers without written consent.
- **DO NOT** audio record your resident interviews.
- **DO NOT** write down a resident's name or any related personal health information on any other material, aside from the Resident List and the Individual Survey Booklet.
- **DO NOT** make a copy of your Resident List. Report the loss of your list to your Facility Coordinator and Regional Engagement Lead immediately.
- **DO** return your Resident List and completed Individual Survey Booklets when you have completed your interviews.

Breach of confidentiality is grounds for dismissal from your volunteer role and will be disclosed without hesitation on evaluation forms and references.

Residents may be very concerned that caregivers may find out about how they respond to questions and may fear their quality of care will be compromised.

Dress Code

All volunteers must wear clothing that is clean, comfortable, and appropriate for a healthcare setting. Volunteers must also wear their ID badge and close-toed shoes.

- No short skirts or above-the-knee shorts;
- No torn jeans;
- No hats, sunglasses, bare midriffs or low-cut shirts;
- No clothing with offensive remarks or any advertisements for drugs, alcohol or tobacco.

Fragrances

Scented products can cause a variety of health problems, such as headaches, nausea and shortness of breath. To ensure the health and well-being of residents, staff and other volunteers, **DO NOT WEAR ANY** strong perfumes and/or colognes while on-site.

Money & Gifts

Volunteers are not permitted to accept gifts or money from residents, family members, or staff. If the resident is insistent, please refer them to the facility or health authority foundation where their donations can benefit the facility and its residents.

- **DO NOT** borrow or lend money to a resident.
- **DO NOT** accept personal responsibility for residents' valuables.
- **DO NOT** bring in gifts for the residents or staff.

Discrimination & Harassment

The BC Office of the Seniors Advocate and the BC Patient-Centred Measurement Working Group is committed to a service environment where all persons are treated with respect and dignity. We are committed to providing all project members, volunteers, facility/unit staff, residents, families, and frequent visitors an environment that is free from discrimination or harassment, which is prohibited by the *BC Human Rights Code.* **Any person associated with this project shall not engage in discriminatory conduct, harassment, sexual harassment, and/or inappropriate behavior.**

"Discrimination is any action that unfairly impacts someone. This action could be based on: age, sex, colour, race, ancestry, religion, birthplace, political belief, family status, individual physical traits or disability, marital status, mental disability, sexual orientation, unrelated criminal convictions, gender identity."

-Providence Health Care's New Employee Orientation Manual

Harassment

Harassment is conduct or comments that could be considered by a reasonable person to interfere with a climate of mutual cooperation, understanding and respect. Harassment is unwelcome and it either negatively effects individuals within the workplace or has negative job-related consequences. In may include an actual or threatened physical assault.

It may include, but is not limited to:

- Threats made or perceived;
- Derogatory written or verbal communication or gestures.

Sexual Harassment

Sexual harassment is any unwelcome conduct that is sexual in nature, which may detrimentally affect the work environment or lead to adverse job-related consequences for the victim of the harassment.

It may include, but is not limited to:

- Remarks, jokes, innuendos or other comments regarding someone's body, appearance, physical or sexual characteristics or clothing;
- Displaying of sexually offensive or derogatory pictures, cartoons, or other materials;
- Conduct or comments intended to or having the effect of, creating an intimidating, hostile or offensive environment.

Inappropriate Behaviour

Inappropriate behaviour is an objectionable comment or behaviour directed toward a specific person that serves no related work purpose and has the effect of creating an intimidating, humiliating, hostile or offensive workplace.

It may include, but is not limited to:

- Threats, bullying, practical jokes that cause embarrassment, or communication or behaviour that creates a negative or poisoned work environment.

These are minimum standards and by no means cover every contingency. However, any material failure to comply with these standards will be sufficient grounds for disciplinary action up to and including termination of the individual from their volunteer position.

Any volunteer who is uncertain of the application of this Code of Conduct should Lillian Parsons (lparsons@providencehealth.bc.ca) on their role description and further clarification.

THE STRUCTURED INTERVIEW PROCESS

The Resident Population

While all residents are living in a long-term care facility in order to receive appropriate medical, physical and/or cognitive support, each resident comes with their own experience. It is especially important that these individual experiences are appreciated and respected. You will be approaching all residents with a wide variety of cognitive and physical limitations in your unit/facility. Very few residents will be excluded from an invitation to participate in the survey.

You will be interviewing residents from all nursing units in your assigned facility. Residents living in this facility are there for physical support, medical support, cognitive support, mental health and rehabilitation. You will be approaching residents with a wide variety of cognitive and physical limitations. No resident is to be excluded from an invitation to participate in the survey.

Orienting Yourself to the Facility

Prior to beginning interviews, it is important to take the time to familiarize yourself with the unit/facility and staff. On your first day, be sure to build 15-20 mins into your schedule to allow for you to do so. As soon as you arrive at your assigned facility, find the Facility Coordinator and introduce yourself. Here is a list of things and places you should be familiar with:

- Entrances and exits;
- The reserved space for interviews, if applicable. If no space is reserved, take the time to locate appropriate places outside of the residents' room (e.g. a tv room, a solarium);
- Guest/staff bathrooms (do NOT use residents' bathrooms);
- Nurse's station and who to go to in the event of a resident emergency;
- Different areas of the unit (e.g. some facilities might have 'neighbourhoods');
- A meeting place if you are with different interviewers.

Finding Time to Conduct a Resident Interview

There are a number of things that must be considered when choosing the time of day to conduct your interviews. There are standard unit to unit variations for meal times and there are resident to resident variations for things like what time they get out of bed, and when they are on doing activities. Here are a few suggestions that will help curb scheduling difficulties and reduce lost time:

- **Be prepared!** Prior to going onsite, be sure that you know when the mealtimes are. Meal times are not a good time to conduct interviews. Residents will likely be unable to be interviewed before breakfast or after dinner, so it would be better to arrive at the facility following breakfast and finish your day before dinner time.

- **Be flexible!** While you have a list of the residents you need to approach, be ready to not follow any particular order.
  - It is important that the interviews are conducted at times that do not interfere with resident care or disrupt their usual activities, unless they otherwise indicate.
  - While not ideal, interviews can also be broken up. For example, if you start an interview with a resident and then they need to leave mid-way to go to an appointment, you can stop the interview and decide on a time to continue another time/day.
  - Interviews do not need to be formally scheduled. A resident may choose to participate in the interview the moment you ask them, or some may ask you to come back at a later time.

- **Be creative!** During 'downtimes' (e.g. lunchtime) when residents cannot be interviewed, you can use this time to debrief with fellow volunteers, complete your admin work…or just take a break yourself!

Locating a Resident

1. Try to locate the resident by consulting the resident list with the room/bed numbers. Be sure to knock before entering a room!
2. If the resident is not in his/her room, ask the staff if he/she is on the unit – sometimes they could be elsewhere on the unit.
3. If the resident is not on the unit or is occupied, move onto the next resident on your list.

In some care homes, residents will not be wearing identification bracelets. Be sure to confirm their name with a member of the staff, or through other means of identification (e.g. a picture

on the entrance to the resident's bedroom, nametag on their wheelchair) prior to starting the interview.

Please note that at some facilities, residents will not be wearing identification bracelets. You will need the support of staff to help identify residents.

Approaching a Resident and inviting them to Participate

1. **Before approaching a resident, assess the current environment.**
    - What is he/she doing? Is he/she busy with an activity or receiving nursing care? Is he/she agitated or angry? Is he/she sleeping? If so, then it may not be the most appropriate time to approach the resident.
2. **Introduce yourself and establish communication.**
    - Is the resident able to hear you?
    - Is he/she able to see you?
    - Is he/she responsive to you?
3. **Create a positive environment and make general conversation about things that you feel comfortable with.** You may want to talk about:
    - Hobbies
    - Grandchildren
    - Occupation
    - How their day is going
4. **Explain your purpose for being there and invite them to participate in the survey**.
    - "I am here today on behalf of the British Columbia Office of the Seniors Advocate.
    - We are doing a survey. The survey asks questions about how seniors feel about living in care homes across British Columbia.
    - The survey is voluntary.
    - The results will be used to make recommendations about services for seniors in BC.
    - The interview takes about 30 to 60 minutes.
    - Would you like to do the survey with me?"

5. **Assess whether the resident can understand and communicate with you.**
   If resident responds and says:
    - Yes →stay and continue

- No → Resident refuses to interview, please thank resident for their time and make a note on the Resident List with "Refusal" code.
- No response → Approach again on two more occasions.

6. **Create an environment where the resident is comfortable sharing.**
    - Make sure the resident is comfortable and feels at ease to share with you. If the resident is not already in an area that is reasonably private, please ask staff for assistance moving him/her if he/she is unable to move themselves. Do NOT move the residents.

7. **Complete the introduction before starting the Resident Interview.**
    - "Before we begin, I want you to assure you that all the information you provide today will be completely confidential.
    - The results will be used make recommendations about services for seniors in BC, but will not identify you in any of the reports.
    - If at any time, you want to stop the interview, or you have something more to tell me, please interrupt me.
    - Before we begin, do you have any questions?"

8. **Begin the interview following the scripting in the Resident Survey Booklet.**

Who can be present during a resident interview?

- **NO – Unit/Facility Staff:** No staff members can be present. Remember to respect our promise of confidentiality to residents. If a staff member enters the room at any time, stop the interview (you can make small talk with the resident) and wait until he/she leaves to resume the interview.

- **NO – Other Residents:** If possible, no other residents should be present. In some cases, this may not be possible. For example, the resident might have a shared room and be confined to his/her bed. In the event that another resident is present, ask the interviewee if he/she minds. If he/she does not, you may begin the interview. If he/she does mind, be sure to come back at a later time when the resident is alone.

- **YES – Family Members/Visitors:** If a family member/visitor wishes to be present, be sure to explain (1) the purpose of this interview is to ask the resident about their own experience of care; (2) family members/visitors will be receiving a mailed survey where they will be able to provide feedback. If the family member/visitor answers questions, please re-direct the questions to the resident.

Administering the Survey

There are very strict guidelines about how to administer the survey. In order to have valid results, we must do our best to ensure that all interviews are administered in the same fashion. In this section of the manual, you will read about how interviewers can strengthen the quality of the interview. In a personal interview, an interviewer reads questions to a respondent and records that person's answers. How this seemingly simple interaction is done determines how representative of the truth the responses will be. Data that are collected are useful only if collected in a reliable and valid way.

The two main things that researchers look for in data are: **reliability** and **validity**. You can think of reliability as the chances that a resident will give the same answer to a question regardless of who is asking it. Validity is the extent to which the answer given really reflects the way the person thinks at that time.

There are a number of things that interviewers can do that make reliable and valid answers more likely:

1. Read the survey item as written in the survey booklet.

Imagine that all interviewers ask a question from memory. It could happen, that after a short time, each interviewer is asking a slightly different question. This would destroy the reliability of the data because respondents might be answering different questions. Research actually shows that more experienced interviewers make more mistakes in asking questions than less experienced ones because they are 'remembering' the question incorrectly.

The confidentiality statement, all section introductions, and all survey items are to be **read word for word** from the Resident Interview Package.

- All response choices should be read as they are written. For example, **"I can be alone when I wish. How often is this true for you? Would you say: Never, Rarely, Sometimes, Most of the Time, or Always?"**
- When you read the response options to the resident, point to each response on the visual analogue boards.
- Read the response options in order always from **NEGATIVE TO POSITIVE** so as not to bias the resident's response and to maintain consistency.

2. Read the question and response options in a neutral way.

Imagine that one interviewer consistently emphasizes the most positive answer, either by voice inflection or head nodding, and another interviewer emphasizes a negative answer in the same way. The data collected will not necessarily be valid because the respondent may be influenced by the interviewer.

3. Do not 'ad lib' questions or probes.

Sometimes words, phrases or concepts might not make sense to people. We have added probes right after the questions to use if the resident does not understand a question to provide clarification. **Interviewers should not make up their own examples as they may not reflect the intent of the question. Use only the descriptions, probes, and clarifications that provide in the survey booklet, and only after first repeating the question.**

4. Be accurate in recording residents' answers.

Finally, you can read a question correctly, have it understood, and still not get valid data because it was not recorded correctly. This is a problem related mostly to 'open-ended' answers, but can happen with numbers as well.

There is a tendency to want to 'help out' a respondent by paraphrasing or coaching the person. For example, a resident might say, "I like it okay." An interviewer might help out by saying, "You mean…excellent?" This is putting words into the resident's mouth, and destroys both reliability and validity! All interviewers must offer respondents all the answer options, not just the one they think is closest.

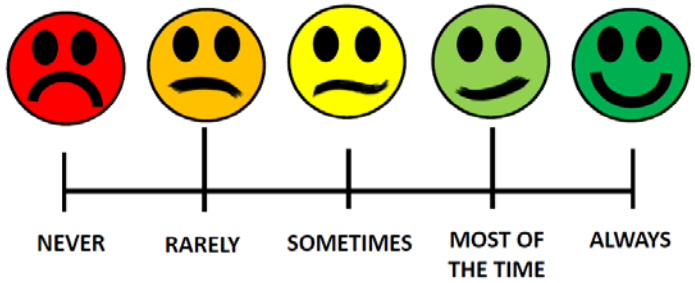
At any time during the interview, a resident may wish to describe how they feel about the issue being discussed or make a comment about some aspect of their care that is not asked during the interview. Any comments a resident makes, aside from Personal Health Information, should be recorded in the comment box at the end of the survey booklet. As much as possible, the comment should be recorded word-for-word. These comments are very important because they help us understand exactly how the resident is feeling, and can sometimes provide suggestions on how things can be improved. Where paraphrasing is required, you must repeat what you have recorded to the resident to confirm that you have captured the key themes.

- Read the question as written in the survey booklet.
- Do not add or leave words out of the question.
- Ask the questions in the order they are in the survey booklet.
- Wait for a moment or two before re-reading the question, probing, or re-reading the response options.
- Use only the probes provided.
- Read the question and response options in a neutral way.
- Only skip questions if the resident is having trouble understanding the question or chooses to skip.
- Do not give your opinions, interrupt, or otherwise influence the resident.

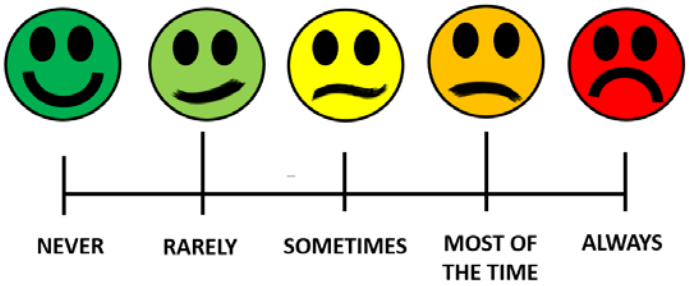
The Visual Analogue Boards

Visual analogue boards are tools to assist the resident to answer the survey questions. The visual analogue boards are useful as they serve as visual reminders of the response options and they can help depict different feelings associated with the different response options.

Ten different visual analogue scales will be used when administering the survey. Each Visual Analogue Board will have a label in the corner (E.g. Board #1). Each question in the Resident Survey Booklet will prompt you to use the correct board.



Board #1: This board will be used with all of the survey items in the main portion of the questionnaire. This board represents the following response options: Never, Rarely, Sometimes, Most of the Time, Always.



Board #2: This board will be used ONCE with the question, "I am bothered by the noise here."

Board #3: This board will be used for questions around medications and whether or not the resident wants to live in the care home.

Board #4: This board will be used for the overall quality of care questions.

YES, LIMITED A LOT	YES, LIMITED A LITTLE	NO, NOT LIMITED AT ALL
1	2	3

MUCH BETTER	SLIGHTLY BETTER	ABOUT THE SAME	SLIGHTLY WORSE	MUCH WORSE
1	2	3	4	5

NO, NONE OF THE TIME	YES, A LITTLE OF THE TIME	YES, SOME OF THE TIME	YES, MOST OF THE TIME	YES, ALL OF THE TIME
1	2	3	4	5

ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
1	2	3	4	5

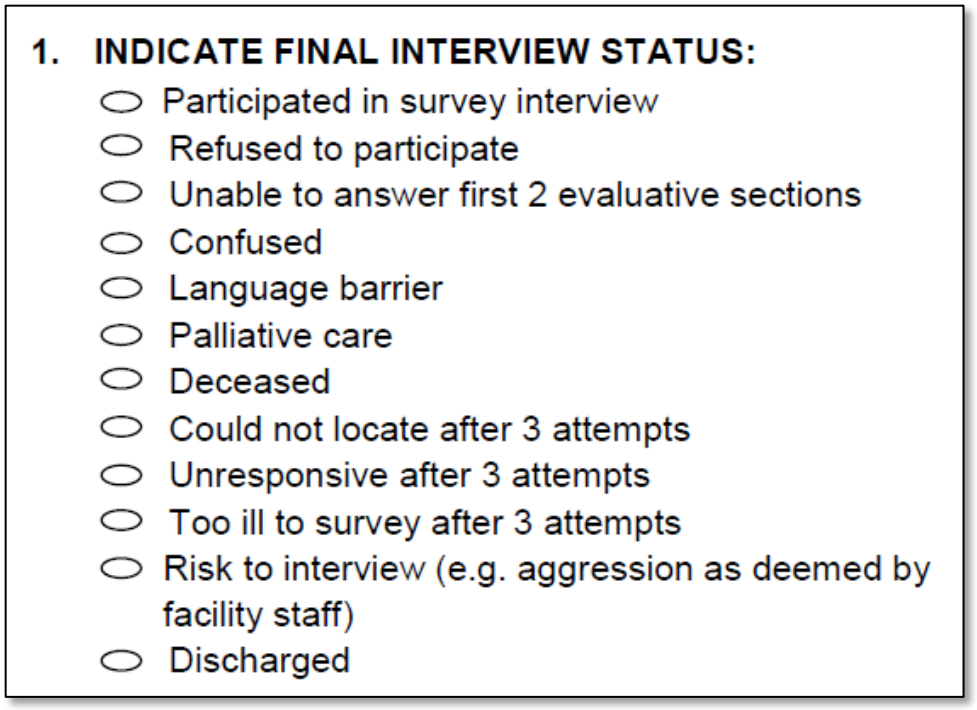
NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1	2	3	4	5

ALL OF THE TIME	MOST OF THE TIME	A GOOD BIT OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
1	2	3	4	5	6

EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1	2	3	4	5

Boards #5-11: These boards will used for the VR-12 questions.

The Final Interview Status



This question should be filled out at the end of every single interview before the survey is put into the envelope and sealed. This Final Interview Status is important so that we can accurately account for every resident and understand why they may not have participated. The Final Interview Status will appear as the first question on every survey booklet. **There should never be a survey that is placed in an envelope and sealed without this question being answered, regardless if the resident took part in the survey or not.**

Here is how you would code the Final Interview Status:

1) **When you have completed a full interview or partially completed the full interview but the resident never wants to complete the rest**
    - Mark "Participated in survey interview" as the Final Interview Status.

2) **When a resident gives a hard refusal to doing the survey**
    - Mark "Refused to participate" as the Final Interview Status.

3) **If the resident does not speak any of the English, French, German, Korean, Farsi, Punjabi, Mandarin, Cantonese, or Spanish.**
    - Mark "Language Barrier" as the Final Interview Status

4) **If resident was in palliative care, deceased, deemed a risk to interview, or discharged**
    - Mark the appropriate Final Interview status based on reason you did not interview that resident

5) **If after 3 attempts you could not locate the resident, the resident was unresponsive, or too ill to participate.**
    - Mark which ever challenge the resident was demonstrating based on your third attempt

Closing a Resident Interview

Ideally, you will complete the entire Resident Survey Booklet with the resident in one sitting. Following the completion of a full interview, please:

1. Thank the resident and give them the Thank You Card from the BC Office of the Seniors Advocate.
2. Look through the entire Resident survey Booklet to make sure you have not missed any questions or sections.
3. Mark the Final Interview Status question as "Participated in Survey Interview".
4. Place the completed Resident Survey Booklet in the provided envelope and seal the envelope in front of the Resident.
5. Wipe down the Visual Analogue Boards using the provided disinfectant wipes and clean your own hands.
6. Leave the Resident and update the Resident List with the appropriate try code.
7. Take the Resident Survey in the sealed envelope to the designated location identified to you by the Facility Coordinator.

There may be situations when you will need to end an interview early. Here are some examples and corresponding steps to follow:

When a Resident Ends an Interview: a resident may choose to stop and say they no longer want to participate. In these situations, you (or any other volunteer) will not come back to complete the interview.

1. Thank the resident and give them the Thank You Card from the BC Office of the Seniors Advocate.
2. Mark the Final Interview Status question as "Participated in Survey Interview".
3. Place the Resident Survey Booklet in the provided envelope and seal the envelope in front of the Resident.

4. Wipe down the Visual Analogue Boards using the provided disinfectant wipes and clean your own hands.
5. Leave the Resident and update the Resident List with the appropriate try code.
6. What to do with Resident Survey sealed envelope.

When a Resident Ends an Interview: a resident may choose to stop but would like you (or another volunteer) to come back another time.

1. Thank the resident and attempt to schedule a good day/time to come back to complete the interview.
2. Wipe down the Visual Analogue Boards using the provided disinfectant wipes and clean your own hands.
3. Leave the Resident and update the Resident List with the appropriate try code.
4. Place the partially completed Resident Survey Booklet back in the secure location.

When a Volunteer Ends an Interview: a resident may become tired, confused or agitated during any interview. If this is the case, you must stop the interview. You can do this by saying something like “That is all the questions I have for you now.”

1. Thank the resident for their time.
2. Wipe down the Visual Analogue Boards using the provided disinfectant wipes and clean your own hands.
3. Leave the Resident and update the Resident List with the appropriate try code.
4. Place the partially completed Resident Survey Booklet back in the secure location.

Scenario #1:

Resident does not respond to the "I" Statement

1. Wait a few seconds, do not rush them. Give the resident time to think about the question.
2. If he/she does not answer, repeat the statement and repeat the survey item with response options.
3. If resident still does not answer, skip the question and move on to the next one, however be sure to fill in the **"No Response"** in the Resident Survey Booklet for that item.

Scenario #2:

Resident does not use response options

(E.g. the Resident answers with a Yes/No or does not use the response options provided)

Be aware of tendencies to help out a resident by coaching them.

Be sure to allow resident to choose their own response. Do not guess or prompt a response.

You might say: ***"May I re ask you the question, we are trying to use the answers on the analog board and these images will help you to clarify your answer."***

If resident answered "Yes" to a question:

You might say: ***"Is there a word on this board that best describes "yes" for you?"*** and read the responses on the board.

If resident cannot choose response on the board, move onto to the next question. Be sure to code "no response" in the Resident Survey Booklet.

Scenario #3:
Item is not applicable to the resident

Resident cannot select response because statement is not relevant to the resident.
For example: I get help to the toilet when I needed, how often is this true for you?

Resident may respond: I never need help, I'm able to go to the toilet by myself.

If the question does not relate to the resident use the code**: "Not Applicable"** in the Resident Survey Booklet and move on to the next item.

Scenario #4:
Resident cannot answer or does not want to answer a question

- This is absolutely fine! Do not pressure the resident, move onto the next item.
- Be sure to code "**No response**" in the Resident Survey Booklet.

Scenario #5: The Interview is Interrupted

It is possible during the interview you and the resident might be interrupted. If this occurs, be respectful of the resident and what his/her wishes and make sure they are comfortable. You might: ***Pause the interview and talk about the other topics (E.g. family, photos in the room).***

Resume interview after staff member leaves the room and ask the resident if they are comfortable to continue the interview.

- Yes – continue the interview
- No – set up a date and time to continue the interview.

If staff member does not leave the room or they are attending to the needs of other residents in a shared room:

- Pause the interview
- Ask the resident if it is okay to continue the interview later

Tracking Your Progress

Try Codes

In order to provide the opportunity for residents to participate in an interview, we will be approaching every resident up to three times. In order to track the progress of these attempts and of the interviews, we will be asking you to use the Resident List to record each attempt or interaction with a resident.

The Confidential Resident List is a communication tool to track the progress and nature of the attempts and interviews with residents. On the front, the Resident List will have limited information about residents so that you are able to approach and invite them to participate in an interview. On the back, the Resident List will have the Try Codes to assist you in filling out the appropriate code. Here is a sample of a Confidential Resident List that you will use to track the attempts and interviews:

CONFIDENTIAL - DO NOT REMOVE FROM FACILITY

Volunteer Interviewer Resident List - Care Home Name **List 2/5**

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

Updated:

							Use Disposition Codes			
Survey ID	First Name	Last Name	Unit Code	Room	Bed	Lang	Try #1	Try #2	Try #3	Comment
1800000001	Alpha	Beta	M2W	0200	1	Eng				
1800000002	Alpha	Beta	M2W	0201	2	Eng				
1800000003	Alpha	Beta	M2W	0202	2	Eng				
1800000004	Alpha	Beta	M2W	0203	1	Eng				
1800000005	Alpha	Beta	M2W	0204	1	Eng				
1800000006	Alpha	Beta	M2W	0205	3	Eng				
1800000007	Alpha	Beta	M2W	0206	4	Eng				
1800000008	Alpha	Beta	M2W	0207	1	Eng				
1800000009	Alpha	Beta	MEC2	0208	1	Eng				
1800000010	Alpha	Beta	MEC2	0209	1	Eng				
1800000011	Alpha	Beta	MEC2	0210	4	Eng				
1800000012	Alpha	Beta	MEC2	0211	4	Eng				

Unless there is an adamant refusal, you must attempt to invite the resident to participate in the interview **three** times!

Try Codes are the different the codes used to track the progress of the interviews. Please record the appropriate code after each attempt at approaching the resident.

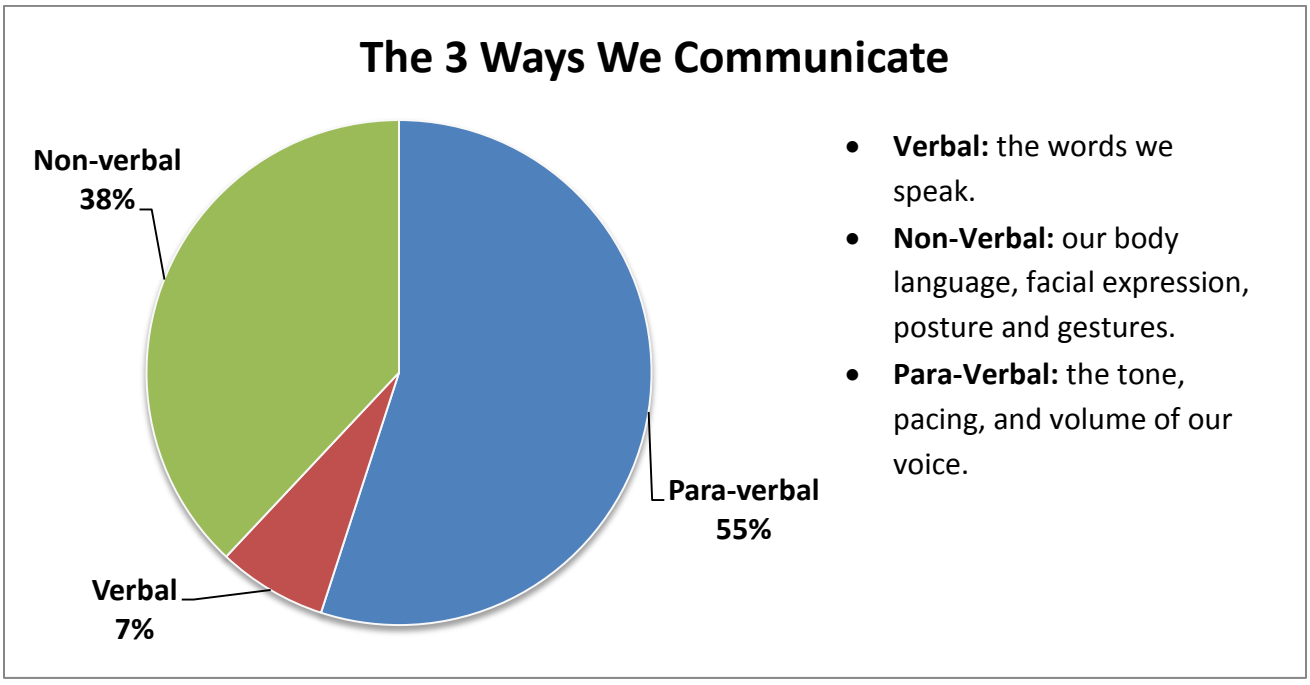
Try Code		Explanation
1	COMPLETED INTERVIEW	When you have conducted an entire interview.
2	PARTIAL	When you have partially completed the interview but need to return to complete it.
3	HARD REFUSAL	When a resident has adamantly refused to participate. (**Do not attempt again**)
4	SOFT REFUSAL	When resident might not have wanted to participate at that time but maybe willing to participate another time.
5	COULD NOT COMPLETE EVALUATIVE SECTION	When attempted the interview but resident could not answer any of the questions in the first 2 sections of the survey. (**Do not attempt again)**
6	CONFUSED	When interview attempts to approach resident, but resident is confused or anxious and interview is never started.
7	LANGUAGE	Language barrier: you do not speak same language as the resident. Another volunteer who speaks that language will need to attempt.
8	PALLIATIVE CARE	Resident is in Palliative care. (**Do not attempt**)
9	DECEASED	When the resident has passed.
10	COULD NOT LOCATE	When you cannot locate the resident based on the information on the Resident List and help from the facility staff.
11	UNRESPONSIVE	When the resident is completely unresponsive (E.g. they do not acknowledge your presence).
12	TOO ILL	When the resident is too unwell to participate.
13	RISK TO INTERVIEWER (AGGRESSION)	When the resident is considered aggressive by the staff or displays aggressive behavior when you approach them (**Do not attempt)**
14	DISCHARGED	When the resident has been discharged from the facility (**Do not attempt)**

COMMUNICATION STRATEGIES

One of the most integral part of your responsibility as a volunteer interviewer is to practice and facilitate effective communication with the residents. Good communication is hard work.

"Communication is a critical component of our life; it enables us to express who we are and allows us to relate to one another. When we communicate, we convey messages or exchange information to share information, needs, opinions, ideas, beliefs, feelings, emotions, experiences and values."

-The Alzheimer's Society of BC



Source: Communication Strategies: Ways to Maximize Success When Communicating With Someone With Dementia

General Tips[11]

- Use appropriate words and talk to the resident as an adult not as a child. Do not talk down to the residents!
- Address the resident by his/her preferred name;
- Avoid using generic terms such as 'love', 'papa', or 'dear';
- Be prepared to accept various ways of communicating from residents.
  - You might ask, "Is there anything that I need to know or do that will help us when communicating?"
- A resident who has difficulty communicating usually needs more time to communicate, so please be patient and do not rush the conversation;
- Wait for the resident to finish his/her message – do not interrupt or assume what they are going to say;
- Find a quiet place to talk with minimal distractions;
- Face the resident so that you are able to pick up on visual cues (e.g. their body language, facial expressions, and gestures);
- Be aware of personal space of the resident and only provide touch and contact as appropriate;
- Be patient, kind, and respectful!

Working with Residents with Vision Loss[12]

- Address residents by their name and introduce yourself.
- Avoid situations or environments where there is competing noise (e.g. a radio, another conversation).
- Speak naturally and clearly in your normal speaking voice.
- Use everyday language.
  - Don't avoid words like "see" or "look" or avoid talking about everyday activities.
- Use accurate and specific language.
  - For example, "I am going to sit to your right." rather than "I'm going to sit here."
- Describe what is happening as the resident may not see what is going on.
  - For example, if you are taking notes on what the resident has said you might say, "I am just writing down what you have told me in my interview booklet."
- Be an active listener.
  - Give the resident opportunities to talk.

[11]

[12] Vision Australia, "Working with people with vision loss" (June 2012),

- Give verbal cues (e.g. “Uh-huh.”, “Yes.”) to let the resident know that you are listening.

- Continue to use body language. This will affect the tone of your voice and give extra information to the resident who is blind or has low vision.
- Ask first to check if assistance is needed.
- Indicate the end of the interview clearly and let the resident know that you are leaving the room/area.

Working with Residents with a Hearing Loss or Deaf[13]

- When possible, be sure the resident can see you approach so that you don’t startle them;
- Wait until you are directly in front of the resident, you have their attention, and you are close enough to the resident before you begin speaking;
- Face the resident and be on the same level as him/her whenever possible;
- Keep your hands away from your face while talking;
- Reduce or eliminate background noise as much as possible;
- Speak in a normal fashion without shouting;
- If the resident has trouble understanding what you are saying, find a different way of saying the same thing (i.e. use the probes provided), rather than repeating the same words over and over;
- Utilize other methods of communication to help convey your message;
- Be patient and allow ample time to converse with the resident.

Working with Residents with Dementia[14]

Dementia is not a specific disease, but a cluster of symptoms related to a decline in cognitive ability – the thinking ability and memory – in a person’s brain. Dementia has various causes, with the most common causes being Alzheimer’s disease, vascular dementia (due to strokes), Lewy Body disease, Parkinson’s disease, and Huntington’s disease. In most cases in residential care, dementia is not curable and is progressive. This means that the symptoms will eventually get worse as more brain cells become damaged and die.

As dementia progresses because of increased damage to brain cells, a person may experience:

- Loss in their ability to perform daily activities (e.g. waving hello)

[13] Action on Hearing Loss, “Caring for older people with hearing loss,” (www.actiononhearingloss.org.uk/)
[14] Alzheimer Society of BC (http://www.alzheimer.ca/bc/)

- Impaired judgment (e.g. knowing how to filter information in a conversation)
- Memory loss (e.g. naming people)
- Disorientation (e.g. to the time of day)
- Change in their personality and behavior (e.g. lack of emotions, tendency to overreact)

The most important thing to understand is that a person with dementia is not responsible for his/her behavior.

"Every person, regardless of their losses, has a core of self that can be reached."

-The Alzheimer's Society of BC

Communication Strategies

When you are working with residents with dementia, it is important to believe that communication is possible. Here are some suggestions:

- Use a friendly, calm and relaxed approach to will likely put the resident at ease even if they do not know what you are saying;
- Be reassuring and positive (e.g. encourage the resident if they are having trouble expressing themselves);
- Respond to feelings not stories
- Speak slowly and clearly – gage your pace by the reaction of the resident with dementia;
- Give only one piece of information at a time;
- Allow enough time for the resident to process information (approx. 10-20 second minimum);

In addition to some communication strategies, be sure that you are NOT doing the following:

- ✗ Do **NOT** argue with the resident (e.g. if they are recalling a different truth, do not tell them they are wrong)
- ✗ Do **NO**T be condescending (e.g. do not use elderspeak, such as "honey" and "sweetie")
- ✗ Do **NOT** talk about the resident to other in front of said resident
- ✗ Do **NOT** remind the person that they have forgotten something (e.g. do NOT say, "Don't you remember when I asked you….?")

Working with Residents with Parkinson's

Parkinson's is a progressive neurological disorder resulting from the loss of dopamine in a part of the brain called the substantia nigra – the part of the brain responsible for producing dopamine. At present, there is no known cure.

Dopamine is a chemical in the brain that controls the way messages travel from one nerve cell to another. It affects parts of the brain controlling voluntary movement such as walking, writing, throwing a ball, or buttoning a shirt. It is also essential for involuntary movements including control of blood pressure and bowel function.

While there are many theories about why the cells die, the exact cause remains unknown. The symptoms for Parkinson's appear when over half of the dopamine cells are lost. The most common symptoms are:

- Resting tremor: repetitive shaking movements that often occur in the arms or legs while at rest.
- Rigidity: increased stiffness in muscles or joints, making it difficult to move.
- Slowness of movement: includes voluntary movements (e.g. walking and writing) and internal processes (e.g. movement of food through the gut)
- Balance and postural impairment: difficulty maintaining balance, difficulty standing up straight and walking.

Many people with Parkinson's will experience problems with their voice. Initially, the precision of speech (articulation) may deteriorate and there may be a garbled quality. Second, the volume of a resident's voice may be quite soft.

In the later stages of Parkinson's disease, the combination of cognitive changes together with physical symptoms (e.g. lack of facial expressions) can make it especially difficult to connect and have a conversation with the resident. Similar to residents with dementia, it is important to believe that communication is possible. Here are some suggestions

When you are working with residents with Parkinson's, it is important to believe that communication is possible. Here are some suggestions for facilitating communication with residents with Parkinson's disease:

- **Be Patient and Take Time** – residents with Parkinson's may struggle to put thoughts together and find the right word. They may need more time to organize and communicate their thoughts.
- **Show and Talk** – use actions and gestures as well as words.
- **Pay Close Attention** – as facial expression and body language can be impaired, watch closely to be able to respond to moods and emotions.

- **Repeat Important Information** – if you are uncertain that your message was understood, repeat it using the optional prompts. If the resident seems to have lost their train of thought, clarify what was being discussed.
- **Encourage Exchange** – avoid interrupting the person and allow sufficient time for the resident to respond.

Working with Residents with Aphasia[15]

Aphasia refers to the loss of a previously held ability to speak or understand the spoken word or written language. It may result from a stroke, a head trauma, or other neurological condition. The primary impairment in people with aphasia is in language, not thinking. People with aphasia have some degree of difficulty talking and comprehending spoken language.

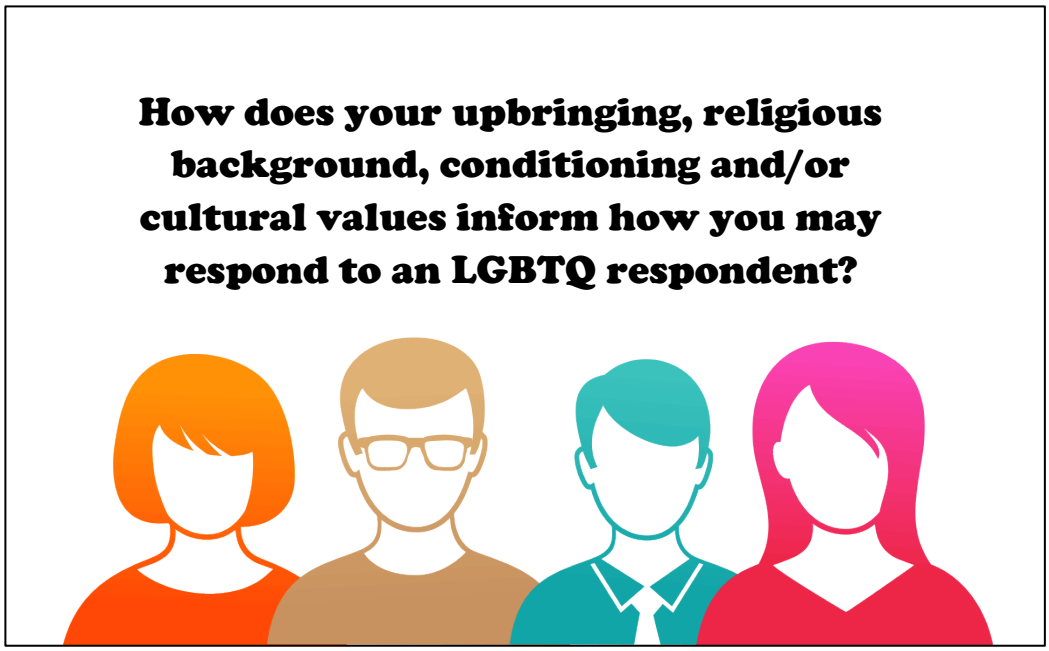
When you are working with residents with aphasia, be sure to:

- Make sure you have the person's attention before communicating.
- Accept all non-verbal communication attempts (e.g. speech, gesture, writing, and drawing).
- Utilize verbal adaptations:
  - Keep your own voice at a normal volume level and emphasize key words
  - Use short simple sentences
  - Use your expressive voice
- Give them time to talk and permit a reasonable amount of time to respond. Resist the urge to finish their sentences.
- Acknowledge or reveal competence.
  - Praise attempts to speak (E.g. "You've got the right idea.")
  - Converse naturally then use additional techniques, if applicable.

[15] National Aphasia Association, "Communication Tips" (http://www.aphasia.org)

Working with Residents who Identify as LGBTQ

Many LGBTQ seniors may be out to varying degrees depending on their relationships with family and care providers. They may have re-closeted going in to care or are not comfortable revealing their sexual orientation or gender identity in the long-term care environment. In the interview process, when an LGBTQ comes out to you as the volunteer, it is very important to practice discretion/confidentiality with other care facility residents and staff, as the LGBTQ senior may not wish to be out to their peers.



DEFNIITIONS	
Lesbian	A woman who is primarily romantically and sexually attracted to women.
Gay	A person who is mostly attracted to those of the same gender; often used to refer to men only.
Bisexual	An individual who is attracted to, and may form sexual and romantic relationships with women and men.
Trans	An umbrella term that describes a wide range of people whose gender identity and/or expression differs from conventional expectations based on their assigned biological birth sex.
Queer	Queer can be used to refer to the range of non-heterosexual and non-cisgender people and provides a convenient shorthand for 'LGBT'.
Cisgender	Identifying with the same gender that one was assigned at birth. A gender identity that society considers to match the biological sex assigned at birth.

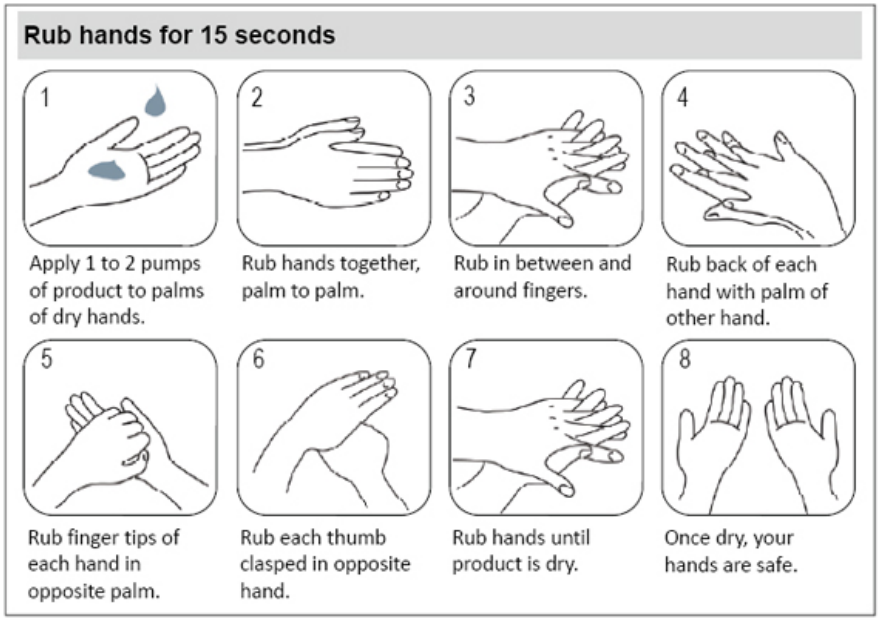
When you are working with residents who identify as LGBTQ, be sure to:

- Make space for residents to be open with you.
- Listen not only to what the residents are saying but what they might be leaving out.
- Leave your personal opinions and biases at the door.
- Be aware when asking survey questions about the supports and quality of life in the facility as it may be experienced differently by an LGBTQ resident than a heterosexual resident. For example, we often make assumptions that seniors have or have had a spouse of the opposite sex and children/grandchildren in their families. Be aware that this is an assumption that is based on seeing the heterosexual experience as the norm. To include LGBTQ experiences, ask instead if the respondent has a 'partner' (gender neutral) and avoid asking about offspring unless the respondent offers this information.
- It is important to be aware that LGBTQ identified seniors may not have ties to biological family. They may have good friends who become their 'chosen' family who may offer them support when relatives or other support care staff do not. Awareness of chosen family is particularly important when survey questions regarding visits and connection in the care environment are posed.

Hand Hygiene

Hand Hygiene is <u>the single most important</u> means of preventing the spread of infections.

1. **Waterless Hand Antisepsis**: the application of an antiseptic agent (e.g. Alcohol hand sanitizer) to the hands to reduce the amount of microbial flora.



2. **Routine Hand Washing**: the process of washing your hands with plain soap and water.

Your Moments of Hand Hygiene

The Moments for Hand Hygiene defines key moments for cleaning your hands. Not only do the Four Moments align with the evidence base concerning the spread of infection, but they are designed to be easy to learn, logical, and applicable in a wide range of settings.

1	**WHEN YOU ENTER A CARE HOME** • Clean your hands upon entering a long term care home • Why? To protect the resident against harmful microbes carried on your hands.
2	**BEFORE A RESIDENT INTERVIEW** • Clean your hands immediately before you begin a resident interview. • Why? To protect the resident against harmful microbes, including their own, from entering his/her body.
3	**AFTER COMPLETING A RESIDENT INTERVIEW** • Clean your visual analogue boards using a provided disinfectant wipe following a resident interview. Then, clean your hands. • Why? To protect yourself and the healthcare environment from harmful microbes.
4	**ANYTIME YOUR HANDS ARE VISIBILY SOILED** • You must wash your hands anytime your hands are visibly soiled with soap and water • Why? To protect yourself and the healthcare environment from harmful microbes.

Hand cleaning includes washing with soap and water or using an alcohol-based hand rub. The hand sanitizer provided to you during your training is an alcohol-based hand rub. You may use this or the products available in the facility for staff.

You have been provided with a flat pack of CaviWipes, a quick, all in one, easy-to-use cleaner and disinfectant wipe for use on non-porous surfaces. You must clean every surface of your response boards (each board and every surface including the edges), using a CaviWipe BEFORE you put the boards back into your Tote Bag. The goal is to keep the inside of your Tote Bag "clean", thereby preventing the spread of microorganisms from one resident to another and from one resident's room to another. After returning your surveys to the secure location identified to you by the Facility Coordinator, you should wash your hands with soap and water before proceeding to your next interview or before you leave the facility for the day.

TIP: If you find your hands are dry from the frequent use of the hand sanitizer and the washing of your hands, you may wish to carry a non-scented hand lotion in your Tote Bag for use after washing your hands between resident interviews.

Fire and Fire Alarm Response

If you discover or suspect the presence of fire, follow the RACE procedure; then report to your Facility Coordinator + REL.

R	**REMOVE/RESCUE anyone in immediate danger and move them to an area of safety.**
A	**ACTIVATE a fire alarm pull station and call the facility operator to report the fire and its location.**
C	**CLOSE doors and windows to contain the spread of smoke and fire.**
E	**EXTINGUISH the fire if it is safe to do so.** **EVACUATE if the area is unsafe by moving through at least one set of fire doors.**
• Inform the Fire Response Team/Fire Department of the situation upon their arrival. • Advise responders of any special hazards in the area (e.g. pressurized oxygen bottles, flammable/toxic/corrosive chemicals, etc.)	

Fire Extinguishers

Only use a fire extinguisher if:

- You are familiar with how to use one
- The fire appears manageable
- You have an exit route at your back

Elder Abuse

What is abuse and neglect of seniors?

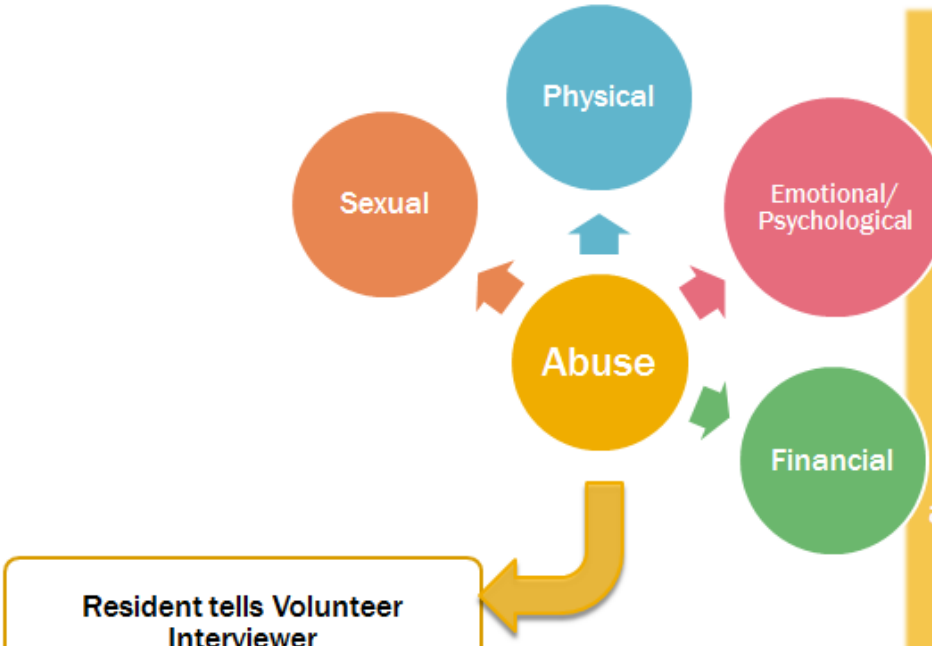
Abuse and neglect of seniors means any action or inaction by any person that causes harm or risk of harm to an older person. When there is an expectation of trust, the consequences can be particularly harmful. Elder abuse includes physical, mental or emotional harm, or damage or loss in respect of financial affairs. Examples include intimidation, humiliation, physical assault, sexual assault, overmedication, and withholding needed medication.

Acts of abuse or neglect can be a one-time occurrence or a number of acts or behaviors that start in small ways and escalate over a period of time into more overt or violent behaviors. These acts may, or may not, constitute criminal offences.

What do you do if you suspect abuse?

If a resident discloses abuse or you suspect abuse, **you must contact your Regional Engagement Lead immediately following the Resident Interview.**

Regional Engagement Lead	Contact Information
Fraser	Jas Cheema Call or text: 604-561-2700 Email: jcheema@providencehealth.bc.ca
Interior	Jessica Kleissen Call or text: 250-863-1242 Email: jkleissen@providencehealth.bc.ca
Vancouver Coastal	Brittany Devlin Call or text: 778-628-3582 Email: bdevlin@providencehealth.bc.ca
Vancouver Island	Tina Biello Call or text: 250-415-6381 Email: tbiello@providencehealth.bc.ca
Northern Health	To be confirmed Call or text: N/A Email: N/A



Abuse and neglect of seniors means any action or inaction by any person that causes harm or risk of harm to an older person. When there is an expectation of trust, the consequences can be particularly harmful. Elder abuse includes physical, mental or emotional harm, or damage or loss in respect of financial affairs.

Resident tells Volunteer Interviewer

Interviewer immediately phones Regional Engagement Lead after interview

Regional Engagement Lead contacts Project Manager AND health authority/regional contact

Regional Engagement Lead follows up with Volunteer Interviewer

DURING YOUR VOLUNTEER COMMITMENT

Signing up for Volunteer Shifts

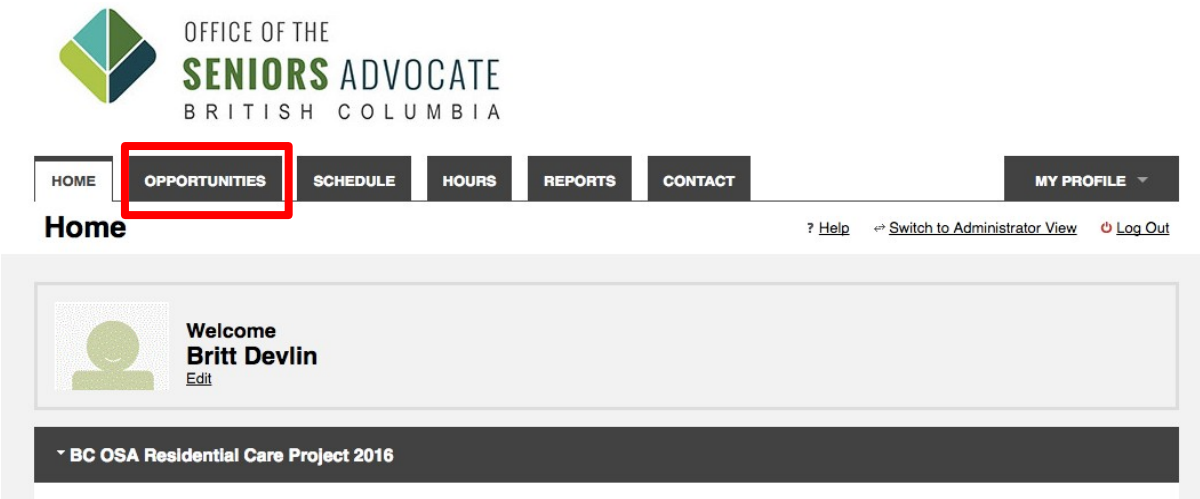
Once you have successfully completed your in-person Volunteer Training Session, you will be able to sign up for volunteer shifts at the care home(s) of your choice. Please remember to sign up for shifts at care homes which you do NOT have a personal or professional connection to.

Please sign up for shifts at your earliest convenience. If there are any scheduling conflicts or your are unable to start shifts immediately, please contact your Regional Engagement Lead.

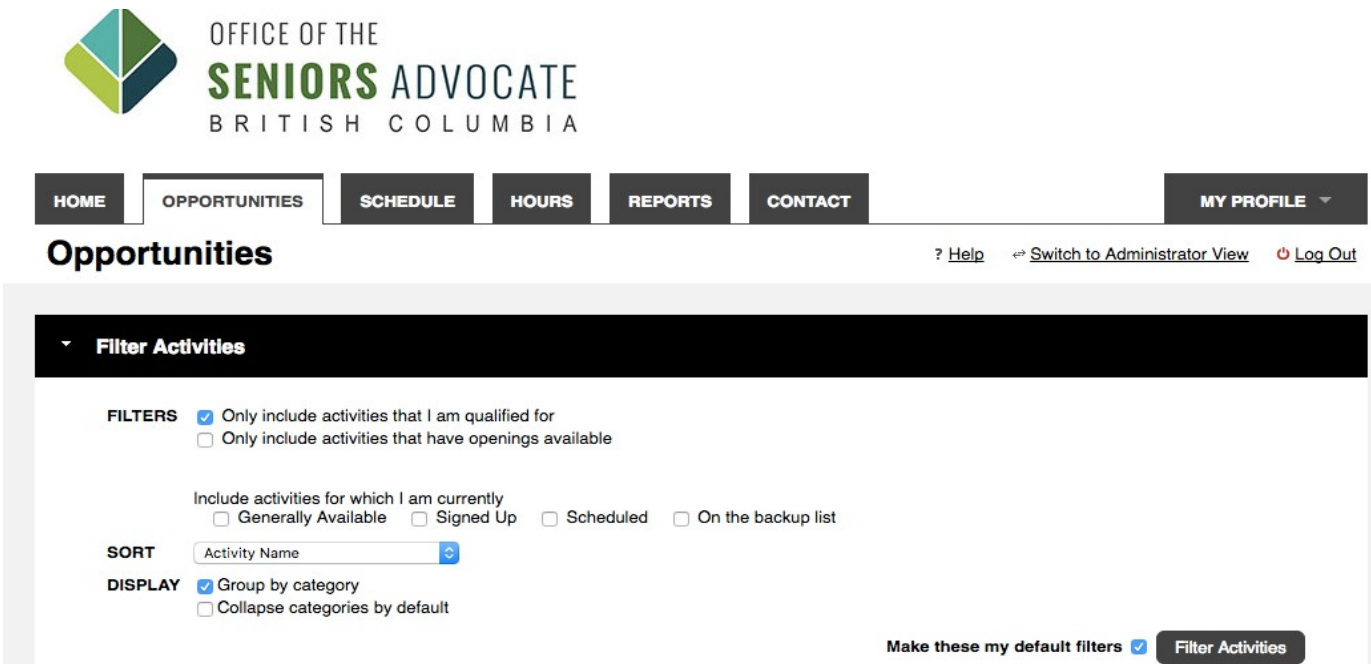
1. **Log into the MyVolunteer Homepage (https://app.betterimpact.com/Login).**

2. **From the My Volunteer Homepage, click on the black bar listing "OSA Residential Care Project 2016" to ensure you are in your Seniors Advocate profile.**

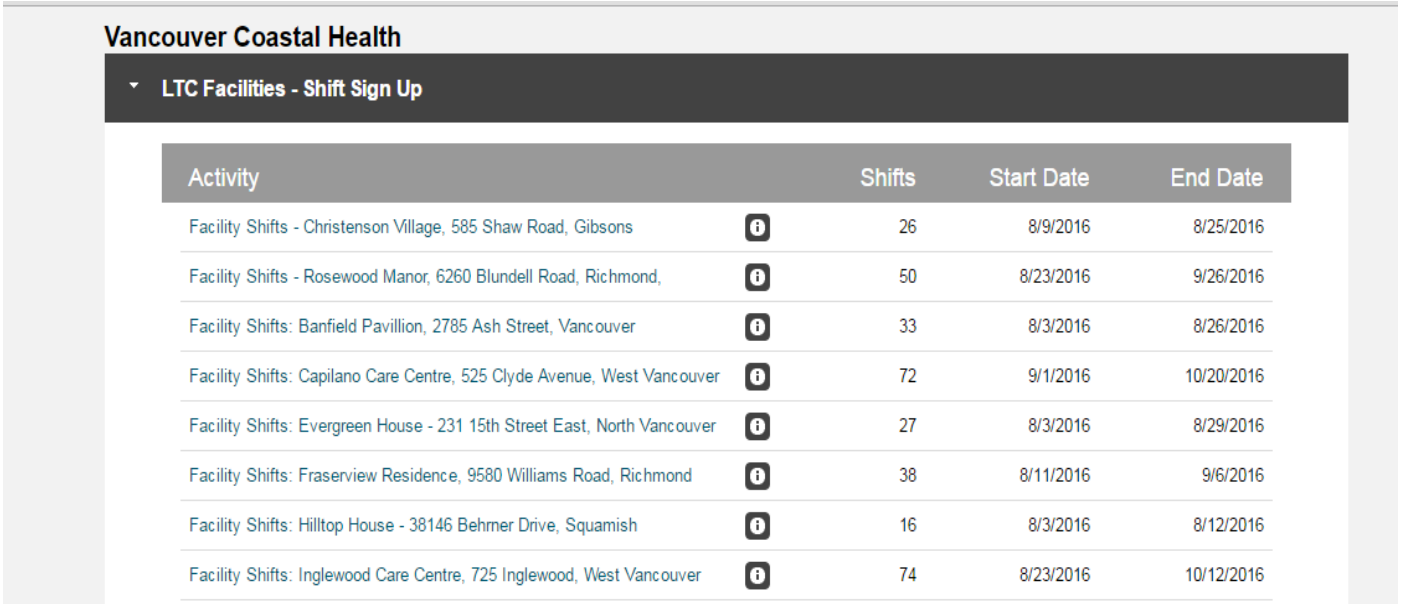
3. **Click on the "Opportunities" tab at the top left.**



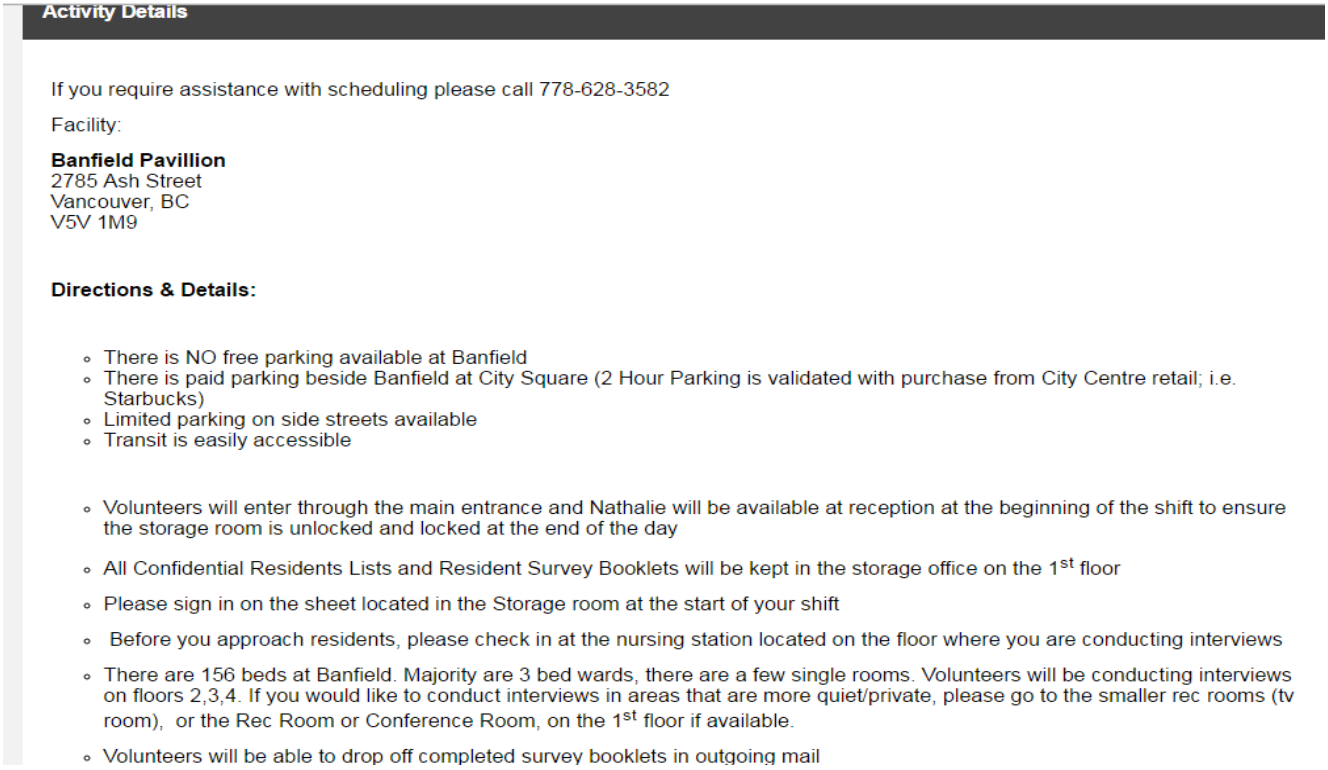
4. **From the Opportunities page, you should not need to change any filters but can reference below. Scroll down to the bottom of the Opportunities page.**



5. **Click on the care home you are interested in volunteering at. Please notice the start and end date.**



6. **Read through the Activity Details – this information is provided from the care home's team to support you while you are on shift.**



Activity Details

If you require assistance with scheduling please call 778-628-3582

Facility:

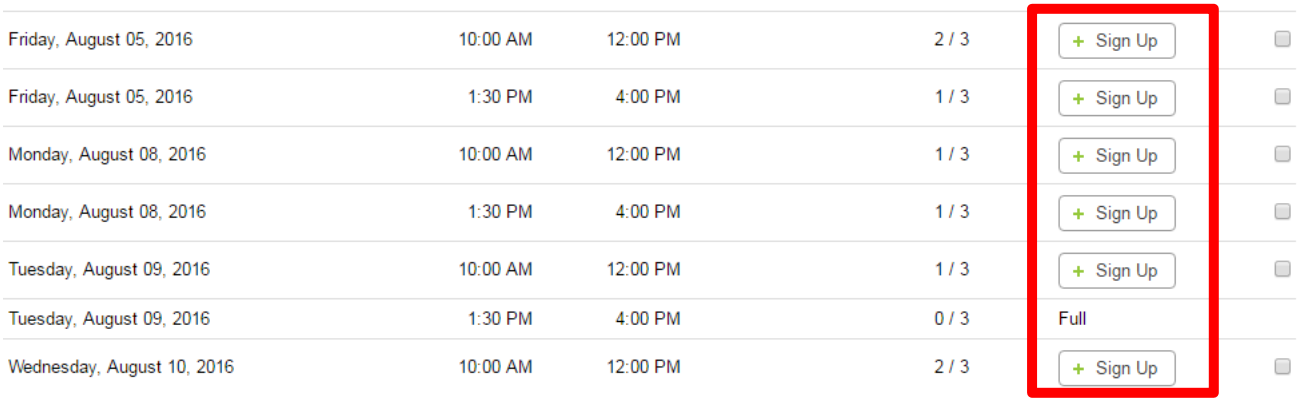
Banfield Pavillion
2785 Ash Street
Vancouver, BC
V5V 1M9

Directions & Details:

- There is NO free parking available at Banfield
- There is paid parking beside Banfield at City Square (2 Hour Parking is validated with purchase from City Centre retail; i.e. Starbucks)
- Limited parking on side streets available
- Transit is easily accessible

- Volunteers will enter through the main entrance and Nathalie will be available at reception at the beginning of the shift to ensure the storage room is unlocked and locked at the end of the day
- All Confidential Residents Lists and Resident Survey Booklets will be kept in the storage office on the 1st floor
- Please sign in on the sheet located in the Storage room at the start of your shift
- Before you approach residents, please check in at the nursing station located on the floor where you are conducting interviews
- There are 156 beds at Banfield. Majority are 3 bed wards, there are a few single rooms. Volunteers will be conducting interviews on floors 2,3,4. If you would like to conduct interviews in areas that are more quiet/private, please go to the smaller rec rooms (tv room), or the Rec Room or Conference Room, on the 1st floor if available.
- Volunteers will be able to drop off completed survey booklets in outgoing mail

7. **After you have read through the Activity Details, scroll down to the bottom of the page where you will find all the dates and times available for that care home. Please click "Sign up" and then confirm.**



Friday, August 05, 2016	10:00 AM	12:00 PM	2 / 3	+ Sign Up
Friday, August 05, 2016	1:30 PM	4:00 PM	1 / 3	+ Sign Up
Monday, August 08, 2016	10:00 AM	12:00 PM	1 / 3	+ Sign Up
Monday, August 08, 2016	1:30 PM	4:00 PM	1 / 3	+ Sign Up
Tuesday, August 09, 2016	10:00 AM	12:00 PM	1 / 3	+ Sign Up
Tuesday, August 09, 2016	1:30 PM	4:00 PM	0 / 3	Full
Wednesday, August 10, 2016	10:00 AM	12:00 PM	2 / 3	+ Sign Up

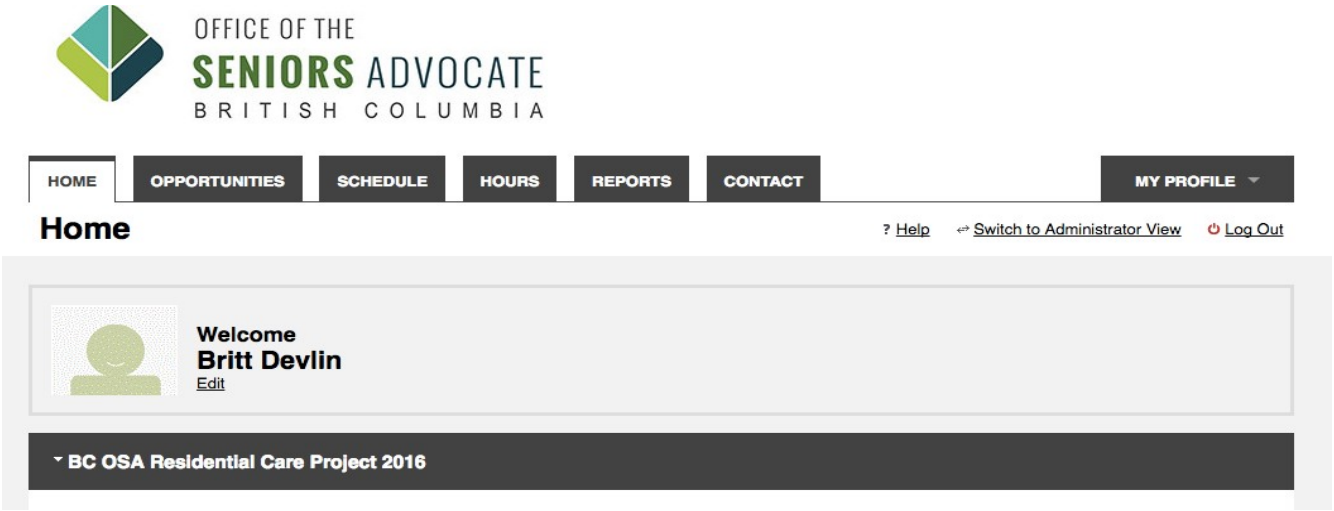
If you run into any issues on site and/or are unsure about the survey process, please give your Regional Engagement Lead a call. They are available as a support!

How to Log Your Volunteer Hours

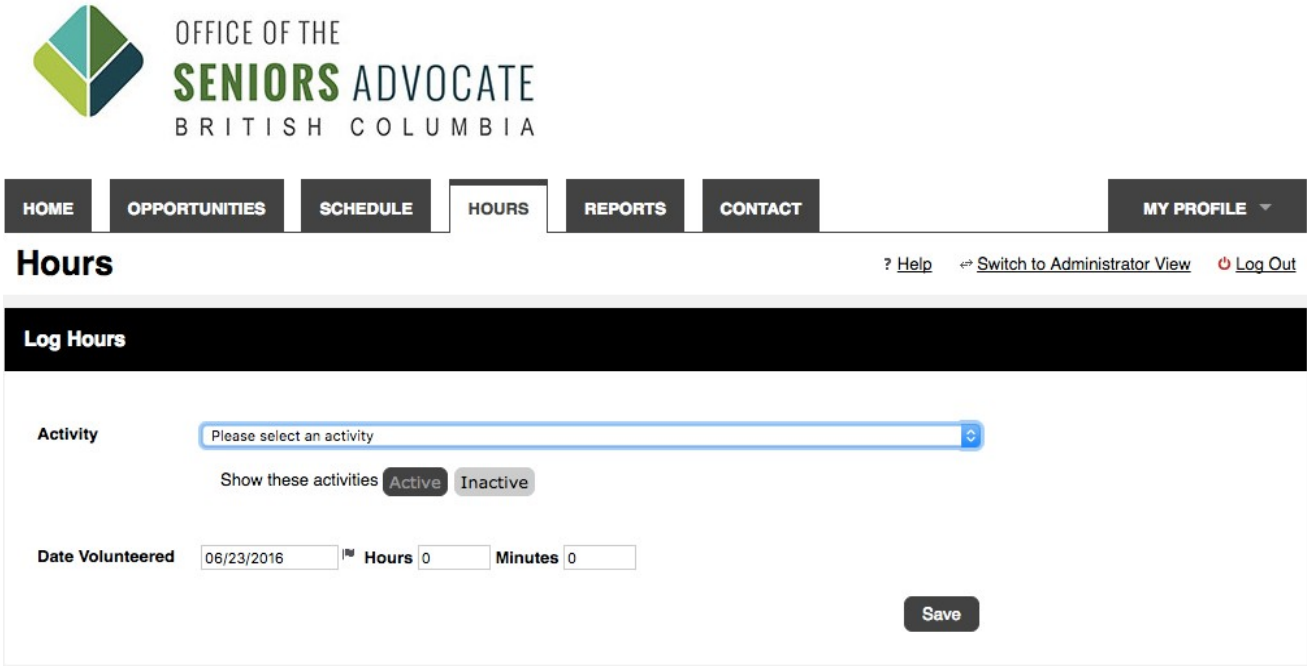
Once you have completed a volunteer shift, please remember to log your hours on Better Impact (My Volunteer Homepage).

1. **Log into MyVolunteer Homepage (https://app.betterimpact.com/Login)**

2. **Navigate to the "Hours" Tab.**

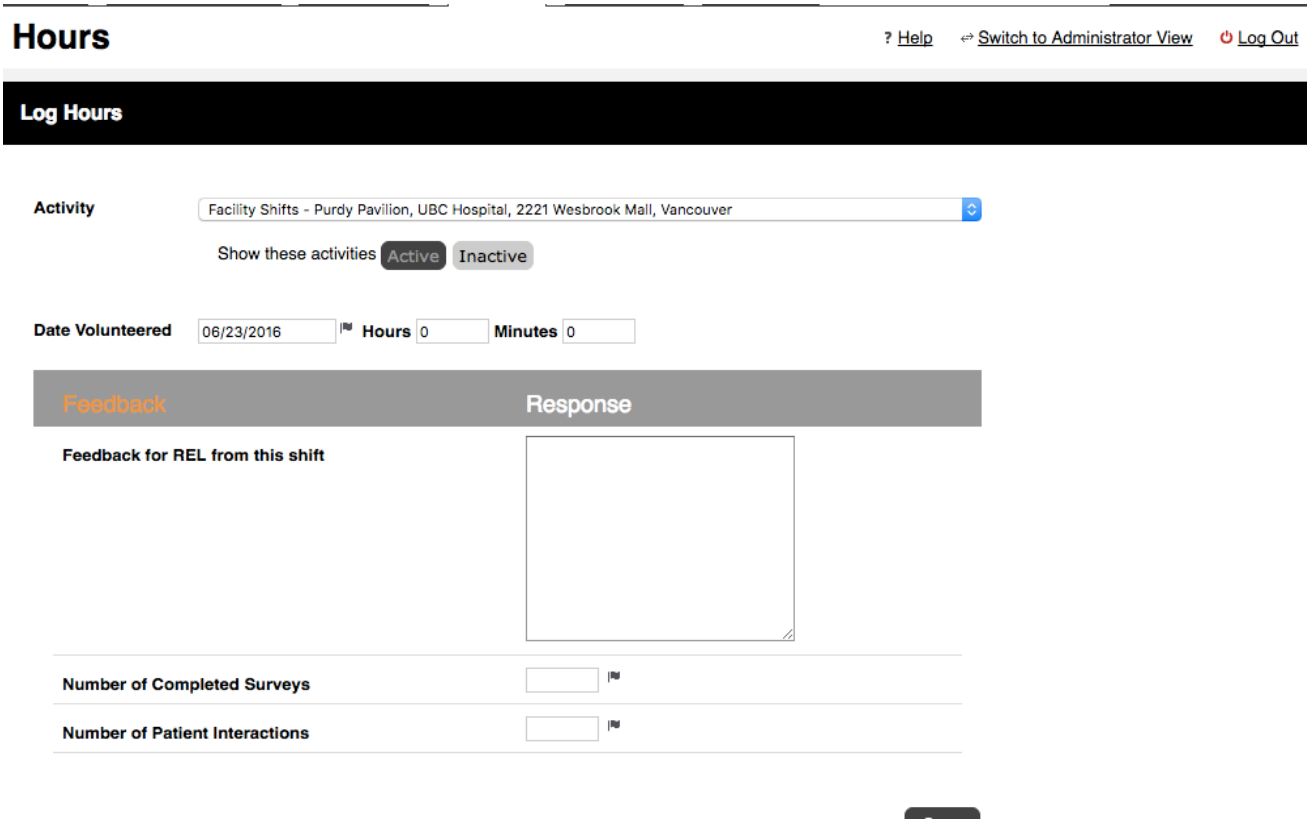


3. **Click on the "Activity" drop down menu.**



4. **Select the care home where you had your volunteer shift.**

5. **Fill in the following information:**
    - Date of the shift
    - The total amount of hours for that shift
    - Provide any feedback for your Regional Engagement Lead, if you wish. (*Please call your REL if you have any urgent concerns*)
    - The number of completed resident interviews
    - The number of residents approached



6. **Press "Save" at the bottom right-hand side.**

Contacts

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Interior Health	**Donna Wunderlich** (Interior Health Authority Representative) Director Residential Initiatives Email: Donna.Wunderlich@interiorhealth.ca Office: (250) 342-2377	
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Vancouver Coastal Health	**Serena Bertoli-Haley** (Vancouver Coastal Health Authority Representative) Accreditation & Patient/Client Satisfaction Leader Email: Serena.BertoliHaley@vch.ca Phone: (604) 244-5545	**Romilda Ang** George Pearson Centre Manager, Residential Services Email: Romilda.Ang@vch.ca Office: (604) 322-8308 Cell: (604) 220-8801

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