

OSA LTC Survey

TECHNICAL REPORT

NOVEMBER 19, 2019

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Note: The technical report was written by NRC Health with edits from Benedito Chou and Lillian Parsons from the BC Office of Patient Centre Measurement. Sections of this report were adapted from the Provincial and Facility level reports prepared by Dr. Walter Wodchis.



Section 1: Introduction & Questionnaire Content

1.1 Introduction

In 2016, British Columbia conducted the Long Term Care (LTC) sector survey intended to measure the experience of care and health related quality of all residents in publicly funded beds and their most frequent visitors. This technical report summarizes background information for the LTC sector survey, including the questionnaire, survey methodology, interviewer training, data processing and analyses. This report does not discuss specific findings from the sector survey.

1.2 Background/Rationale behind the BC OSA LTC Project

British Columbia's (BC's) Ministry of Health (MoH) and the six Health Authorities (HAs), including their affiliate organizations, have implemented a program to measure the self-reported experience, satisfaction and health related quality of life of the users of a range of healthcare sectors, including Emergency Department Care, Acute Inpatient Care, Outpatient Cancer Care, and Mental Health and Substance Use Care. This work is led by the BC Patient-Centred Measurement Steering Committee (the SC). The results of patient surveys are intended to be used by Health Authorities to improve the quality of the experience and the clinical outcomes of the patients, residents and families they serve at the point of care, to promote continuous organizational improvement, to understand the performance of the health care system at the Health Authority and provincial level as an accountability measure and to support research and secondary analysis.

1.3 Purpose/Scope

The LTC sector was implemented in partnership with the BC Office of the Seniors Advocate (OSA). The OSA publicly committed to approaching all residents living in BC's 292 publicly-funded LTC facilities, inviting them and their most frequency visitor, usually a family member but not always, to provide feedback on residents' experiences of living in residential care, using standardized survey instruments developed for this sector. Two versions of the survey, resident and most frequent visitor versions, were fielded to better understand the experience of residents from both the resident and their most frequent visitor perspective. Via a structured interview process residents were asked for feedback about their experiences and observations of care and health related quality of life in BC's 292 residential care facilities (approximately 24,000 residents). The most frequent visitor of each resident received a mailed survey also asking about their own experiences as visitors to the care home. All residents, regardless of their cognitive level were invited to participate and consent was ascertained on the basis of the individual's ability to express a desire to participate and to provide ratings in response to the first two

sections of the structured interview questions; if residents consented to participate and were found unable to provide evaluative responses as noted, the interview was respectfully terminated and the individual's responses not included in the final results or response rate calculations.

1.4 Privacy

A Privacy Impact Assessment was conducted prior to beginning the project (see Appendix A for full PIA, addendum, and approval certificate)

In accordance with BC's Freedom of Information and Protection of Privacy Act (BCFOIPPA), throughout the time that the survey was being conducted, posters (see Appendix B for sample notification poster) were posted in each of the care homes one month prior to surveying began to advise residents and their most frequent visitors that they may be selected to complete a survey. These posters fulfilled four purposes:

- Informing residents about the survey and the timeframe;
- Providing contact information, if residents have questions;
- Providing a mechanism for residents to "opt out"; and
- Providing information about the use and protection of the personal information of residents under BC's Freedom of Information and Protection of Privacy Act (BC FOIPPA).

In addition, a letter was sent to the most frequent visitors that included specific information about the protection of personal information under BC FOIPPA, as well as contact information, if they had questions about the survey, or wished to be removed from the survey contact list (see Appendix E).

1.5 interRAI Quality of Life Survey Tool License Agreement

A license to use the interRAI Quality of Life survey tool for a five year period, beginning July 15, 2015 and on certain terms and conditions was negotiated between the RAI consortium and BC's five regional health authorities . The interRAI surveys and related data collection materials are protected by the terms of interRAI's license which strictly control their distribution. The conditions include no publication of the actual questions; only the use of RAI consortium approved paraphrased text fragments may be included in any reports(see Appendix B for letter about the license terms and conditions). Permission was obtained to use the survey for the purpose of assisting the health organizations who are signatories to the *interRAI* license:

- (a) To promote awareness among Ministry of Health, health authority, affiliate and contracted organizations and their staff, leaders, owners and/or governors of the types of questions included in the OSA's survey;
- (b) To promote performance monitoring and management, accountability, and quality monitoring and improvement efforts of both directly owned and operated facilities and contracted facilities, after the conclusion of the OSA's survey and during the 5 year term of the survey;
- (c) To permit development of indicators and reports citing scores (item level or composite scores) for both internal and public reporting of the results of the surveys, after the conclusion of the OSA's survey

1.6 Resident Questionnaire

SURVEY TOOL

The resident survey asked 103 questions, including two questions on overall quality. The majority of the questions were from the interRAI Quality of Life Survey Tool that focus on self-ratings of health-related quality of life, with additional questions on medication use, quality of physician care, handwashing, and other topics. An adapted version of the Veteran's Rand 12 (VR-12) designed for long term residential care setting was also included (VR-12LTRC; see Section 1.7 VR-12 Side by side study). The VR-12 is a generic (i.e. not condition specific) patient reported outcomes measure (PROM). The BC Office of Patient-Centred Measurement (OPCM) went through an extensive process of developing BC custom questions to address the perceived gaps of the interRAI survey tool within the context and priorities of LTC in BC. Following a gap analysis and literature review, all 14 custom questions developed by the OPCM and the OSA were cognitively tested and were field tested prior to implementation. Some of the items conceptually fit into existing interRAI themes, while others formed new dimensions (e.g. Medications). Most of the custom questions followed the same structure as the interRAI questions (i.e. the "I" statements). All questions were grouped into the following categories:

- Personal Control (13 items)
- Social Life (14 items)
- Staff Responsiveness (11 items)
- Caring Staff (13 items)
- Food (6 items)
- Physician Care (3 items)
- Medications (3 items)
- Resident Views of Their Health and Well-Being (14 items)
- Overall Questions (4 items)

RESIDENT SURVEY FORMAT

The resident surveys were completed with a trained volunteer interviewer in an in-person structured interview.

SURVEY ADMINISTRATION

The first section on the resident survey was referred to as the “Participation Status”. Interviewers completed this section to identify whether a resident had participated in the survey and reasons why a resident did not participate, as well as for calculating a response rate. This question was to be completed for every resident, regardless of whether a survey interview was conducted or not. In addition to reading the response scales aloud, the resident survey included bold-faced prompts to indicate sections that were to be read aloud by the trained volunteer interviewers. Comment boxes were placed at end of each survey section page for the interviewers to record any additional narrative comments that residents might have had during the interview; interviewers did not transcribe comments verbatim, rather they made notes and then read these back to the resident to validate accuracy. In sections where survey items could take up more than one page, two comment boxes were inserted. Per the interRAI agreement, all copyright information was required to be presented on each page of the survey tool. The survey vendor used the abbreviated copyright information as deemed acceptable by interRAI and the OPCM team. “Made-in-BC” custom items were identified by a single asterisk and VR-12 items that were modified from their original version were identified by double asterisks.

VERSIONS

Three versions of the resident survey were used throughout the survey period. Version 1 (May/June 2016) was used during the pilot testing phase and contained two columns per page and prompts were included directly under items. Due to license restriction with interRAI (see Appendix C), the actual survey is not available as it contains the exact wording of the interRAI questions. For the approved text fragment used in the resident survey, see Appendix L. Based on the results of cognitive testing in British Columbia, which found that “I statements” were difficult for residents across all cognitive levels, it was decided to developed standardized prompts, should it be clear that residents were not struggling with providing evaluative responses, rather the structure of the questions/statements themselves and to ensure consistency across interviewers. (See Appendix D for complete list of standardized prompts). Prompts were only used when residents required further explanation to questions. After initial interviews, volunteers provided feedback that the prompts were not being used as often as expected and a decision was made to remove them from the resident survey and to have them as a supplementary document that could be referred to if/when the prompts were needed for a particular resident. The result was that the survey instrument used by interviewers was a shorter document that was easier to manage. Version 2 (August 2016) of the survey had extensive changes. These changes are listed below:

- 1) It was identified that the original survey was created from an older version of the interRAI tool and did not include three questions. The following three questions were added to the survey.
 - a. #45 Staff know what they are doing.
 - b. #46 Staff have enough time for me.
 - c. #60 I have the same care aide on most weekdays.
- 2) It was also identified that all questions on version 1 had a 'not applicable' response option which was not required for all questions and did not align with interRAI requirements. All questions except two questions (get help to eat when needed and get help to toilet when needed) identified during cognitive testing where a 'not applicable' option is necessary had the 'not applicable' response option removed.
- 3) The design of the survey was changed so that it no longer contained two columns but all questions were listed in a single column down the page.
- 4) All prompts were removed from the survey tool and a prompt booklet was then created and given to each volunteer in their swag bags (see Appendix D Optional Standardized Prompts). This was done to reduce the length of the survey and ensure the completed survey could be returned in a standard sized BRE (Business Reply Envelop).

Version 3 (September 2016 to September 2017) was the final version of the survey and included one further change/correction. The VR-12 question "During the past week, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?" contained the incorrect scale and required correction.

1.7 Most Frequent Visitor (MFV) Questionnaire

SURVEY TOOL

The interRAI Long Term Care Family survey was the core tool for the Most Frequent Visitor PREM survey. Most Frequency Visitor (MFV) is defined as the person who visited the resident most frequently; this was usually a family member, but not always. The items on the Family survey were for the most part identical to those on the resident survey but written to capture the perspectives of a resident's relative or friend responding to the questionnaire as a proxy. In BC the decision was to field this survey with each resident's Most Frequent Visitor. The goal was that the individual was familiar with the care of their loved one and the care environment. In addition to the interRAI Family survey, an adapted version of the VR-12 (VR-12LTRC) was fielded and additional questions of interest to BC's OSA were developed that addressed the experience of the MFV in the care home. The questions and response scales mirrored the InterRAI and VR-12 requirements. Similar to the resident survey, BC custom questions were marked with a single asterisk and adapted VR-12LTRC questions were marked with a double asterisk. The copyright information was also inserted at the bottom of every page.

- Personal Control (14 items)

- Social Life (12 items)
- Staff Responsiveness (13 items)
- Caring Staff (14 items)
- Food (7 items)
- Hand Hygiene (5 items)
- Physician Care (4 items)
- Medications (5 items)
- Physical Environment (2 items)
- Resident Views of Their Health and Well-Being (14 items)
- Family Council (2 items)
- Overall Questions (5 items)

MFV SURVEY FORMAT

MFV were provided with an option to complete the survey using the paper version included in their package mailed to their home address or do so online. A web link and unique access code was provided on the cover letter of the mailed survey.

SURVEY ADMINISTRATION

Included in the mailed package with the MFV survey was a cover letter addressed to the MFV from the Office of the Seniors Advocate. This cover letter contained information on the purpose of the survey, who to contact for questions or to opt out, and how to access the survey online and/or in another language. Approximately 21 days after the first mailing a second, reminder letter and another paper version of the survey were mailed to the same address (see MFV Cover Letter Samples in Appendix E). To ensure the MFV would be linked to the correct resident, NRC Health created a unique lithocode that was attached to all cover letters and surveys.

VERSIONS

The MFV survey went through one revision during the survey period. For the “Hand Hygiene” question, the response options in the first version was not consistent, due to different answer scales, with other standardized hand cleaning questions in BC and therefore required change in Version 2. Due to license restriction with interRAI (see Appendix C), the actual survey is not available as it contains the exact wording of the interRAI questions. For the approved text fragment used in the MFV survey, see Appendix O.

1.8 VR-12 Side by side study

A Long Term Residential Care version of the VR-12 generic PROMS instrument was tested for inclusion in the OSA's residential care surveys. A side by side study was conducted using an adaptation of the VR-12 developed in BC together with the developer of the VR-12, Dr. Lewis Kazis. The VR-12 was reviewed by measurement experts for content validity and based on feedback from seniors living in residential care, items that were not deemed to be suitable for the residential care population and environment of care homes (e.g. climbing a flight of stairs) were replaced with items from the original SF-36. Residents who participated in the side-by-side study were asked for consent, to answer the original version of the VR-12, as well as the adapted version, the VR-12LTRC. The VR-12 survey was placed at the end of the adapted VR-12LTRC tool, but before the final open-ended question during the side-by-side testing phase ("Is there anything else you would like to tell us about your experience living in Alpha Care Home?"). Following the side-by-side study, the VR-12LTRC version was fielded with the resident and MFV surveys.

1.9 Translations

Translated surveys and cover letters were created using Microsoft Word with steps to maintain formatting across all the languages used. The interRAI resident survey was available from the interRAI consortium in the following languages - English, French, Italian, Polish and Estonian. All official translations went through a process of back translation. For the BC context, the following languages were also required: Chinese (simplified and traditional), Tagalog, German, Korean, Persian, Punjabi, Spanish, and Italian. As no survey translations were available for the interRAI family survey, the questionnaire was translated into: French, Chinese (Simplified and Traditional), Spanish, Korean, Farsi, Tagalog, German, and Punjabi. Translations to address BC's language needs were done by translators from MOSAIC, including back translation and proofing, and reviewed for consistency. For some languages, such as Punjabi, some formatting (e.g. underlined portions of the question text) was not maintained to ensure the question meaning in the native language was preserved. Proper names (resident names, MFV names, Care Homes) always appeared in English and these values were pulled into the surveys and letters as they appeared in the data files submitted by the care homes. All MFV surveys were produced in English and, by request only, were produced and sent to the care home for the interviewers who could conduct the alternate language interviews.

For the MFV, there was also an option to complete the survey online. A web link and unique access code was provided on the cover letter of the mailed survey to request an alternative language survey. The original intention was to have all available translations accessible on the web survey, however, due to time restrictions, only the English version was available through the web. The formatting of the questions on the web survey followed the same formatting as the paper survey and all copyrights were included in the required places.

Section 2: Survey Methodology

2.1 Sample Design

A census approach was used for the eligible residents and their Most Frequent Visitor. 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.

RESIDENT RESPONSE RATE

Participation Status was used to calculate response rate. The participation status was completed by the trained volunteer interviewers, who indicated the completion status of eligible residents. The resident response rate was 44.6% (number of residents who participated in survey interview divided by number of approached (9812 / 21979))

Final Resident Response Status

Participation Status	Total # of Residents	% of Total Number of Residents	Approached	% of Total Number Approached
Participated in survey interview	9812	39.4%	9812	44.6%
Refused to participate	3725	15.0%	3725	16.9%
Unable to answer first 2 sections	5205	20.9%	5205	23.7%
Language barrier	977	3.9%	977	4.4%
Unresponsive after 3 attempts	1891	7.6%	1891	8.6%
Missing status	202	0.8%	202	0.9%
Multiple status	167	0.7%	167	0.8%
Palliative care	207	0.8%		
Deceased	1219	4.9%		
Discharged	317	1.3%		
Could not locate after 3 attempts	399	1.6%		
Too ill to survey after 3 attempts	345	1.4%		
Risk to interview (e.g., aggression)	444	1.8%		
Total	24910	100.0%	21979	100%

MFV RESPONSE RATE

The number of MFV surveys sent out was 21,334. The intention was to send a survey to every MFV however, due to a variety of factors, not all MFV addresses were obtained. The number of returned MFV surveys was 10,049 and the number of surveys that were marked undeliverable (wrong address, no longer at the address provided by the care home) was 732. The MFV response rate is 48.8%.

$$MFV \text{ Response Rate} = \frac{\text{Number of Surveys Returned}}{(\text{Number Sampled} - \text{Undeliverable Surveys})} \times 100$$

2.2 Eligibility Criteria

All residents living in a long term care home with publicly funded beds were invited to participate in the survey interview. There are private paying residents who co-reside in the same facility as those residents in publicly subsidized beds; these residents were also invited to participate in the survey. The publicly subsidized residents represent the majority in all of these facilities and most facilities have fewer than 15 residents who pay privately. To be eligible to participate, residents had to have lived in the care home for at least two weeks before the start date of the interviews at that care home. While the guiding principle for the OSA's survey was that all residents would be invited to participate, there were several reasons a resident was excluded and was not to be approached by a volunteer:

- Palliative Care: Resident was in a palliative or special care unit
- Deceased: Resident had passed away prior to interview commencement
- Could not locate: Resident was away or never in the care home during interviewing times
- Risk to interviewer: Resident was deemed aggressive or unsafe to approach by a volunteer interviewer
- Discharged: Resident had been discharged prior to interview commencement
- Belonging to a Special Care Unit (SCU). These residents were not to be included in data file

A resident was also excluded if he/she did not speak one of the 10 languages in which the survey was available or if there were no volunteers on site who could speak one of the 10 languages; please note that every effort was made to find and train volunteer interviewers to conduct interviews, including the late addition of Italian when it became clear that this was a language spoken in one care home by a majority of the residents. Where a resident could not be interviewed due to a language or cognitive barrier, the MFV was still included and received a survey in the mail. See page 7 of the "Volunteer Interviewer

Training Manual” for a full explanation of inclusion/exclusion criteria (see <https://surveybcseniors.org/resources/>).

2.3 Resident Survey Administration

WELCOME PACKAGES

Once the vendor received a compliant data file from the care home with resident and MFV information needed to implement the survey as per the approved data dictionary for the survey, all the materials required to conduct the interviews was compiled and mailed to the care home. This package is referred to as the Welcome Package. Included in the Welcome Packages were:

- Introduction Letter
- Confidential Resident List
- Resident surveys with a unique ID on each in order to identify a resident
- Generic Resident Surveys (extra copies of the survey)
- Postage paid envelopes (#10) (same number as generics)

Introduction Letter

The Introduction Letter was an informational letter addressed to the Facility Coordinator for the OSA’s survey and the volunteer interviewers, describing the contents of the package and the details for surveying in a particular care home (number of residents, hours of operation, parking information). Please see Appendix F Welcome Package - Information Letter. Also included were instructions for “new” residents (residents whose names did not appear on the confidential resident list); these instructions addressed the likelihood that there might be a change in residents due to residents passing away and new residents being admitted to the care home from the date the data file of resident names and MFVs were submitted to NRC Health and the date the Welcome Package arrived on site.

Confidential Resident List + Try Codes

The Confidential Resident List contained information regarding all residents to be interviewed in a care home, their survey ID, Unit, and Room Number (See Appendix G for Sample Confidential Resident List). Also included were Try attempts. Try attempts tracked each time a resident was approached to participate. Standardized Try Codes and their explanation were also provided in the Welcome Packages (see Appendix H for Try Codes).

For more information on the delivery of the Welcome Package, please see Appendix I, “Timeline for Welcome Package Delivery”.

INTERVIEW PROCESS

Residents were approached by volunteers up to three times for consent to participate. Before beginning the interviews, volunteers were asked to review the resident lists with the Care Home Facility Coordinator to verify residents could be approached for an interview. If a resident was to not be approached, for example, because of illness or responsive/aggressive behaviours on that day, volunteers would mark this with the appropriate code on the resident lists and the resident's survey package.

Volunteers referred to the Confidential Resident List to find a resident's survey (by matching name to the unique identifier on the copy of the survey), locate the unit and room number of a resident, and track the status of an interview (number of approach attempts, completes, incompletes). Once a volunteer located a resident, an attempt would be made by reading the introduction script to a resident (see Appendix J for introduction script). If a resident agreed to participate in the interview, the volunteer would continue immediately with the survey. If a resident did not agree to complete the survey or was unable to complete the survey at that time, an attempt would be marked on the resident list and a volunteer would approach the resident to continue the survey at another time. If a resident refused to participate and did not want to be approached again, the volunteer would not attempt to interview again and would indicate this on the Resident List.

Surveys were conducted by following a standard structured interview technique (See Section 2.4 for Training details or review the How to Conduct a Structured Interview on the survey website: www.surveybcseniors.org under the Resources Tab). Volunteers were also given a set of response boards which were used while asking questions to provide residents with a visual of response options. See Appendix K for LTC Resident - Visual Analogue board samples.

Each response to a question was recorded on the survey by the volunteer by filling in the bubble associated with the response option. If an incorrect bubble was filled out, interviewers were asked to cross out the incorrect bubble with an 'X' and then fill in the correct bubble. If a resident had additional comments pertaining to the question, volunteers wrote down their comments verbatim in the comment section provided. Volunteers were given booklets with prompts in their volunteer tote/swag bags. These booklets with prompts could be used when a resident did not understand a question to ensure that any explanation of a question was standardized across volunteer interviewers. If this situation arose, volunteers would read the prompt associated with the question. Volunteers were trained not to ad lib or explain the question in any more detail than what was provided on the Optional Standardized Prompts booklet (See Appendix D for the Optional Standardized Prompts booklet). If a resident still did not understand, then the volunteers were instructed to mark "no response" or "don't know" and move on to the next question. The introductory script and Optional Standardized Prompts were available in each of the translated alternative languages.

EARLY TERMINATION OF INTERVIEWS

The first two sections of the survey (Privacy and Food questions) were used as a reference for volunteers to determine whether a resident could understand the questions and provide meaningful responses to the questions. A meaningful response meant the resident answered the evaluative questions in these sections, using the scale responses, or they made a comment directly related to the question being asked. The interview was respectfully terminated by the volunteer, if residents consistently responded using a non-valid response option (don't know, refused, or no response) for a majority (more than half) of the questions in the first two sections. In these cases, a resident would not be approached again to complete the survey.

APPROACHED BUT NOT STARTED

Residents who expressed that they did not want to participate were not approached again by a volunteer. If a resident gave any indication that he or she might want to participate on another day, then the resident would be approached again. Residents did not participate if they did not respond to a volunteer or if they were asleep at the time of all three attempts. Residents also did not participate if they were too ill during all three attempts.

FINAL INTERVIEW STATUS

At the end of each interview, the Final Interview Status question was completed by the volunteer. The interviewers were instructed about the importance of completing this question on the survey to accurately account for a resident and the reason he or she may not have participated. For further details of how volunteers were to code the Final Interview Status, see pages 32 & 33 of the Volunteer Interviewer Training Manual (see <https://surveybcseniors.org/resources/>).

ENDING A RESIDENT INTERVIEW

Once an interview was complete (i.e., the entire survey was fully completed, or the resident withdrew their participation partway through the interview), volunteers were instructed to follow the steps below:

1. Fill in the Final Interview Status (Question 1) as "Participated in Survey Interview"
2. Put survey in a postage paid envelope and seal it
3. Thank the resident and give them a Thank You Card
4. Clean the Visual Analogue Boards, prompts, and intro script; return to Tote Bag
5. Mark Complete on Resident List
6. Return the sealed envelope to the designated location

If an interview ended before the survey questionnaire was completed (i.e., the resident requested to continue at another time, the volunteer ended the interview because the resident became tired, confused, or agitated), volunteers were instructed to follow the steps below:

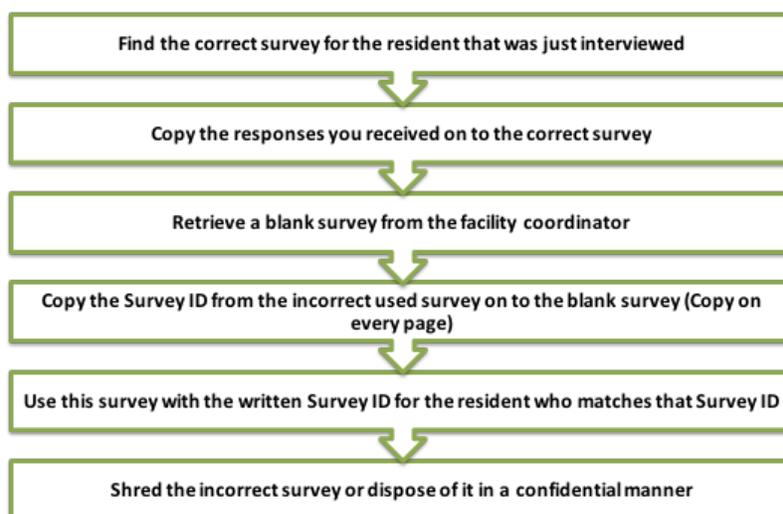
1. Thank the resident for speaking with you so far and schedule another time to return to complete the interview;
2. Wipe the Analogue Boards, prompts & intro script;
3. Mark as a “Partial “on your Resident List; and
4. Return the partially completed survey to the designated location in the Care Home.

If a resident was never approached or was unable to participate after 3 attempts, the volunteer was instructed to:

1. Complete the Final Interview Status on the survey;
2. Updated the Resident List with the appropriate code;
3. Seal the survey in the postage paid envelope;
4. Return the envelope to the designated location.

USE OF AN INCORRECT SURVEY

If a volunteer used the incorrect survey booklet when surveying a resident (e.g. the survey ID on the booklet did not match the survey ID on the resident list) the volunteers were asked to follow the steps below:



RESIDENTS NOT ON THE RESIDENT LIST

If a volunteer encountered a resident not on the survey list who wanted to be interviewed, they were to notify the Regional Engagement Lead (REL). The REL would investigate with the BC Office of Patient-Centred Measurement or the Facility Coordinator why the resident was not on the list. Residents might not have

been on the list if their family member opted them out, if they met exclusion criteria, or moved into the care home after the generation of the resident list. If the resident was determined eligible to participate, a volunteer would use a generic survey to interview the resident. If a generic survey was used, the resident information was to be populated on the Resident List beside the generic survey ID and the generic survey ID was to be written down on every page of the survey. The process of ensuring that the generic survey was marked with an identifier and therefore could be linked to the resident was essential in ensuring that a resident's data could also be linked with their MFV.

RETURNING SURVEYS AND RESIDENT LISTS

All surveys were returned to the vendor using standard Canada Post mail. At the end of each day, the Care Home Facility Coordinator would deliver all the sealed postage paid envelopes to a mailbox. Once all the interviews in a Care Home were complete, the facility coordinator scanned the resident list and sent it to the vendor through a secure portal or mailed it back in a postage paid envelope.

CANADA POST STRIKE

In June 2016 there was a risk of a Canada Post strike. The following instructions were followed to mitigate this event:

1. Sealed postage paid envelopes were no longer put in the general Canada Post mail box
2. Facilities were asked to collect and hold all sealed postage paid envelopes
3. Facility Coordinators were asked to return batches of surveys to the vendor by courier (frequency of pick up to be discussed with their Regional Engagement Lead (REL))
4. Vendors were asked to email waybills to REL
5. REL was asked to email waybills to facility coordinators
6. Facility Coordinators were asked to place sealed surveys in an envelope and apply the waybill to the envelope.
7. Options for courier pick up:
 - i. Facility coordinator drops off the envelope to the nearest Courier drop box or store
 - ii. Facility coordinator or REL arranges for a courier pick up at specific date
 - iii. Vendor arranges courier pick up for the specified date and location. If the courier arrives and the package is not ready for pick up, any incurred cost will have to be billed back.
8. Packages arrived at the vendor and the vendor sent confirmations to the RELs.

2.4 Volunteer Training

RECRUITMENT

The Volunteer Resources Management Subcommittee (VRMSC) of the LTC Consultation Group (CG) provided advice to the OSA and the OPCM to support the development of a centralized recruitment, screening, training and deployment model. The Regional Engagement Leads in each health authority screened recruited, trained, and coordinated a team of 800 volunteers; all volunteers were required to have a criminal record check.

REGIONAL ENGAGEMENT LEADERS (RELS)

Five RELs were recruited by Providence Health Care on behalf of the OPCM with responsibility to recruit volunteer interviewers to conduct the OSA's LTC survey. The RELs were supported by the OPCM, the BC Office of the Seniors Advocate's Long Term Care Consultation Group, the BC Patient-Centred Measurement Steering, and the BC Office of the Seniors Advocate. The RELs also provided support to trained interviewers to help resolve issues encountered on site or answered questions about the survey process.

REGIONAL TRAINING COORDINATORS (RCTS)

Six RCTs, responsible for training volunteer interviewers across the province and distribution of all volunteer interview materials, were employees of the survey vendor. Both the vendor and the BC Office of Patient-Centred Measurement shared responsibility for training the RCTs.

VOLUNTEERS TRAINING

Volunteers were provided with a training manual and attended a full day training session. The training manual covers background information about the survey, reviews important concepts, and provides an overview of patient-centred measurement and improvement. In addition to summarizing the administrative tasks (e.g., how to track hours and document survey status), the manual also provides guidelines and help volunteers understand their roles and responsibilities. It provides additional reading materials that explain the structured interview process and offers tips on how to successfully conduct an interview with residents in general and more specific guidance on how to interview residents living with dementia, hearing loss, Parkinson disease or other. In addition, training sessions provided opportunity for volunteers to role-play and conduct mock interviews. The mandatory training modules volunteers were required to complete covered topics that include: communicating with persons with dementia; hand hygiene; infection prevention and control protocols; and privacy and confidentiality training. Volunteers' abilities were assessed during training and during the data collection period. Volunteer also filled out an evaluation form for their training day to provide feedback for improvement. See <https://surveybcseniors.org> under

the Resources Tab for the volunteer training manual and training videos (How to conduct a structured interview; How to communicate with a person with Dementia; Infection Prevention and Control for LTC Volunteers).

TOTE/SWAG BAG (VOLUNTEER INTERVIEW PACKAGES)

Each volunteer was provided with a “swag bag” that contained all the materials needed to conduct resident interviews, including:

- Laminated, Visual Analogue response boards (see Appendix K)
- Laminated, standardized prompts
- Cavi-wipes for cleaning laminated response boards
- Hand sanitizer for cleaning volunteer hands
- Thank you cards with a message from the Seniors Advocate for residents who completed interviews

2.5 MFV Methodology

A record level data file containing the information listed in the table below was submitted to the vendor by each Care Home to permit the implementation of the OSA’s Most Frequent Visitor (MFV) survey. Care teams from care home were asked to identify one MFV per resident. If the data file was compliant, it was processed the same day and the next day the cover letter from the OSA and the surveys were printed and mailed by standard Canada Post to the address provided in the data file; 21 days later a reminder letter with another paper copy of the survey was mailed to MFVs whose completed surveys had not been received by the vendor. The surveys expired 120 days from the time the data file was processed and any results received after that date were not counted. MFVs received surveys even if the resident was unable or unwilling to participate in a survey.

The following table describes the data elements submitted by Care Homes and needed conduct the mailed **Family/Most Frequent Visitor** survey; the data dictionary was approved in the Privacy Impact Assessment for the OSA’s LTC survey and included the MFV’s resident’s PHN to permit linkage of the MFV results to the resident survey results:

Data Element	Reason Element Required
First Name	Personalization of envelope and cover letter.
Last Name	
Primary Address	Permits mailing of self-report survey to family members/most frequent

City of Residence	visitors.
Postal Code	
Province of Residence	
Language Code	For planning purposes to permit the survey to be mailed in the language the family is most comfortable reading/writing.
Facility Name	Needed for analytical purposes in the reporting stage.
Resident PHN	Universal identifier to permit linkage between resident and MFV results.

Section 3: Data Processing & Analysis

3.1 Resident Data

A patient record level data file containing the information listed in the table below was submitted by each Care Home to the vendor for each resident deemed eligible to participate in the Resident survey. The vendor prepared a data file template for the OPCM and the Regional Engagement Leads (RELs) to administer with the Care Homes (See Appendix L: MFV Data File Template). The RELs communicated with their assigned Care Homes and provided information on how to complete and submit the data files. If data files were not submitted to the vendor in the required format, decisions were made between the RELs, the OPCM, and the vendor to either modify the file to an acceptable format or to request a resubmission from the care home.

The following table describes the data elements needed to conduct the **Resident** survey: Items highlighted with an asterisk represent data elements that will be needed by Volunteers to conduct the survey; all items are required by the vendor in order to generate reports with relevant analyzes based on population demographics.

Data Element	Reason Element Required
Resident First Name*	To identify the resident and personalization when conducting interviews.
Resident Last Name*	
Medical Record Number	To ensure accuracy in planning; needed to link the resident to their results of the RAI-MDS dataset.
PHN	Universal identifier to permit linkage when patient records with survey results are transferred to HealthIDEAS
Language Code*	For planning purposes to permit the interview to be conducted in the language the resident is most comfortable speaking.
Room Number*	To locate resident within the facility.
Bed Number*	
Resident Gender*	Needed for analytical purposes in the reporting stage (e.g. to sort survey results by male vs. female); not self-identified in the survey.
Resident Date of	Needed for analytical purposes, to sort results by age groupings; not

Birth	provided in the survey.
Facility Name*	Needed for planning purposes and at the reporting stage.
Admission Date	Needed for analytical purposes in the reporting stage (e.g. to compare experiences with different lengths of stay).
Data Elements from the RAI-MDS 2.0 Assessment	In the reporting phase, survey results will be compared to the data elements collected through the RAI-Minimum Data Set.

3.2 Most Frequent Visitor Data

After the resident interviews were complete and survey packages returned to the vendor, the MFV data file was submitted. The MFV data file included the names and addresses (home and mailing) of each resident's most frequent visitor. In order to link the resident to their MFV, the data file also included information about the resident (PHN). Both resident and MFV data files were submitted to a secure portal. The submission was made either by the Care Home or a project lead at Providence Health Care. Once the vendor received a MFV data file, it was reviewed to ensure an MFV could be linked to a resident. This was done by matching the resident's PHN submitted in the resident data file to the resident's PHN included in the MFV data file. Matching issues were flagged and resolved such as no matching PHN or multiple matched PHNs.

3.3 Positive / Top Two Box Scoring

In addition to the presentation of frequency tables to show the distribution of responses to each question, positive or Top-Two box scores were presented in aggregate reports. The results for each question were grouped in the aggregate reports to show Top-Two Box scores and Bottom-Three Box scores. The Top-Two Box scores are the sum of the percentages for the top two highest (best) response options on the experience or satisfaction scale for the interRAI survey. In most cases, the Top-Two Box score shows the percentage of residents in each Care Home who selected Always + Most of the Time. The Bottom-Three Box score shows the sum of the percentages for the three lowest (bottom) response options. The Bottom-Three Box score reflects the percentage of residents in each Care Home who selected Sometimes + Rarely + Never.

3.4 Multiple Response

A number of questions on the survey, one on the resident survey and two on the MFV survey allowed respondents to select more than one response option (e.g. a resident's self reported ethnicity). As such, these questions were reported as the number of responses.

Resident Survey

- Do you consider yourself to be...? (mark all that apply) [Ethnicity Question]

MFV Survey

- Do you consider your family member to be...? (Please mark all that apply)
- When your family member came to live here, were you told about the Family Council? Check all that apply.

3.5 Missing Values

Surveys were marked as complete if a respondent had provided a valid response to at least 5 questions. Thus, some surveys were marked as completed but had missing values for some questions. Some missing values are to be expected due to survey design (e.g. appropriate use of skip patterns). The reasons for a missing response option include:

- Filling in two response options in a single select question
- Illegible markings (e.g. a mark in between two response options)
- Responding to skip pattern questions that should have been skipped
- Actual responses not captured due to screening skip questions being left blank (See Data Changes, Section 3.9 for more details)

3.6 Themes

The questions that comprised the resident questionnaire were organized into 7 themes or dimensions for resident (Caring Staff, Food, Personal Control, Social Life, Staff Responsiveness, Medication, and Physician Care). The Most Frequent Visitor questionnaire was organized into 9 themes or dimensions (Caring Staff, Food, Personal Control, Social Life, Staff Responsiveness, Medication, and Physician Care, Physical Environment, Hand Cleaning). Responses from the respective surveys were used to create a composite theme score for each care home. In addition, aggregate theme scores for the province and each Health Authority were provided in separate reports. Theme scores were calculated by taking the

total frequency (total number) of positive responses to all questions under a single theme and dividing this total frequency by the total number of valid responses for the same questions. The result was then multiplied by 100 to obtain a percentage.

$$\textit{Theme score} = \frac{\textit{Number of positive values}}{\textit{Number of valid responses}} \times 100$$

3.7 Question Fragments

Question Fragments are shortened text versions of the survey questions that appeared on the resident and MFV survey instruments. Due to interRAI licensing agreements, all reports produced must use the interRAI approved question fragments for all reports (see Appendix M and N for the list of approved text fragments for the resident and MFV survey).

3.8 Comments

Comments were coded and redacted by the vendor based on the survey sections. Comments that were not in English were translated by the volunteer interviewer into English before assignment of theme and valence. De-identified comments were assigned to a theme (e.g., Activities) and valence (positive, negative, both, neutral).

3.9 Data Linkage

The RAI MDS 2.0 clinical assessment data for each resident (at the point of admission and the most recent quarterly update) was linked to the resident record. These records are submitted by each health authority to CIHI. Each HA was supported by the OPCM to submit an “own data request” to CIHI; CIHI then submitted these data sets to the vendor twice during the project duration. The first data set was submitted in January 2017 and the second in June 2017. The vendor performed the linkage using the PHN of the resident to link the resident and MFV record to the RAI MDS 2.0 data for each resident.

3.10 Data Changes

QUESTION ID / NUMBERING

As described in section 1, there were two revisions to the Resident survey and one revision to the MFV survey during the time the survey was in the field. As a version of the survey was updated, the unique

number to identify the question was also updated to a new number. During the reporting phases, in order to ensure all the data was captured correctly, results collected from version 1 and version 2 survey were updated to use the unique question ID used in the latest survey version.

PARTICIPATION STATUS

Although measures were in place to ensure that the volunteers marked the Participation Status question at the end of each interview, this was sometimes overlooked. When the question was left blank, a code in the vendor database was assigned to denote the blank response. As the reporting phase began, it was identified that this question was left blank for surveys that were completed or partially completed. A manual change in the vendor database occurred to fill in a response option to “Participated in Survey” for these cases.

TUBE FED QUESTION

At the beginning of the Food Section of the Resident Survey there was a screening question that asked the volunteer to mark whether the resident was tube fed. If the resident was tube fed, the volunteer was instructed to fill in the response option bubble for, “Yes” and skip the food questions. If the resident was not tube fed, the volunteer was to mark, “No” and then proceed to ask the food questions. Attached to this screening question in the automated data entry process was a skip logic process. It was identified during the reporting stage that some volunteers overlooked marking this question for residents who were not tube fed. In these cases, when the survey results were entered, the automated system would follow the skip process and not include the response to any subsequent food related question, i.e., if the screening question was blank. A rule for correcting was implemented: if the Tube Fed question was left blank, but at least one of the subsequent food questions was answered, the tube fed question would be manually marked by the vendor with a “No” response and the results to any food question answered was included in the survey responses for that resident.

INCORRECT SURVEY

If an incorrect survey was used and a Generic survey was used to record a resident’s responses, a manual process was implemented to enter the survey results by the vendor.

Section 4: Report Production

4.1 Preliminary Reports

When surveying at each Care Home was complete for either the resident interviews or the most frequent visitor mailing period, a preliminary detailed report was produced for the care home with the results of the survey. In addition to quantitative data being reported in the preliminary reports, de-identified comments were also provided with an assigned theme (e.g. Activities) and valence (positive, negative, both, neutral). Please refer to the Resident and MFV preliminary reports for details and results.

4.2 OSA Facility Level Reports

In November 2017, a preliminary facility level report was produced and delivered to the Office of the Seniors Advocate for publication on the Quick Facts Directory online website. These results were used in the first public release of results for the LTC project. These reports contained a question level break out for all Care Homes that were out of field at the end of October 2017. These reports categorized questions based on themes that were assigned by the OSA. The questions in the themes provided on this report do not completely align with the themes used in the preliminary reports or the Health Authority Aggregate reports.

4.3 Health Authority Aggregate Reports

After all sites across the province were out of field for all surveys, Health Authority Aggregate Reports were produced for each Health Authority, one for resident results and one for MFV results (10 reports in total). These detailed reports included item level breakouts for all questions on the questionnaire, item level positive scores, and theme scores at a care home, health authority, and provincial level. Also included were results for the demographic and VR questions. A codebook (see Appendix O for the resident survey and Appendix P for the MFV survey) was provided in each report to delineate which theme a question belonged to and the score assignment of the response scale. Please see Appendix Q for list of the 292 participated care homes.

4.4 Provincial report

A provincial report was prepared by Dr. Walter Wodchis. In addition to describing the residents characteristics, the report summarizes the survey results for resident's and MFV's overall rating of their

care facility as well as ratings for five aspects of quality of life (QoL) that are measured using the interRAI QoL survey. The Wodchis report is available on the OPCM's website: <https://www.bcpccm.ca>

4.5 OSA Reports

In addition to the vendor prepared reports, the OSA also prepared a provincial report, a health authority report, and facility level reports that summarize the survey results on their website (see <https://www.seniorsadvocatebc.ca/osa-reports/residential-care-survey/>).

Section 5: Limitations and Conclusion

This section summarizes operational, methodological, and data quality issues during the survey administration. Where appropriate, the implemented solutions and recommendations are listed.

5.1 Survey Administration Limitations

Survey Format: Although the interRAI Resident survey tool was designed to be either a self-report pen-and-paper survey or administered by an interviewer, the interRAI manual did not provide adequate training for volunteers who are not researchers nor familiar with working in LTC to conduct a structured interview in a manner that insured reliable and valid data collection. Additional supporting materials were developed by the OPCM to ensure trained volunteers follow a standardized process when interviewing residents.

Target Population: The interRAI Resident survey tool was recommended for use with residents with a Cognitive Performance Scale (CPS) score from 0 to 3. However, the OSA Survey was administered to all residents regardless of CPS level. InterRAI notes that it will be more challenging to administer the survey to those with a CPS score of 4 and does not recommend administering the survey tool to those with a CPS score of 5 or 6 because the data collected will likely not be reliable or valid. Given the expanded resident population (i.e., all CPS levels), BC created and tested additional tools (e.g., visual analogue boards, standardized prompts, specific training modules) to equip the interviewers with as much support and preparation as possible. While the visual analogue board is not a standard procedure, interRAI supported their use for this survey.

Changes to Survey Process: During cognitive and pilot testing, the “I” statement presentation of the survey items was found to be challenging when the survey is administered as an interview (rather than as a self-report). In discussions with others using the interRAI Resident survey, the tendency to translate or default to a question format, when residents have difficulty with the “I” statements was validated, and there is general agreement that standardized questions or prompts would be helpful. QoL tool is intended to measure the frequency of truth for each statement from the perspective of the respondent. A decision was made to use the following standardized approach/statements with each resident to be interviewed:

1. “I will read a series of statements to you. I want to know how often this statement is true for you based on your experience living in this care home/facility/residence.”
2. Read survey item as an “I” statement;
3. Then repeat “How often is this statement true for you?” and read response options (directionality from Never to Always).

Changes to Survey Questions: Some questions were identified as problematic during cognitive and pilot testing (e.g., special relationship with staff) and the lack of a not applicable option could have forced resident or MFV to answer question that is not applicable to them. The need to modify these questions was constrained by the license agreement with interRAI. The licensing agreement limits any change to the tool to no more than 5% of the items amendment to the questions. In the end, only one interRAI question was altered (text fragment “Would recommend this care home to others”). The agreement allows adding additional questions that are clearly labelled as non-interRAI questions and were asked after the interRAI questions. BC ended up adding 14 additional questions to the interRAI tool at the end of the respective section or in a separate new section of the survey.

Use of Question Prompts: The use of BC developed standardized prompts differ from the interRAI recommended procedure. It was found in cognitive and pilot testing that respondents often sought clarification for a word or concepts in the survey items throughout a Resident survey administered by interviewer. In response to this challenge and to avoid interviewers “making up” prompts throughout an interview, BC created standardized prompts for each question (interRAI and BC custom) on the resident survey; all prompts were also translated. interRAI did not support use of cues or standardized prompts to clarify the meaning of an item. Instead, interRAI recommended that if the resident is unable/does not respond, then the interviewer is to read the survey item again, up to a maximum of 3 times. If the resident is still unable/does not respond, code the answer to the survey item as “Cannot be coded”.

Question Wording for Reporting: In accordance with the Licensing Agreement, BC could not use the full-question text of the interRAI questions in any reports, in-house communications, training materials or publications. As such, we collaborated with interRAI to create text fragments in lieu of displaying the full question text.

Qualitative Comments: Collection of qualitative comments are not included in the interRAI Resident or Family QoL tool. However, the decision was made to allow and invite residents and families/MFVs to include qualitative comments, either in response to their evaluative choices or solicited by a final question (“Is there anything else you would like to tell us about your experience living in [Name of] Care Home?”) at the end of the survey. For the resident survey, interviewers were trained to transcribe the relevant comments as close to verbatim as possible, validate accuracy of the intended message with the resident; the vendor masked and coded the comments. For the MFV survey, written comments were transcribed, masked, and coded by the survey vendor.

Delay of Most Frequent Visitor Survey: Delay in finalizing the Most Frequent Visitor survey resulted in the administration of the MFV survey that did not match the timing of the administration of the Resident survey for the sites that began resident interviews from June to September. In addition to the challenges of going back to sites to get MFV data, having the two surveys out of sync led to an increased number of un-matched MFV/Residents (e.g. new residents coming into sites who were not interviewed but MFV were sent a survey).

5.2 Methodological Limitations

Psychometric properties of the interRAI Family Survey Tool: The interRAI Family Survey tool was in development and had limited psychometric testing complete at the time it was selected (2014/15). Additional studies are needed to further validate the psychometric properties of the tool.

Timing of Survey in Field: The survey was piloted in May and June 2016 and rolled out throughout the rest of the province from September 2016 to September 2017. However, the timing of the resident survey and MFV survey does not always align due to survey administration delay. Depending on when the facility started and finished data collection, it is possible that seasonal variations could affect the survey results and explain some of the differences observed between facilities, with factors such as the flu season and the proportion of casual staff affecting how residents and MFVs responded to the survey questions about their experience.

5.3 Data and Technical Limitations

Formatting of Survey: Due to vendor's system limitations, it was challenging to format the survey to have the comment boxes and copyright references land on the proper area for each page. It was also challenging to meet the formatting requirements needed for interRAI and the VR-12. As a result, it took a far greater amount of time to format the survey than a typical survey would take to format.

Question Changes: There were multiple question changes throughout the project requiring vendor to update questions while in field. Another iteration of the interRAI Resident survey tool was released in the Spring of 2016, which included an additional three questions. A decision was made by the project team to update the Resident survey tool, despite the previous version already being in field with some sites. This is not a common practice for vendor so management around this was difficult and presented risks in the data analysis and reporting stages of the project.

Appendix A – Privacy Impact Assessment¹



PRIVACY IMPACT ASSESSMENT (PIA)

PROJECT ¹ INFORMATION			
Date:	May 4, 2016	Version :	3.0 PHC PIA # P16-011
Project:	Province-wide Coordinated Long-Term Residential Care Experience of Care Survey		
Operational Area:	The BC Office of the Seniors Advocate The BC Patient Centred Measurement Working Group		

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¹ The term 'project' means 'program', 'initiative', 'project', 'application', and 'system'.

PART 1 – SUMMARY

1.1 Summary Description of the Project

Background Information:

British Columbia's (BC's) Ministry of Health (MoH) and the six Health Authorities (HAs), including their affiliate organizations, have implemented a program to measure the self-reported experience, satisfaction and health related quality of life of the users of a range of healthcare sectors, including Emergency Department Care, Acute Inpatient Care, Outpatient Cancer Care, and Mental Health and Substance Use Care. This work is led by the BC Patient Centred Measurement Working Group (BCPCMWG), formerly the BC Patient Reported Experience Measures and BC Patient Satisfaction Steering Committee. The results of patient surveys are intended to be used by Health Authorities to improve the quality of the experience and the clinical outcomes of the patients, residents and families they serve at the point of care, to promote continuous organizational improvement, and to understand the performance of the health care system at the Health Authority and provincial level, as an accountability measure.

The Long Term Care (LTC) Sector Survey is intended to measure the experience of care and health related quality of life of all residents in facilities with publicly funded beds and their most frequent visitors. This includes residents in publicly funded beds living in health authority owned and operated facilities and residents in facilities contracted by health authorities. This sector survey, as all of BCPCMWG surveys, will be implemented in a scientifically rigorous and provincially coordinated manner across the five regional health authorities with publicly funded residential care facilities (Note: PHSA does not provide LTC services).

The LTC sector is unique from other sector surveys conducted to date in that it is being implemented in partnership with the BC Office of the Seniors Advocate (OSA). The OSA has publicly committed to approaching all residents living in BC's 303 LTC facilities with publicly funded beds, inviting all residents living in these facilities to provide feedback on their experiences of living in residential care, using standardized survey instruments developed for this sector. See Appendix A, Notification Letter to all BC Residential Care Operators from the OSA and Letter of financial commitment for the survey from the OSA.

Residents and their most frequent visitors will be asked, via a structured interview process, for feedback about their experiences and observations of care and health related quality of life in BC's 303 residential care facilities (approximately 27,000 residents); the most frequent visitor of each resident will receive a mailed survey. All residents, regardless of their cognitive level will be invited to participate and consent will be ascertained on the basis of the individual's ability to express a desire to participate and provide feedback. This will be the second province-wide coordinated survey in this sector (previously conducted in BC in 2003/04); however, it is important to note that the scope of this survey in 2016 is THREE times larger in scope than the survey conducted in this sector in 2003/04 (102 directly funded facilities in 2003/04 vs. 303 directly funded facilities AND facilities with contracted beds in 2016; ~9K residents in 2003/04 vs. >27K residents in 2016; interviewers in 2003/04 vs. projections of 1500 interviewers required for 2016).

New Initiative:

The OSA/BCPCMWG LTC Resident and Family/Frequent visitor survey will begin in mid-May 2016 and it is anticipated that it will be in field for 8-9 months; a pilot has commenced at two Providence Health Care residential care sites (Mount Saint Joseph Hospital and Youville Residence); a separate PIA has been conducted and approved by PHC. A schedule will be developed for all 303 facilities included in the survey over the 8-9 months from May through December (avoiding flu season), using a "rolling" plan that will be determined with the input of facility operators/leaders.

This sector survey will involve the recruitment and training of volunteers to administer the resident survey through an in-person interview. Training and deployment of the volunteers who will conduct the resident interviews will take place to align to the schedule of participating facilities in terms of the numbers of volunteers needed and locations across BC's 5 participating HA's. A centralized recruitment, screening, training and deployment model was proposed by the Volunteer Resources Management Subcommittee (VRMSC) of the LTC Consultation Group advising the OSA and the BCPCMWG on the implementation of this sector survey. The VRMSC represents all participating health authorities and the BC Care Providers Association (private for profit and not for profit facilities with contracted beds). A schematic representation of the centralized model is included under section 3.1.1 of this PIA.

The model proposes standardized, common privacy training for all volunteers using terms, concepts, and reading/comprehension of materials presented at a level appropriate for a lay, volunteer audience in the context of long term residential care and the role of the volunteers for this project, as well as a common pledge of confidentiality. The centralized model of volunteer management will permit “sharing” of volunteers for deployment across facilities and health authorities, and has been endorsed by the VRMSC and the HIPSOC. Regional Engagement Leads for each HA have been recruited as Providence employees. The Regional Engagement Lead has primary responsibility for recruitment, screening, onboarding and deployment of volunteers; training will be a joint responsibility of the REL, the BCPCMVG Project Manager, the LTC Consultation Group HA Reps, and Regional Training Coordinators hired by our vendor, National Research Corporation Canada (NRCC) (see Appendix B – REL position description). The BCPCMVG \ hired a privacy expert to develop with guidance from the HIPSOC the training curriculum for the provincially deployed Volunteer Interviewers related to privacy and information security, generally, and related to the LTC sector survey, the related training materials, and the pledge of confidentiality, specifically. See 3.1.3

The selection of a vendor to support data collection and reporting was completed with HSSBC (RFP HSSBC 02005 BC Long Term Care Sector Survey (PRF 342). National Research Corporation Canada was the successful incumbent. BC has a long partnership with NRCC, having conducted province wide, coordinated Emergency, Acute Inpatient, and Outpatient Cancer Care surveys with NRCC since 2003. NRC’s US and NRCC’s Canadian operations and those of their subcontractors have been audited three times for compliance with BC’s expectations for privacy and information security (2005, 2008, and 2011). The sample frame for this survey is a census, meaning every resident living in any long-term care facility that receives public funding will be given the opportunity to participate. The BC Long Term Care Expert Consultation Group, which is jointly chaired by the BCPCMVG and BC’s Seniors Advocate, includes representation from each of the health authorities (except for PHSA), the Ministry of Health, Providence Health Care, the Hospital Employees Union (HEU), the BC Nurses Union (BCNU), the BC Care Providers Association (BCCPA), various stakeholder groups, and family members of residents in care. The CG provides expert advice to the OSA and the BCPCMVG on the planning for this sector survey.

The interRAI Nursing Home Resident and Family Quality of Life tools and both an adapted version and the original version of the VR-12 Patient Reported Outcome Measure (PROM) were selected by the Expert Consultation Group (CG) for this sector survey based on an extensive review of the literature that determined the these tools demonstrated strong psychometric properties, and the ability to provide information for quality improvement, as well as the opportunity for Canadian and international benchmarking. With input from the CG additional questions have been developed and tested to customize the interRAI Resident and Family surveys in order to address aspects of care and service important in the BC context.

Residents for the LTC sector survey will be identified as follows:

1. The collection, use and disclosure of the personal information and personal health information of the residents in publicly funded beds is governed by FOIPPA. Health Authorities or Care Facilities will extract patient row level data (see 2.2.2 for the data dictionary for this project) from the admit/transfer system that identifies all the individual residents living within long-term care facilities in the region². This data will be used to create a Comprehensive Resident List for each health authority organized by facility, which will be sent in a secure manner to the survey vendor.
2. The Survey Vendor will use this data for two reasons:
 - (i) Production of secondary Resident Lists with limited personal health information for use by the Regional Engagement Leads and individual volunteer interviewers (see Section 2.1.2). These lists will be stored in a pre-determined secure place in each facility; lists will not be taken offsite.
 - (ii) Ability to match responses and link data in the reporting phase.
3. Trained Volunteer Interviewers will administer the resident survey through an in-person interview with each resident. Residents will be approached up to a maximum of three times with an invitation to participate in the survey. If a resident explicitly refuses to participate, he/she will not be approached again. All residents,

² Systems have not been standardized across health authorities.

regardless of their cognitive level will be invited to participate and consent will be ascertained on the basis of the individual's ability to express both a desire and consent to participate and provide feedback via a survey interview. Volunteers with language proficiency in nine target languages defined by BC Statistics based on "mother tongue still spoken at home" will ensure residents will have the opportunity to participate in the interview in the language that they are most comfortable communicating in. Surveys have been translated by Mosaic Translation Services, ensuring that best practices in translation are followed. A census approach will ensure all residents living in a LTC facility that receive any public funding will be invited and will have the opportunity to participate in the survey. Simultaneously to the resident interviews being conducted in a facility, a survey will be mailed to each resident's most frequent visitor. Care staff will be responsible for identifying each resident's most frequent visitor, who may be a family member or not. The identification of the most frequent visitor is essential, as the mailed survey asks for input on the visitor's own experiences and observations in the facility. A next of kin in another province or country cannot provide this information. This approach is consistent with the implementation of this sector survey in 2003/04. Residents in publicly funded beds, their family members, and frequent visitors will be notified about the Seniors Advocate's LTC sector survey via notification posters that will provide information (see 2.2.4), as well as a contact person for additional information; requests by residents, families, or visitors to "opt out" will be respected; this, however, has not been our experience during the cognitive testing of this survey during the summer and fall of 2015 (conducted at Providence Health Care's Holy Family and Brock Fahrni sites; PIAs approved by PHC Information Access & Privacy Office). The cognitive testing phase saw residents across cognitive levels (CPS levels 0-5) agreeing to participate and demonstrating capacity to answer the survey questions, using the structured interview format. Family members and visitors have expressed keen interest in the survey, and have, in fact, questioned whether more than one family member or visitor can complete a survey, observe interviews of "their residents", participate as volunteers, etc. The cover letter mailed with the survey will state: *"One survey for each resident's family and visitors is provided. I (the letter will be signed by the Seniors Advocate) encourage you to complete the enclosed survey together with other family members and frequent visitors who visit (name of resident)."* Staff at the two test facilities were highly engaged and supportive with logistical and other details. The learnings from this phase have been incorporated into the planning of the roll out of the sector survey and the training curriculum for the volunteers.

The following inclusion and exclusion criteria will be used to determine if residents are to be approached:

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

Note: The inclusion of residents in private-pay beds in contracted facilities will be the subject of a separate Privacy review and added as an addendum to this PIA.

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 / Behavioural Units	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

***NOTE:** A resident who resides on Special Care/Behavioral Care Unit will be **INCLUDED UNLESS** in the view of the Facility Coordinator the resident presents with behavioural issues that put the safety of the volunteer interviewers at risk; this assessment by the Facility Coordinator will be made on a day-to-day basis.

4. Survey responses from individual residents (both evaluative responses to structured questions and narrative responses to open ended questions) will be provided to the survey vendor who will collate the results. Responses will be entered into the vendor's database for purposes of statistical analysis and will be deidentified. Survey results will not be attributable to individuals; any narrative comments that mention any personal information will be masked (e.g. XXXXX) according to BCPCM Working Group protocols.

The reporting of results will be a combination of dynamic and static aggregated statistical, graphic, and narrative reports generated from raw, de-identified data. Statistical reports will be available at the end of the study period via a dynamic reporting platform that will be user access controlled. The core secure on-line portal NRCC offers is Catalyst. Catalyst allows users to build and save a variety of custom reports including query building tools to primarily assist analysts, and dashboards/scorecards to assist executives, directors and managers. Catalyst is written on an industry-standard application platform consisting of an MVC application and WebAPI service layer written on Microsoft's .NET 4.5 framework, and a clustered Microsoft SQL Server database for data storage. Using Ajax, advanced JavaScript, and HTML5, NRCC provides a highly interactive and rich reporting experience compatible with all modern browsers. The system incorporates multi-factor authentication to restrict access to only authorized users and devices. As with other assets, not all information has the same use or value and therefore systems and processes will be defined at the level of protection required based on the information's confidentiality, integrity and availability characteristics.

- Confidentiality – Levels of authorization and authentication required to access to the information.
- Integrity – Controls over the accuracy and completeness of information and processing methods.
- Availability – The ability for authorized users to have access to information and associated assets when required.

Authorized users and access levels will be defined by the Providence Project Team (facility users will have access to their own data; HA analysts to HA level results; OSA to provincial level results) and will click on a pledge that outlines his/her obligation to preserve and protect the security and privacy of the information presented in Catalyst when their login credentials are set up. Catalyst has built in security controls to provide the necessary physical, logical, and procedural safeguards to accomplish those goals.

5. Reports with no comparisons will be available at unit (with thresholds of 10 respondents to ensure anonymity) and facility levels within 30 days of the completion of surveys in each facility. Statistical and graphical reports, as well as a descriptive summary report to be authored by Dr. Walter Woodchis at the University of Waterloo will be produced at the conclusion of the survey project with comparative data at health authority, provincial and peer group levels. The BC Office of the Seniors Advocate will be responsible for the release of the provincial level results on her website and will examine, interpret and report the results from a system-wide perspective. Each health authority and each facility will be responsible for sharing their respective survey results with its staff, residents and families. Each health authority and facility will be responsible for implementing quality improvement initiatives as required.
6. At the close of the project, raw survey data with identifiers will flow from the survey vendor to the BC MoH HealthIDEAS data warehouse in a secure manner. The PIA for the direct transfer of the BCPCM data to HealthIDEAS is addressed in PIA#15026/Health PIA #: 2014-46 and an Information Sharing Plan (ISP). BCPREMS Data, in this PIA was defined as "all the patient records that have been extracted according to the PIA protocols from individual facilities or Health Authority Discharge Abstract Database (DAD) and Admitting Discharge Transfer (ADT) systems, including data dictionaries, patient records with identifiers and the survey results for those patients who responded to a survey. It also includes a flag on the record showing whether or not the patient responded to the survey, which allows a comparison of the respondent population with the non-respondent population. Within the BCPREMS Data is qualitative Data, captured as patient's comments in free form text fields. All personal information within these types of Data fields is masked (replaced with "XXX") at the source, but the fields themselves form part of the record that is attributable to a defined individual."

Purpose:

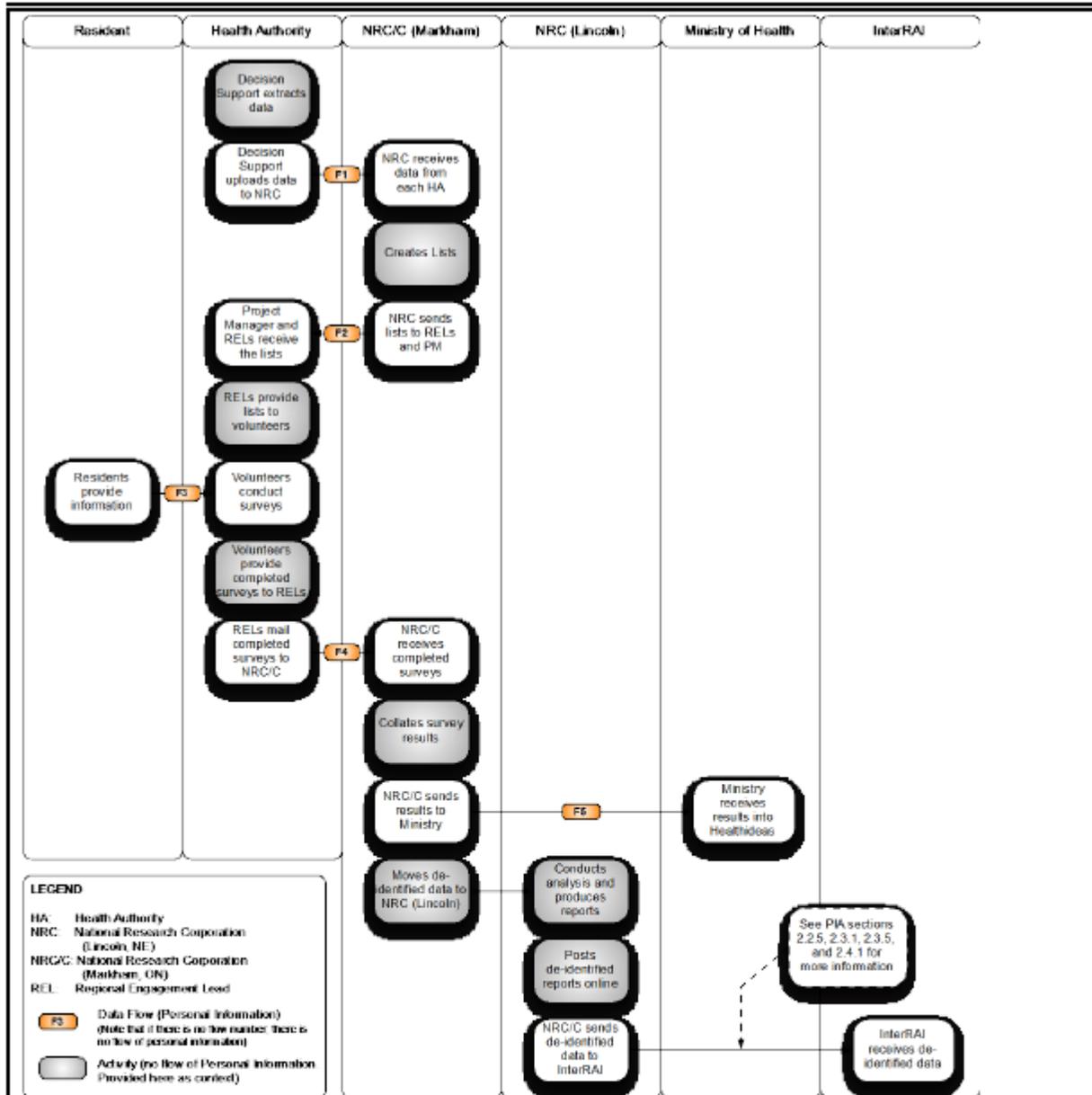
In October 2014 BC's Seniors Advocate made a public commitment to survey every resident in a publicly funded bed

in BC; her commitment was endorsed by the Minister of Health. The purpose of this sector survey is to support public reporting from the perspective of BC's LTC residents and their families about the performance of the LTC residential care system in BC. The goal is to promote system-wide improvement. The objective is to include information about self-reported resident and family experiences and quality of life in 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:

- Promote a coordinated provincial approach to patient-centred measurement;
- Promote the use of scientifically rigorous tools and processes for monitoring experience, satisfaction and outcomes of care;
- Develop evidence-based benchmarks for objective comparisons and trends over time in patient-centred care;
- Complement existing initiatives.

The value of better understanding the experience and outcome of care of users of the health care system and the relationships between the experience of care and clinical outcomes have been demonstrated in studies published in the international literature. This project seeks to identify opportunities for improvement, as well as areas of excellence or strength. The information will help all stakeholder groups to better understand what residents' and residents' families'/visitors' concerns are with residential long term care at both a system level and at the point of care. The OSA will use the data in several ways, including reporting to the public, as part of a systemic review and report about residential care in BC, and to inform recommendations to government and service providers on changes to residential care. The results will also be accessible to researchers in due course in alignment with the provincial alignment with CIHR's Strategy for Patient Oriented Research.

Personal Information Flows associated with the Residents Survey (See section 1.1, #4 on Page 5 for more details about the reports posted online)



Flow #1

- Each Health Authority or Care Facility discloses personal information to National Research Corporation Canada (NRCC)
- NRCC collects personal information from each Health Authority

Description:

- Health Authorities will extract patient record level data (see 2.2.2 for the data dictionary for this project) from the admit/transfer system that identifies all the individual residents living within long-term care facilities in the region.
- This data will be used to create a Comprehensive Resident List for each health authority organized by facility, which will be sent in a secure manner to NRCC using a secure website implementing at a minimum Secure Socket Layer 3 (SSL 3.0) or TLS 1.0 128 bit

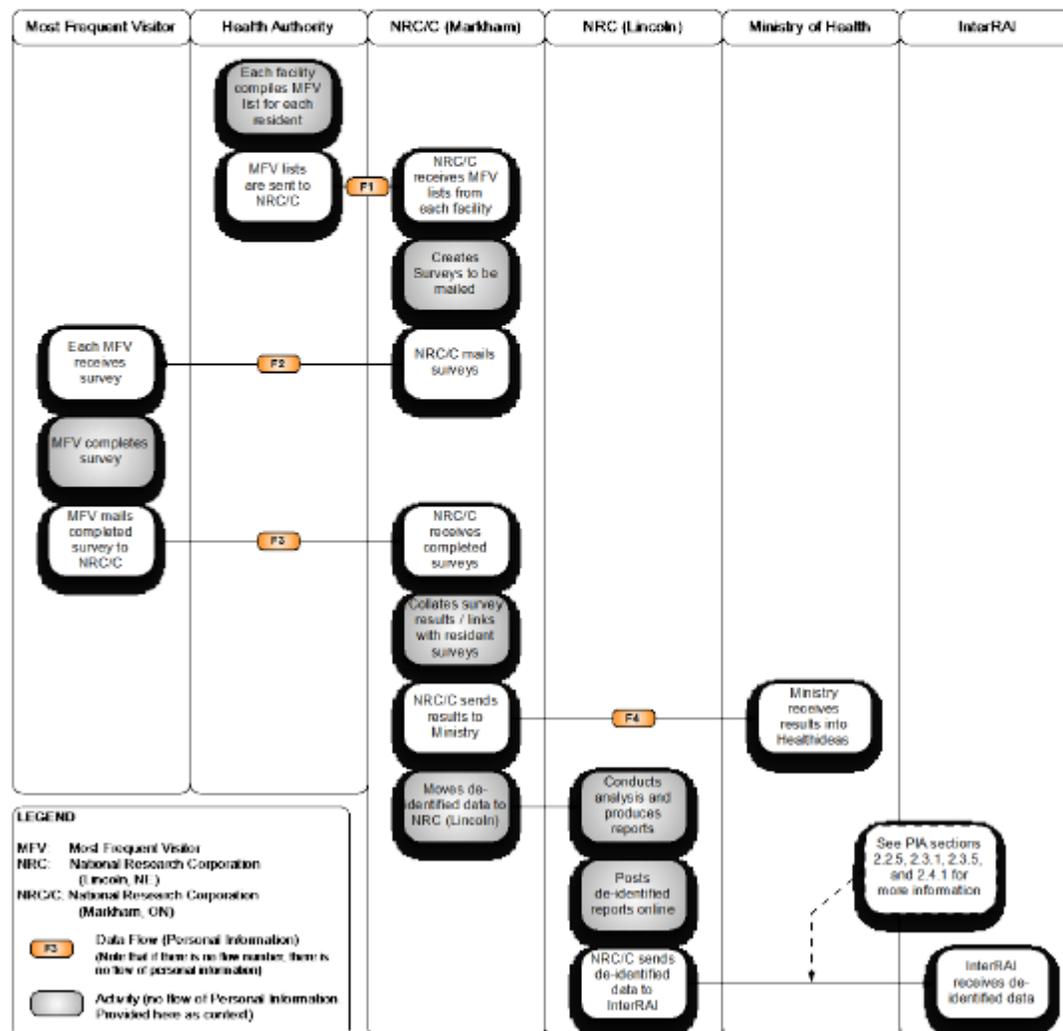
	encryption.
Data Elements:	• Please refer to Section 2.2.2
Legal Authority:	• Please refer to Part 4 of this PIA
Flow #2	
<ul style="list-style-type: none"> • NRCC discloses personal information via secondary resident lists (10 resident names per list) to the each facility's Facility Coordinator (see position description Appendix B). • The Facility Coordinator collects the personal information via the secondary resident lists from NRCC and distributes the lists to volunteers who report to the facility to conduct survey interviews. 	
Description:	<ul style="list-style-type: none"> • NRCC will use the PI provided in the resident level records to create the resident lists of 10 names each with only first/last name, room and bed number, language preference, gender and facility name. The resident lists will be sent by NRCC to the facility by bonded courier along with the survey packages that contain the lithocodes matched to each name on the resident lists. Resident lists and survey packages will be stored in locked cabinets in each facility accessible to only the Facility Coordinator and a senior leader (as a backup) and distributed to volunteer interviewers as they report to the facility to conduct survey interviews. The REL and LTC Project Manager will only have access to resident lists, if necessary to support a volunteer during orientation or if performance/quality issues in conducting surveys arise.
Data Elements:	• Please refer to Section 2.2.2
Legal Authority:	• Please refer to Part 4 of this PIA
Flow #3	
<ul style="list-style-type: none"> • Volunteers use the personal information to conduct the surveys • Volunteers may collect additional personal health information directly from the residents 	
Description:	<ul style="list-style-type: none"> • Throughout the survey administration period, volunteer interviewers will positively identify residents (using a minimum of 2 client identifiers (first name/last name and room number/bed)) and approach residents to participate in an interview. Verbal consent will be sought and will be recorded as a "check mark" on the interviewer's tracking sheet used during the interview. Information regarding the residents' self-reported experience of care and health related quality of life living in their long term residential care home/facility will be collected via the administration of the BC + interRAI Resident and VR-12 survey tools by a trained volunteer interviewer. • Volunteer Interviewers will place each completed survey in a postage paid return envelope and seal the envelope in the presence of the resident. Residents will be given a seal/sticker to affix to the envelope. • Facility Coordinators will be responsible for managing the completion rates of assigned interviews, reassigning interviews to the same volunteer on another day or to another volunteer, if necessary, and shredding resident lists once all interviews are complete.
Data Elements:	• Please refer to Section 2.2.2 and tracking sheet below
Legal Authority:	• Please refer to Part 4 of this PIA
Tracking Sheet	

		RESIDENT LITHOCODE: _____ (NOTE TO INTERVIEWER: Do NOT record Resident Name)
1	Complete Interview	When you obtain a completed survey
2	Partial Interview	When you obtain a partial survey
3	Refused	When you receive an adamant refusal from a resident to participate in an interview to conduct a survey
4	Too Ill	When a resident is too ill to participate
5	Unresponsive	When a resident is completely unresponsive, i.e. no acknowledgement of your presence
6	Confused	When a resident cannot comprehend what you are saying or continues muttering while you are speaking or goes completely off topic while you are conducting an interview.
7	Aggressive	When a resident displays aggressive behaviour towards you or you have been advised by the facility that it is unsafe to interview the resident
8	Language	When the resident wishes to conduct the interview in a language other than what is being offered as part of our survey
9	Could not Locate	When the Interviewer is unable to locate the resident from the information provided on their Confidential Resident List
10	Deceased	Resident is deceased
11	Discharged	When a resident has been discharged from the facility
12	Moved Units	When a resident has moved units and is not at the location indicated on the Confidential Resident List
13	Other	Please specify:
Flow #4		
<ul style="list-style-type: none"> • Disclosure of personal information when the completed surveys are mailed to NRCC • NRCC collects personal information when they receive the completed surveys in the mail 		
Description:	<ul style="list-style-type: none"> • Volunteer Interviewers will submit completed surveys in sealed envelopes to Facility Coordinators who will deposit the envelopes into their facility outgoing mail or into a Canada Post mailbox on a daily basis. • The surveys contain lithocodes, which in this case are identifiers that NRCC uses to match the survey with the individual. 	
Data Elements:	<ul style="list-style-type: none"> • Please refer to Section 2.2.2 	
Legal Authority:	<ul style="list-style-type: none"> • Please refer to Part 4 of this PIA 	
Flow #5		

	<ul style="list-style-type: none"> NRCC discloses personal information when they send all the raw data to the BC Ministry of Health for inclusion in the HealthIDEAS data warehouse. The BC Ministry of Health collects personal information from NRCC.
Description:	<ul style="list-style-type: none"> At the close of the project, raw survey data with identifiers will flow from NRCC to the BC MoH HealthIDEAS data warehouse in a secure manner using a secure data at a minimum Secure Socket Layer 3 (SSL 3.0) or TLS 1.0 128 bit encryption. The PIA for the direct transfer of the BCPCM data to HealthIDEAS is addressed in PIA#15026/Health PIA #: 2014-46 and an Information Sharing Plan (ISP).
Data Elements:	<ul style="list-style-type: none"> Please refer to Section 2.2.2
Legal Authority:	<ul style="list-style-type: none"> Please refer to Part 4 of this PIA

Personal Information Flow associated with the Most Frequent Visitor Survey

The following data flow happens simultaneous to the Resident Survey. The output of the survey are aggregate reports (see section 1.1, #4 on page 5 of this PIA).



Flow #1

	<ul style="list-style-type: none"> Each Health Authority discloses personal information associated with the Most Frequent Visitor to NRCC NRCC collects the personal information of each Most Frequent Visitor from each Health Authority
Description:	<ul style="list-style-type: none"> Using notification posters families will be advised of the survey. Facility Coordinators will work with the Case Managers and Unit Clerks on each unit to compile a list on an excel spreadsheet of the name of the person who visits each resident most frequently. If addresses are not available, this individual will be approached during an onsite visit and asked if he/she would like to provide an address to receive the survey. The master MFV list will be uploaded to NRCC via their secure Canadian upload transfer utility by Health Authority or facility personnel, such as Administrative Decision Support staff.
Data Elements:	<ul style="list-style-type: none"> Please refer to Section 2.2.2
Legal Authority:	<ul style="list-style-type: none"> Please refer to Part 4 of this PIA

Flow #2	
	<ul style="list-style-type: none"> NRCC mails the survey letter to each MFV (See cover letter below), disclosing the resident's name and facility.
Description:	<ul style="list-style-type: none"> This is a mailed survey that will be distributed via Canada Post (regular mail).
Data Elements:	<ul style="list-style-type: none"> Please refer to Section 2.2.2
Legal Authority:	<ul style="list-style-type: none"> Please refer to Part 4 of this PIA

<p style="text-align: center;">OSA LOGO</p> <p style="text-align: center;">Month, Day, Year</p> <p>Dear (MFV Name):</p> <p>As the Seniors Advocate for British Columbia, I am sending the enclosed survey that asks a number of questions about your impressions of the quality of the care and services received by (name of resident) at (name of residence/facility).</p> <p>I am conducting a province-wide survey to hear the collective voices of the more than 27,000 seniors living in 303 care homes in British Columbia. All residents in facilities that receive public funding are included in this survey. In addition, I am conducting a survey for family and most frequent visitors of each resident; this survey mirrors the resident survey and includes additional questions to reflect your unique experiences as family members and visitors.</p> <p>Completion of the survey is voluntary. One survey for each resident's family and visitors is provided. I encourage you to complete the enclosed survey together with other family members and frequent visitors who visit (name of resident).</p> <p>Your feedback is very important to us. Please feel free to express your opinions frankly and be assured that your responses will be held in the strictest confidence. The National Research Corporation Canada, an independent research company, has been selected to receive your completed survey and to collect the results on behalf of my Office. At all times your personal information is protected and will only be used as authorized under the BC Freedom of Information and Protection of Privacy Act.</p> <p>You can complete the enclosed paper survey and return it in the postage-paid envelope, or you may complete a web version at the address www.nrcpicker.com/bcsurvey. The password assigned for your exclusive use is XXXXXXXXXX. If you have any questions or concerns about the survey, please contact my Office at (Phone). If you prefer to receive this questionnaire in another language, please call 1-XXX-XXX-XXXX (Toll Free).</p> <p>Thank you for your time and help. As the Seniors Advocate for British Columbia, I would like to extend my heart-felt thanks for the time you take to complete our survey. Your input and feedback will help ensure that the quality of residential care in this province is something we can all be proud of.</p> <p>Sincerely,</p> <p>Isobel Mackenzie Seniors Advocate, Province of British Columbia</p>	<p>If you prefer to complete this survey in: French, Chinese, Punjabi, German, Filipino, Farsi, Spanish, please call (toll free):</p> <p style="text-align: center;">1-XXX-XXX-XXXX</p>
Flow #3	

<ul style="list-style-type: none"> Each MFV returns the completed survey to NRCC. The survey may or may not contain personal information. NRCC collects personal information from each MFV. 	
Description:	<ul style="list-style-type: none"> The completed surveys will be returned to NRCC via Canada Post (regular mail)
Data Elements:	<ul style="list-style-type: none"> Please refer to Section 2.2.2
Legal Authority:	<ul style="list-style-type: none"> Please refer to Part 4 of this PIA
Flow #4	
<ul style="list-style-type: none"> NRCC discloses personal information when they send all the raw data to the BC Ministry of Health for inclusion in the HealthIDEAS data warehouse. The BC Ministry of Health collects personal information from NRCC. 	
Description:	<ul style="list-style-type: none"> At the close of the project, raw survey data with identifiers will flow from NRCC to the BC MoH HealthIDEAS data warehouse in a secure manner using a secure data at a minimum Secure Socket Layer 3 (SSL 3.0) or TLS 1.0 128 bit encryption. The PIA for the direct transfer of the BCPCM data to HealthIDEAS is addressed in PIA#15026/Health PIA #: 2014-46 and an Information Sharing Plan (ISP).
Data Elements:	<ul style="list-style-type: none"> Please refer to Section 2.2.2
Legal Authority:	<ul style="list-style-type: none"> Please refer to Part 4 of this PIA

PART 2 – DETAILED DESCRIPTION OF PROJECT	
2.1	Accountability
2.1.1	<i>Who is responsible and accountable for the Personal Information in the system (e.g. the data steward)?</i>
	Lena Cuthbertson, Provincial Director, Patient-Centred Performance Measurement and Improvement on behalf of Providence Health Care and the BC Ministry of Health.
2.1.2	<i>Who is responsible to determine who gets access to Personal Information in the system and handles the day-to-day operations (e.g. the data administrator)? i.e., who makes the decision that a staff member is allowed access to a system and who sets policies on who can access the system.</i>
	The Facility Coordinator for each LTC facility will be responsible for managing the facility resident lists. Resident lists will be prepared by NRCC and couriered to the facility with the survey packages. Each volunteer interviewer’s assignment will be to conduct 10 interviews at each facility and resident lists and survey packages will be batched in groups of 10. Each volunteer will receive his or her list of residents to be approached for interview on a specific day in a specific facility from the Facility Coordinator on the unit where the interviews are to be conducted.

2.2	Collection of Personal Information
2.2.1	<i>List all parties and sources, including source systems, from which PHC collects Personal Information and how it is collected for this project. (e.g., from patients, from ADT, from patient chart, CAIS, Cerner, etc.)</i>
	<p>The Facility Coordinators, RELs, and Volunteers assigned to each facility will collect limited identifiable resident information of residents in their facilities from the survey vendor. The PI collected is highlighted in blue in section 2.2.2.</p> <p>The Volunteers will collect survey responses directly from the Resident.</p> <p>MFV name and address will be collected by facility staff overseen by the Facility Coordinator. Lists will be submitted directly to NRCC via their secure upload utility.</p>

2.2.2	<i>Describe the Personal Information collected from each party or source, including a list of all data elements or types of information.</i>																																														
	<p>The following table describes the data elements needed to conduct the <u>Resident</u> survey: Items highlighted in blue represent data elements that will be needed by Volunteers to conduct the survey; all items are required by the vendor in order to generate reports with relevant analyzes based on population demographics.</p> <table border="1" data-bbox="380 415 1409 1073"> <thead> <tr> <th>Data Element</th> <th>Reason Element Required</th> </tr> </thead> <tbody> <tr> <td>Resident First Name</td> <td>To identify the resident and personalization when conducting interviews.</td> </tr> <tr> <td>Resident Last Name</td> <td>To identify the resident and personalization when conducting interviews.</td> </tr> <tr> <td>Medical Record Number</td> <td>To ensure accuracy in planning; needed to link the resident to their results of the RAI-MDS dataset.</td> </tr> <tr> <td>PHN</td> <td>Universal identifier that will permit linkage when patient records with survey results are transferred to HealthIDEAS</td> </tr> <tr> <td>Language Code</td> <td>For planning purposes to permit the interview to be conducted in the language the resident is most comfortable speaking.</td> </tr> <tr> <td>Room Number</td> <td>To locate resident within the facility.</td> </tr> <tr> <td>Bed Number</td> <td>To locate resident within the facility.</td> </tr> <tr> <td>Resident Gender</td> <td>Needed for analytical purposes in the reporting stage (e.g. to sort survey results by male vs. female); not self-identified in the survey.</td> </tr> <tr> <td>Resident Date of Birth</td> <td>Needed for analytical purposes, to sort results by age groupings; not provided in the survey.</td> </tr> <tr> <td>Facility Name</td> <td>Needed for planning purposes and at the reporting stage.</td> </tr> <tr> <td>Admission Date</td> <td>Needed for analytical purposes in the reporting stage (e.g. to compare experiences with different lengths of stay).</td> </tr> <tr> <td>Data Elements from the RAI-MDS 2.0 Assessment</td> <td>In the reporting phase, survey results will be compared to the data elements collected through the RAI-Minimum Data Set. See Appendix C for interRAI MDS data form.</td> </tr> </tbody> </table> <p>The following table describes the data elements needed to conduct the mailed <u>Family/Most Frequent Visitor</u> survey (TBC at a later date): -</p> <table border="1" data-bbox="380 1171 1409 1612"> <thead> <tr> <th>Data Element</th> <th>Reason Element Required</th> </tr> </thead> <tbody> <tr> <td>First Name</td> <td>Personalization of envelope and cover letter.</td> </tr> <tr> <td>Last Name</td> <td>Personalization of envelope and cover letter.</td> </tr> <tr> <td>Primary Address</td> <td>Permits mailing of self-report survey to family members/most frequent visitors.</td> </tr> <tr> <td>City of Residence</td> <td>As above.</td> </tr> <tr> <td>Postal Code</td> <td>As above.</td> </tr> <tr> <td>Province of Residence</td> <td>As above.</td> </tr> <tr> <td>Language Code</td> <td>For planning purposes to permit the survey to be mailed in the language the family is most comfortable reading/writing.</td> </tr> <tr> <td>Facility Name</td> <td>Needed for analytical purposes in the reporting stage.</td> </tr> <tr> <td>Resident PHN</td> <td>Universal identifier that will permit linkage between resident and MFV results.</td> </tr> </tbody> </table>	Data Element	Reason Element Required	Resident First Name	To identify the resident and personalization when conducting interviews.	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2.2.3	<i>Is Personal Information collected directly or indirectly from patient or client? E.g., indirectly would be from another organization or system; directly would be from the patient the information is about.</i>																																														
	<table border="1" data-bbox="380 1696 1421 1818"> <tr> <td data-bbox="380 1696 526 1751"> <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect </td> <td data-bbox="526 1696 1421 1818"> Indirect Collection: Prior to and throughout the survey administration period, the survey vendor will create facility level Resident Lists from the resident records collected on a rolling schedule from each of the 303 facilities or their respective HA Administrative Decision </td> </tr> </table>	<input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect	Indirect Collection: Prior to and throughout the survey administration period, the survey vendor will create facility level Resident Lists from the resident records collected on a rolling schedule from each of the 303 facilities or their respective HA Administrative Decision																																												
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		<p>Support teams via a secure data transfer to NRCC's Canadian Data Transfer site. The Resident List will inform the number and type (e.g. language spoken) of interviewers and hard copy surveys required for a particular facility. The Personal Information included in the resident records that will be used to create the Resident List is outlined in Section 2.2.2; the information in the data dictionary is collected directly by the facility/HA from the resident or family. The data used for the surveys will be used for a consistent purpose, i.e. to evaluate the quality of care provided to residents. The vendor will be responsible for creating survey packages with lithocodes for each resident. Resident names will NOT be included on the survey packages.</p> <p>Direct Collection:</p> <p>Throughout the survey administration period, volunteer interviewers will positively identify residents (using a minimum of 2 client identifiers (first name/last name and room number/bed)) and approach residents to participate in an interview. Verbal consent will be sought and will be recorded as a "check mark" on the interviewer's data collection sheet used during the interview. Information regarding the residents' experience of care and health related quality of life living in their long term residential care home/facility will be collected via the administration of the BC + interRAI Resident and VR-12 survey tools by a trained volunteer interviewer. A survey vendor will receive and collate the results and make the results available to Health Authority and Ministry staff and leaders as reports with aggregated and deidentified results via a secure web portal. Aggregate survey results by facility will be posted on the BC Office of the Seniors Advocate public website and may also be posted by each Health Authority. At all times small cell size thresholds (10 or more) will dictate the production and posting of reports; this is expected to impact unit level reporting only.</p>
2.2.4	<p><i>If you are collecting Personal Information indirectly, is <u>consent</u> for collection of this Personal Information being obtained? If yes, please provide sample consent document.</i></p>	
	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Residents will receive notification about the collection and use of their personal information via the "Caring for Your Information" posters displayed in common areas in each LTC facility. The Notice indicates that residents' personal information may be used to "help us plan, monitor, maintain and improve our care and services." In addition, the Notice informs the residents and their families/frequent visitors of the legal authority for collection of PHI, as well as contact information of the person in the region who can answer questions regarding the collection.</p> <p>In addition to the standard regional health authority "Caring for Your Information" Notification Posters, the BCPCMWG has created additional Notification Posters to inform residents and families/frequent visitors of this specific survey. The Notification Posters will include, at minimum: high level objectives of the survey, dates for administration in each particular facility, FIPPA authority to collect survey information, and contact information if residents/families/frequent visitors have questions and/or concerns about the survey and/or the use of PHI; instructions for "opting out" of the survey will also be provided on the posters. This signage will be posted in each facility no less than one month and up to three months in advance of the facility's participation in the survey. In-services for facility leaders and staff will be conducted in advance of the survey to outline survey logistics and privacy considerations in advance of each facility's participation by the REL or HA LTC CG Rep or BCPCMWG Project Manager.</p>

	<div style="text-align: center;"> <h2 style="background-color: #00a696; color: white; padding: 10px; border-radius: 15px;">You are invited!</h2>  <p>Mount Saint Joseph's is taking part in a province-wide survey to tell us what we're doing right and what needs improvement from the point of view of residents and their family members.</p> <p><u>Your</u> feedback will be used to improve how we provide care to all seniors in care.</p> <p>Resident interviews will be conducted by volunteers between:</p> <div style="border: 2px solid #00a696; border-radius: 15px; padding: 10px; display: inline-block; margin: 10px 0;"> April 29th – May 31st, 2016 </div> <p>Family members will be mailed a separate survey.</p> <p>For more information or if you prefer not to participate, please contact:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Site Coordinator: Sandra Lee Email: sylee@providencehealth.bc.ca Phone: 604-682-2344 (ext. 63889) </td> <td style="width: 50%; border: none;"> Project Manager: Lillian Parsons Email: lparsons@providencehealth.bc.ca Phone: 604-373-2094 </td> </tr> </table> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;">  <div style="text-align: center;"> <p style="font-size: small;">The surveys will be conducted by The British Columbia Office of the Seniors Advocate, an independent office of the provincial government.</p> </div> </div> <p style="font-size: x-small; margin-top: 10px;">Participating in an interview or completing a survey is completely voluntary and all your information will be treated confidentially, in compliance with the BC Freedom of Information and Protection of Privacy Act.</p> </div>	Site Coordinator: Sandra Lee Email: sylee@providencehealth.bc.ca Phone: 604-682-2344 (ext. 63889)	Project Manager: Lillian Parsons Email: lparsons@providencehealth.bc.ca Phone: 604-373-2094
Site Coordinator: Sandra Lee Email: sylee@providencehealth.bc.ca Phone: 604-682-2344 (ext. 63889)	Project Manager: Lillian Parsons Email: lparsons@providencehealth.bc.ca Phone: 604-373-2094		
<p>2.2.5</p>	<p><i>What is the purpose for the collection of Personal Information? i.e. clinical care, law enforcement purposes or for research purposes, etc.; and why are identifiers such as name, MRN, PHN and postal code needed?</i></p>		
	<p>Resident records will be used in two stages for this Project. Initially, personal information from the facility level/health authority level databases will be used to create a Resident List. Resident information will be used in order to conduct the survey and further analysis of results and, as such, for the purposes of evaluation of and ongoing health care. These uses are consistent with the purpose of collection, as the initiative seeks to gather data regarding the quality of the health care residents receive.</p> <p>In the second stage, data regarding the residents' and their most frequent visitor's opinions of their experience with the health care system will be gathered. Residents and frequent visitors/family members will be informed that the information is being collected to effect quality improvement and to support system level performance, monitoring and improvement, that the information will be used solely to those ends, and that all results will be presented in aggregate form only. The aggregate results of the survey will be shared with the BC Office of the Seniors Advocate and the Health Authorities. Results will be aggregated at the facility, Health Authority, and Provincial levels and unit levels if thresholds of numbers of completed surveys (10+) permit. No personal information collected throughout this project will be included in any reports. Furthermore, cell size limits will be established in order to prevent residual disclosure (no report will be created if cell sizes are less than 10).</p> <p>interRAI is an international consortium that develops and promotes assessment tools to be used cross-nationally to assist in the understanding of differences in long-term care and in the education</p>		

of clinicians and policy makers in order to enhance the quality of life and care for elders in their homes and in institutional settings. interRAI will grant a no cost license to Providence Health Care as the legal agent on behalf of the health authorities for the right to use the survey tools. In exchange for the license to use the survey tools, BC is required to provide interRAI with electronic aggregate, deidentified databases that compile the survey results. These data sets will be used by interRAI solely to develop national and international benchmarks, which are important for BC to learn from the best practices of other jurisdictions, and to develop standards for future survey tool development; interRAI will not sell or transmit the aggregated survey responses to any other parties. The timing, format and secure transfer of the data will be defined in the license agreement which is being reviewed by Ryan Berger and Angela Grams of Bull, Housser, legal counsel to the BCPCMVG. As such, the provision of any such data shall be subject to any applicable law preventing or restricting the same and the license will include provisions to stop the flow of the aggregate, deidentified data at any time. BCPCMVG does not intend that any Data provided to interRAI will include any personal information, including information that could be used, alone or together with other available information, to identify an individual. InterRAI will have no access to any personal information. Upon the expiry or termination of the license agreement, or upon request of BCPCMVG, interRAI will return immediately or permanently destroy all BC data and certify such return/destruction within a timeframe reasonably requested by BCPCMVG. Any survey or resident/MFV data with identifiers requested by interRAI would be requested in accordance with the provisions of access and uses under HealthIDEAS.

2.3 Use of Personal Information

2.3.1 *List all PHC staff, positions or type of persons who will use the Personal Information, i.e., to whom is information made accessible to in connection with this project or system.*

The following table describes the use of personal information by different parties, both internal and external to PHC:

Who	Data Elements	Purpose
Health Authorities	See all data elements in Section 2.2.2.	Creation of the Comprehensive Resident Lists for each LTC facility across the province.
HA Representative / Regional Engagement Lead	See all data elements in Section 2.2.2.	To enable creation of a Secondary Resident Lists (w/ limited PHI) for use by the Volunteer Interviewers.
Survey Vendor	See all data elements in Section 2.2.2.	To enable the collection, collation, and analysis of data.
Volunteers	Resident First Name, Resident Last Name, Language, Facility Name, Room Number, Bed Number.	To identify the resident and personalization when conducting interviews.
interRAI	none	To create national and international benchmarks and continuous improvement of the survey instruments.

2.3.2 *What are the purposes of use of the Personal Information? [Check the category that applies and provide specific details]*

<input type="checkbox"/> Provision of Care	
<input checked="" type="checkbox"/> Program Evaluation	See other
<input type="checkbox"/> System Administration	
<input type="checkbox"/> System Training	
<input checked="" type="checkbox"/> Research	Survey results will be linked to other data elements in HealthIDEAS for

		further analysis once the Phase 2 PIA for the transfer of BCPREMS to HealthIDEAS project is complete										
	<input type="checkbox"/> Medical Education											
	<input type="checkbox"/> Privacy Audit											
	<input checked="" type="checkbox"/> Others (please specify)	<ol style="list-style-type: none"> 1. To provide aggregate results of the survey at facility, HA and provincial levels to the BC Office of the Seniors Advocate, the MoH, and the HAs. 2. To support quality improvement at the point of care; 3. To support system level performance, monitoring, and improvement at regional and provincial levels; 										
2.3.3	<i>Are any measures in place to ensure that Personal Information in this system or project is only used for authorized purposes? e.g. system policy, printing restrictions, data export restrictions, data access agreement, etc.</i>											
	<p>The following table describes the measures in place to ensure that personal information is only used for authorized purposes:</p> <table border="1"> <thead> <tr> <th>Who</th> <th>Measure</th> </tr> </thead> <tbody> <tr> <td>Health Authorities</td> <td> <p>A PIA has been completed (HLTH1602-PREMS into Healthideas) and an information sharing agreement between the MoH and the 5 participating HA's is in the process of being signed to permit all raw survey data with identifiers to be transmitted by BCPCMVG vendors to the MOH's HealthIDEAS central data warehouse for access for authorized purposes in accordance to the protocols defined by the BCPCMVG, MoH and the HIPSOC for the transfer of BCPREMS survey data to HealthIDEAS. Our vendor contract specifies that raw survey data with identifiers will be returned to the MoH's HealthIDEAS central data warehouse; HA's will have access to their own data through HealthIDEAS. Should the HealthIDEAS ISP/PIA not be completed before the end of this sector survey, the vendor contract does contemplate return of raw survey data to each HA, if requested, and the flow of data will be initiated on the instruction of the legal representative, Lena Cuthbertson.</p> <p>Statistical reports will be available to each facility and each Health Authority within 30 days of the end of the study period (data collection at the facility and HA level) via NRCC's dynamic reporting platform that will be user access controlled.</p> </td> </tr> <tr> <td>Volunteer Interviewers</td> <td>All volunteers will be required to undertake a standardized online privacy training module and fulfill a confidentiality undertaking requirement.</td> </tr> <tr> <td>Survey Vendor</td> <td>The contract signed by the BC Clinical Care Services Society (formerly HSSBC) on behalf of Providence Health Care, the 5 health authorities and their affiliate organizations with LTC facilities and NRCC includes a Privacy Schedule.</td> </tr> <tr> <td>OSA, Health Authority Research Groups (including FNHA), Community Stakeholders and MoH analysts</td> <td>Will obtain raw resident-level data via HealthIDEAS and will to comply with HealthIDEAS processes for requesting data.</td> </tr> </tbody> </table>		Who	Measure	Health Authorities	<p>A PIA has been completed (HLTH1602-PREMS into Healthideas) and an information sharing agreement between the MoH and the 5 participating HA's is in the process of being signed to permit all raw survey data with identifiers to be transmitted by BCPCMVG vendors to the MOH's HealthIDEAS central data warehouse for access for authorized purposes in accordance to the protocols defined by the BCPCMVG, MoH and the HIPSOC for the transfer of BCPREMS survey data to HealthIDEAS. Our vendor contract specifies that raw survey data with identifiers will be returned to the MoH's HealthIDEAS central data warehouse; HA's will have access to their own data through HealthIDEAS. Should the HealthIDEAS ISP/PIA not be completed before the end of this sector survey, the vendor contract does contemplate return of raw survey data to each HA, if requested, and the flow of data will be initiated on the instruction of the legal representative, Lena Cuthbertson.</p> <p>Statistical reports will be available to each facility and each Health Authority within 30 days of the end of the study period (data collection at the facility and HA level) via NRCC's dynamic reporting platform that will be user access controlled.</p>	Volunteer Interviewers	All volunteers will be required to undertake a standardized online privacy training module and fulfill a confidentiality undertaking requirement.	Survey Vendor	The contract signed by the BC Clinical Care Services Society (formerly HSSBC) on behalf of Providence Health Care, the 5 health authorities and their affiliate organizations with LTC facilities and NRCC includes a Privacy Schedule.	OSA, Health Authority Research Groups (including FNHA), Community Stakeholders and MoH analysts	Will obtain raw resident-level data via HealthIDEAS and will to comply with HealthIDEAS processes for requesting data.
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OSA, Health Authority Research Groups (including FNHA), Community Stakeholders and MoH analysts	Will obtain raw resident-level data via HealthIDEAS and will to comply with HealthIDEAS processes for requesting data.											
2.3.4	<i>At any point, will Personal Information be deidentified? If yes, please explain which data elements will be removed in order to de-identify, e.g., De-identification is the process of removing all identifiable elements from a dataset such as name, MRN, PHN, and contact info including postal code</i>											

	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>When the Comprehensive Resident List is created by the vendor, each resident will be assigned a unique lithocode. The lithocode will be applied to individual interview packages so when results are returned to the survey vendor, interview packages have all be deidentified to outside users.</p> <p>The results of the survey will be presented as aggregate results at the unit, facility, Health Authority, and Provincial levels. Cell size limits have been established in order to prevent residual disclosure (no report will be created if cell sizes are less than 10). The following data elements will be <u>removed</u> in order to de-identify the survey results:</p> <ul style="list-style-type: none"> • Resident First Name • Resident Last Name • Medical Record Number • PHN • Date of Birth • Room Number • Bed Number <p>In addition, any personal information provided by residents or MFV's in narrative comments will be masked according to established (and previously audited by Dr. David Flaherty) protocols.</p> <p>De-identified, aggregate results at facility, HA and provincial levels will be publicly posted by the Office of the Seniors Advocate and may also be posted by the MoH and each participating HA on their respective websites.</p>
2.3.5	<i>If you are de-identifying, please describe the process you are using. e.g., explain the steps taken when collecting and linking data with other records, explain what identifiers are removed, who has access to keys linking the files, when and how are the key's that link files destroyed, etc.</i>	
	<p>See Section 2.3.4. Survey packages will be deidentified with lithocodes for each resident. In addition, resident records will be linked via lithocodes to the MFV records in order to permit secondary analysis of the survey results of the MFV (which are partially proxy responses). A unique identifier will be included on each MFV survey to allow access to the online version of the survey. Lastly a unique but meaningless identifier will be used when survey results at the record level (linking resident and MFV survey results) are uploaded to interRAI at the conclusion of the project.</p>	

2.4	Disclosure of Personal Information									
2.4.1	<i>Will access be limited to internal (PHC) users? i.e., internal users refers to Staff of PHC only</i>									
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<p>The following table describes which users will have access to varying types of data:</p> <table border="1" data-bbox="511 1396 1388 1831"> <thead> <tr> <th data-bbox="511 1396 738 1428">User</th> <th data-bbox="738 1396 1388 1428">Type of Data</th> </tr> </thead> <tbody> <tr> <td data-bbox="511 1428 738 1522">Health Authorities (Flow of PHI to Vendor/NRCC)</td> <td data-bbox="738 1428 1388 1522">Provide all data elements listed in Section 2.2.2 to the Survey Vendor.</td> </tr> <tr> <td data-bbox="511 1522 738 1680">Survey Vendor (Flow of PHI from HA's or facilities to NRCC)</td> <td data-bbox="738 1522 1388 1680">The Survey Vendor will receive all data elements listed in Section 2.2.2 prior to the administration of the survey. Throughout the study period, the Survey Vendor will receive all of the completed survey packages for collection and collation of resident data.</td> </tr> <tr> <td data-bbox="511 1680 738 1831">Volunteer Interviewers (Flow of PHI from NRCC to Providence/REL's)</td> <td data-bbox="738 1680 1388 1831">Volunteers will have access to limited PHI (first name, last name, room number, bed number, facility name, language).</td> </tr> </tbody> </table>	User	Type of Data	Health Authorities (Flow of PHI to Vendor/NRCC)	Provide all data elements listed in Section 2.2.2 to the Survey Vendor.	Survey Vendor (Flow of PHI from HA's or facilities to NRCC)	The Survey Vendor will receive all data elements listed in Section 2.2.2 prior to the administration of the survey. Throughout the study period, the Survey Vendor will receive all of the completed survey packages for collection and collation of resident data.	Volunteer Interviewers (Flow of PHI from NRCC to Providence/REL's)	Volunteers will have access to limited PHI (first name, last name, room number, bed number, facility name, language).
User	Type of Data									
Health Authorities (Flow of PHI to Vendor/NRCC)	Provide all data elements listed in Section 2.2.2 to the Survey Vendor.									
Survey Vendor (Flow of PHI from HA's or facilities to NRCC)	The Survey Vendor will receive all data elements listed in Section 2.2.2 prior to the administration of the survey. Throughout the study period, the Survey Vendor will receive all of the completed survey packages for collection and collation of resident data.									
Volunteer Interviewers (Flow of PHI from NRCC to Providence/REL's)	Volunteers will have access to limited PHI (first name, last name, room number, bed number, facility name, language).									

	Health Authorities (Flow of deidentified results to facilities, Health Authorities, OSA, and MoH)	Health authorities will receive unit/facility, health authority and peer group level aggregate reports with deidentified data. Reports will only be produced at the unit/facility level if there are more than 10 respondents.
	Vendor to MoH (NRCC to HealthIDEAS)	An information sharing agreement between the MoH and the 5 participating HA's will be signed at the conclusion of the project to permit all raw survey data with identifiers to be transmitted by NRCC to the MOH's HealthIDEAS central data warehouse for access for authorized purposes in accordance to the protocols defined by the BCPCMWG, MoH and the HIPSOC for the transfer of BCPREMS survey data to HealthIDEAS.
	Vendor to interRAI (NRCC to University of Waterloo)	<p>Requirement of interRAI License Agreement is that:</p> <ul style="list-style-type: none"> record level data with a meaningless but unique ID will be provided to interRAI for further development of tools, and creating/updating national and international benchmarks Data to be sent to 3 locations: UWaterloo, Hebrew Senior Life in Boston and UMichigan (same as all interRAI MDS 2.0 data from every LTC facility in Canada, including BC, that goes to CIHI and from CIHI to these organizations)
	MoH to OSA and/or HA's (HealthIDEAS to Office of the Seniors Advocate and HA analysts)	In accordance with the acceptable uses identified for access to survey data in HealthIDEAS, the OSA will require record level data with a meaningless but unique ID linkable to interRAI MDS for secondary analysis by the OSA. This use of data will also apply to HA analysts and is the purpose of BCPREMS to HealthIDEAS.
	MoH to researchers (HealthIDEAS to researchers who request data)	As above use of BCPREMS data in HealthIDEAS for research and Strategy for Patient Oriented Research (SPOR) purposes is defined.
2.4.2	<i>If there are external users - what category(s) do they fall under?</i>	
	<input checked="" type="checkbox"/> Other Health Authorities	
	<input type="checkbox"/> Private Practice Physicians	
	<input type="checkbox"/> Researchers	
	<input checked="" type="checkbox"/> Service Providers/Vendors (including IT system maintenance/technical support)	
	<input type="checkbox"/> Students	
	<input checked="" type="checkbox"/> Volunteers	
	<input type="checkbox"/> Others (please specify)	
2.4.3a	<i>Please provide the following details about each external user(s), including</i>	
	Name(s) of parties	National Research Corporation Canada and Taylor Demers (print house)
	Approximate number of users	8
	List the data elements &/or records which they will have	NRCC: All data elements in 2.2.2 Taylor Demers: MFV fist/last name, address, resident name

	access	
	How they will access the database/system/data	Personal Information Flow associated with the Resident Survey and Most Frequent Visitor Survey, pages 6 to 12.
	Purposes of disclosure	NRCC: To create resident and MFV lists and implement survey Taylor Demers: To mail surveys to MFV's
2.4.3b	Please provide the following details about each external user(s), including	
	Name(s) of parties	Regional Engagement Leads
	Approximate number of users	5 REL's plus the LTC Sector Survey Project Manager (all PHC employees; REL's assigned as 1 per Health Authority for the purposes of managing the volunteer interviewers)
	List the data elements &/or records which they will have access	<ul style="list-style-type: none"> • Resident First Name • Resident Last Name • Medical Record Number • PHN • Date of Birth • Room Number • Bed Number
	How they will access the database/system/data	REL's will receive resident lists from the vendor and create Volunteer Interviewer survey assignments.
	Purposes of disclosure	To facilitate the successful and timely administration of the resident survey, the REL will have the responsibility of coordinating the volunteer interviewers, inclusive of: scheduling with facilities, provision of Resident Lists to volunteer interviewers; and communicating progress with the project team.
2.4.4	Is consent for disclosure being obtained from the individual the information is about?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, please provide sample document	Use of PHI is for consistent purpose.
2.4.5	Is the system connected (interfaced) to any other systems belonging to PHC, another health authority or third party organizations? e.g., communication between two computer systems, two software applications or two modules.	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify system(s)	
2.4.6	Data Linkage – Please identify if personal identifiers are used to link or cross-reference multiple databases/systems, and if so why the linkages are needed e.g., linking or combining of personal information in one database with personal information in one or more other databases	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Not until completion of project and resident-record level survey data flows to MoH's HealthIDEAS (PIA#15026/Health PIA #: 2014-46)
2.4.7	If data linkage is being done, please list the databases/systems that are being linked together e.g., health record of an individual from one system is linked/matched with other health records from other system or database to create new data about this individual	
	<input checked="" type="checkbox"/> Yes	See HealthIDEAS PIA (PIA#15026/Health PIA #: 2014-46).

	<input type="checkbox"/> No <input type="checkbox"/> N/A	
2.4.8	Will there be any <u>storage</u> of Personal Information outside of British Columbia?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify.	
2.4.9	Will there be any <u>disclosure</u> of Personal Information outside of British Columbia?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify.	
2.4.10	Will there be any <u>access</u> to Personal Information from outside of British Columbia?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify.	

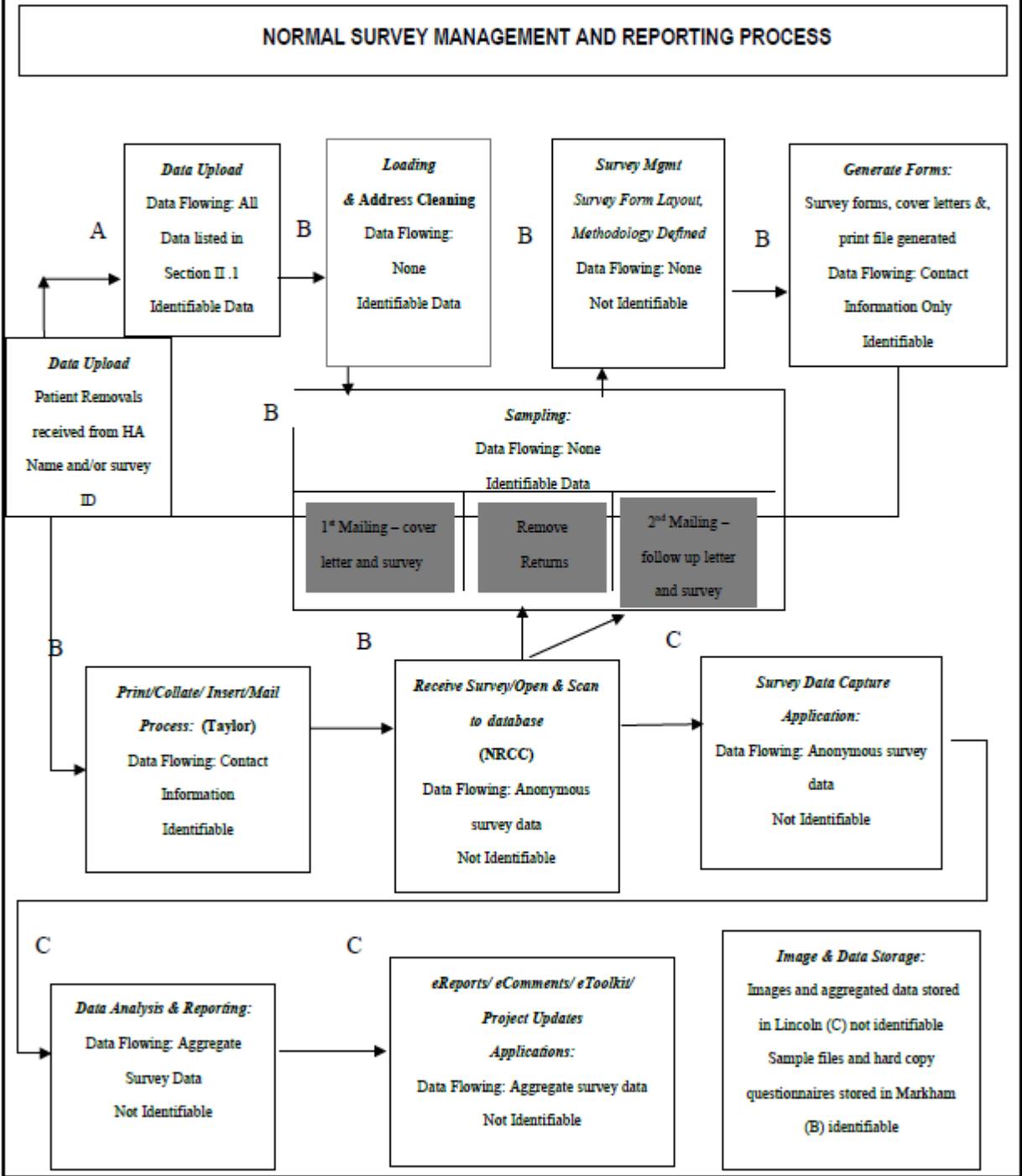
2.5	Accuracy of Personal Information	
2.5.1	What processes are in place to ensure the accuracy of Personal Information?	
	Volunteers will meet with the Facility Coordinator prior to conducting the survey. The Facility Coordinator will ensure that the resident list is accurate (example: resident may have moved rooms).	
2.5.2	Are processes in place to allow individuals to access and request changes, corrections or annotations to their Personal Information contained in this system or project?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

2.6	Retention and Storage of Personal Information	
2.6.1	Does the system store personal information? If yes, how long will it be stored?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	The vendor will have custody of PHI of residents and PI of MFV to initiate the survey (April 2016) for the duration of the project (~9 months). Surveys responses will be linked to resident records and transferred to HealthIDEAS, then destroyed by the vendor at the conclusion of the contract/project. Resident lists received by REL/Volunteers will be used to deploy volunteers and conduct interviews. The resident lists will be destroyed (shredded) on site in each facility by the REL's when the resident interviews are completed. Resident lists will be provided no sooner than 3 months in advance of the survey in each facility.
2.6.2	Will data be stored on any back up devices? If yes, how long will it be stored on the device(s)?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Individual resident survey responses will be entered into hard copy survey packages with lithocodes created by the vendor. Master resident lists with lithocodes and PHI will be stored at the facility and with the vendor.
2.6.3	How will data be destroyed when it reaches its retention time from the system and/or applicable device(s)?	
	NRCC will destroy all patient identifiable information at the end of the term of the service agreement according to a data destructions schedule. Personal Information is securely stored for the duration of the project in Canada on NRCC's database server. NRCC must keep the data for the duration of the project. NRCC has the ability to eliminate a patient from the survey project on	

	<p>the request of the individual on request of the participating organizations. In addition, as with other sector surveys where NRCC has been the contractor the services agreement includes a clause on "return or destruction of personal information" that states: "Upon the expiry or termination of this Agreement, the Contractor will forthwith return all Personal Information collected or received by the Contractor in the performance of Survey Services to the Organizations or forthwith destroy such Personal Information in accordance with written directions from the BC Project Representative, an Organization Representative, or a delegate thereof." The Protocol for return of raw data to the Health Authorities (approved by HIPSC in May 2011) formalizes this process.</p> <p>The deidentified survey data in the Catalyst dynamic reporting platform will be subject to cell size thresholds (10) and as such there are no plans to destroy or remove access to these reports unless/until our contract with the vendor terminates. At this point the raw survey data will have been returned to each HA and/or the MoH HealthIDEAS central data warehouse, and the data deleted from NRCC's system. A data destruction certificate will be requested/provided.</p>
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PART 3 – SAFEGUARDS	
3.0	Technical Safeguards
<p>The technical security review of the vendor's operations will be coordinated through Information Management/Information Technology (IMITS) office.</p> <p>Section 7 of this assessment requires acknowledgement from IMITS and/or HSSBC that the appropriate reviews have been completed, risks identified, and mitigation strategies communicated to the program.</p> <p>Policy References:</p> <p>CPN1270: Information Security Architecture - Information Security Architecture</p> <p>CPN1200: Security Threat and Risk Assessments - responsibility of application owner to initiate the STRA process and implement sufficient controls and processes to reduce risk to acceptable levels as determined by IMITS/HSSBC.</p> <p>A copy of the policies can be requested through IMITS or the PHC Information Access and Privacy Office.</p> <p>In accordance with the Privacy Protection Schedule imposed on NRCC under BC FOIPPA (as a schedule in the services agreement/contract between NRCC and the Health Authorities), hard copies of the questionnaires will be stored in a secure location within NRCC's Markham office for 30 days. Scanned images of the results (which do not contain personal information) will be stored in the coding and transcribing department in Lincoln, Nebraska for 45 to 60 days and then archived to a back-up tape.</p> <p>NRCC will destroy all patient identifiable information at the end of the term of the service agreement according to a data destructions schedule. Personal Information is securely stored for the duration of the project in Canada on NRCC's database server. NRCC must keep the data for the duration of the project. NRCC has the ability to eliminate a patient from the survey project on the request of the individual on request of the participating organizations. In addition, as with other sector surveys where NRCC has been the contractor the services agreement includes a clause on "return or destruction of personal information" that states: "Upon the expiry or termination of this Agreement, the Contractor will forthwith return all Personal Information collected or received by the Contractor in the performance of Survey Services to the Organizations or forthwith destroy such Personal Information in accordance with written directions from the BC Project Representative, an Organization Representative, or a delegate thereof." The Protocol for return of raw data to the Health Authorities (approved by HIPSC in May 2011) formalizes this process.</p>	

See embedded flow charts of contractor's Survey Management and Reporting Process and Functional Security Model (below).



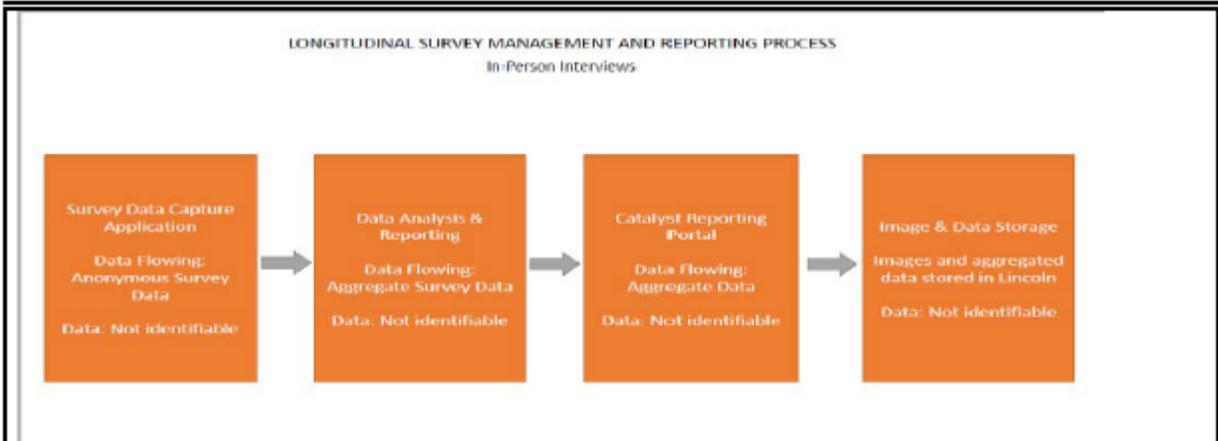
A = NRCC web exchange server; B = NRCC database server; C = Lincoln, NE data mart

Data for the MFV mailed surveys will be uploaded to NRCC from the Health Authorities through a dedicated secure web server (A). The data are loaded to NRCC's database server (B) and addresses will be cleaned to ensure delivery. The first mailing of surveys to MFV's will be generated. Personal information is merged with the survey form on the NRCC system (B) and a "print" file is created. A "print" file is 'read only' and once created cannot be manipulated or altered. The print file is then sent to Taylor Demers Mail Processing Inc. through a secure file transfer protocol. Confidentiality agreements are in place between NRCC & Taylor Demers Mail Processing Inc. specifying handling & confidentiality of data exchanged. The surveys are then printed and mailed out from Taylor Demers Mail Processing Inc. and the print file is destroyed.

Patients have the option to return surveys in the mail, or via the internet. Surveys returned in the mail are scanned into NRCC's system to track who has responded. The online version of the surveys is set up on a server accessible via the internet. Respondents are guided to the online version via a paragraph in the paper-based cover letter. Every week NRCC exports the data from the web tool to their Canadian server as a Comma Separated Value file. NRCC's analyst checks the file, ensuring the correct core numbers are included, the study id is correct, the comments are complete, etc. The second step is to filter the data so only the records where a respondent has submitted the questionnaire are included in the export. The file is then loaded into the data mart and frequencies are run to ensure the exported file from the web server matches the loaded data in the data mart. The web survey is shut down immediately after the data collection cut-off.

All patients who return a questionnaire are continually removed from the original patient data/sample file in preparation for the second mailing. A follow up letter will be sent within 21 days after the initial mailing to all remaining non-respondents with a second survey. As the surveys are returned, the information is scanned into NRCC's system and then final deidentified data are uploaded to the NRC system (C) in Lincoln for statistical analysis and reporting purposes. At this point there is no identifiable personal information attached to the surveys. Respondents are discouraged from writing any personal information in the comment box. If the respondent does include any personal information in the comment box these references are masked (replaced with "XXXX"). Personal information that may appear within any comment is not extractable or linked to specific individuals.

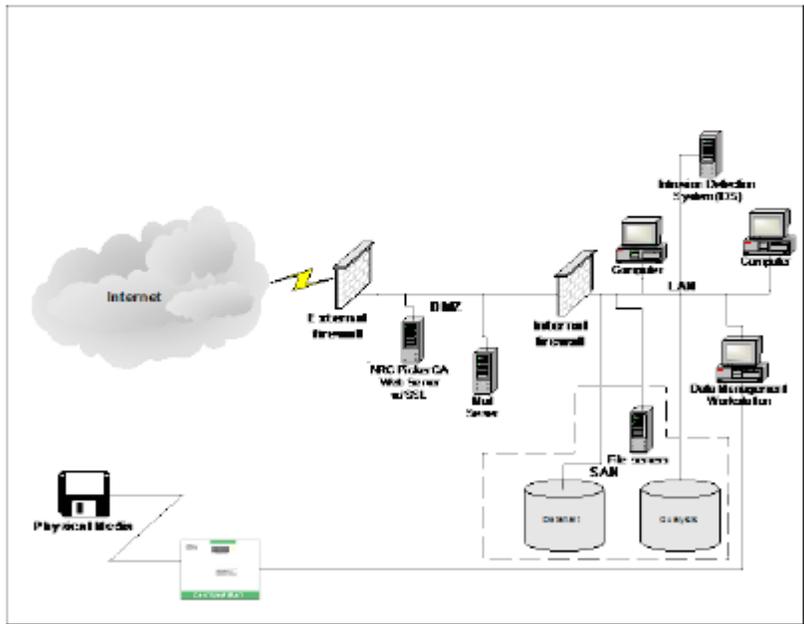
For the Resident LTC survey project for BC, survey responses from individual residents will be collected by trained volunteer interviewers recruited by Regional Engagement Leads for each HA. The REL's are Providence Health Care employees, jointly selected by Providence and the Volunteer Resources Lead for each HA. Responses from interviews are recorded on deidentified survey collection forms (lithocodes appended to survey forms by NRCC) and provided to NRCC in sealed envelopes via Canada Post; NRCC will collate the results. Responses will be entered into NRCC's database for purposes of statistical analysis and will be deidentified. Survey results will not be attributable to individuals; any narrative comments that mention any personal information will be masked (e.g. XXXXX) according to BCPCM Working Group protocols. This data flow diagram applies to this project:



Security Model

The schematic below reflects NRCC’s network architecture and functional security model from 2012. NRCC has indicated that very little has changed over the past 4 years. A Privacy and Security Audit of NRC and NRCC operations is scheduled for the week of June 6th 2016 to validate this information. This section may or may not be updated at that time depending on the findings of the audit.

NRCC’s organizational security model is shown below.



3.0.1	<p>Has a request for a technical security review been submitted to IMITS http://servicecatalogue.healthbc.org/Pages/default.aspx</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>A privacy and security audit of National Research Corporation Canada and its Sub-Contractors will be performed by Elemental Privacy & Security Consulting Inc. The result of the audit will be submitted to IMITS Security for review.</p>
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3.1 Organizational Safeguards		
3.1.1	<p><i>Are all employees in the program aware of Privacy related policies and have reviewed within the last year:</i></p> <p><i>CPF0300:</i> <i>Information Privacy and Confidentiality</i></p> <p><i>CPF1600:</i> <i>Managing Privacy Breaches</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <p>This sector survey will involve the recruitment and training of volunteers to administer the resident survey through an in-person interview. Training and deployment of the volunteers who will conduct the resident interviews will take place to align to the schedule of participating facilities in terms of the numbers of volunteers needed and locations across BC's 5 participating HA's. A centralized recruitment, screening, training and deployment model has been proposed by the Volunteer Resources Management Subcommittee (VRMSC) of the LTC Consultation Group advising the OSA and the BCPCMWG on the implementation of this sector survey. The VRMSC represents all participating health authorities and the BC Care Providers Association (private for profit and not for profit facilities with contracted beds). A schematic representation of the centralized model is shown below. The model proposes standardized, common privacy training for all volunteers using terms, concepts, and reading/comprehension of materials presented at a level appropriate for a lay, volunteer audience in the context of long term residential care and the role of the volunteers for this project, as well as a common pledge of confidentiality. The centralized model of volunteer management will permit "sharing" of volunteers for deployment across facilities and health authorities, and has been endorsed by the VRMSC.</p>

		<p>Regional Engagement Lead</p> <p>Screens every applicant:</p> <ul style="list-style-type: none"> -One standard online application -In-person interview with ID verification -2 Reference Checks -Police Information Check done through the Ministry of Justice CRRP <p>Maintains centralized provincial Volunteer Human Resources database Places & supervises the interviewers, ensures data collection reliability and proper protocol. REL's will be Providence employees or contractors</p> <p>The volunteer is placed after the</p> <ul style="list-style-type: none"> -satisfactory completion of training, -signing of the Privacy & Confidentiality pledge and a Letter of Understanding outlining the time commitment. <p>Facility Coordinator</p> <ul style="list-style-type: none"> -Coordinates the project in the facility -Sets up survey schedule with the REL -Provides site orientation for the interviewers including sign in/out and any other facility-specific protocols -Provides support for the interviewers while they are on site -Reports any concerns to the REL
3.1.2	<p>Are all employees in the program familiar with IMITs and other policies related to the project, including:</p> <ul style="list-style-type: none"> Access Management Remote Access User Identification and Password Standards Mobile Computing & Portable Storage Device Security Information Security Role-Based Access Controls <p>Ctrl + click below to go to the policies: Here are the new</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

	policies posted on PHC Connect.		
3.1.3	Have all employees in the program successfully complete an online privacy module and signed a Confidentiality Undertaking that followed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>A Regional Engagement Lead for each HA has been recruited. REL's are employees of Providence Health Care; however, each REL will be deployed to work in his/her assigned HA. Each Regional Engagement Lead has primary responsibility for recruitment, screening, onboarding and deployment of volunteers; training will be a joint responsibility of the REL, the BCPCMVG Project Manager, the LTC Consultation Group HA Reps and the vendor, who is hiring one Regional Training Lead for each HA to be "matched" to our REL's. The VRMSC has endorsed the REL and Trainer roles. The BCPCMVG hired a privacy expert to develop the training curriculum related to privacy and information security, generally, and related to the LTC sector survey, the related training materials, and the pledge of confidentiality, specifically, with guidance from the HIPSC.</p> <ul style="list-style-type: none"> The Privacy Training Module endorsed by the HIPSOC (Feb 18th) has now been created on an online training platform hosted by Vancouver Coastal (demo link below) The training module will be accessible to all volunteers who will be recruited and deployed to conduct the resident interviews across the province (5 HA's). Completion of the privacy training and the Volunteer Privacy Pledge are <u>mandatory in advance</u> of attending the one day in-person training session that is also mandatory for all volunteers. <p>◆ Volunteer Privacy Course link: http://learndev.vch.ca/m2/course/view.php?id=1174 Username: demo_vch_01 Password: 4thedemo</p> <p>The intent is that all Regional Engagement Leads and volunteer interviewers will receive standardized Privacy and Confidentiality training, as per employees of Health Authority, regardless of whether they will be conducting and/or working in Contracted or Health Authority owned and operated facilities.</p>

3.2 Contractual Safeguards			
3.2.1	Are there user agreements with employees who have access to the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
3.2.2	Are there contracts/service agreements with service providers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	On behalf of the health organizations, BC Clinical and Support Services Society (BCCSS, formerly HSSBC) has signed a services contract with National Research Corporation Canada.
3.2.3	Do contracts/service agreements include privacy schedules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Services contract includes a privacy schedule.
3.2.4	Are all third party service providers aware of policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Through the privacy schedule, the service provider is made aware of the Health Organization's obligations under FIPPA.
3.2.5	Are any Information Sharing Agreements in place for this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

By signing below, the authorized signatory confirms that the information provided in Parts 1, 2 and 3 of this PIA is accurate and complete to the best of his/her knowledge.



Signature of Authorized Signatory

Lena Cuthbertson

Name of Authorized Signatory

Co-Chair

BC Patient Centred Measurement Working Group

Title of Authorized Signatory

Date: May 4, 2016

PART 4: PRIVACY ANALYSIS			
[To be completed by the PHC Information Access & Privacy Office]			
4.1		Authority for Collection of Personal Information	
4.1.1	Are all collections authorized under FIPPA s.26 [If "no", specify recommendations to address lack of authority]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Collection of Personal Information is authorized under section 26(c) and 26(e):</p> <p>26 A public body may collect personal information only if (c) the information relates directly to and is necessary for a program or activity of the public body, (e) the information is necessary for the purposes of planning or evaluating a program or activity of a public body,</p> <p>At the time information is collected from residents for the purpose of provision of care, notification is provided to residents in each location that information collected may be used to conduct planning and quality improvement activities in health care from the patient perspective at the facility, health service delivery area, and health authority level, such as patient/resident satisfaction surveys.</p>
4.1.2	What is the purpose of the collection of Personal Information for this project or system?	<p>Evaluation of resident experience, satisfaction, and quality of care.</p> <p>(Refer to Section 1.1 Summary Description of the Project)</p>	
4.1.3	Is the scope of Personal Information limited to only what is 'necessary' for this project or system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4.1.4	For any direct collections, are FIPPA requirements under s. 27(2) met through the PHC standard client notification or other brochures or materials?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If other materials, please provide sample documents	<p>Notification is provided to residents via "Caring for Your Information" posters displayed at each LTC facility. The Notice indicates that the Personal Information collected may be used to "help us plan, monitor, maintain and improve our care and services".</p> <p>In addition to the "Caring for Your Information" posters, additional Notification Posters will be placed in common areas around the facility to inform residents and families/frequent visitors of this specific survey. The Notification Posters will include, at minimum: high level objectives of the survey, dates for administration in each particular facility, FIPPA authority to collect survey information, and contact information if residents/families/frequent visitors have questions and/or concerns about the survey and/or the use of PHI; instructions for "opting out" of the survey will also be provided on the posters. This signage will be posted in each facility no less than one month and up to three months in advance of the facility's participation in the survey.</p>

4.2 Authority for Use of Personal Information			
4.2.1	<p>Are all uses authorized under s. 32 of FIPPA?*</p> <p><i>*Consider:</i></p> <p>Any restrictions on the purposes of use that may be imposed by Information Sharing Agreements or other laws such as the eHealth Act legislation.</p> <p>If data linkage is involved, is data being used for a purpose that is not consistent with its original purpose?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>32 A public body may use personal information in its custody or under its control only</p> <p>(a) for the purpose for which that information was obtained or compiled, or for a use consistent with that purpose</p> <p>The project coordinator, RELs, and volunteers will use limited PI to identify the resident for the purpose of administering the survey.</p>

4.3 Authority for Disclosure of Personal Information			
4.3.1	<p>Are all disclosures authorized under s. 33 – 36 of FIPPA?</p> <p><i>*Consider:</i></p> <p>If there are any system interfaces that result in potential unforeseen disclosures.</p> <p>Whether there is disclosure of Personal Information outside of Canada.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>33.1 (1) A public body may disclose personal information referred to in section 33 inside or outside Canada as follows:</p> <p>(e.1) to an individual who is a service provider of the public body, or an employee or associate of such a service provider, if (i) the information is necessary for the performance of the duties of the individual in relation to the public body;</p> <p>Information is being disclosed to a service provider/contractor who will facilitate the survey process.</p> <p>33.2 A public body may disclose personal information referred to in section 33 inside Canada as follows:</p> <p>(a) for the purpose for which it was obtained or compiled or for a use consistent with that purpose</p> <p>(c) to an officer or employee of the public body or to a minister, if the information is necessary for the performance of the duties of the officer, employee or minister;</p> <p>(l) to an officer or employee of a public body or to a minister, if the information is necessary for the purposes of planning or evaluating a program or activity of a public body</p> <p>The surveys are a part of the overall quality improvement initiatives of the Health Authorities that evaluate the quality of care and services provided to patients/residents.</p>

4.4 Completeness of Privacy Compliance/Legal Documentation			
4.4.1	<p>Is all required documentation proposed or in place?*</p> <p><i>*Consider whether the documentation meets current PHC standards?</i></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>The privacy and security audit of NRCC is currently being performed and is therefore not available at the time of this privacy review.</p> <p>BC has a long partnership with NRCC, having conducted Emergency, Acute Inpatient, and Outpatient Cancer Care surveys with NRCC since 2003. NRC's US and NRCC's Canadian operations and those of their subcontractors have been audited four times for compliance with BC's</p>

		expectations for privacy and information security (2005, 2008, 2010 and 2012). As the scrutiny of NRC/C's security controls in response to the expectations of our Regional Health Authority and Ministry of Health members of the Health Information Privacy and Security Operations Committee (HIPSOC) increased, NRCC demonstrated increased learning and appreciation of the complexities of BC's survey projects. NRCC/NRC demonstrated that they held the gains noted during each previous audit with respect to privacy compliance. As expected, the spotlight on information security resulted in identification of a number of areas for improvement. Recommendations arising from the audit formed the basis for action planning and allowed us to provide assurances to HIPSC and others that NRCC was meeting the requirements of BC's Privacy laws and our Services Agreements.
Documentation to be drafted/updated:		
<i>Information Sharing Agreements w/ external parties who have access</i>	<input type="checkbox"/> Draft <input type="checkbox"/> Update <input checked="" type="checkbox"/> NA	The ISP for the direct transfer of the BCPCM data to HealthIDEAS will be addressed in PIA#15026/Health PIA #: 2014-46.
<i>Vendor Service Provider Agreement w/ Privacy Schedule</i>	<input type="checkbox"/> Draft <input type="checkbox"/> Update <input type="checkbox"/> NA <input checked="" type="checkbox"/> Completed	
<i>User Access Request Form</i>	<input type="checkbox"/> Draft <input type="checkbox"/> Update <input checked="" type="checkbox"/> NA	
<i>User Confidentiality Undertaking / Terms of Use</i>	<input type="checkbox"/> Draft <input type="checkbox"/> Update <input type="checkbox"/> NA <input checked="" type="checkbox"/> Completed	Volunteers will complete a training program, privacy module, and confidentiality undertaking.
<i>Access Model Policy</i>	<input type="checkbox"/> Draft <input type="checkbox"/> Update <input checked="" type="checkbox"/> NA	
<i>Other</i>	<input type="checkbox"/> Draft <input type="checkbox"/> Update <input checked="" type="checkbox"/> NA	

PART 5: PRIVACY & GENERAL RISK ASSESSMENT

[To be completed by the PHC Information Access & Privacy Office]

5.1	<i>Please identify any additional privacy or other types of risks that are relevant to this project or system, which have not been covered in Parts 1 to 4, and provide recommended solutions. Examples: Risks to clinical care Implementation risks</i>	
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PART 6: SUMMARY AND RECOMMENDATIONS

[To be completed by the PHC Information Access & Privacy Office]

The Long Term Care (LTC) Sector Survey is intended to measure the experience of care and health related quality of life of all residents in publicly funded beds and their most frequent visitors. This sector survey, as all of BCPCMWG surveys, will be implemented in a scientifically rigorous and provincially coordinated manner across the five regional health authorities with publicly funded residential care facilities (Note: PHSA does not provide LTC services).

The scope of this survey involves 303 residential care facilities, approximately 27,000 residents (with an equal amount of most frequent visitors), and between 900 to 1,500 volunteers.

The planning for this sector survey has been under the leadership of Lena Cuthbertson, Provincial Director of Patient-Centred Performance Measurement for the Province of BC and Co-Chair of the BC Patient Centred

Measurement Working Group that has implemented province wide coordinated sector surveys over the past 13 years in BC. Expertise on survey tools, methodology and privacy impacts have been exhaustively canvassed and full field testing of the surveys, additional questions based on input from the Consultation Group, and consultation with national and international experts has been completed. Throughout the 14 month planning process for this survey feedback from various members of the working group, as well as a subcommittee of volunteer resources managers also representative of the five participating health authorities, has been incorporated and the working group has validated the current resident and family survey and its plan for implementation.

This sector survey will involve the recruitment, training, and deployment of volunteers using a centralized model proposed by the Volunteer Resources Management Subcommittee. Each volunteer must complete standardized, common privacy training in the context of long term residential care and the role of the volunteers for this project, as well as a common pledge of confidentiality. Volunteers will also need to complete a one day mandatory training session to include:

- An introduction to the project purpose and project objectives;
- Privacy, confidentiality, and safety;
- Administrative processes;
- How to conduct a structured interview, including mock interviews;
- Communication strategies with people with dementia.

By signing below, the authorized signatory for the Information Access & Privacy Office (IAPO) confirms that the IAPO has completed its assessment of the privacy and related risks in respect of the project as they exist at the date of signing, the details of which are contained in Parts 4, 5 and 6 of this PIA.

PRIVACY REVIEW			
Organization	Name, Title	Signature	Date
Providence Health Care	Janet Scott, Leader, Information Access and Privacy Office		May 4, 2016
Vancouver Island Health Authority	Cathy Yaskow	See Appendix D	May 19 th , 2016
Fraser Health Authority	Seana-lee Hamilton	See Appendix D	May 19 th , 2016
Vancouver Coastal Health Authority	Janine Johnson	See Appendix D	May 19 th , 2016
Interior Health Authority	Shelly Korobanik	See Appendix D	May 19 th , 2016
Northern Health Authority	Traci De Pape	See Appendix D	May 19 th , 2016

PART 7: SECURITY ASSESSMENT ACKNOWLEDGMENT

[To be signed off by representatives of IMITS)

By signing below, the authorized signatory for the IMITS confirms that an external security review was conducted and reviewed by IMITS and recommendations were made.

Signature of Authorized Signatory

Name of Authorized Signatory

Date

Title of Authorized Signatory

Appendix A – Letters

Notification from OSA to Residential Care Operators of intent to conduct LTC provincial survey



299638 Letter to
Operators re Residen

Appendix B - Position Descriptions



Regional
Engagement Lead -



Role Description for
VFacility Coordinator -

Appendix C - InterRAI MDS 2.0



CCRS_FullAssessmen
tForm_EN.pdf

Example MDS ITEM	Example RESIDENT SURVEY Item
Prevalence of symptoms of depression	<ul style="list-style-type: none"> I tend to be happier than most people The care and support I get help me live my life the way I want Staff tries to understand what I am feeling Staff provide me with emotional support when I need to make decisions about my care
Prevalence of: <ul style="list-style-type: none"> Bladder or bowel incontinence Occasional or frequent bladder or bowel incontinence without a toileting plan Fecal impaction 	<ul style="list-style-type: none"> I get help to the toilet when I need it If I need help right away, I can get it I get the services I need
Prevalence of weight loss / dehydration	<ul style="list-style-type: none"> I enjoy mealtimes I get my favourite foods here I can eat when I want I have enough variety in my meals The food is the right temperature when I get to eat it I get help to eat when I need it
Prevalence of stage 1-4 pressure ulcers	<ul style="list-style-type: none"> I decide when to get up I decide when to go to bed If I need help right away, I can get it As above, food items
Prevalence of little or no activity	<ul style="list-style-type: none"> I decide when to get up I decide when to go to bed I decide how to spend my time I can go where I want on the “spur of the moment”

Appendix D:

Health Authority Regional Privacy Directors (Approvers of this PIA as per HIPSOC Certificate of Approval):

VCH – Janine Johnson

VIHA – Cathy Yaskow

IH – Shelly Korobanik

FH – Seana-Lee Hamilton

NHA – Traci De Pape

Providence Health Care – Janet Scott

Prepared by: Lena Cuthbertson, Provincial Director, BCPCMWG
With input from: Janet Scott, Leader, Information Access & Privacy, Providence Health Care, and Ryan Berger, Bull, Housser

In February 2013, legislation was introduced in British Columbia to create the Seniors' Advocate Act (http://www.bclaws.ca/civix/document/id/complete/statreg/3015_01). The purpose of this Act was to help build a more accessible, transparent and accountable approach to seniors' care. The Seniors Advocate has the responsibility to monitor all seniors' services, whether provided by a public or private person or body, and advocate in the interests of all seniors. To carry out their mandate, the Seniors Advocate may engage in an activity, such as doing surveys, to gather the information necessary in order to effectively and efficiently fulfill their responsibilities.

This addendum to the Office of the Seniors Advocate's (OSA's) Residential Care Sector survey 2016 PIA addresses the collection, use, and disclosure of personal information from private pay residents, who reside in care facilities contracted by the health authorities in British Columbia (henceforth referred to as, "Contracted Facilities"). Residents living in Contracted Facilities may receive public funding from one of BC's five regional health authorities; others may pay for their care privately. As such, some Contracted Facilities have a mix of publicly funded and privately funded beds. The BC Ministry of Health's 2016 statistics show that 5.3% of residential care beds in BC are private pay. Of the 303 facilities in BC, 91 have at least one private pay bed; 20 facilities have 25% or more of their beds as private pay and these 20 facilities represent 57% of all private pay beds.

The target population of the OSA's Residential Care survey includes any resident living in a long term residential care facility in British Columbia with public pay beds; this includes residents in facilities directly owned and operated by the health authorities and in the Contracted Facilities. In order to avoid the perception of discrimination, the OSA's Expert Consultation Group advised that the survey should be offered to all residents, including the small number of private pay residents and their MFV, in the Contracted Facilities.

The Privacy Impact Assessment (PIA) conducted for the OSA's survey only addressed the collection, use, disclosure, and data flows of the personal information (PI) and personal health information (PHI) of the residents in public pay beds for the purpose of conducting survey interviews, and the personal information of their MFV for the purpose of conducting self-report surveys mailed to the MFV's home address. The privacy and information security controls reviewed under that PIA examined compliance with BC Freedom of Information and Protection of Privacy Act (FOIPPA). Therefore, the purpose of this addendum is to address the consent requirements for the collection, use and disclosure of the PI/PHI for private pay residents and their MFV to ensure compliance with the Personal Information Protection Act (PIPA). Please note that a separate more detailed review specific to PIPA compliance will be completed and provided to the Contracted Facilities.

To comply with FIPPA, signage will be posted in each facility six weeks in advance of onsite surveying and will provide notification of the collection, use and disclosure of the PI/PHI needed to conduct the survey. To comply with the consent requirements under PIPA, notification via posted signs is not sufficient, rather explicit consent must be obtained. Therefore, a two stage consent protocol has been developed for private pay residents and their MFV. Details of each stage are outlined below.

CONSENT PROCESS: OBTAINING CONSENT FROM PRIVATE PAY RESIDENTS IN CONTRACTED FACILITIES

Stage 1:

Contracted Facility Operators will be required to obtain consent from each private pay resident before providing their PI/PHI in the project data dictionary (see Resident Data Dictionary) to the vendor, for the purposes of the vendor creating the resident list and survey packages (see proposed Consent Script for obtaining consent from a resident to provide their PI to the survey vendor).

Stage 2:

Volunteer Interviewers will obtain consent from each private pay resident before conducting the survey interview. This is consistent with the protocols in place for the residents in public pay beds. Volunteers have received a script that has been reviewed by the HIPSOC and the OIPC. The script, in simple terms, explains the purposes of the survey and requests express consent from residents that they wish to participate in the survey (See Script for Volunteers to obtain consent to participate in a survey interview: Approaching and Inviting a Resident). During training, Volunteer Interviewers practice using the script with instructions to read each statement in the script as a single sentence, pause to confirm understanding, and proceed to the next statement. Each Volunteer receives a laminated script which remains with the Volunteer throughout the course of their volunteer commitment to the project.

CONSENT PROCESS: MOST FREQUENT VISITOR OF PRIVATE PAY RESIDENTS

Stage 1:

Contracted Facility Operators will be required to obtain consent from MFV's before providing their PI in the project data dictionary (See MFV Data Dictionary) to the vendor for the purposes of mailing a survey to them. It is anticipated that this can be easily achieved in a practical way since the staff at the care facilities are already implementing a process to identify MFV's for every resident (regardless of pay status) and to verify their contact information for the purposes of creating an accurate list. At the same time staff confirm contact information, they will ask the MFV's for consent to provide their contact information to the HA's vendor for purposes of sending them a survey. They will also inform them of the name of the vendor. A script will be provided to staff to ensure that a standardized approach is used and that consent will be informed (See Script for Care Staff of Contracted Facilities to obtain consent from MFV's to provide PI to the Vendor below). The staff will be required to document that the script was used, the individual consented verbally, and the date the consent was obtained.

Stage 2:

On receipt of the survey in the mail, the MFV of a private pay resident consents to participate in the survey by completing and returning the survey either by mail in the postage paid return envelope or by submitting the survey online. The cover letter for the survey will again outline the intended uses of the information collected via the survey (See Cover letter below).

CONCLUSION:

This addendum to the PIA for the OSA's Residential Care survey outlines protocols that, when put in place, are intended to ensure that the Contracted Facilities, who are private bodies, are able to demonstrate that reasonable steps have been taken to ensure the private pay residents and their MFV will receive the required information, to allow them to make an informed decision, and be provided with a reasonable opportunity to opt-out. The important aspect of these protocols is that consent must be

fully informed. Thus, the individual should be advised of who is receiving the information, what the nature of that information is, who is conducting and sending them the survey, and all of the purposes for collection, use and disclosure of the information (including any links that may be made with the information).

Although the best way to obtain and preserve evidence of express consent is to create a consent form identifying the information involved, its purposes for collection, use and disclosure (and intended recipients), as well as providing individuals a means to acknowledge their agreement. Ryan Berger (Bull, Housser) who provides legal privacy advice to the BC Patient Centred Measurement Working Group has advised that in his view that a reasonable alternative is to obtain and record verbal consent. He has indicated that this is still express consent; just recorded in a different manner than a consent form signed by the individual. Ryan advises that this approach is common in health care settings.

In consideration of the Privacy Impact Assessment and Security Assessment that have been completed; along with the consent process identified for the private pay residents and their most frequent visitor in the private facilities, the following PIPA assessment applies.

By signing below, the authorized signatory confirms that the information provided above is accurate and complete to the best of his/her knowledge.



Signature of Authorized Signatory

Lena Cuthbertson

Name of Authorized Signatory

Co-Chair

BC Patient Centred Measurement Working Group

Title of Authorized Signatory

Date: July 18, 2016

PRIVACY ANALYSIS UNDER PERSONAL INFORMATION PROTECTION ACT (PIPA) <i>[To be completed by the PHC Information Access & Privacy Office]</i>		
<p>The Personal Information Protection Act (PIPA) governs the collection, use and disclosure of personal information of private pay residents and their most frequent visitor (MFV) in the private facilities. Therefore, personal information can only be collected for purposes of carrying out the survey with the expressed consent of the individuals. A process has been established that will ensure the individuals are informed of the survey initiative and asked for their expressed consent to participate as outlined in this addendum. Based on the privacy impact and security assessments that have been completed, as well as the consent process identified above, there will be compliance to PIPA.</p>		
Authority for Collection of Personal Information		
<i>Are all collections authorized under PIPA</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Consent required Section 6(2)(a) – the information subjects have provided consent to the collection in the form required by PIPA</p> <p>Expressed consent will be obtained prior to PI/PHI being disclosed to the vendor.</p> <p>Required notification for collection of personal information 10(1) On or before collecting personal information about an individual from the individual, an organization must disclose to the individual verbally or in writing (a) the purposes for the collection of the information, and (b) on request by the individual, the position name or title and the contact information for an officer or employee of the organization who is able to answer the individual’s questions about the collection.</p>
<i>What is the purpose of the collection of Personal Information for this project or system?</i>	<p>Evaluation of resident experience, satisfaction, and quality of care. (Refer to Section 1.1 Summary Description of the Project)</p>	
<i>Is the scope of Personal Information limited to only what is ‘necessary’ for this project or system?</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Limitations on collection of personal information 11 Subject to this Act, an organization may collect personal information only for purposes that a reasonable person would consider appropriate in the circumstances and (a) fulfill the purposes that the organization discloses under section 10(1)</p>
Authority for Use of Personal Information		
<i>Are all uses authorized under s. 14</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Limitations on use of personal information 14 Subject to this Act, an organization may use personal information only for purposes that a reasonable person would consider appropriate in the circumstances and that (a) fulfill the purposes that the organization discloses under section 10(1)</p> <p>Personal information will only be used for the purposes of surveying residents and their MFV.</p>

Authority for Disclosure of Personal Information		
Are all disclosures authorized under s.17	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Limitations on disclosure of personal information 17 Subject to this Act, an organization may disclose personal information only for purposes that a reasonable person would consider are appropriate in the circumstances and that (a) fulfill the purposes that the organization discloses under section 10(1)

By signing below, the authorized signatory for the Information Access & Privacy Office (IAPO) confirms that the IAPO has completed its assessment of the privacy and related risks in respect of PIPA as they exist at the date of signing, the details of which are contained above.

PRIVACY REVIEW			
Organization	Name, Title	Signature	Date
Providence Health Care	Janet Scott, Leader, Information Access and Privacy		July 18, 2016

CONSENT SCRIPT FOR CONTRACTED FACILITY STAFF TO OBTAIN CONSENT FROM A PRIVATE PAY RESIDENT TO PROVIDE THEIR PERSONAL INFORMATION TO THE SURVEY VENDOR

a. [READ]:

- "The British Columbia Office of the Seniors Advocate is funding a survey.
- The survey asks questions about how seniors feel about living in care homes across British Columbia.
- The survey is voluntary and confidential.
- The results will be used to make recommendations about services for seniors in BC.
- If you would like to participate in an interview, I need your permission to provide your name, as well as information about your health, to the company that is organizing the survey. The volunteers who will conduct the survey will only see your name and room number.
- All the information you provide in your survey answers to the volunteers will be completely confidential.
- The results will be used to make recommendations about services for seniors in BC, but will not identify your answers.
- May I provide your name and information about your health to the company that is conducting the survey?"

Optional – if the resident asks: "Who is the Office of the Seniors Advocate? What is the Office of the Seniors Advocate? Or who are you here for?"

[READ]: Isobel Mackenzie is BC's Seniors Advocate. Her Office is a part of government and makes recommendations about services for seniors in BC. If you want to learn more, I have a number for you to call.

- Give out 1.877.952.3181 if a resident would like contact information.

Optional – if the resident asks: "What company is doing the survey?"

[READ]: National Research Corporation Canada (NRCC), an independent third party survey company selected by the health authorities to conduct the survey for the Office of the Seniors Advocate and the health authorities.

- Give out Lena Cuthbertson, Provincial Director, 604 612 0005 if a resident has further questions.

b. If the Resident responds and says:

- Yes → Record the Resident's consent on the electronic file template you received from the Survey Project Manager and include the following info:

Consent YES/NO	Room Number
Date Consent Obtained	Bed Number
Initials of Individual who obtained consent	Resident Gender
Resident First Name	Resident Date of Birth
Resident Last Name	Facility Name
PHN	Admission Date
Language Code	

- No → Thank the Resident and offer to provide the name and phone number of BC's Seniors Advocate, should they wish to ask any further questions about the survey.
- NOTE: Resident's interRAI clinical assessment information is not to be recorded on this template, rather will be securely uploaded to NRCC, separately.

CONSENT SCRIPT FOR VOLUNTEERS TO OBTAIN CONSENT FROM ANY RESIDENT (PUBLIC or PRIVATE PAY) TO PARTICIPATE IN A SURVEY INTERVIEW

Approaching & Inviting a Resident

c. [READ]:

- "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 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?"

Optional – if the resident asks: "Who is the Office of the Seniors Advocate? What is the Office of the Seniors Advocate? Or who are you here for?"

[READ]: Isobel Mackenzie is BC's Seniors Advocate. Her Office is a part of government and makes recommendations about services for seniors in BC. If you want to learn more, I have a number for you to call.

- Give out 1.877.952.3181 if a resident would like contact information.

d. If resident responds and says:

- Yes → stay and continue to Step c.
- 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.

- e. Make sure the resident is comfortable and feels at ease to share with you (E.g. "Are you comfortable to do the interview here?"). 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.

If there are other residents around you, ask the resident "Is it okay if other residents hear your answers?"

- Yes → proceed with step d
- No → Move to a private location. If no location available, attempt again at another time

- f. [READ]:

- "Before we begin, I want to assure you that all the information you provide today will be completely confidential.
- The results will be used to make recommendations about services for seniors in BC, but will not identify your answers.
- 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?"

CONSENT SCRIPT FOR CONTRACTED FACILITY STAFF TO OBTAIN CONSENT FROM THE FAMILY MEMBER/MOST FREQUENT VISITOR OF A PRIVATE PAY RESIDENT TO PROVIDE THEIR PERSONAL INFORMATION TO THE SURVEY VENDOR

- g. [READ]:

- "The British Columbia Office of the Seniors Advocate is doing a survey. The survey asks questions about how people who have loved ones living in residential care feel the care their loved ones are receiving."
- All care homes in British Columbia are participating.
- The survey is voluntary and confidential.
- The results will be used to make recommendations about services for seniors in BC.
- The survey takes about 30 minutes to complete and will be mailed to the most frequent visitor of each resident.
- All the information you provide in your survey responses will be completely confidential.
- The results will be used to make recommendations about services for seniors in BC, but will not identify your answers.
- If you have any questions I have the name and telephone number of BC's Seniors Advocate
- May I provide your name and address and the name of the person you visit to the company that is conducting the survey for the Seniors Advocate? They would also like to know in what language you would prefer to receive the survey."

Optional – if the MFV asks: "Who is the Office of the Seniors Advocate? What is the Office of the Seniors Advocate? Or who are you here for?"

[READ]: Isobel Mackenzie is BC's Seniors Advocate. Her Office is a part of government and makes recommendations about services for seniors in BC. If you want to learn more, I have a number for you to call.

- Provide the OSA's toll free number 1.877.952.3181 if a resident would like contact information.

Optional – if the resident asks: "What company is doing the survey?"

[READ]: National Research Corporation Canada (NRCC), an independent third party survey company selected by the health authorities to conduct the survey for the Office of the Seniors Advocate and the health authorities.

- Provide the number of the survey leader, Lena Cuthbertson, Provincial Director, 604 612 0005 if a resident has further questions.

h. If MFV responds and says:

- Yes → Confirm with the MFV and record on the electronic file template you received from the Survey Project Manager the following info:

Consent YES/NO
Date Consent Obtained
Initials of Individual who obtained consent
Resident First Name
Resident Last Name
MFV First Name
MFV Last Name
MAILING ADDRESS INCLUDING POSTAL CODE
Language Preference

- No → Thank them and offer to provide the name and phone number of BC's Seniors Advocate, should they wish to ask any further questions about the survey.

COVER LETTER TEMPLATE TO BE SENT TO THE FAMILY MEMBER/MOST FREQUENT VISITOR OF A PRIVATE PAY RESIDENT WITH A SURVEY PACKAGE

OSA LOGO

Month, Day, Year

Dear (MFV Name):

If you prefer to complete this survey in: French, Chinese, Punjabi, German, Filipino, Farsi, Spanish, please call (toll free):
1-XXX-XXX-XXXX

As the Seniors Advocate for British Columbia, I am sending the enclosed survey that asks a number of questions about your impressions of the quality of the care and services received by (name of resident) at (name of residence/facility).

I am conducting a province-wide survey to hear the collective voices of the more than 27,000 seniors living in 303 care homes in British Columbia. All residents in facilities that receive public funding are included in this survey. In addition, I am conducting a survey for you, the family members and most frequent visitors of each resident; this survey mirrors the resident survey and includes additional questions about your unique experiences when you visit your loved one. I will use the results to make recommendations about services for seniors in BC. My Office will work with university researchers from Toronto and interRAI to assist me with analyzing the results.

Completion of the survey is voluntary. One survey for each resident's family and visitors is provided. I encourage you to complete the enclosed survey together with other family members and frequent visitors who visit (name of resident). Please be assured that the results will not identify your answers.

Your feedback is very important to us. Please feel free to express your opinions frankly and be assured that your responses will be held in the strictest confidence. The National Research Corporation Canada, an independent research company, has been selected to receive your completed survey and to collect the results on behalf of my Office. At all times your personal information is protected and will only be used as authorized under the BC Freedom of Information and Protection of Privacy Act.

You can complete the enclosed paper survey and return it in the postage-paid envelope, or you may complete a web version in one of nine languages at the address www.nrcpicker.com/bcsurvey. The password assigned for your exclusive use is XXXXXXXXXXX. If you have any questions or concerns about the survey, please contact my Office at 1-877-952-3181 (toll free). If you prefer to receive this questionnaire in another language, please call 1-XXX-XXX-XXXX (toll free).

Thank you for your time and help. As the Seniors Advocate for British Columbia, I would like to extend my heart-felt thanks for the time you take to complete our survey. Your input and feedback will help ensure that the quality of residential care in this province is something we can all be proud of.

Sincerely,
Isobel Mackenzie
Seniors Advocate, Province of British Columbia

Certificate of Final Approval-16D033

Object (Version):	2016 Residential Care Sector Survey PIA		Version -May 4, 2016
Document Contacts:	Lena Outhbertson	Provincial Director	lcuthbertson@providencehealth.bc.ca
HIPSOC Sponsor Member:	Janet Scott	Providence Health Care	JScott@providencehealth.bc.ca
Record of Decision:	Approval by Quorum		May 19, 2016
HIPSOC Agenda Reference:	16D033		
Conditions:			
None			

Committee Authority: BC Health Information Privacy Security Standing Committee (HIPSSC), Terms of Reference Version 0-9-0, SCIMIT Approved April 10, 2015

HIPSOC, formerly named HIPSSC, is a decision making committee and its authority is drawn from IMITEC (SCIMIT). Authority is also drawn from the authorities vested in individual members of the committee and their inherent ability to represent and influence related business, clinical, legal and IM/IT actions and recommendations within scope of their professional capacity and organizational accountability.

Respecting that members represent separate and legally distinct entities, HIPSOC has the authority to:

- a) develop and recommend for member entity adoption, cross health-sector harmonized privacy and security program controls such as compliance policies, contractual controls (e.g. standardized privacy schedules) and educational tools as required to support each partner organization in establishing accountable privacy management programs as directed by the BC Privacy Commissioner;¹ and
- b) determine whether or not a cross-jurisdictional project, initiative or system is privacy and security compliant with legislation, standards, principles and best practices by rendering a decision of final approval, conditional approval or no approval of initiatives, policies and processes seeking decision. It may further make recommendations regarding required prevention or risk mitigation strategies in order to achieve project, initiative or system compliance.

Recommendations and decisions such as approval, conditional approval, or no approval, will be provided to the appropriate bodies within each respective Health Authority, Society or the Ministry of Health for adoption, processing and implementation in accordance with their respective internal delegation matrix of authority and internal change management processes. HIPSOC will also provide recommendations and decisions as appropriate and required, to IMITEC (SCIMIT) and its standing committees.

Voting Membership Record:

Participating Organization	Date	Vote
Island Health Authority	May 19, 2016	Approved
Interior Health Authority	May 19, 2016	Approved
Fraser Health Authority	June 2, 2016	Approved -by email
Vancouver Coastal Health Authority	May 19, 2016	Approved
First Nations Health Authority	May 19, 2016	Not Applicable
Providence Health Care	May 19, 2016	Approved
Northern Health Authority	June 2, 2016	Approved -by email
Provincial Health Services Authority	May 19, 2016	Approved
Ministry of Health	Absent	Absent

Directions: Please attach this to your document.

¹ Accountable Privacy Management in BC's Public Sector, OIPC, April 30, 2014 <https://www.oipc.bc.ca/guidance-documents/1545>

Certificate of Full Approval-17D071

Object (Version):	SBAR_Return of deidentified raw data to the OSA		As seen by the committee: SBAR_Return of deidentified raw data to the OSA
Document Contacts:	Name	Title	Email
	Full Approval	2017-12-21	
HIPSOC Sponsor Member:	Janet Scott Leader	Privacy Lead	jscott@providencehealth.bc.ca
Record of Decision:	17D071	Directions: Please attach this to your document and send a copy of the document with attached certificate to HIPSOC_Secretariat@gov.bc.ca	
Conditions:	See below:		
N/A			

Voting Membership Record:

Participating Organization	Date	Vote	Participating Organization	Date	Vote
Island Health Authority	2017-12-21	Approved	Providence Health Care	2017-12-21	Approved
Interior Health Authority	2017-12-21	Approved	Northern Health Authority	2018-01-15	Approved by email
Fraser Health Authority	2018-01-04	Approved by email	Provincial Health Services Authority	2017-12-21	Approved
Vancouver Coastal Health Authority	2017-12-21	Approved	Ministry of Health	2017-12-21	Abstained
First Nations Health Authority	2017-12-21	N/A	BC Clinical and Support Services	2017-12-21	Approved

Notes: HIPSOC has approved the transfer of data to the OSA from the vendor. First Nation Health Authority and Northern Health Authority approved in principle by email but not participate at the December 21, 2017 HIPSOC.

Source and Scope of Mandate and Authority: BC Health Information Privacy Security Operations Committee (HIPSOC), Terms of Reference Version 1.0, IPSC Approved January 26, 2017

The BC Health Information Privacy Security Operations Committee (HIPSOC) receives its mandate and authority from – and is an Operations Committee of – the Information Privacy and Security Standing Committee (IPSSC), which in turn receives its mandate from the Information Management Information Technology Standing Committee (IMITSC) of the BC Health Leadership Council. Consistent with the IMITSC terms of reference, the scope of HIPSOC is across the full lifecycle of information management (IM) and information technology (IT) within areas of common or shared interest (CSI) to the BC Health Sector as a whole.

Authority: HIPSOC is a decision making committee and its authority is drawn from IPSSC and ultimately IMITSC as well as from that vested in individual committee members as representatives of their respective health care organizations.

Respecting that members represent separate and legally distinct entities, HIPSOC has the authority to:

- a) develop and recommend for member entity adoption, cross health-sector harmonized privacy and security program controls such as common Privacy Impact Assessment and Security Risk assessment tools and processes, compliance policies, contractual controls (e.g. standardized privacy schedules, information sharing agreements and plans) and educational frameworks and tools as required to support each partner organization in establishing accountable privacy management programs as directed by the BC Privacy Commissioner; and
- b) determine whether or not a Project is privacy and security compliant with legislation, standards, principles and best practices by rendering a decision of final approval, conditional approval or no approval of initiatives, policies and processes seeking decision. It may further make recommendations regarding required prevention or risk mitigation strategies in order to achieve Project compliance.

Recommendations and decisions such as approval, conditional approval, or no approval, will be provided to the appropriate bodies within each respective Health Authority, Society or the Ministry of Health for adoption, processing and implementation in accordance with their respective internal delegation matrix of authority and internal change management processes. HIPSOC will also provide recommendations and decisions as appropriate and required, to IMITSC and its standing committees.

Appendix B – Notification Poster

You are invited!



Mount Saint Joseph's is taking part in a province-wide survey to tell us what we're doing right and what needs improvement from the point of view of residents and their family members.

Your feedback will be used to improve how we provide care to all seniors in care.

Resident interviews will be conducted by volunteers between:

April 29th – May 31st, 2016

Family members will be mailed a separate survey.

For more information or if you prefer not to participate, please contact:

Site Coordinator: Sandra Lee
Email: sylee@providencehealth.bc.ca
Phone: 604-682-2344 (ext. 63389)

Project Manager: Lillian Parsons
Email: lparsons@providencehealth.bc.ca
Phone: 604-371-2094



The surveys will be conducted by **The British Columbia Office of the Seniors Advocate**, an independent office of the provincial government.

Participating in an interview or completing a survey is completely voluntary and all your information will be treated confidentially, in compliance with the BC Freedom of Information and Protection of Privacy Act.

Appendix C – Letter of interRAI Quality of Life survey tool license terms and conditions



From: Lena Cuthbertson
Provincial Director, Patient-Centred Performance Measurement & Improvement
BC Ministry of Health/Providence Health Care

To: British Columbia Patient-Centred Measurement Working Group
Office of the Seniors Advocate's Residential Care Consultation Group
Operators of Health Authority Owned/Operated and Contracted Care Homes in BC

Date: October 7th, 2016

RE: *interRAI* RESIDENTIAL CARE SURVEYS

I am writing in response to requests for copies of the Resident and Most Frequent Visitor survey forms being used for the Office of the Seniors Advocate's (OSA's) 2016/17 Residential Care survey. The survey forms include the following: the *interRAI* Self-Reported Quality of Life Survey for Long-Term Care Facilities and the *interRAI* Family Survey on Nursing Home Quality of Life, custom questions developed and tested in British Columbia (BC), and the Veterans RAND 12 Item Health (VR-12) Survey.

Attached please find a copy of these materials. Please note that I am sending the *interRAI* survey forms pursuant to a license agreement with *interRAI* for the use of their surveys, because you are either an employee of a signatory to the *interRAI* license, the Ministry of Health or the OSA, or are engaged in assisting in some capacity with the planning and implementation of the OSA's residential care survey.

We are permitted to use the *interRAI* surveys for a five year period, beginning July 15th, 2015 (this date reflects when the BC Patient-Centred Measurement Working Group began testing the survey in BC for the OSA), on certain terms and conditions.

Please understand that these materials are protected by copyright as well as the terms of *interRAI*'s license which strictly control their distribution.

Terms of Use

By opening the attached survey forms, you agree on behalf of your respective organizations to the following conditions:

1. You may use and copy the enclosed survey forms for the limited purposes set out below, and for no other purpose. This is a limited, non-exclusive, revocable right. You may not transfer or license this right to others.
2. You may NOT share, distribute or copy the attached surveys or any other version of the survey questionnaires you receive, or any portion of them, with anyone outside your organization, modify them, or, as noted above, post any aspect of the surveys on the Internet, and you must ensure that your staff do not do any of these things.
3. On or before July 15th, 2020, or earlier upon request by me, you are required to cease all use of the surveys, delete the copies of the surveys provided to you today and destroy all other copies in your possession or control, whether printed or electronic.

... Page 2.

From: Lena Cuthbertson
Provincial Director, Patient-Centred Performance Measurement & Improvement
BC Ministry of Health/Providence Health Care

To: British Columbia Patient-Centred Measurement Working Group
Office of the Seniors Advocate's Residential Care Consultation Group
Operators of Health Authority Owned/Operated and Contracted Care Homes in BC

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Attached please find a copy of these materials. Please note that I am sending the *interRAI* survey forms pursuant to a license agreement with *interRAI* for the use of their surveys, because you are either an employee of a signatory to the *interRAI* license, the Ministry of Health or the OSA, or are engaged in assisting in some capacity with the planning and implementation of the OSA's residential care survey.

We are permitted to use the *interRAI* surveys for a five year period, beginning July 15th, 2015 (this date reflects when the BC Patient-Centred Measurement Working Group began testing the survey in BC for the OSA), on certain terms and conditions.

Please understand that these materials are protected by copyright as well as the terms of *interRAI*'s license which strictly control their distribution.

Terms of Use

By opening the attached survey forms, you agree on behalf of your respective organizations to the following conditions:

1. You may use and copy the enclosed survey forms for the limited purposes set out below, and for no other purpose. This is a limited, non-exclusive, revocable right. You may not transfer or license this right to others.
2. **You may NOT share, distribute or copy the attached surveys or any other version of the survey questionnaires you receive, or any portion of them, with anyone outside your organization, modify them, or, as noted above, post any aspect of the surveys on the Internet, and you must ensure that your staff do not do any of these things.**
3. On or before July 15th, 2020, or earlier upon request by me, you are required to cease all use of the surveys, delete the copies of the surveys provided to you today and destroy all other copies in your possession or control, whether printed or electronic.

... Page 2.

4. If you do not agree with these terms, please return the attached survey forms to me without using them or keeping copies.

Permitted purposes

You are permitted to use the survey to assist the health organizations who are signatories to the *interRAI* license, as follows:

- (a) To promote awareness among Ministry of Health, health authority, affiliate and contracted organizations and their staff, leaders, owners and/or governors of the types of questions included in the OSA's survey;
- (b) To promote performance monitoring and management, accountability, and quality monitoring and improvement efforts of both directly owned and operated facilities and contracted facilities, after the conclusion of the OSA's survey;
- (c) To permit development of indicators and reports for both internal and public reporting of the results of the surveys, after the conclusion of the OSA's survey;

No publication

The *interRAI* license only permits us to publish edited (paraphrased) versions of the questions, acceptable to *interRAI*, when referring to the surveys and survey results. Once the OSA survey is complete and we have acceptable paraphrased versions of the questions prepared, I will circulate them with specific permission to publish them, with survey results, on the terms and conditions set out in the *interRAI* license.

Future use of the surveys

If you are a member of a facility that wishes to use the materials to conduct surveys after the conclusion of the OSA's survey and to use the services of a third party to collect or capture data either electronically or by paper, then that third party must have a separate license from *interRAI*. In addition, there are certain data reporting obligations (using de-identified data) back to *interRAI* that must be met under the license. I will provide you with further information about these and other obligations after the conclusion of the OSA's survey.

Use of the VR-12

The BC Patient-Centred Measurement Working Group has on behalf of the province of British Columbia registered the use of the VR-12 for the OSA's survey. In addition we have worked with the developer of the VR-12, Dr. Lewis Kazis, to adapt this PROMS, health related quality of life instrument for long term care. If your organization wishes to use the original VR-12 or the adapted LTC VR-12 at the conclusion of the OSA's survey, please contact me and I will provide guidance on the registration process.

Conclusion

If you have any questions regarding the maintenance and use of the survey questionnaires, or wish to discuss what other use might be made of the enclosed materials under the *interRAI* license, please do not hesitate to contact me. As set out above I will circulate paraphrased versions of the *interRAI* surveys that can be published for the purpose of reporting the survey results in due course.

On behalf of both myself and Isobel Mackenzie, British Columbia's Seniors Advocate, thank you for your commitment to giving residents in long term care the opportunity to provide feedback about their experiences living and receiving services in residential care in our province.

3rd Floor, 1190 Hornby Street, Vancouver, BC Canada V6Z 2K4
Office: 604-806-9401 Cell: 604-612-0005
lcuthbertson@providencehealth.bc.ca



Appendix D – Optional Standardized Prompts

1

Office of the Seniors Advocate Residential Care Survey (Optional Standardized Prompts)

If resident is having trouble understanding the question use the appropriate prompts to help explain the question, DO NOT make up your own prompts!

Privacy

2. I can be alone when I wish.

- *For example, you don't have to join a group activity if you don't want to.*
- *There are places for you to go, if you want to be by yourself.*

3. My privacy is respected when people care for me.

- *For example, staff who care for you make sure other people aren't watching or disturbing you when you receive care.*

Your Food and Meals

6. I enjoy mealtimes.

- *Whether you enjoy the timing, the place, and the company you have when your meals are served.*

7. I get my favourite foods here.

- *Your favourite foods are the kinds of food you like to eat the most.*

9. I can eat when I want.

- *Whether food is available for you to eat when you are hungry.*
- *You do not have to eat at a certain time if you do not want to.*
- *For example, you are able to choose when you want to eat breakfast.*

10. I have enough variety in my meals.

- *You are given different types of food.*
- *For example, you do not have to eat the same thing for dinner every night*

11. The food is the right temperature when I get to eat it.

- *The food you get is not too hot or too cold when it is served to you.*

12. *I get help to eat when I need it.

- *Someone is there to assist you when you would like to eat.*
- *For example, help can be cutting up your food for you, getting you some juice, or feeding you.*

Your Safety and Security

14. I feel my possessions are safe.

- *Your possessions are things that belong to you.*
- *Safe means you do not think anybody will use or take your things without your permission.*

15. I feel safe when I am alone.

- *Safe can mean that you feel out of harm's way*
- *Safe can mean that nothing bad can happen to you*
- *Safe can mean that you won't be hurt.*

16. If I need help right away, I can get it.

- *Somebody comes quickly when you call for help.*
- *For example, if you had a fall, someone would be there quickly to assist you.*

COMFORT

18. I get the services I need.

- *You get all the help you need here.*
- *Services can relate to your personal care (for example haircuts or bathing).*

19. I would recommend <<Name of Home>> to others.

- *If you had a friend who needed care, you would suggest they come live here.*

20. This place feels like home to me.

- *Home is the place that you feel a part of.*
- *Home is the place where you live.*

21. I can easily go outdoors if I want.

- *It is not hard for you to go outside to get some fresh air.*
- *Access to outside areas, such as a solarium, a courtyard or gardens.*

22. I am bothered by the noise here.

- *Noise can be made by other residents, staff or equipment.*
- *Bothered means that the noise disturbs you.*

23. I tend to be happier than most other people.

- *Other people means other residents who live here.*
 - *You are more cheerful than other people.*
-

Make Daily Decisions

25. I decide when to get up.

- *You choose when you would like to get out of bed.*
- *You do not have to wake up if you don't want to.*

26. I decide when to go to bed.

- *You choose when it's time for bed.*
- *You do not have to go to bed at a certain time if you don't want to.*

28. I decide how to spend my time.

- *You decide what you do during the day.*
- *You can pick what activities you want to do and when you are going to do them.*
- *For example, you can choose to watch tv or join in a group activity.*

29. I can go where I want on the "spur of the moment".

- *You are free to come and go as you please.*
- *For example, you can go outside, to the common areas, to the dining room whenever you want.*

30. I control who comes into my room.

- *People who come into your room can be staff people, other residents or visitors.*
- *For example, if you don't want somebody in your room, you can say no.*

31. I can have a bath or shower as often as I want.

- *Whenever you would like to have a bath or shower, you can have one.*

32. I decide which clothes to wear.

- *When you get dressed, you choose which clothes you put on.*
- *Nobody tells you what clothes to wear.*

Respect by Your Staff

34. Staff pay attention to me.

- *Staff does not ignore you.*
- *For example, staff takes notice of you or focus their attention on you.*

35. I can express my opinion without fear of consequences.

- *Opinion can mean thoughts about your treatment, your care, or even what you think about politics.*
- *You can say what you want without being worried about getting in trouble.*

36. I am treated with respect by the staff.

- *Staff communicates and interacts with you with respect and good manners.*
- *You feel valued as a human being by the staff.*

38. Staff respects what I like and dislike.

- *Staff considers what you are fond of and what you are not fond of.*
- *For example, staff pay attention to what you like to wear or what activities you enjoy doing.*

Staff Responsiveness

40. Staff responds quickly when I ask for assistance.

- *Staff does not keep you waiting for a long time when you ask for help.*
- *Staff acknowledges you when you need something.*
- *Assistance can be when you ask for help or when you use your call bell.*

41. I can get the health services that I need.

- *Health services help you be as well as you can.*
- *For example, dental care, foot care, and physical and occupational therapy.*

42. The care and support I get help me live my life the way I want.

- *The help you get here lets you live the way you like.*
- *Help can come from staff such as doctors, nurses, care aides, and volunteers.*

43. Staff acts on my suggestions.

- *Suggestions are ideas that you have.*
- *For example, a suggestion can be about anything from which food you would like to eat to what movies to watch.*
- *Staff listens to your suggestions and does something because of it.*

44. Staff know what they are doing.

- *You believe the staff have the right skills and abilities to care for you.*

45. Staff have enough time for me.

- *You believe the staff have the time necessary to care for you.*
- *Staff do not seem rushed when caring for you.*

46. *I get help to the toilet when I need it.

- *Someone is there to assist you when you need to go to the toilet.*
- *When you ask for help, you do not have to wait too long before someone comes to assist you.*

48. ***I tell the staff when I am not happy about something.**
- *A problem can be about anything that happens here.*
 - *You are not afraid that someone will get back at you if you say something they don't like.*
 - *Staff, managers, nurses or doctors, are available to talk to you.*
49. ***My problem gets solved when I tell the staff I am not happy about something.**
- *When you told the staff about your problem, it gets fixed or addressed.*
50. ***Staff explains what they are doing when they give me care.**
- *Staff tell you what they are planning to do.*
 - *For example, when it is time for a bath or when they are going to take your blood pressure.*
 - *If you ask a question about your care, staff is able to give you an answer.*
51. ***Staff tries to relieve my physical discomfort.**
- *Physical discomfort is feeling aches and pains.*
 - *For example, from coughing or difficulty breathing.*
 - *It can be relieved by things such as massage, hot or cold packs, giving or checking your medicines, or re-positioning you in your wheelchair or bed.*

Staff-Resident Bonding

53. **Some of the staff knows the story of my life.**
- *Staff is interested in things like where you were born, where you grew up, your family, and important things about your life.*
 - *Some of the people who work here know about the things you have experienced over the years.*
54. **Staff takes the time to have a friendly conversation with me.**
- *Staff makes or finds time to chat with you.*
55. **Staff asks how my needs can be met.**
- *Staff asks you if you have everything you need*
 - *Staff asks if there is anything else they can do for you.*
 - *The people who work here ask you how they can best support you.*
56. **I consider a staff member my friend.**
- *You feel a connection with a staff member.*
57. **I have a special relationship with a staff member.**
- *You have a staff member who is your favourite.*

59. ***Staff tries to understand what I'm feeling.**
- *If you are happy or upset, staff notice and ask you why.*
 - *Staff asks you about your feelings*
 - *Staff are compassionate.*
60. **I have the same care aide on most weekdays.**
- *Care Aides are the staff here who provide personal assistance and support services.*
 - *You have the same Care Aide most of the days between Monday and Friday.*
 - *The care aides don't change too often during the week.*

Activities

62. **I have enjoyable things to do here on weekends.**
- *On Saturday, Sunday and on holidays, there are activities that you enjoy and entertain you.*
 - *Enjoyable things are activities such as games or outings.*
63. **I have enjoyable things to do here in the evenings.**
- *Evenings are the time after dinner and can include during the week or on the weekend.*
 - *Enjoyable things are activities such as games or outings.*
64. **I participated in meaningful activities in the past week.**
- *In the last week, you took part in activities that are important and worthwhile to you.*
 - *For example, watching movies with your favourite actors or playing your favourite game.*
65. **If I want, I can participate in religious activities that have meaning to me.**
- *Religious activities can include church or other services, or visits by spiritual leaders such as a priest or rabbi.*
66. **I have opportunities to spend time with other like-minded residents.**
- *You can talk with other residents who have similar opinions.*
 - *You can spend time with residents who have the same interests as you.*
67. **I have the opportunity to explore new skills and interests.**
- *Skills and interests are hobbies or activities that you like to do for fun.*
-

Personal Relationships

69. **Another resident here is my close friend.**
- *You have a friendship or connection with another person who lives here.*
 - *There is someone else who lives here who is your good buddy.*
70. **I have people who want to do things together with me.**
- *When you want to do something you enjoy, there is someone here with whom you can do it.*
71. **People ask for my help or advice.**
- *Other residents value your input and opinions.*
72. **I have opportunities for affection or romance.**
- *Affection or romance can mean anything from getting a hug when you want or need one to being intimate with someone here, if you want to be.*
73. **It is easy to make friends here.**
- *You can develop relationships and companionships with other residents here.*
74. ***I am treated with respect by other residents who live here.**
- *Residents here treat you with dignity.*
 - *For example, you feel valued as a human being by other residents.*
75. ***My family and friends are welcome to visit whenever they choose.**
- *Your family and friends do not have to come during visiting hours.*
 - *Staff welcome your family and friends any time they come to visit you.*

Your Medication

77. ***Do you know what drugs you are taking?**
- *Drugs are prescription medicines that the doctors or nurses give you to help you feel better.*
 - *Drugs do not include things like vitamins.*
78. ***Do you know what you're taking the drugs for?**
- *Drugs are prescription medicines that the doctors or nurses give you to help you feel better.*
 - *Drugs do not include things like vitamins.*
79. ***Were you consulted about taking the drugs?**
- *Drugs are prescription medicines that the doctors or nurses give you to help you feel better.*
 - *Consulted means that the doctors or nurses had a discussion with you about the drugs and different options.*

Your Doctor

81. ***The doctor comes to see me when I am sick.**
- *The doctor comes to see you if you ask to see him or her, when you are not feeling well.*
82. ***The doctor comes to see me even when I am not sick.**
- *The doctor stops by or drops in to visit you when you are feeling fine.*
83. ***Overall, how would you rate the quality of care and services your doctor provides here?**
- *When you think about all the things that go into the care and support your doctor provides.*
 - *You might think about how quickly he or she comes when you need him or her, how attentive he/she is when he/she is here.*

Additional Questions

85. ***Overall, how would you rate the quality of care and services in <<Name of Home>>?**
- *When you think about all the things that go into the care and support you get here.*
 - *You might think about the staff, the activities, the food, and everything else you experience here.*
86. ***Do you want to live here?**
- *Is this the right place for you to be living right now?*
 - *Is there somewhere else that would be a better place for you to be?*

About You

90. ***Just like a man and a woman can love each other, so can a man and a man or a woman and a woman. Do you consider yourself to be...?**
- *Heterosexual means that you prefer relationships of someone of the other gender*
 - *Gay or lesbian means you prefer relationships with someone of the same gender.*
105. **Is there anything else you would like to tell us about your experience living here?**
- *If we could make one thing better for you here, what would you want to change?*
 - *What is the best or worst thing about living here?*

Optional prompts were developed and tested for the Office of the Seniors Advocate by the British Columbia Patient-Centered Measurement Working Group

Appendix E – Most Frequent Visitor Cover Letter Sample



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

CHRISTOPHER JOHNSON
1245 Q ST STE 400
LINCOLN NE 68508

Aimeriez vous recevoir ce questionnaire en français?
Veuillez composer le :
Wenn Sie einen Fragebogen in deutscher Sprache haben
möchten, rufen sie bitte die folgende Nummer an:
¿Quiere este cuestionario en español? Por favor, llame al:
Gusto mo po ang itong survey sa tagalog? Itawag sa:
बी कुमी किम पुमनाबली कुं यनाधी किंम पुपुड बरना सधेरो ? विपुा बरवे
नाम बवे:
你想收到这份问卷的中文版吗? 请致电:
你想收到这份问卷的中文版吗? 请致电:
한국어 설문지가 필요하신가요? 아래 전화번호로 연락해주세요:
ایا شما می خواهید این پرسش به زبان فارسی ؟ لطفا تماس بگیرید:
1866-460-8126

Dear Christopher Johnson:

As the Seniors Advocate for British Columbia, I am conducting a province-wide survey to hear the collective voices of the more than 27,000 seniors living in 303 care homes in British Columbia about their impressions of the quality of the care and services they receive at Alpha Hospital.

In addition, I am conducting a survey for family members and most frequent visitors of each resident; this survey mirrors the resident survey and includes additional questions to reflect your unique experiences as family members and visitors. You have been identified as the family member or visitor who visits John Smith most frequently.

Completion of the survey is voluntary. One survey for each resident's family and frequent visitors is provided. I encourage you to complete the enclosed survey together with other family members and friends who frequently visit John Smith.

Your feedback is very important to us. Please feel free to express your opinions frankly and be assured that your responses will be held in the strictest confidence. The National Research Corporation Canada, an independent research company, has been selected to receive your completed survey and to prepare reports of the results on behalf of my Office. At all times your personal information is protected and will only be used as authorized under the BC Freedom of Information and Protection of Privacy Act.

You can complete the enclosed paper survey and return it in the postage-paid envelope, or you may complete a web version in one of nine languages at www.nationalresearch.ca/BCOSA. The password assigned for your exclusive use is . If you have any questions or concerns about the survey, please contact my Office at 1-877-952-3181 (toll free). If you prefer to receive this questionnaire in another language, please call 1-XXX-XXX-XXXX (toll free).

Thank you for your time and help. As the Seniors Advocate for British Columbia, I would like to extend my heart-felt thanks for the time you take to complete our survey. Your input and feedback will help ensure that the quality of residential care in this province is something we can all be proud of.

Sincerely,

Isobel Mackenzie
Seniors Advocate, Province of British Columbia



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

CHRISTOPHER JOHNSON
1245 Q ST STE 400
LINCOLN NE 68508

Aimeriez vous recevoir ce questionnaire en français?
Veuillez composer le :
Wenn Sie einen Fragebogen in deutscher Sprache haben
möchten, rufen sie bitte die folgende Nummer an:
¿Quiere este cuestionario en español? Por favor, llame al:
Gusto mo po ang itong survey sa tagalog? Itawag sa:
बी कुमी किम पूरनाबली कुं पंजाबी किंच पूरना बरला सारो ? बिपु बरले
नाम सदे:
你想收到這份問卷的中文版嗎? 請致電:
你想收到這份問卷的中文版嗎? 請致電:
한국어 설문지가 필요하신가요? 아래 전화번호로 연락해주세요:
ایا شما می خواهید این بررسی به زبان فارسی ؟ لطفا تماس بگیرید:
1866-460-8126

Dear Christopher Johnson:

Recently you were mailed a survey regarding your impressions of the quality of the care and services at Alpha Hospital. If you have already returned the survey, thank you and please disregard this letter. If you have not yet had a chance to complete the survey, or if you no longer have the copy sent to you, please take a moment to complete the extra copy enclosed.

As the Seniors Advocate for British Columbia, I am conducting a province-wide survey to hear the collective voices of the more than 27,000 seniors living in 303 care homes in British Columbia about their impressions of the quality of the care and services they receive. In addition, I am conducting a survey for family members and most frequent visitors of each resident; this survey mirrors the resident survey and includes additional questions to reflect your unique experiences as family members and visitors. You have been identified as the family member or visitor who visits John Smith most frequently.

Completion of the survey is voluntary. One survey for each resident's family and frequent visitors is provided. I encourage you to complete the enclosed survey together with other family members and friends who frequently visit John Smith.

Your feedback is very important to us. Please feel free to express your opinions frankly and be assured that your responses will be held in the strictest confidence. The National Research Corporation Canada, an independent research company, has been selected to receive your completed survey and to prepare reports of the results on behalf of my Office. At all times your personal information is protected and will only be used as authorized under the BC Freedom of Information and Protection of Privacy Act.

You can complete the enclosed paper survey and return it in the postage-paid envelope, or you may complete a web version at www.nationalresearch.ca/SurveyBCSeniorsFamily. The password assigned for your exclusive use is . If you have any questions or concerns about the survey, please contact my Office at 1-877-952-3181 (toll free). If you prefer to receive this questionnaire in another language, please call 1-866-460-8126 (toll free).

Thank you for your time and help. As the Seniors Advocate for British Columbia, I would like to extend my heart-felt thanks for the time you take to complete our survey. Your input and feedback will help ensure that the quality of residential care in this province is something we can all be proud of.

Sincerely,

Isobel Mackenzie
Seniors Advocate, Province of British Columbia

Appendix F – Welcome Package-Information Letter

Information for the Volunteer Interviewer: Care Home Name

The BC Office of the Seniors Advocate's Residential Care Survey 2016/2017

|
Dear Facility Coordinator and Volunteer Interviewers,

Welcome to the BC Office of the Seniors Advocate's Residential Care Survey! Thank you for your time and effort that have dedicated towards this project so far.

In this package you will find the following:

- **An Information Sheet:** this provides an outline of the unique processes that the Volunteer Interviewers will follow that have been established specifically for this site, in advance.
- **Instructions for "new" residents:** instructions for what Volunteer Interviewers and Facility Coordinators to follow if a new resident moves into the site during the survey period or if a resident who does not appear on the Resident Lists would like to participate in this survey.
- **Confidential Resident Lists:** grouped by unit/neighborhood and indicate the unique Survey ID that is attached to each Resident.
- **Resident Surveys with unique Survey IDs:** the questionnaires Volunteer Interviewers will use to conduct the interview with the resident.
- **Postage paid envelopes:** for completed Resident Surveys, to be placed in outgoing mail according to the process on the Information Sheet.
- **Generic Resident Surveys:** in case there was a mistake or for new residents.

Please feel free to contact your Regional Engagement [Lead](#) or me if there are any questions, concerns, or if you require additional materials.

Thank you,

Lillian

Project Manager
The BC Office of the Seniors Advocate's Residential Care Survey
Email: lparsons@providencehealth.bc.ca
Phone: 604-317-2094

Information for the Volunteer Interviewer: Care Home Name

The BC Office of the Seniors Advocate's Residential Care Survey 2016/2017

Information Sheet: Care Home Name	
Days and Times for Resident Interviews	<ul style="list-style-type: none"> Monday to Friday 10:00 am to 12:00 pm 12:00 pm to 4:00 pm
Resident Identifiers	<ul style="list-style-type: none"> Names and pictures on the doors of residents' rooms Staff Wristbands
Volunteer Check <u>In</u> Space	<ol style="list-style-type: none"> Volunteers need to sign in/out at Reception located near the Main Entrance. You will then pick up <u>all of</u> your survey materials from the Facility Coordinator's Office. All Residents Lists and Resident Survey Booklets will be kept in the office. Their office is located near the main entrance on the first floor <Facility Coordinator> will then ring the appropriate contact for you to do your Shift Check-In. Please return all completed Resident Survey Booklets to <u>Medhi</u> at Reception.
Number of Volunteers Per Shift	Max. 4
Units	Care home is home to xxx residents.
Other Communication to Volunteers	<ul style="list-style-type: none"> Please do not bring any valuables. Lunch and minimal belongings can be kept in the Director of Care's office. <p><u>Parking:</u></p> <ul style="list-style-type: none"> There is free parking

Appendix G – Sample Confidential Resident List

CONFIDENTIAL - DO NOT REMOVE FROM FACILITY

Volunteer Interviewer Resident List - Care Home

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

Please use codes on the reverse side of this page to track attempts.

Survey ID	First Name	Last Name	Unit Code	Room	Bed	Lang	Try #1	Try #2	Try #3	Comment
1										
2										
3										
4										
5										
6										
7										
8										
9										

Appendix H – Try Codes

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	Confusion / Anxiety	When a resident cannot understand what you are saying or is demonstrated anxiety to your questions.
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 again)
9	Deceased	When the resident has passed (Do not attempt again)
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.
14	Discharged	When the resident has been discharged from the <u>facility</u> . (Do not attempt again)

Appendix I – Timeline for Welcome Package Delivery

DAY 1	<ul style="list-style-type: none"> • Care home sends resident data file to vendor • Vendor verifies and processes data file • Vendor notifies Providence Health Care that the file has been processed <p>Note: If a resident list contained errors or required confirmation, vendor would hold file and notify Providence Health Care lead.</p> <p>Note: If list was sent before 3pm EST same day processing would occur. If sent after 3pm, Day One is the next business day</p>
DAY 2	<ul style="list-style-type: none"> • Resident list created • Vendor sends Welcome Package, Confidential Resident list, and mailing instructions to printing vendor • Printing vendor begins printing process
DAY 3	<ul style="list-style-type: none"> • Printing vendor mails survey packages using UPS Expedited delivery and provides tracking information to survey vendor. Average delivery time between 2 – 4 business days. • Survey Vendor to provide Providence Health Care with tracking information <ul style="list-style-type: none"> • Note: Delivery data might have been longer for care homes in more remote areas. Care homes were notified in such cases.
Day 4+	<ul style="list-style-type: none"> • Package delivered to care home

Appendix J – Introduction Script

Approaching & Inviting a Resident

a. [READ]:

- “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 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?”

Optional – if the resident asks: “Who is the Office of the Seniors Advocate? What is the Office of the Seniors Advocate? Or who are you here for?”

[READ]: Isobel Mackenzie is BC’s Seniors Advocate. Her Office is a part of government and makes recommendations about services for seniors in BC. If you want to learn more, I have a number for you to call.

- Give out 1.877.952.3181 if a resident would like contact information.

b. If resident responds and says:

- Yes → stay and continue to Step c.
- 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.

c. Make sure the resident is comfortable and feels at ease to share with you (E.g. “Are you comfortable to do the interview here?”). 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.

If there are other residents around you, ask the resident “Is it okay if other residents hear your answers?”

- Yes → proceed with step d
- No → Move to a private location. If no location available, attempt again at another time

d. [READ]:

- “Before we begin, I want to assure you that all the information you provide today will be completely confidential.
- The results will be used to make recommendations about services for seniors in BC, but will not identify your answers.
- 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?”

e. Before you begin the interview, be sure to clean your hands with the hand sanitizer:

[READ]: “I am just going to clean my hands. Would you like some?” and offer the hand sanitizer to the resident.

Optional - If there is a visitor in the room with the resident.

If the resident has a visitor in the room make sure you introduce yourself to the visitor and read the same script as you would if there was no visitor. If the resident agrees to participate give the resident the option that you can return once the visit is over by saying: "Would you like to do the interview now or shall I come back later?"

If they still agree to participate ensure they are okay with the visitor in the room while they give answers by saying: "Are you okay with "VISITOR'S NAME" being here while we do the interview?"

- If yes → continue with the survey.
- If no → come back another time (attempt to schedule a time)

If the visitor is interrupting, offering their own opinion, or answering for the resident please say:

"This survey is intended to provide RESIDENT NAME with the opportunity to provide his/her voice. We need RESIDENT NAME to answer the question him/herself. If you are interested, we will be sending out a survey to family members to also let us know what they think of the services at this care home."

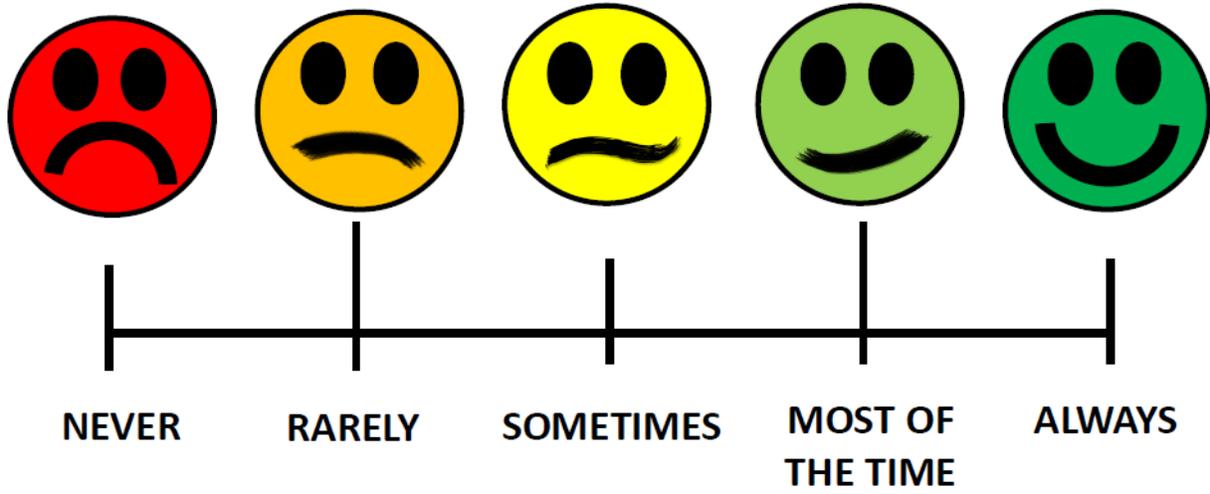
If the visitor continues to interrupt, offer their own opinion, or answer for the resident please simply say:

"Okay, thank you so much for your time today. These are all the questions that I will be asking today"

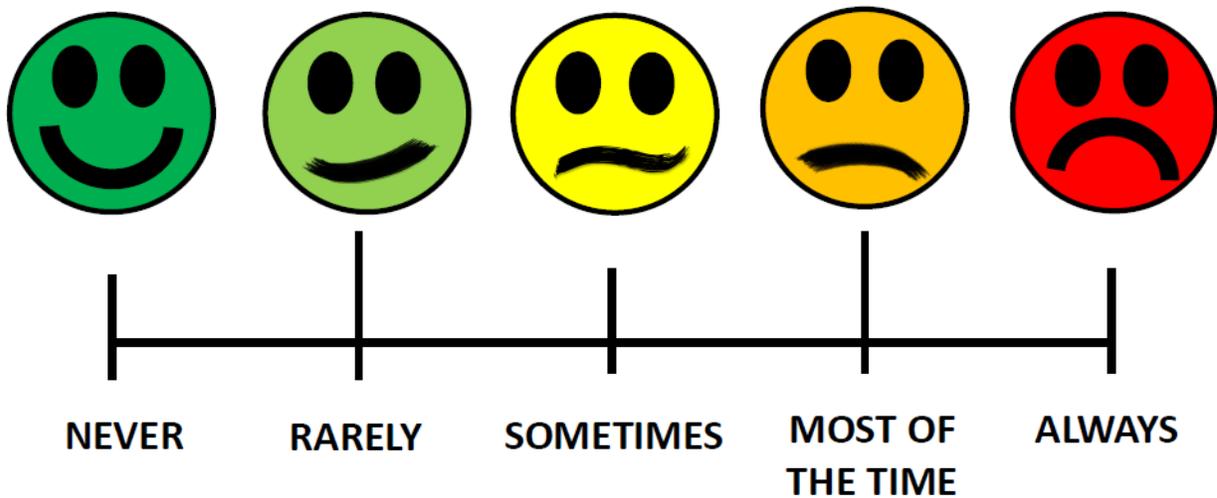
Then mark in your resident list that you should return to this resident when they do not have a visitor.

Appendix K – LTC Resident-Visual Analogue Board Samples

Board 1



Board 2

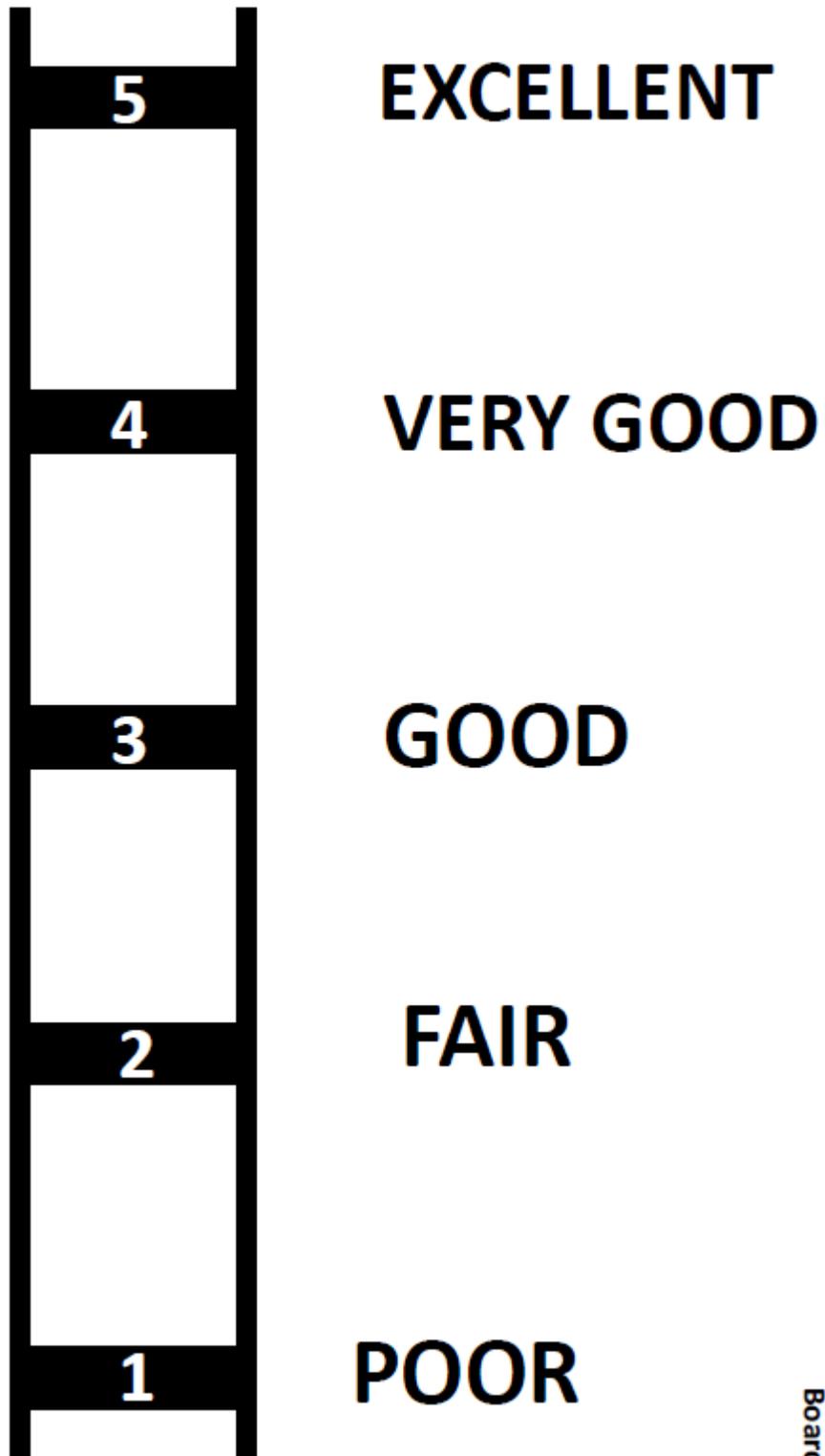




YES



NO



Board 4

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

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

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

Board 8

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
---	---	---	---	---	---

Board 9

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
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Board 10

MUCH BETTER SLIGHTLY BETTER ABOUT THE SAME SLIGHTLY WORSE MUCH WORSE

1	2	3	4	5
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Board 11

EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1	2	3	4	5

Appendix L – MFV Data File Template

BC Office of the Seniors Advocate's Residential Care Survey												
Facility Name:												
Facility Coordinator:												
Facility Number	Facility Name	Resident First Name (ResFName)	Resident Last Name (ResLName)	Resident PHN	Resident PHN	Most Frequent Visitor First Name (MFVFNName)	Most Frequent Visitor Last Name (MFVLName)	MFV Address (Addr1)	MFV Address 2 (Addr2)	MFV City	MFV Province	MFV Postal Code

Appendix M –Resident Survey Question Text Fragment

*Items marked with a single asterisk at the beginning of the question indicate that question is a BC Custom question

**Items with two asterisks at the beginning of the question are modifications to the original VR-12 questions

Question Type	Used in Theme Score Calculation	Theme
		Overall Questions
BC Custom		*Overall quality of care & services rating in this care home
interRAI		Would recommend this care home to others
interRAI		Happier than most other people
BC Custom		*Want to live in this care home
		Personal Control
interRAI	Yes	Can be alone when wish
interRAI	Yes	Can easily go outdoors
interRAI	Yes	Decide when to go to bed
interRAI	Yes	Decide how to spend time
interRAI	Yes	Can go out on spur of moment
interRAI	Yes	Control who comes in own room
interRAI	Yes	Bathe or shower as often as want
interRAI	Yes	Decide which clothes to wear
interRAI		Bothered by noise
interRAI		Decide when to get up
interRAI		Feel possessions are safe
interRAI		Feel safe alone
interRAI		Privacy is respected during care
		Social Life
interRAI	Yes	Enjoyable things to do on weekends in this care home
interRAI	Yes	Participated in meaningful activities in past week
interRAI	Yes	Can participate in religious activities

interRAI	Yes	Can spend time with like-minded residents
interRAI	Yes	Can explore new skills/interests
interRAI	Yes	Another resident is close friend
interRAI	Yes	People to do things with
interRAI	Yes	People ask resident for help/advice
interRAI	Yes	Have opportunities for affection/romance
interRAI	Yes	Easy to make friends in care home
interRAI		Care home feels like home
interRAI		Enjoyable things to do in evening in this care home
BC Custom		*Family/friends can visit when they choose
BC Custom		*Treated with respect by other residents in care home
		Staff Responsiveness
interRAI	Yes	If needed can get help right away
interRAI	Yes	Get services needed
interRAI	Yes	Staff pay attention to residents
interRAI	Yes	Treated with respect by staff
interRAI	Yes	Staff respect likes/dislikes of residents
interRAI	Yes	Staff respond quickly
interRAI	Yes	Can get health services needed
interRAI	Yes	Care helps residents live life as wanted
interRAI		Can express opinions
interRAI		Staff know what they are doing
BC Custom		*Get help to toilet when needed
		Caring Staff
interRAI	Yes	Staff act on resident suggestions
interRAI	Yes	Staff know life story of resident
interRAI	Yes	Staff make time for friendly conversation with resident
interRAI	Yes	Staff ask how to meet resident needs
interRAI	Yes	Residents have a staff member they consider a friend
interRAI		Have same care aide most weekdays
interRAI		Have special relationship with staff
interRAI		Staff have enough time for residents
BC Custom		*Problem gets solved when tell staff not happy
BC Custom		*Staff explains what they are doing when giving care

BC Custom		*Staff tries to relieve physical discomfort
BC Custom		*Staff tries to understand feelings
BC Custom		*Tell staff when not happy about something
		Food
interRAI	Yes	Enjoy mealtimes
interRAI	Yes	Enough variety in meals
interRAI	Yes	Get favourite foods
interRAI		Can eat when want
interRAI		Food is the right temperature
BC Custom		*Get help to eat when needed
		Medication (BC Custom)
BC Custom	Yes	*Know what medications taking
BC Custom	Yes	*Know what taking medications for
BC Custom	Yes	*Consulted about taking medications
		Physician Care (BC Custom)
BC Custom	Yes	*Doctor visits when sick
BC Custom	Yes	*Doctor visits when NOT sick
BC Custom	Yes	*Overall quality of care and services from doctor
		VR-12
VR-12		**VR: General health is
VR-12		**VR: Health limits moderate activities, eg walking a block
VR-12		*VR: Health now limits ability to bathe/dress self
VR-12		**VR: Accomplished less in past week due to physical health
VR-12		**VR: Physical health in past week limited daily activities
VR-12		**VR: Accomplished less in past wk due to emotional problems
VR-12		**VR: Emotional problems in past week impacted activities
VR-12		**VR: Pain interfered with normal activities in past week
VR-12		**VR: Amount of time feeling calm and peaceful in past week
VR-12		**VR: Amount of time having a lot of energy in past week
VR-12		**VR: Amount of time feeling downhearted in past week
VR-12		VR: Rating of physical health compared to one year ago
VR-12		VR: Rating of emotional problems compared to one year ago
VR-12		VR: Physical/emotional health interfered w/ social activ.

Appendix N –MFV Survey Question Text Fragment

*Items marked with a single asterisk at the beginning of the question indicate that question is a BC Custom question

**Items with two asterisks at the beginning of the question are modifications to the original VR-12 questions

Question Type	Used in Theme Score Calculation	Theme
		Overall Questions
interRAI		MFV: Would recommend this care home to others
BC Custom		*MFV: MFV thinks resident wants to live in this care home
BC Custom		*MFV: Want resident to live in this care home
BC Custom		*MFV: Overall quality of care & services in this care home
BC Custom		*MFV: Overall rating of care home
		Personal Control
BC Custom		*MFV: Can find private place to visit with my family member
interRAI	Yes	MFV: Bathe or shower as often as want
interRAI		MFV: Bothered by noise
interRAI	Yes	MFV: Can be alone when wish
interRAI	Yes	MFV: Can easily go outdoors
interRAI	Yes	MFV: Can go out on spur of moment
interRAI	Yes	MFV: Control who comes in own room
interRAI	Yes	MFV: Decide how to spend time
interRAI		MFV: Decide when to get up
interRAI	Yes	MFV: Decide when to go to bed
interRAI	Yes	MFV: Decide which clothes to wear
interRAI		MFV: Feel possessions are safe
interRAI		MFV: Feel safe alone
interRAI		MFV: Privacy is respected during care
		Social Life
interRAI	Yes	MFV: Another resident is close friend
interRAI	Yes	MFV: Can explore new skills/interests
interRAI	Yes	MFV: Can participate in religious activities

interRAI	Yes	MFV: Can spend time with like-minded residents
interRAI		MFV: Care home feels like home
interRAI	Yes	MFV: Easy to make friends in care home
interRAI		MFV: Enjoyable things to do in evening in this care home
interRAI	Yes	MFV: Enjoyable things to do on weekends in this care home
interRAI	Yes	MFV: Have opportunities for affection/romance
interRAI	Yes	MFV: Participated in meaningful activities in past week
interRAI	Yes	MFV: People ask resident for help/advice
interRAI	Yes	MFV: People to do things with
		Staff Responsiveness
BC Custom		*MFV: Staff handle aggressive behaviour appropriately
interRAI	Yes	MFV: Can get health services needed
interRAI		MFV: Family member/MFV can express opinions without fear
interRAI	Yes	MFV: Get services needed
interRAI	Yes	MFV: If needed can get help right away
interRAI		MFV: Resident can express opinions without fear
interRAI		MFV: Staff know what they are doing
interRAI	Yes	MFV: Staff pay attention to residents
interRAI	Yes	MFV: Staff respect likes/dislikes of residents
interRAI	Yes	MFV: Staff respond quickly
interRAI	Yes	MFV: Treated with respect by staff
interRAI	Yes	MFV: Care helps residents live life as wanted
BC Custom		*MFV: Have seen residents behave aggressively in the home
		Caring Staff
BC Custom		*MFV: Consulted when care plan changes
BC Custom		*MFV: Family/MFVs involved in care plan development
BC Custom		*MFV: Family/MFVs Involved in decisions about care
BC Custom		*MFV: Family/MFVs kept up to date by staff
BC Custom		*MFV: Family/MFVs know who to talk to for information
BC Custom		*MFV: Staff address concerns of family/MFVs
interRAI	Yes	MFV: Staff act on resident suggestions
interRAI		MFV: Have same care aide most weekdays
interRAI		MFV: Have special relationship with staff
interRAI	Yes	MFV: Residents have a staff member they consider a friend
interRAI	Yes	MFV: Staff ask how to meet resident needs
interRAI		MFV: Staff have enough time for residents

interRAI	Yes	MFV: Staff know life story of resident
interRAI	Yes	MFV: Staff make time for friendly conversation with resident
		Food
BC Custom		*MFV: Get help to eat when needed
BC Custom		*MFV: Staff take the time needed to feed my family member
interRAI		MFV: Can eat when want
interRAI	Yes	MFV: Enjoy mealtimes
interRAI	Yes	MFV: Enough variety in meals
interRAI		MFV: Food is the right temperature
interRAI	Yes	MFV: Get favourite foods
		Hand Hygiene
BC Custom	Yes	*MFV: Care staff instruct where to get handwashing products
BC Custom	Yes	*MFV: Care staff showed MFV proper handwashing
BC Custom	Yes	*MFV: Comfortable asking if staff wash/clean their hands
BC Custom	Yes	*MFV: Other staff wash/clean hands
BC Custom	Yes	*MFV: Care told MFV about importance of handwashing
		Medication (BC Custom)
BC Custom		*MFV: Doctor provides individualized care
BC Custom		*MFV: Overall quality of care and services from doctor
BC Custom		*MFV: Family/MFVs consulted about medications changes
BC Custom		*MFV: Know what medications taking
BC Custom		*MFV: Know what taking medications for
		Physician Care (BC Custom)
BC Custom	Yes	*MFV: Doctor visits when NOT sick
BC Custom	Yes	*MFV: Doctor visits when sick
BC Custom	Yes	*MFV: Family/MFVs given information from doctor
BC Custom	Yes (Hand Hygiene)	*MFV: Doctor washes/cleans hands
		Physical Environment
BC Custom	Yes	*MFV: Care home is clean
BC Custom	Yes	*MFV: Care home smells good
		VR-12
VR-12		MFV-VR: General health is
VR-12		**MFV-VR: Health limits moderate activity eg walking a block
VR-12		*MFV-VR: Health now limits ability to bathe/dress self
VR-12		**MFV-VR: Accomplished less due to physical health
VR-12		**MFV-VR: Accomplished less past wk due to emotional probs

VR-12		**MFV-VR: Emotional probs in past week impacted activities
VR-12		**MFV-VR: Physical health in past wk limited daily activity
VR-12		**MFV-VR: Pain interfered normal activities in past week
VR-12		**MFV-VR: Amount of time feeling calm/peaceful in past week
VR-12		**MFV-VR: Amount of time feeling downhearted in past week
VR-12		**MFV-VR: Amount of time having a lot of energy in past week
VR-12		**MFV-VR: Physical/emotional probs impacted social activity
VR-12		MFV-VR: Rating of emotional problems compared to 1 year ago
VR-12		MFV-VR: Rating of physical health compared to one year ago
		Family Council
BC Custom		*MFV: MFV attends Family Council
BC Custom		*MFV informed about the Family Council (Choose all that apply)

Appendix O – Resident Survey Codebook

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Question	1			N/A	aParticipation Status	1	Participated in survey interview	No	
						2	Refused to participate	No	
						3	Unable to answer first 2 sections	No	
						4	Language barrier	No	
						5	Palliative care	No	
						6	Deceased	No	
						7	Could not locate after 3 attempts	No	
						8	Unresponsive after 3 attempts	No	
						9	Too ill to survey after 3 attempts	No	
						10	Risk to interview (e.g., aggression as deemed by facility staff)	No	
						11	Discharged	No	
Comment					Questionnaire Begins Here				
Privacy									
Question	2	interRAI	Personal Control	Yes	Can be alone when wish	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						-86	No response	No	n/a
Question	3	interRAI	Personal Control	Yes	Privacy is respected during care	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	4				Privacy Comments:				
Food/Meals									
Question	5				LTC: Is resident tube fed	1	Yes	No	
						2	No	No	
Question	6	interRAI	Food	Yes	Enjoy mealtimes	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	7	interRAI	Food	Yes	Get favourite foods	1	Never	No	No
						2	Rarely	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	8				Food Comments 1				
Question	9	interRAI	Food	No	Can eat when want	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	10	interRAI	Food	Yes	Enough variety in meals	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	11	interRAI	Food	No	Food is the right temperature	1	Never	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	12	BC Custom	Food	No	*Get help to eat when needed	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-89	Don't know	No	n/a
						-88	Refused	No	n/a
						-87	No response	No	n/a
						-86	Not Applicable	No	n/a
Comment	13				Food Comments 2				
Safety and Security									
Question	14	interRAI	Personal Control	No	Feel possessions are safe	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	15	interRAI	Personal Control	No	Feel safe alone	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	16	interRAI	Staff Responsiveness	Yes	If needed can get help right away	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	17				Safety and Security Comments				
Comfort									

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Question	18	interRAI	Staff Responsiveness	Yes	Get services needed	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	19	interRAI	Overall	N/A	Would recommend this care home to others	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	20	interRAI	Social Life	No	Care home feels like home	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						-86	No response	No	n/a
Question	21	interRAI	Personal Control	Yes	Can easily go outdoors	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	22	interRAI	Personal Control	No	Bothered by noise	1	Never	No	Yes
						2	Rarely	No	Yes
						3	Sometimes	No	No
						4	Most of the Time	No	No
						5	Always	No	No
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	23	interRAI	Overall	N/A	Happier than most other people	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						-86	No response	No	n/a
Comment	24				Comfort Comments:				
Make Daily Decisions									
Question	25	interRAI	Personal Control	No	Decide when to get up	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	26	interRAI	Personal Control	Yes	Decide when to go to bed	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	27				Daily Decisions Comments 1				
Question	28	interRAI	Personal Control	Yes	Decide how to spend time	1	Never	No	No
						2	Rarely	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	29	interRAI	Personal Control	Yes	Can go out on spur of moment	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	30	interRAI	Personal Control	Yes	Control who comes in own room	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	31	interRAI	Personal Control	Yes	Bathe or shower as often as want	1	Never	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	32	interRAI	Personal Control	Yes	Decide which clothes to wear	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	33				Daily Decisions Comments 2				
Respect by Staff									
Question	34	interRAI	Staff Responsiveness	Yes	Staff pay attention to residents	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	35	interRAI	Staff Responsiveness	No	Can express opinions	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	36	interRAI	Staff Responsiveness	Yes	Treated with respect by staff	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	37				Respect by Your Staff Comments 1				
Question	38	interRAI	Staff Responsiveness	Yes	Staff respect likes/dislikes of residents	1	Never	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	39				Respect by Your Staff Comments 2				
Responsive Staff									
Question	40	interRAI	Staff Responsiveness	Yes	Staff respond quickly	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	41	interRAI	Staff Responsiveness	Yes	Can get health services needed	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	42	interRAI	Staff Responsiveness	Yes	Care helps residents live life as wanted	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	43	interRAI	Caring Staff	Yes	Staff act on resident suggestions	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	44	interRAI	Staff Responsiveness	No	Staff know what they are doing	1	Never	No	No
						2	Rarely	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	45	interRAI	Caring Staff	No	Staff have enough time for residents	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	46	BC Custom	Staff Responsiveness	No	*Get help to toilet when needed	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-89	Don't know	No	n/a
						-88	Refused	No	n/a
						-87	No response	No	n/a
						-86	Not Applicable	No	n/a

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Comment	47				Responsive Staff Comments 1				
Question	48	BC Custom	Caring Staff	No	*Tell staff when not happy about something	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	49	BC Custom	Caring Staff	No	*Problem gets solved when tell staff not happy	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	50	BC Custom	Caring Staff	No	*Staff explains what they are doing when giving care	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	51	BC Custom	Caring Staff	No	*Staff tries to relieve physical discomfort	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	52				Responsive Staff Comments 2				
Staff-Resident Bonding									
Question	53	interRAI	Caring Staff	Yes	Staff know life story of resident	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	54	interRAI	Caring Staff	Yes	Staff make time for friendly conversation with resident	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	55	interRAI	Caring Staff	Yes	Staff ask how to meet resident needs	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	56	interRAI	Caring Staff	Yes	Residents have a staff member they consider a friend	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	57	interRAI	Caring Staff	No	Have special relationship with staff	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	58				Staff-Resident Bond Comments 1				
Question	59	BC Custom	Caring Staff	No	*Staff tries to understand feelings	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	60	interRAI	Caring Staff	No	Have same care aide most weekdays	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	61				Staff-Resident Bond Comments 2				

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Activities									
Question	62	interRAI	Social Life	Yes	Enjoyable things to do on weekends in this care home	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	63	interRAI	Social Life	No	Enjoyable things to do in evening in this care home	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	64	interRAI	Social Life	Yes	Participated in meaningful activities in past week	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	65	interRAI	Social Life	Yes	Can participate in religious activities	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	66	interRAI	Social Life	Yes	Can spend time with like-minded residents	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	67	interRAI	Social Life	Yes	Can explore new skills/interests	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	68				Activity Comments				
Personal Relationships									
Question	69	interRAI	Social Life	Yes	Another resident is close friend	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	70	interRAI	Social Life	Yes	People to do things with	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	71	interRAI	Social Life	Yes	People ask resident for help/advice	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	72	interRAI	Social Life	Yes	Have opportunities for affection/romance	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	73	interRAI	Social Life	Yes	Easy to make friends in care home	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	74	BC Custom	Social Life	No	*Treated with respect by other residents in care home	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	75	BC Custom	Social Life	No	*Family/friends can visit when they choose	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	76				Personal Relationships Comments:				
Your Medications									
Question	77	BC Custom	Medication	Yes	*Know what medications taking	1	Yes	No	Yes
						2	No	No	No
						-89	I don't know	No	n/a
						-88	Not taking drugs	No	n/a
Question	78	BC Custom	Medication	Yes	*Know what taking medications for	1	Yes	No	Yes
						2	No	No	No
						-89	I don't know	No	n/a

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						-88	Not taking drugs	No	n/a
Question	79	BC Custom	Medication	Yes	*Consulted about taking medications	1	Yes	No	Yes
						2	No	No	No
						-89	I don't know	No	n/a
						-88	Not taking drugs	No	n/a
Comment	80				Medication Comments:				
Your Doctor									
Question	81	BC Custom	Physician	Yes	*Doctor visits when sick	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	82	BC Custom	Physician	Yes	*Doctor visits when NOT sick	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						-86	No response	No	n/a
Question	83	BC Custom	Physician	Yes	*Overall quality of care and services from doctor	1	Poor	No	No
						2	Fair	No	No
						3	Good	No	No
						4	Very Good	No	Yes
						5	Excellent	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	84				Doctors Comments:				
Additional Questions									
Question	85	BC Custom	Overall	N/A	*Overall quality of care & services rating in this care home	1	Poor	No	No
						2	Fair	No	No
						3	Good	No	No
						4	Very Good	No	Yes
						5	Excellent	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No response	No	n/a
Question	86	BC Custom	Overall	N/A	*Want to live in this care home	1	Yes	No	Yes
						2	No	No	No
						-88	Don't know	No	n/a

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						-87	Refused	No	n/a
						-86	No response	No	n/a
Comment	87				Overall Comments:				
About You									
Question	88	BC Custom	Demographic	N/A	*Self reported ethnicity considers self to be	1	White	Yes	
						2	Chinese	Yes	
						3	Aboriginal	Yes	
						4	South Asian	Yes	
						5	Black	Yes	
						6	Filipino	Yes	
						7	Latin American	Yes	
						8	Southeast Asian	Yes	
						9	Arab	Yes	
						10	West Asian	Yes	
						11	Korean	Yes	
						12	Japanese	Yes	
						13	Other	Yes	
						14	Prefer not to answer	Yes	
Comment					Only ask question 89 if responded "Aboriginal" to Q88)				
Question	89	BC Custom	Demographic	N/A	*Self reported Aboriginal status	1	First Nations	No	
						2	Métis	No	
						3	Inuit	No	

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Question	90	BC Custom	Demographic	N/A	*Self reported sexual orientation	1	Heterosexual	No	
						2	Gay or lesbian	No	
						3	Other:	No	
						4	Prefer not to answer	No	
VR-12 Tool									
Comment					I am now going to ask for your views about your health. This This information will help keep track of how you feel and how well you are able to do your usual activities.				
Question	91			N/A	**VR: General health is	1	Excellent	No	Yes
						2	Very Good	No	Yes
						3	Good	No	No
						4	Fair	No	No
						5	Poor	No	No
						-88	Don't Know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a
Comment					The next questions are about activities you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or not limit you at all.				
Question	92			N/A	**VR: Health limits moderate activities, eg walking a block	1	Yes, Limited a lot	No	No
						2	Yes, Limited a little	No	No
						3	No, Not limited at all	No	Yes

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a
Question	93			N/A	*VR: Health now limits ability to bathe/dress self	1	Yes, Limited a lot	No	No
						2	Yes, Limited a little	No	No
						3	No, Not limited at all	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a
Comment					Now, I will ask some questions about problems with your regular daily activities as a result of your physical health.				
Question	94			N/A	**VR: Accomplished less in past week due to physical health	1	No, none of the time	No	Yes
						2	Yes, a little of the time	No	Yes
						3	Yes, some of the time	No	No
						4	Yes, most of the time	No	No
						5	Yes, all of the time	No	No
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a
Question	95			N/A	**VR: Physical health in past week limited daily activities	1	No, none of the time	No	Yes
						2	Yes, a little of the time	No	Yes
						3	Yes, some of the time	No	No
						4	Yes, most of the time	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						5	Yes, all of the time	No	No
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a
Comment					Next, I will ask a few questions about problems with your regular daily activities as a result of any emotional problems (such as feeling depressed or anxious).				
Question	96			N/A	**VR: Accomplished less in past wk due to emotional problems	1	No, none of the time	No	Yes
						2	Yes, a little of the time	No	Yes
						3	Yes, some of the time	No	No
						4	Yes, most of the time	No	No
						5	Yes, all of the time	No	No
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a
Question	97			N/A	**VR: Emotional problems in past week impacted activities	1	No, none of the time	No	Yes
						2	Yes, a little of the time	No	Yes
						3	Yes, some of the time	No	No
						4	Yes, most of the time	No	No
						5	Yes, all of the time	No	No
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Question	98			N/A	**VR: Pain interfered with normal activities in past week	1	Not at all	No	Yes
						2	A little bit	No	Yes
						3	Moderately	No	No
						4	Quite a bit	No	No
						5	Extremely	No	No
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a
Comment					The next questions are about how you feel and how things have been with you during the past week. For each question, please give the one answer that comes closest to the way you have been feeling.				
Question	99			N/A	**VR: Amount of time feeling calm and peaceful in past week	1	All of the time	No	Yes
						2	Most of the time	No	Yes
						3	A good bit of the time	No	No
						4	Some of the time	No	No
						5	A little of the time	No	No
						6	None of the time	No	No
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a
Question	100			N/A	**VR: Amount of time having a lot of energy in past week	1	All of the time	No	Yes
						2	Most of the time	No	Yes

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						3	A good bit of the time	No	No
						4	Some of the time	No	No
						5	A little of the time	No	No
						6	None of the time	No	No
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a
Question	101			N/A	**VR: Amount of time feeling downhearted in past week	1	All of the time	No	No
						2	Most of the time	No	No
						3	A good bit of the time	No	No
						4	Some of the time	No	No
						5	A little of the time	No	Yes
						6	None of the time	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a
Question	102			N/A	VR: Physical/emotional health interfered w/ social activ.	1	All of the time	No	No
						2	Most of the time	No	No
						3	Some of the time	No	No
						4	A little of the time	No	Yes
						5	None of the time	No	Yes
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Comment				N/A	Now, I will ask you some questions about how your health may have changed.				
Question	103				VR: Rating of physical health compared to one year ago	1	Much better	No	Yes
						2	Slightly better	No	Yes
						3	About the same	No	No
						4	Slightly worse	No	No
						5	Much worse	No	No
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a
Question	104			N/A	VR: Rating of emotional problems compared to one year ago	1	Much better	No	Yes
						2	Slightly better	No	Yes
						3	About the same	No	No
						4	Slightly worse	No	No
						5	Much worse	No	No
						-88	Don't know	No	n/a
						-87	Refused	No	n/a
						-86	No Response	No	n/a
Comment	105				Anything else you would like to tell us				

Appendix P – MFV Survey Codebook

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Reponses Allowed	Inclusion in Positive Score
Privacy									
Question	1	interRAI	Personal Control	Yes	MFV: Can be alone when wish	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	2	interRAI	Personal Control		MFV: Privacy is respected during care	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	3	BC Custom	Personal Control		*MFV: Can find private place to visit with my family member	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Food and Meals									
Question	4	interRAI	Food	Yes	MFV: Enjoy mealtimes	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						5	Always	No	Yes
Question	5	interRAI	Food	Yes	MFV: Get favourite foods	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	6	interRAI	Food		MFV: Can eat when want	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	7	interRAI	Food	Yes	MFV: Enough variety in meals	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	8	interRAI	Food		MFV: Food is the right temperature	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	9	BC Custom	Food		*MFV: Get help to eat when needed	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-89	My family member does not need help to eat	No	n/a
Question	10	BC Custom	Food		*MFV: Staff take the time needed to feed my family member	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
						-89	My family member does not need help to eat	No	n/a
Safety and Security									
Question	11	interRAI	Personal Control		MFV: Feel possessions are safe	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	12	interRAI	Personal Control		MFV: Feel safe alone	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	13	interRAI	Staff Responsiveness	Yes	MFV: If needed can get help right away	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	14	BC Custom	Staff Responsiveness		*MFV: Have seen residents behave aggressively in the home	1	Yes	No	No
						2	No	No	Yes
Question	15	BC Custom	Staff Responsiveness		*MFV: Staff handle aggressive behaviour appropriately	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Comfort									
Question	16	interRAI	Staff Responsiveness	Yes	MFV: Get services needed	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	17	interRAI	Overall	N/A	MFV: Would recommend this care home to others	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	18	interRAI	Social Life		MFV: Care home feels like home	1	Never	No	No
						2	Rarely	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	19	interRAI	Personal Control	Yes	MFV: Can easily go outdoors	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	20	interRAI	Personal Control		MFV: Bothered by noise	1	Never	No	Yes
						2	Rarely	No	Yes
						3	Sometimes	No	No
						4	Most of the Time	No	No
						5	Always	No	No
Autonomy									
Question	21	interRAI	Personal Control		MFV: Decide when to get up	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	22	interRAI	Personal Control	Yes	MFV: Decide when to go to bed	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	23	interRAI	Personal Control	Yes	MFV: Decide how to spend time	1	Never	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	24	interRAI	Personal Control	Yes	MFV: Can go out on spur of moment	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	25	interRAI	Personal Control	Yes	MFV: Control who comes in own room	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	26	interRAI	Personal Control	Yes	MFV: Bathe or shower as often as want	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	27	interRAI	Personal Control	Yes	MFV: Decide which clothes to wear	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						5	Always	No	Yes
Respect									
Question	28	interRAI	Staff Responsiveness	Yes	MFV: Staff pay attention to residents	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	29	interRAI	Staff Responsiveness		MFV: Resident can express opinions without fear	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	30	interRAI	Staff Responsiveness	Yes	MFV: Treated with respect by staff	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	31	interRAI	Staff Responsiveness	Yes	MFV: Staff respect likes/dislikes of residents	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	32	interRAI	Staff Responsiveness		MFV: Family member/MFV can express opinions without fear	1	Never	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	33	BC Custom	Caring Staff		*MFV: Staff address concerns of family/MFVs	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Responsive Staff									
Question	34	interRAI	Staff Responsiveness	Yes	MFV: Staff respond quickly	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	35	interRAI	Staff Responsiveness	Yes	MFV: Can get health services needed	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	36	interRAI	Staff Responsiveness	Yes	MFV: Care helps residents live life as wanted	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	37	interRAI	Caring Staff	Yes	MFV: Staff act on resident suggestions	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	38	interRAI	Staff Responsiveness		MFV: Staff know what they are doing	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	39	interRAI	Caring Staff		MFV: Staff have enough time for residents	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	40	BC Custom	Caring Staff		*MFV: Family/MFVs know who to talk to for information	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	41	BC Custom	Caring Staff		*MFV: Family/MFVs kept up to date by staff	1	Never	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	42	BC Custom	Caring Staff		*MFV: Family/MFVs Involved in decisions about care	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	43	BC Custom	Caring Staff		*MFV: Family/MFVs involved in care plan development	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	44	BC Custom	Caring Staff		*MFV: Consulted when care plan changes	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Staff-Resident Bonding									
Question	45	interRAI	Caring Staff	Yes	MFV: Staff know life story of resident	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	46	interRAI	Caring Staff	Yes	MFV: Staff make time for friendly conversation with resident	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	47	interRAI	Caring Staff	Yes	MFV: Staff ask how to meet resident needs	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	48	interRAI	Caring Staff	Yes	MFV: Residents have a staff member they consider a friend	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	49	interRAI	Caring Staff		MFV: Have special relationship with staff	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Question	50	interRAI	Caring Staff		MFV: Have same care aide most weekdays	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Physician Care									
Question	51	BC Custom	Physician	Yes	*MFV: Doctor visits when sick	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	52	BC Custom	Physician	Yes	*MFV: Doctor visits when NOT sick	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	53	BC Custom	Physician	Yes	*MFV: Family/MFVs given information from doctor	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	54	BC Custom	Physician	Yes	*MFV: Doctor provides individualized care	1	Poor	No	No
						2	Fair	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						3	Good	No	No
						4	Very Good	No	Yes
						5	Excellent	No	Yes
Question	55	BC Custom	Physician	Yes	*MFV: Overall quality of care and services from doctor	1	Poor	No	No
						2	Fair	No	No
						3	Good	No	No
						4	Very Good	No	Yes
						5	Excellent	No	Yes
Activities									
Question	56	interRAI	Social Life	Yes	MFV: Enjoyable things to do on weekends in this care home	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	57	interRAI	Social Life		MFV: Enjoyable things to do in evening in this care home	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	58	interRAI	Social Life	Yes	MFV: Participated in meaningful activities in past week	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						5	Always	No	Yes
Question	59	interRAI	Social Life	Yes	MFV: Can participate in religious activities	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	60	interRAI	Social Life	Yes	MFV: Can spend time with like-minded residents	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	61	interRAI	Social Life	Yes	MFV: Can explore new skills/interests	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Personal Relationships									
Question	62	interRAI	Social Life	Yes	MFV: Another resident is close friend	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	63	interRAI	Social Life	Yes	MFV: People to do things with	1	Never	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	64	interRAI	Social Life	Yes	MFV: People ask resident for help/advice	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	65	interRAI	Social Life	Yes	MFV: Have opportunities for affection/romance	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	66	interRAI	Social Life	Yes	MFV: Easy to make friends in care home	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Medications									
Question	67	BC Custom	Medication	Yes	*MFV: Know what medications taking	1	Yes	No	Yes
						2	No	No	No
						3	My family member is not taking any medications	No	*

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Question	68	BC Custom	Medication	Yes	*MFV: Know what taking medications for	1	Yes	No	Yes
						2	No	No	No
						3	My family member is not taking any medications	No	n/a
Question	69	BC Custom	Medication	Yes	*MFV: Family/MFVs consulted about medications changes	1	Yes	No	Yes
						2	No, but I would like to be consulted	No	No
						3	No, but I do not wish to be consulted	No	*
						4	My family member is not taking any medications	No	*
Physical Environment									
Question	70	BC Custom	Physical Environment	Yes	*MFV: Care home is clean	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Question	71	BC Custom	Physical Environment	Yes	*MFV: Care home smells good	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the Time	No	Yes
						5	Always	No	Yes
Hand Hygiene									
Question	72	BC Custom	Hand Hygiene	Yes	*MFV: Doctor washes/cleans hands	1	Never	No	No
						2	Sometimes	No	No
						3	Usually	No	Yes

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						4	Always	No	Yes
						-89	I don't know	No	n/a
Question	73	BC Custom	Hand Hygiene	Yes	*MFV: Other staff wash/clean hands	1	Never	No	No
						2	Sometimes	No	No
						3	Usually	No	Yes
						4	Always	No	Yes
						-89	I don't know	No	n/a
Question	74	BC Custom	Hand Hygiene	Yes	*MFV: Care told MFV about importance of handwashing	1	Not at all	No	No
						2	Partly	No	No
						3	Quite a bit	No	Yes
						4	Completely	No	Yes
						-89	I don't remember	No	n/a
Question	75	BC Custom	Hand Hygiene	Yes	*MFV: Care staff showed MFV proper handwashing	1	Never	No	No
						2	Sometimes	No	No
						3	Usually	No	Yes
						4	Always	No	Yes
						-89	I don't know	No	n/a
Question	76	BC Custom	Hand Hygiene	Yes	*MFV: Care staff instruct where to get handwashing products	1	Never	No	No
						2	Sometimes	No	No
						3	Usually	No	Yes
						4	Always	No	Yes
						-89	I don't know	No	n/a
Question	77	BC Custom	Hand Hygiene	Yes	*MFV: Comfortable asking if staff wash/clean their hands	1	Never	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						2	Sometimes	No	No
						3	Usually	No	Yes
						4	Always	No	Yes
						-89	I don't know	No	n/a
Overall Experience									
Question	78	BC Custom	Overall	N/A	*MFV: Overall quality of care & services in this care home	1	Poor	No	No
						2	Fair	No	No
						3	Good	No	No
						4	Very Good	No	Yes
						5	Excellent	No	Yes
Question	79	BC Custom	Overall	N/A	*MFV: Overall rating of care home	0	0 Worst care home possible	No	No
						1	1	No	No
						2	2	No	No
						3	3	No	No
						4	4	No	No
						5	5	No	No
						6	6	No	No
						7	7	No	No
						8	8	No	No
						9	9	No	Yes
						10	10 Best care home possible	No	Yes
Question	80	BC Custom	Overall	N/A	*MFV: Want resident to live in this care home	1	Yes	No	Yes
						2	No	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Question	81	BC Custom	Overall	N/A	*MFV: MFV thinks resident wants to live in this care home	1	Yes	No	Yes
						2	No	No	No
Health and Quality of Life									
Question	82		N/A		MFV-VR: General health is	1	Excellent	No	Yes
						2	Very Good	No	Yes
						3	Good	No	No
						4	Fair	No	No
						5	Poor	No	No
Comment	83				The following questions are about activities your family member might do during a typical day. Does her/his health now limit her/him in these activities? If so, how much?				
Question	83a		N/A		**MFV-VR: Health limits moderate activity eg walking a block	1	Yes, limited a lot	No	No
						2	Yes, limited a little	No	No
						3	No, not limited at all	No	Yes
Question	83b		N/A		*MFV-VR: Health now limits ability to bathe/dress self	1	Yes, limited a lot	No	No
						2	Yes, limited a little	No	No
						3	No, not limited at all	No	Yes
Comment	84				During the past week, has your family member had any of the following problems with her/his regular daily activities as a result of her/his physical health?				
Question	84a		N/A		**MFV-VR: Accomplished less due to physical health	1	No, none of the time	No	Yes

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						2	Yes, a little of the time	No	Yes
						3	Yes, some of the time	No	No
						4	Yes, most of the time	No	No
						5	Yes, all of the time	No	No
Question	84b		N/A		**MFV-VR: Physical health in past wk limited daily activity	1	No, none of the time	No	Yes
						2	Yes, a little of the time	No	Yes
						3	Yes, some of the time	No	No
						4	Yes, most of the time	No	No
						5	Yes, all of the time	No	No
Comment	85				During the past week, has your family member had any of the following problems with regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?				
Question	85a		N/A		**MFV-VR: Accomplished less past wk due to emotional probs	1	No, none of the time	No	Yes
						2	Yes, a little of the time	No	Yes
						3	Yes, some of the time	No	No
						4	Yes, most of the time	No	No
						5	Yes, all of the time	No	No
Question	85b		N/A		**MFV-VR: Emotional probs in past week impacted activities	1	No, none of the time	No	Yes
						2	Yes, a little of the time	No	Yes
						3	Yes, some of the time	No	No
						4	Yes, most of the time	No	No
						5	Yes, all of the time	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Question	86		N/A		**MFV-VR: Pain interfered normal activities in past week	1	Not at all	No	Yes
						2	A little bit	No	Yes
						3	Moderately	No	No
						4	Quite a bit	No	No
						5	Extremely	No	No
Comment	87				The next questions are about how your family member feels and how things have been with your family member during the past week. For each question, please give the one answer that comes closest to the way your family member has been feeling.				
Question	87a		N/A		**MFV-VR: Amount of time feeling calm/peaceful in past week	1	All of the time	No	Yes
						2	Most of the time	No	Yes
						3	A good bit of the time	No	No
						4	Some of the time	No	No
						5	A little of the time	No	No
						6	None of the time	No	No
Question	87b		N/A		**MFV-VR: Amount of time having a lot of energy in past week	1	All of the time	No	Yes
						2	Most of the time	No	Yes
						3	A good bit of the time	No	No
						4	Some of the time	No	No
						5	A little of the time	No	No
						6	None of the time	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Question	87c		N/A		**MFV-VR: Amount of time feeling downhearted in past week	1	All of the time	No	No
						2	Most of the time	No	No
						3	A good bit of the time	No	No
						4	Some of the time	No	No
						5	A little of the time	No	Yes
						6	None of the time	No	Yes
Question	88		N/A		**MFV-VR: Physical/emotional probs impacted social activity	1	All of the time	No	No
						2	Most of the time	No	No
						3	Some of the time	No	No
						4	A little of the time	No	Yes
						5	None of the time	No	Yes
Comment					Next are some questions about how your family member's health may have changed.				
Question	89		N/A		MFV-VR: Rating of physical health compared to one year ago	1	Much better	No	Yes
						2	Slightly better	No	Yes
						3	About the same	No	No
						4	Slightly worse	No	No
						5	Much worse	No	No
Question	90		N/A		MFV-VR: Rating of emotional problems compared to 1 year ago	1	Much better	No	Yes
						2	Slightly better	No	Yes
						3	About the same	No	No

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						4	Slightly worse	No	No
						5	Much worse	No	No
About You									
Question	91		N/A		*MFV: MFV relationship to resident	1	Spouse	No	
						2	Daughter	No	
						3	Daughter-in-law	No	
						4	Son	No	
						5	Son-in-law	No	
						6	Grandchild	No	
						7	Spouse of grandchild	No	
						8	Other family member/relative	No	
						9	Friend	No	
Question	92		N/A		*MFV: MFV's visit frequency	1	Several times a week	No	
						2	Once a week	No	
						3	2-3 times a month	No	
						4	Once a month	No	
						5	A few times a year	No	
Question	93		N/A		*MFV: Distance MFV lives from care home	1	About or Less than a 15 minute drive	No	
						2	About a 30 minute drive	No	
						3	About a 45 minute drive	No	
						4	About a one hour drive	No	
						5	About a 1.5 hour drive	No	
						6	About a 2 hour drive	No	
						7	More than a 2 hour drive	No	

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
Question	94		N/A		*MFV: MFV report of residents ethnicity	1	White	Yes	*
						2	Chinese	Yes	*
						3	First Nations	Yes	*
						4	Métis	Yes	*
						5	Inuit	Yes	*
						6	South Asian (East Indian, Pakistani, Sri Lankan, etc.)	Yes	*
						7	Black	Yes	*
						8	Filipino	Yes	*
						9	Latin American	Yes	*
						10	Southeast Asian	Yes	*
						11	Arab	Yes	*
						12	West Asian (Iranian, Afghan, etc)	Yes	*
						13	Korean	Yes	*
						14	Japanese	Yes	*
						15	Other (Please specify): _____	Yes	*
						16	Prefer not to answer	Yes	*
Question	95		N/A		*MFV: MFV's age group	1	20 or under	No	
						2	21 - 25	No	
						3	26 - 30	No	
						4	31 - 35	No	
						5	36 - 40	No	
						6	41 - 45	No	
						7	46 - 50	No	
						8	51 - 55	No	

Question Type	Question Number	Source of Question	Theme	Used in Theme Score Calculation	Text Fragment/Label	Value	Response Option Label	Multiple Responses Allowed	Inclusion in Positive Score
						9	56 - 60	No	
						10	61 - 65	No	
						11	66 - 70	No	
						12	71 - 75	No	
						13	76 - 80	No	
						14	81 or above	No	
Question	96		N/A		*MFV: Self reported gender	1	Female	No	
						2	Male	No	
						3	Other	No	
						4	Prefer not to answer	No	
Question	97		Family Council	Yes	*MFV: MFV informed about the Family Council	1	Yes, by a staff member	Yes	Yes
						2	Yes, by a family member of another resident	Yes	Yes
						3	I saw a poster or brochure about the Family Council	Yes	Yes
						4	No, I am not aware of a Family Council here	Yes	No
Question	98		Family Council	Yes	*MFV: MFV attends Family Council	1	Never	No	No
						2	Rarely	No	No
						3	Sometimes	No	No
						4	Most of the time	No	Yes
						5	Always	No	Yes
Comment	99				Is there anything else you would like to tell us?				

Appendix Q – List of Participated Care Homes

Ownership Type Legend: HA = Health Authority; PFP = Private for Profit; PNP = Private Not for Profit.

Health Authority	Care Home Name	Ownership Type
Fraser	Abbotsford (The Cottage/Worthington)	HA
Fraser	Baillie House	HA
Fraser	Belvedere Care Centre	PFP
Fraser	Bevan Lodge	PFP
Fraser	Bradley Centre	HA
Fraser	Brookside Lodge	PFP
Fraser	Buchanan Lodge	PNP
Fraser	Carlton Gardens Care Centre	PFP
Fraser	Cartier House	PFP
Fraser	Cascade Lodge	PFP
Fraser	Cheam Village	PFP
Fraser	Cherington Place	PFP
Fraser	Crescent Gardens	PFP
Fraser	Dania Home	PNP
Fraser	Delta Hospital (Mountain View Manor)	HA
Fraser	Delta View Habilitation	PFP
Fraser	Delta View Life Enrichment Centre	PFP
Fraser	Dufferin Care Centre	PFP
Fraser	Eagle Ridge Manor	HA
Fraser	Eden Care Centre	PFP
Fraser	Elim Village	PNP
Fraser	Evergreen Baptist	PNP
Fraser	Fair Haven United Church Home (Burnaby)	PNP
Fraser	Fellburn Care Centre	HA
Fraser	Finnish Manor	PNP
Fraser	Fleetwood Place	PFP
Fraser	Fort Langley Seniors Community	PFP
Fraser	Foyer Maillard	PNP
Fraser	Fraser Hope Lodge	HA
Fraser	George Derby Centre	PNP

Fraser	Glenwood Care Centre	PFP
Fraser	Guildford Seniors	PFP
Fraser	Harmony Court	PFP
Fraser	Hawthorne Seniors Care Community	PNP
Fraser	Heritage Village	HA
Fraser	Hilton Villa Care Centre	PFP
Fraser	Holyrood Manor	PFP
Fraser	Jackman Manor	PNP
Fraser	Kinsmen Lodge	PNP
Fraser	KinVillage	PNP
Fraser	Kiwanis Care Centre	PNP
Fraser	Lakeshore Care Centre	PFP
Fraser	Langley Gardens	PFP
Fraser	Langley Lodge	PNP
Fraser	Langley Memorial Hospital	HA
Fraser	Laurel Place	PFP
Fraser	Maple Ridge Seniors Village	PFP
Fraser	Maplewood House	PNP
Fraser	Menno Home	PNP
Fraser	Menno Hospital	PNP
Fraser	Morgan Heights	PFP
Fraser	Morgan Place	PFP
Fraser	MSA Manor Home	PNP
Fraser	New Vista Care Home	PNP
Fraser	Nicola Lodge	PFP
Fraser	Normanna	PNP
Fraser	Northcrest Care Centre	PFP
Fraser	Peace Arch Extended Care Unit	HA
Fraser	Peace Portal Seniors Village	PFP
Fraser	Queen`s Park	HA
Fraser	Rosemary Heights	PFP
Fraser	Royal City Manor	PFP
Fraser	St Michaels Centre	PNP
Fraser	Sun Creek Village	PNP
Fraser	Surrey Memorial Hospital	HA
Fraser	Tabor Home	PNP

Fraser	The Madison Care Centre	PFP
Fraser	The Mayfair	PNP
Fraser	The Residence at Clayton Heights	PFP
Fraser	The Residence In Mission	HA
Fraser	Valhaven Home	PNP
Fraser	Valleyhaven	PFP
Fraser	Waverly	PFP
Fraser	West Shore Laylum	PFP
Fraser	White Rock Seniors Village	PFP
Fraser	William Rudd House	HA
Fraser	Willingdon Care Centre	PFP
Fraser	Zion Park Manor	PNP
Interior	Ashcroft Hospital (Jackson House)	HA
Interior	Bastion Place Multicare Facility	HA
Interior	Brandt Creek Mews	PFP
Interior	Brocklehurst Gemstone Care Centre	PFP
Interior	Brookhaven Care Centre	HA
Interior	Castleview Care Centre	PFP
Interior	Columbia Garden Village	PFP
Interior	Columbia House	HA
Interior	Columbia View Lodge	HA
Interior	Cottonwoods Care Centre	HA
Interior	Creekside Landing	PFP
Interior	Crest View Care Village	PFP
Interior	David Lloyd-Jones Home	HA
Interior	Deni House	HA
Interior	Dr. Andrew Pavilion	HA
Interior	Dr. F.W. Green Memorial Home	HA
Interior	Forest View Place	HA
Interior	Gateby	HA
Interior	Gillis House	HA
Interior	Glenmore Lodge	PFP
Interior	Hardy View Lodge	HA
Interior	Haven Hill	PFP
Interior	Henry Durand Manor	HA
Interior	Heritage Square	PFP

Interior	Heron Grove	PNP
Interior	Hillside Village	PNP
Interior	Joseph Creek Village	PFP
Interior	Kamloops Seniors Village	PFP
Interior	Kimberley Special Care Home	HA
Interior	Lake Country Lodge	PFP
Interior	Lakeview Lodge	PFP
Interior	Mariposa Gardens	PFP
Interior	McKinney Place	HA
Interior	Mill Site Lodge and Fischer Place	HA
Interior	Minto House (Arrow Lakes)	HA
Interior	Monashee Mews	PFP
Interior	Mount Ida Mews	PFP
Interior	Mountain Lake Seniors Community	PFP
Interior	Mountain View Lodge	HA
Interior	Mountainview Village	PNP
Interior	Mt Cartier Court (Queen Victoria)	HA
Interior	Nelson Jubilee Manor	HA
Interior	Noric House	HA
Interior	Orchard Haven Lodge	HA
Interior	Overlander	HA
Interior	Parkview Place	HA
Interior	Piccadilly Care Home	PFP
Interior	Pine Acres Home	PNP
Interior	Pine Grove	PFP
Interior	Pleasant Valley Manor	HA
Interior	Polson Place	HA
Interior	Ponderosa Place	HA
Interior	Poplar Ridge Pavilion	HA
Interior	Ridgeview Lodge	PFP
Interior	Ridgewood Lodge	HA
Interior	Rocky Mountain Village	PFP
Interior	Rosewood Manor	PFP
Interior	Silver Kettle Village	PFP
Interior	Slocan Community Health Center	HA
Interior	Spring Valley Care Centre	PFP

Interior	Summerland Seniors Village	PFP
Interior	Sun Pointe Village	PFP
Interior	Sunnybank Centre	HA
Interior	Sutherland Hills	PFP
Interior	Swan Valley Lodge	HA
Interior	Talarico Place	HA
Interior	The Hamlets at Penticton	PFP
Interior	The Hamlets at Westsyde	PFP
Interior	The Village at Mill Creek	PNP
Interior	Three Links Manor	HA
Interior	Trinity Care Centre	HA
Interior	Victorian Community Health Centre of Kaslo	HA
Interior	Village at Smith Creek	PNP
Interior	Village by the Station	PNP
Interior	Westview	HA
Interior	Williams Lake Seniors Village	PFP
Island	Aberdeen Hospital	HA
Island	Acacia Ty Mawr	PFP
Island	Arrowsmith Lodge	PNP
Island	Ayre Manor	PNP
Island	Beacon Hill Villa	PFP
Island	Beckley Farm Lodge	PNP
Island	Brentwood House	PNP
Island	Cairnsmore Place	HA
Island	Cerwydden Care Home	PFP
Island	Chemainus Health Care Centre	HA
Island	Comox Valley Seniors Village	PFP
Island	Cormorant Island Health Centre	HA
Island	Cumberland Lodge	HA
Island	Dufferin Place	HA
Island	Eagle Park Health Care Facility	HA
Island	Eagle Ridge Manor	HA
Island	Echo Village	PNP
Island	Eden Gardens	PNP
Island	Evergreen Seniors Home	PFP
Island	Fir Park Village	PNP

Island	Glacier View Lodge	PNP
Island	Glengarry Hospital	HA
Island	Glenwarren Private Hospital	PFP
Island	Gorge Road Hospital	HA
Island	Greenwoods Eldercare Society	PNP
Island	James Bay Care Centre	PFP
Island	Kiwanis Village Lodge	PNP
Island	Lady Minto Hospital	HA
Island	Luther Court	PNP
Island	Malaspina Gardens	PFP
Island	Mount St. Mary Hospital	PNP
Island	Mt Tolmie Hospital	HA
Island	Nanaimo Seniors Village	PFP
Island	New Horizons Community of Care	PFP
Island	Oak Bay Lodge	HA
Island	Qualicum Manor	PFP
Island	Rest Haven Lodge	PNP
Island	Saanich Peninsula Hospital	HA
Island	Selkirk Place	PFP
Island	Sidney Care Home	PFP
Island	Sluggett House	PNP
Island	Stanford Place	PFP
Island	Sunridge Place	PFP
Island	The Gardens at Qualicum Beach	PFP
Island	The Heights at Mount View	PNP
Island	The Kiwanis Pavilion	PNP
Island	The Lodge on 4th	PFP
Island	The Priory - Heritage Woods	HA
Island	The Priory - Hiscock	HA
Island	The Views-St. Joseph's General Hospital	PNP
Island	Trillium Lodge	HA
Island	Tsawaayuus - Rainbow Gardens	PNP
Island	Veterans Memorial Lodge at Broadmead	PNP
Island	Victoria Chinatown Care Centre	PNP
Island	Victoria Sunset Lodge	PNP
Island	Westhaven	HA

Island	Wexford Creek	PNP
Island	Woodgrove Manor	PFP
Island	Yucalta Lodge	HA
Northern	Acropolis Manor	HA
Northern	Birchview Residences	PFP
Northern	Bulkley Lodge	HA
Northern	Chetwynd Hospital	HA
Northern	Dunrovin Park Lodge	HA
Northern	Fort Nelson Multi-Level Unit	HA
Northern	Gateway Lodge	HA
Northern	Houston Health Centre	HA
Northern	Jubilee Lodge	HA
Northern	Masset Hospital Long Term Care	HA
Northern	McBride & District Hospital	HA
Northern	Mountainview Lodge	HA
Northern	Parkside Lodge	HA
Northern	Peace Villa	HA
Northern	Queen Charlotte Island Hospital	HA
Northern	Rainbow Lodge	HA
Northern	Rotary Manor	HA
Northern	Simon Fraser Lodge	PFP
Northern	Stuart Lake Hospital	HA
Northern	Stuart Nechako Manor	HA
Northern	Terraceview Lodge	HA
Northern	The Pines	HA
Northern	Wrinch Memorial Hospital	HA
Vancouver Coastal	Adanac Park Lodge	PNP
Vancouver Coastal	Arbutus Care Centre	PFP
Vancouver Coastal	Banfield	HA
Vancouver Coastal	Bella Coola General Hospital	HA
Vancouver Coastal	Blenheim Lodge	PNP
Vancouver Coastal	Braddan Private Hospital	PFP
Vancouver Coastal	Broadway Pentecostal	PNP
Vancouver Coastal	Brock Fahrni	PNP
Vancouver Coastal	Capilano Care Centre	PFP
Vancouver Coastal	Cedarview Lodge	HA

Vancouver Coastal	Central City Lodge	PNP
Vancouver Coastal	Christenson Village	PNP
Vancouver Coastal	Columbus Residence	PNP
Vancouver Coastal	Dogwood Lodge	HA
Vancouver Coastal	Evergreen Care Unit (Powell River)	HA
Vancouver Coastal	Evergreen House (Lions Gate Hospital)	HA
Vancouver Coastal	Fair Haven United Church (Vancouver)	PNP
Vancouver Coastal	Finnish Home	PNP
Vancouver Coastal	Fraserview Retirement Community	PFP
Vancouver Coastal	George Pearson Centre	HA
Vancouver Coastal	Haro Park Centre	PNP
Vancouver Coastal	Hilltop House	HA
Vancouver Coastal	Holy Family Hospital	PNP
Vancouver Coastal	Inglewood Care Centre	PFP
Vancouver Coastal	Kiwanis Care Centre	PNP
Vancouver Coastal	Kopernik Lodge	PNP
Vancouver Coastal	Lake View Care Centre	PFP
Vancouver Coastal	Little Mountain Place	PNP
Vancouver Coastal	Louis Brier Home	PNP
Vancouver Coastal	Lynn Valley Care Centre	PFP
Vancouver Coastal	Minoru Residence	HA
Vancouver Coastal	Mount St Joseph Hospital	PNP
Vancouver Coastal	Pinegrove Place	PNP
Vancouver Coastal	Point Grey Private Hospital	PFP
Vancouver Coastal	Purdy Pavilion	HA
Vancouver Coastal	Renfrew Care Centre	PFP
Vancouver Coastal	Richmond Lions Manor	HA
Vancouver Coastal	Rosewood Manor	PNP
Vancouver Coastal	Royal Arch Masonic	PNP
Vancouver Coastal	Royal Ascot Care Centre	PFP
Vancouver Coastal	RW Large Memorial Hospital	HA
Vancouver Coastal	Shorncliffe	HA
Vancouver Coastal	Simon KY Lee Seniors Care Home	PNP
Vancouver Coastal	St. Jude`s Anglican Home	PNP
Vancouver Coastal	St. Vincent`s Langara	PNP
Vancouver Coastal	The German Canadian Care Home	PNP

Vancouver Coastal	Three Links Care Centre	PNP
Vancouver Coastal	Totem Lodge	HA
Vancouver Coastal	Villa Carital	PNP
Vancouver Coastal	Villa Cathay	PNP
Vancouver Coastal	West Vancouver Care Centre	PFP
Vancouver Coastal	Willingdon Creek	HA
Vancouver Coastal	Windermere Care Centre	PFP
Vancouver Coastal	Yaletown House Society	PNP
Vancouver Coastal	Youville Residence	PNP