

THE SURVEY

The 2016/17 Office of the Seniors Advocate's (OSA) Long-Term Residential Care Survey asked residents and their most frequent visitors about their health-related quality of life and their experiences with the quality of the care and services received as a resident in one of 292 long-term care facilities in BC. The survey was piloted in May and June 2016 and was in field from September 2016 to September 2017. The survey was completed by 9812 residents and 10049 most frequent visitors (MFVs) of residents as a matched sample.

PREMs:

- Two versions:
 - Resident Survey (103 questions)
 - Most Frequent Visitor (104 questions)
- The interRAI Quality of Life Survey
- "Made-in-BC" Questions & Modules
- Topics include: Personal Control, Social Life, Staff Responsiveness, Caring Staff, Food, Hand Hygiene, Physician Care, Medications, Physical Environment, Health and Well-Being, Family Council, Overall Experience.

Due to copyright and license requirements of the interRAI survey tool, the survey instrument is not available in the Tech Report, however, approved question fragments can be found in the Appendix for reporting purposes.

The Survey Codebook is in the Tech Report Appendix

*PROMs:

- Veteran's Rand 12 (VR-12) Item Health Survey and Long Term Residential Care Version (VR-12LTRC)
 - Includes 12 items that can be scored to provide measures of physical and mental health status as well as 8 health domains: general health perceptions, physical functioning, role limitations due to physical problems, role limitations due to emotional problems, bodily pain, energy-fatigue, social functioning, and mental health. A Long Term Residential Care version of the generic VR-12 was tested for the OSA's survey via in a side by side study.
 - Scoring protocols for the VR-12 can be obtained from the developer (<https://www.bu.edu/sph/about/departments/health-law-policy-and-management/research/vr-36-vr-12-and-vr-6d/>) Canadian norms are available via <https://vr12.jameshicklin.com/interactive-calculator>.
 - Please refer to the following publication regarding the development of the VR-12LTRC (<https://pubmed.ncbi.nlm.nih.gov/32299327/>).

SURVEY ADMINISTRATION PLAN

1 Data Submission

HAs/affiliates sent residents records and lists of identified MFVs to the data collection vendor, NRC Health. NRC Health prepared a list of eligible residents for trained volunteers to conduct survey interviews with residents. MFV was sent a survey package with the option to complete the survey on paper or online. A census approach was used for the eligible residents and their MFV. The total population of LTC residents approached for an interview was 22,162 across 292 care homes in the province. The number of completed surveys for the resident survey was 9,812. The number of MFV surveys sent out was 21,334 and the number of returned MFV surveys was 10,049.

2 Interview Welcome Package

Information required to conduct the interviews were include in a welcome package mailed to each facility. The welcome package contained an introduction letter, resident list, resident survey, and postage paid envelopes.

3 Survey Administra tion

Notification signage was posted in every facility one month prior to surveying began. Trained volunteer interviewers conducted structured interviews with residents in the long-term care homes using standardized scripts and prompts. MFV completed the survey on paper or online.

4 Data Collation

Survey responses were entered into a secure database and collated by the survey vendor.

ANALYSIS & REPORTING

Survey Weights

There are no survey weights for this survey because the survey was conducted as a census of all residents with a matched sample of each resident's MFV. Each residents was approached for an interview and their MFV was mailed a survey.

Missing Data

What: A non-response to a planned observation in a survey.

Why: Missing data might occur when there are no data for a person (unit non-response) or when some answers for a respondent are unknown (item non-response).

The reason for the missing data can be completely random, random, or not random.

When & How: Missing data should be dealt with whenever the aim of the analysis is to make an inference about a target population. If not dealt with, it could lead to biased estimates of population values. Potential ways of dealing with missing data include imputation techniques and alternative estimators. Consult with the **PCM missing data primer** for more info.

Reports

Two sets of reports are available.

1. Publicly released reports and directory with residents and MFV results shown side by side published by the OSA: see <https://www.seniorsadvocatebc.ca/osa-reports/residential-care-survey/>
2. Internal provincial, health authority, and facility level reports for residents and most frequent visitors were created. All reports include participation status, theme (dimension) scores, percent positive scores, frequency tables, and codebook.