Volunteer Surveyor
TRAINING MANUAL

BC Office of the Seniors Advocate's
Long-Term Care Resident and Family Survey 2022-23

OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

Thank you for volunteering for our provincial Long Term Care Resident and Family/Frequent Visitor Survey project.

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 sincerely hope that you find this work as rewarding as it is challenging.

We thank you for your commitment.

INTRODUCTION

The Office of the Seniors Advocate

OFFICE OF THE SENIORS ADVOCATE BRITISH COLUMBIA

The Office of the Seniors Advocate is an independent office of the B.C. provincial government acting in the interest of seniors and their caregivers. The Seniors Advocate monitors and analyzes seniors' services related to health care, personal care, housing, transportation and income support. The Advocate focuses on systemic issues: challenges that affect a large number of seniors. The focus of the Office of the Seniors Advocate is 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 oragency 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 has an information and referral line that is available 24 hours a day, every day. Our senior service specialists will work with you during our office hours to provide resources and help resolve issues. Staff at bc211 will assist after hours.

Call 1-877-952-3181 (toll free) or 250-952-3181

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

The BC Office of Patient Centred Measurement

In British Columbia, measurement of patient experiences and patient outcomes is a provincial strategic objective, giving the people who use our healthcare services in BC a voice in evaluating the quality and safety of their care and our progress towards providing care that is patient-centred.

With an aim to enhance public accountability and to support the continuous improvement of patient experiences and outcomes, the BC Office of Patient Centred Measurement has coordinated province-wide surveys across sectors, including Inpatient Acute Care, Emergency Department Care, Cancer Care, Mental Health and Substance Use Care, and Long-Term Care since 2003. Our current additional focus on understanding patient experiences when their providers and/or locations of care change, has been prompted by the results of our survey work in BC since 2003.

BC's provincially coordinated, scientifically rigorous measurement strategy, spearheaded by the BC Patient-Centred Measurement Steering Committee, builds on 19 years of engagement with patients, families, clinicians, leaders, policy makers, researchers, and community stakeholder groups all working together to continuously improve patient-centred measurement in BC. This includes survey selection and development, data collection (quantitative and qualitative), reporting and action based on feedback from BC's patients and families.

The British Columbia Office of Patient-Centred Measurement is a provincial resource located on the unceded traditional homelands of the Musqueam, Squamish and Tsleil-Waututh Nations. With this acknowledgment, we thank those Indigenous people who continue to live on and care for these lands and those with whom our team has the privilege to work in partnership with in the beautiful province of British Columbia.

To learn more visit, bcpm.ca

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 are posted to the Advocate's website in the Quick Facts Directory so that seniors and their families can see how facilities in their community compare with others in the province from the perspective of residents and their families.

The Seniors Advocate commissioned the Office of Patient-Centred Measurement, who 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].

In 2017, the Seniors Advocate released her public report from cycle one of this survey "Every Voice Counts", making eight recommendations, based on the findings of surveying over 30 000 residents across the province at the time. Notable changes made since 2017 have echoed these recommendations such as how $240 million was invested over three years to increase direct care staffing hours in long-term care homes throughout BC. From this, in 2020/21, all health authorities provided an overall B.C. average of 3.37 hours of care per bed per day – an 8% increase compared to 3.11 hours of care per bed per day in 2016/17.

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

Project Objectives

Long-term care is home to over 29,000 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. Long-term 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 care home-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/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 homes 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:

Residents to be **INCLUDED** in the survey:

Resident or Facility Characteristic	Decision
• Age of residents	**Include** all residents regardless of age
• Length of stay	**Include** all residents with completed RAI MDS
• Residents in facilities scheduled for/undergoing major renovations	**Include**
• Residents in facilities scheduled for closure	**Include** UNLESS written notice of closure issued to residents and families with 90 or fewer days remaining prior to closure date
• Residents in temporary beds	**Include**
• Residents in HA owned and operated facilities	**Include**
• Residents in publicly-funded bed in private facilities	**Include**

Residents to be **EXCLUDED** from the survey:

Resident or 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 the end-of-life/in palliative care beds	**Exclude**
• Residents in flex beds	**Exclude**
• Residents living in Special Care, residents with "purple dot" designation	**Exclude Resident *** **Include MFV**
• Residents on a Tertiary Mental Health Unit	**Exclude**
• Residents who decline/refuse to participate	**Exclude Resident** **Include MFV**
• Residents who are unresponsive/unable to participate	**Exclude Resident** **Include MFV**

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*** Excluded only if Facility Coordinator deems resident a risk to volunteer interviewers**

OFFICE OF THE SENIORS ADVOCATE

[3] The RAI-MDS is a clinical assessment completed within two weeks of a resident moving into a long term carehome 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 for cycle 1 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 a surveyor 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 both in 2016 and again in 2022 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	Family /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

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 long-term 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 long term 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 long-term care based on income level. Care homes 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 long-term care facilities is governed by the provincial government's Access to Long-term Care Policy (also known as 'the first available bed'). This policy means that seniors seeking a place in a subsidized long-term 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 Long-term Care[8]

Subsidized long-term 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 stakeholdersto ensure the survey items were important to patients and relevant in the context of care deliveryin 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 provideinformation 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 skilland 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****."*

[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. In addition, 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 surveyors is extremely important and absolutely vital to the success of the project.

Volunteers are an integral part of this project team and 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. Surveyors will ask the 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, surveyors 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.

Surveyors 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 Office of BC Patient-Centred Measurement, 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 Office of Patient-Centred Measurement 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 Office of Patient-Centred Measurement 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 surveyor, we expect that each surveyor 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 surveyor:

- 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 long-term 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 surveyors 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 providing 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 for people, where there is a tendency to rescue and take on the problems of others; and feeling responsible to 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 Care Home Champion 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 surveyor, 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 must sign, volunteer surveyors 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 surveyors 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, andstorage.

- **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 Care Home Champion 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 Office of Patient-Centred Measurement 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 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. It 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, on their role description and require further clarification, should contact LTC Project Manager, Jessica Kleissen (jkleissen1@providencehealth.bc.ca)

THE STRUCTURED INTERVIEW PROCESS

The Resident Population

While all residents are living in a long-term care home 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 care home. 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 Care Home

Prior to beginning interviews, it is important to take the time to familiarize yourself with the Care Home, its layout, and staff. On your first day, be sure to build 5-10 mins into your schedule to allow for you to do so. As soon as you arrive at the care home, find the Care Home Champion 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 care homes might have 'neighbourhoods');

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 areresident 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!** 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. 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 their room, ask the staff if they are 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 care homes, 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
    - Weather
    - Occupation
    - How their day is going
4. **Explain your purpose for being there and invite them to participate in the survey**.
    - Read the Approaching and inviting a Resident Script laminated card provided.
    - The survey is voluntary and confidential.
    - 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 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 surveyors can strengthen the quality of the interview. In a personal interview, an surveyor 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 surveyors can do that make reliable and valid answers more likely:

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

Imagine that all surveyors ask a question from memory. It could happen, that after a short time, each surveyor is asking a slightly different question. This would destroy the reliability ofthe data because respondents might be answering different questions. Research actually showsthat more experienced surveyors 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 surveyor consistently emphasizes the most positive answer, either by voice inflection or head nodding, and another surveyor emphasizes a negative answer in the sameway. The data collected will not necessarily be valid because the respondent may be influenced by the surveyor.

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.

Surveyors should not make up their own examples as they may notreflect the intent of the question. Use only the descriptions, probes, and clarifications thatprovide 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." A surveyor might help out by saying, "You mean…excellent?" This is putting words into the resident's mouth, and destroys both reliability and validity! All surveyors must offer respondents all the answer options, not just the one they think is closest.

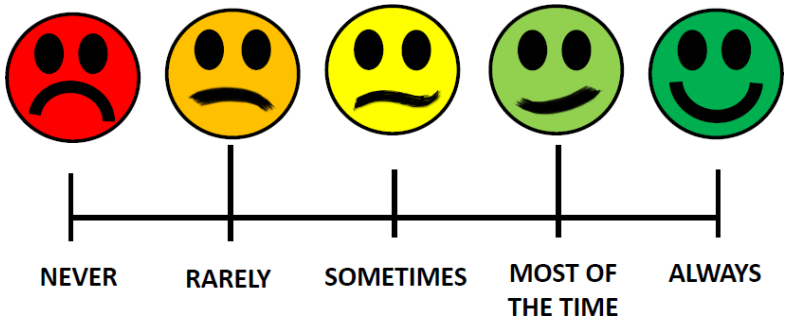
At any time during the interview, a resident may wish to describe how they feel about the issue being discussed or make a comment about some aspect of their care that is not asked during the interview. Any comments a resident makes, aside from Personal Health Information, should be recorded in the comment 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.

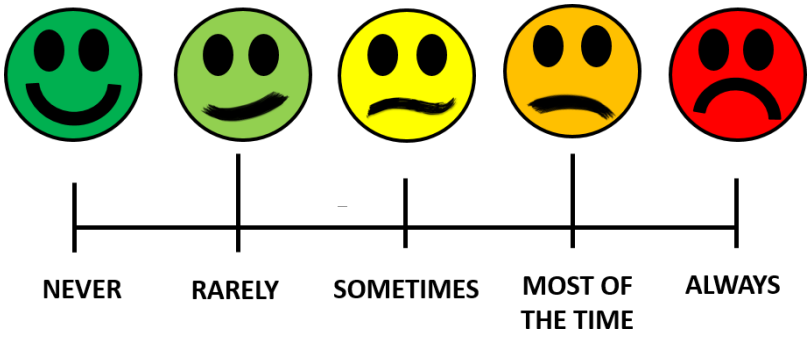
The Visual Analogue Boards

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.

Four 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.

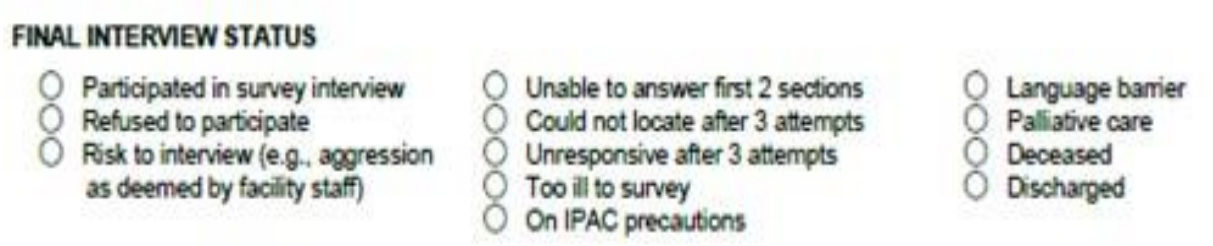


Board #2: This board will be used ONCE with the question, "I am bothered by the noise here."

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.

The Final Interview Status



This question **MUST be filled out <u>at the end</u>** 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
6) **If the surveying is closing at the Care Home and you could not approach the resident, because the resident is on contact precautions.**
    - Mark " On Contact Precautions"

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 Care Home Champion.

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.

Challenging Situations

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 write 'Not Applicable' in the Comment Section of 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:

Volunteer Surveyor Resident List CONFIDENTIAL – DO NOT REMOVE FROM FACILITY

Office of the Seniors Advocate's Long Term Care Survey 2022/23

SURVEY ID	BUILDING	UNIT	ROOM	BED		FIRST NAME	COMMON NAME	LAST NAME	GEN.	LANG	USE TRY CODES TRY 1	TRY 2	TRY 3	COMMENT
AKCC001			201	A	Ms.				F	Eng.				
AKCC002			201	B	Mrs.				F	Eng.				
AKCC003			202		Mrs.				F	Eng.				
AKCC004			203		Mrs.				F	Eng.				
AKCC005			204		Mr.				M	Eng.				
AKCC006			205		Mrs.				F	Eng.				
AKCC007			206		Mr.				M	Eng.				
AKCC008			207		Mrs.				F	Eng.				
AKCC009			208	A	Mrs.				F	Eng.				
AKCC010			208	B	Ms.				F	Eng.				

Sheet 1 of 7

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.

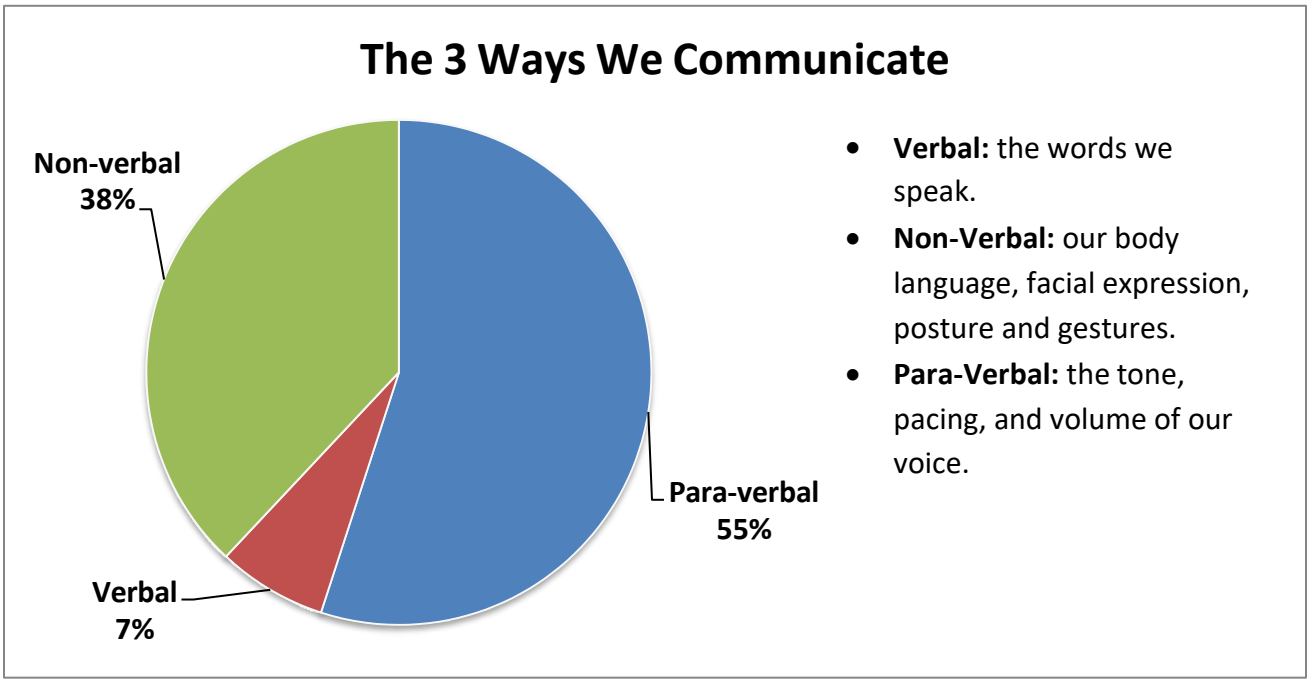
Try Code		Explanation
1	COMPLETED INTERVIEW	When you have completed the full survey.
2	PARTIAL	When you have partially completed the survey and you or another Surveyor need to return to complete it.
3	HARD REFUSAL	When a resident has adamantly refused to participate. (**Do not attempt again**)
4	SOFT REFUSAL	When resident might not have wanted to participate at that time but maybe willing to participate another time. **(Try again up to 2 times)**
5	COULD NOT COMPLETE EVALUATIVE SECTION	When a resident consents to participate, but was unable to answer any of the questions in the first 2 sections of the survey. (**Do not attempt again)**
6	CONFUSION/ANXIETY	When a resident cannot understand what you are saying or is demonstrating anxiety to your questions **(Discuss with Care Home Champion)**
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 away.
10	COULD NOT LOCATE	When you cannot locate the resident based on the information on the Resident List and help from the facility staff. **(Discuss with Care Home Champion)**
11	UNRESPONSIVE	When the resident is completely unresponsive (E.g. they do not acknowledge your presence). **(Discuss with Care Home Champion)**
12	TOO ILL	When the resident is too unwell to participate. **(Discuss with Care Home Champion)**
13	RISK TO INTERVIEW (AGGRESSION)	When the resident is considered aggressive by the staff or displays aggressive behavior when you approach them **(Discuss with Care Home Champion)**
14	DISCHARGED	When the resident has been discharged from the facility (**Do not attempt)**
15	ON IPAC PRECAUTIONS	When the resident is considered exposed to, or suspected or confirmed to have an infections, as communicated by the Care Home Champion and/or via signage on the door to the Resident's room **(Do not attempt until Care Home Champion indicates precautions have been lifted)**

COMMUNICATION STRATEGIES

One of the most integral part of your responsibility as a volunteer surveyor 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 arelistening.
- 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 long-term 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 – gauge 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 LGBTQ2S+

Many LGBTQ2S+ 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 LGBTQ2S+ comes out to you as the volunteer, it is very important to practice discretion/confidentiality with other care facility residents and staff, as the LGBTQ2S+ senior may not wish to be out to their peers.

When you are working with residents who identify as LGBTQ2S+, 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 Care Home as it may be experienced differently by an LGBTQ2S+ 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.

- Note we write "orientations and identities" as plural because it is possible for someone to identify in more than one way. For example, some lesbian people might also identify as queer. Some asexual people might also identify as gay because they are interested in romantic relationships but not sexual relationships.
- Sometimes we refer to sexuality as identity because it focuses on self-definition, self-determination, and how one sees themselves--as opposed to a label based on behaviour. Some people do not feel like they have an "orientation" at all.
- You might not end up with many people choosing more than one identity, but people often are grateful they weren't asked to pick just one.
- 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.

DEFINITIONS	
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.
Asexual	An individual who has little or no sexual attraction to women or 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'.
Two – Spirit	An individual who identifies as having both a masculine and a feminine spirit, and is used by some Indigenous people to describe their sexual, gender and/or spiritual identity
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.

STAYING HEALTHY: SAFETY, INFECTION AND PREVENTION CONTROLS BEFORE YOUR SHIFT

When you volunteer in a long-term care home, it is important to be healthy. You should never report to your volunteer shift if you feel sick. If you are, please stay home. Organisms can spread easily, so it is important to monitor yourself daily.

Before each shift, please conduct a symptoms self-check for the following according to the BCCDC Symptoms Checklist

Symptoms of COVID-19 include new or worsening:

- fever or chills,
- fatigue, headache, body aches
- cough, difficulty breathing, sneezing, runny nose
- loss of taste or smell, loss of appetite, sore throat
- nausea, vomiting, and/or diarrhea.

PREFORMING a Rapid Antigen TEST

Volunteer surveyors are asked to visit their local pharmacy to pick up a Rapid Antigen Test Kits. You must self-administer a rapid antigen test, or RAT test, up to 24 hours prior to arriving to the care home.

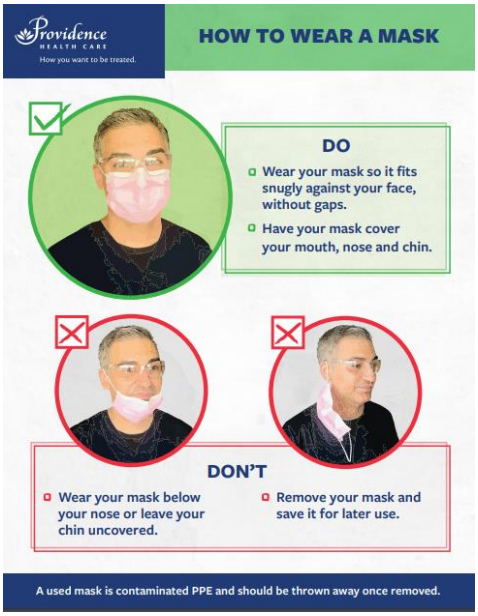
To administer the RAT follow the instructions included in the test device kit. You may also watch this YouTube video offered by the **BC CDC on how to administer a** BTNX Rapid Response brand

Report a positive (+) result to your Regional Engagement Lead, who will inform you of the next steps.

You will not be able to volunteer as a Surveyor for a minimum of 14 days. If after 14 days you are feeling better and produce a negative (-) Rapid Antigen Test Result, you may once again schedule a shift.

WEARING A MASK

Medical grade mask must be worn at all times in all care homes. Masks will be supplied at the entrance of the care home. It is important to properly don and doff a mask.



Step 1. Clean your hands with alcohol-based hand rub or wash your hands with soap and water prior to donning your medical grade mask.

Step 2. Ensure the colors side of the mask is facing outwards. Place the air loops around each ear.

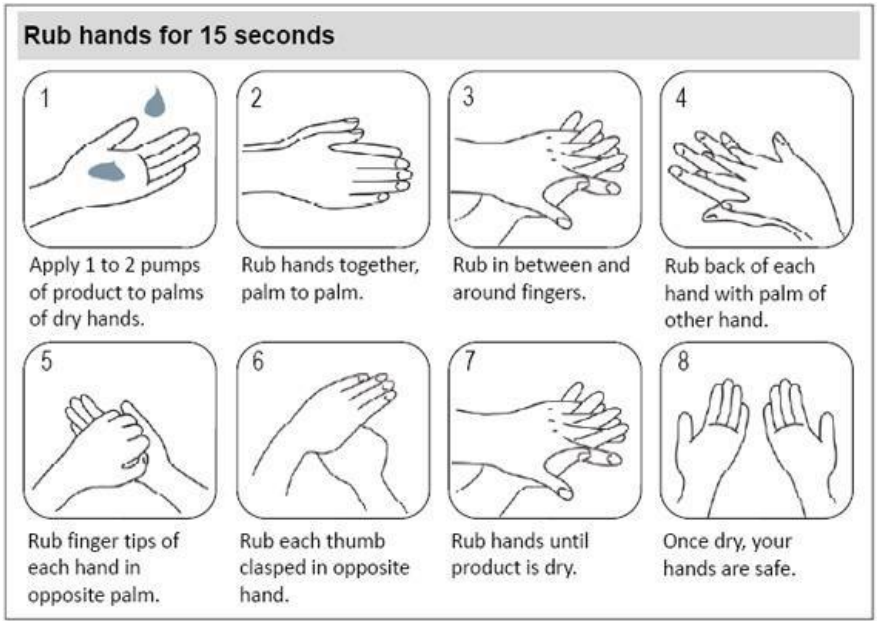
Step 3. Pull the mask to fit under your chin. Pinch the nose to ensure there's a tight seal with minimal gaps.

Step 4. A used or contaminated mask should be thrown away once removed.

Hand Hygiene – Infection Prevention & Control

Hand Hygiene is the single most important 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.

Hand Hygiene Opportunities

The Opportunities for Hand Hygiene defines key moments for cleaning your hands. Not only do the Opportunities 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 theirown, 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 soapand 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.

In your Surveyor Bag, you are provided with quick, all in one, easy-to-use cleaner and disinfectant wipes 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 Wipe BEFORE you put the boards back into the Surveyor Bag.

The goal is to keep the inside of your Surveyor Bag "clean", thereby preventing the spread of micro-organisms 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 Care Home Champion, you should wash your hands with soap and water before you leave the facility for the day.

Fire and Fire Alarm Response

If you discover or suspect the presence of fire, follow the RACE procedure; then report to your Care Home Champion + 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?

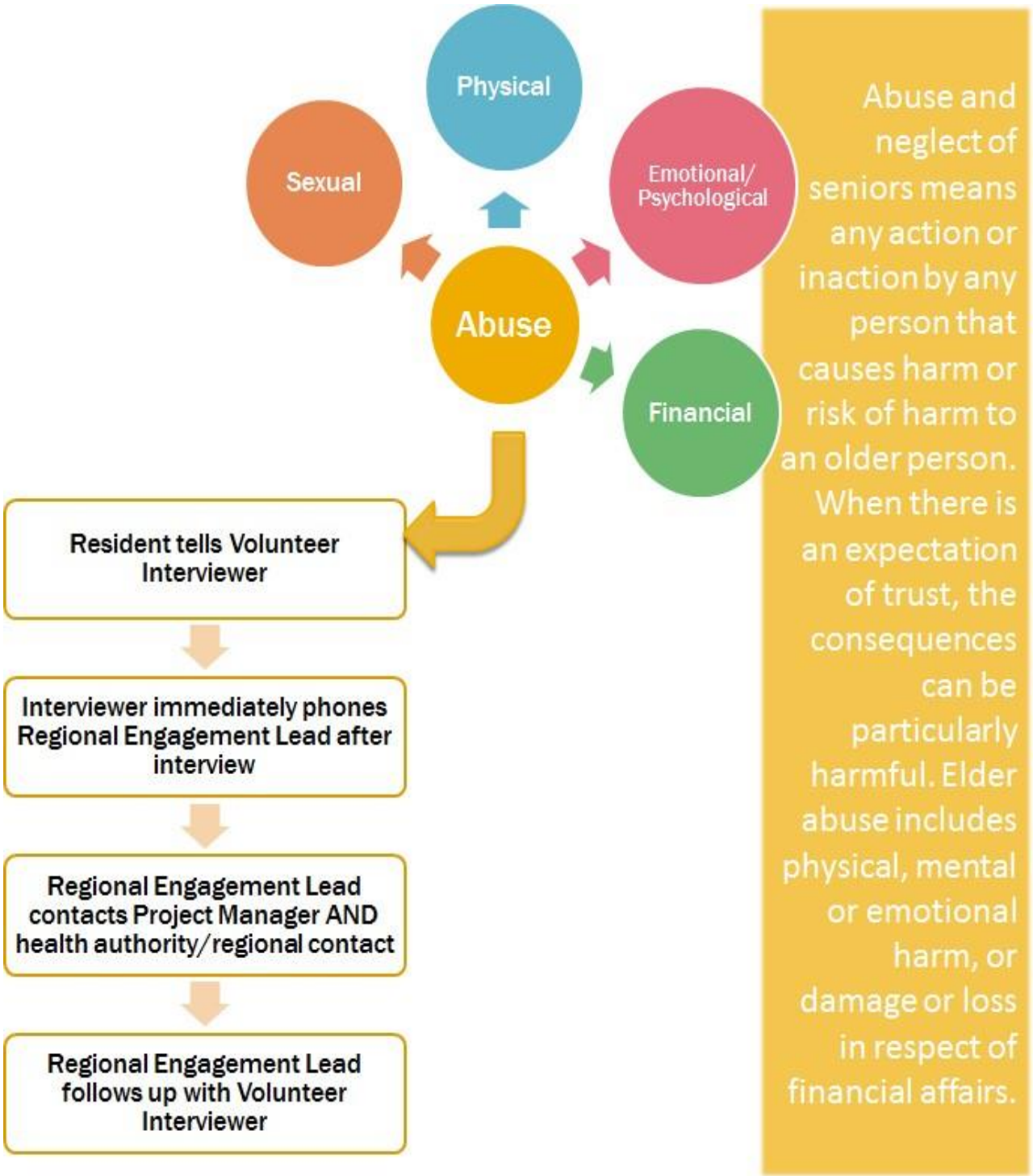
Abuse and neglect of seniors means any action or inaction by any person that causes harm or risk of harm to an older person. When there is an expectation of trust, the consequences can be particularly harmful. Elder abuse includes physical, mental or emotional harm, or damage or loss in respect of financial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

Project Team	Contact Information
Lena Cuthbertson, Provincial Executive Director	Email: lcuthbertson@providencehealth.bc.ca Tel: 604 806 9401 Cell: 604 612 0005
Jessica Kleissen Project Manager	Email: jkleissen1@providencehealth.bc.ca Cell: 604-365-0379
Judy Zhu Regional Engagement Lead	Email: jzhu4@providencehealth.bc.ca Cell: 416-529-3399
Brock Nicholson Regional Engagement Lead	Email: bnicholson1@providencehealth.bc.ca Cell: 778-980-1304
Sherry Chow Project Employee	Email: wchow9@providencehealth.bc.ca Cell: 236-558-6653
OSA Information Line	Email: info@seniorsadvocatebc.ca Toll-free at 1-877-952-3181 In Victoria: 250-952-3181


Physical
Sexual
Emotional/ Psychological
Abuse
Financial
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

A THANK YOU TO VOLUNTEERS

Volunteers offer amazing gifts, time and talents to British Columbians living in long-term care and to their families and visitors, through their generous giving to others. The opportunity to make a difference for humanity by offering caring support is a rich and rewarding endeavor.

We trust that this "Volunteer Surveyor Training Manual" will assist you in your preparation as a Surveyor with the Office of the Seniors Advocate Long-Term Care Resident and Family Experience Survey Project 2022-2023.

Thank you for your generosity and caring.