

HHR Survey: LTC/AL/IL

Introduction

Here are some words from Erroll Hastings, Executive Director for Zion Park Manor and Chair of BCCPA's HHR Committee:

Please see the link to this important staffing and overtime needs survey. While completing this survey requires some efforts, it is critical to BCCPA's plans for improving staffing in our industry. This survey helps us to:

- Understand what positions face the most recruiting difficulties.
- Understand the geographical differences in staffing needs.
- Determine what government-funded training programs BCCPA should apply to run. In the past, BCCPA has applied for and received approval to train health care assistants, licensed practical nurses, and recreation therapy assistants, with the large majority of them remaining employed at member sites.
- Provide evidence to the government about programs that are needed to staff our industry.
- Advocate for government funding to support overtime needs.

Thank you for taking the time out to fill this survey and share your insights.

Erroll Hastings,

Executive Director, Zion Park Manor

Board of Directors, BCCPA

How to Complete this Survey

This survey should be completed once by each organization. Some questions are specific to each care home or residence. If your organization has multiple locations, you will have the opportunity to provide information for each site. You may report on campuses of care as a single site if needed.

If one or more of your sites contracts out its staff, please collaborate with your care/support services contractor(s) to complete this survey.

This survey will take approximately 20 minutes to complete. The data requested will include:

- **Vacant positions (full-time and part-time, or as FTEs)**
- **Vacancy and turnover rates**
- **Agency use and costs**
- **Overtime costs**

Confidentiality

All data collected will be kept confidential. Any shared data will be anonymized and presented at an aggregate level.

Questions

For any questions about the survey or how the information will be used, please contact policy@bccare.ca

Thank you,

BCCPA

ELIGIBILITY

1. Are you completing this survey on behalf of a home health company or organization?
 - a. Yes
 - b. No

2. Are you completing this survey on behalf of a single-site or multi-site organization?
 - a. Single-site
 - b. Multi-site (You will be directed to complete the survey more than once)

SITE CHARACTERISTICS

1. Local Site Name: _____

2. Name of parent company (if applicable): _____

3. **Ownership Type:** How would you best describe the ownership type of your organization:
 - a. Private, for profit
 - b. Private, non-profit
 - c. Other (please specify):

4. **Size:** Approximately how many people does your site employ? (Please include all the staff employed in the four walls of the site, including those who work for contractors):
 - a. Less than 50 people
 - b. 50 – 99 people
 - c. 100 – 199 people
 - d. 200+ people

5. **Health Regions:**
What health authority region is your site located in?
 - a. Fraser Health
 - b. Coastal Health
 - c. Interior Health
 - d. Island Health
 - e. Northern Health
 - f. Outside of BC

6. **Service Delivery Area:** In which type of community is this locate located?
 - a. Urban/ suburban
 - b. Rural/ remote

7. **Services & Care:** What type of services are provided at this location? *Select all that apply.*
- a. Long-term care / complex care
 - b. Assisted living
 - c. Independent living
 - d. Other, please specify: _____

8. **Care Spaces:** How many of the following types of beds or spaces are available at this location?
Please enter the number for each category. If none, enter "0."
- a. Long-term care beds: _____
 - b. Assisted living suites: _____
 - c. Independent living suites _____
 - d. Other spaces (please specify): _____

9. **HEABC:** Is your location a member of the Health Employers Association of BC (HEABC)?
- a. Yes
 - b. No
 - c. I'm not sure

10. **Unionized:** Is any portion of your workforce at this location unionized?
- a. Yes
 - b. No

11. **Unions:** Which unions are staff at your organization or location organized by? *Select all that apply.*
- a. BCGEU
 - b. BCNU
 - c. HEU
 - d. HSP
 - e. CLAC
 - f. Other, please specify: _____

12. Which **collective agreements** is your location party to?
- a. HEABC Community Subsector Collective Agreement (CBA)
 - b. HEABC Facilities Subsector Collective Agreement (FBA)
 - c. HEABC Provincial Nursing Collective Agreement (NBA)
 - d. Health Sciences Professionals Collective Agreement (HSP)
 - e. Independent Collective Agreement (i.e. employer specific agreement)
 - f. Other, please specify (_____)

13. Who can we contact if we have questions?

- a. Name:
- b. Title:
- c. Email:

RECRUITMENT AND RETENTION

1. Which **occupations** are you having trouble filling positions or shifts for? *Select all that apply.*
 - a. Health Care Support Workers (HCSWs)
 - b. Health Care Assistants (HCAs)
 - c. Licensed Practical Nurses (LPNs)
 - d. Registered Nurses (RNs)/ Registered Psychiatric Nurses (RPNs)
 - e. Allied Health Professionals – e.g., Social Workers, OTs, PTs, Dietitians, etc.
 - f. Allied Health, Non-Professional – e.g., Recreation Assistants, Activity Aides, etc.
 - g. Environmental/ Housekeeping/ Laundry
 - h. Dietary / Culinary
 - i. Administrators
 - j. DOCs/ ADOCs
 - k. Other administration or leadership
 - l. Other, please specify:

2. What are some of your **barriers** to hiring staff? *Select all that apply.*
 - a. Quality of candidates
 - b. Supply of candidates
 - c. Housing for staff
 - d. Transportation for staff
 - e. Perceptions of seniors' care
 - f. Competition with staffing agencies
 - g. Competition with health authorities
 - h. Regulatory red tape (e.g. credential recognition, criminal record checks, etc.).
 - i. Other, please specify:

RECRUITMENT INCENTIVES

1. Is your location currently offering recruitment incentives to address difficult-to-fill vacancies?
 - a. Yes
 - b. No

2. What type of recruitment incentives does your organization offer? *Select all that apply.*
 - a. Signing bonuses
 - b. Relocation assistance
 - c. Housing support
 - d. Tuition reimbursement or education assistance
 - e. Increased starting salaries

- f. Flexible work arrangements
 - g. Other, please specify (_____)
3. How effective do you find these recruitment incentives in addressing vacancies? (1 – 10 scale, from Not Effective to Very Effective)
4. Which positions are most often supported by these recruitment incentives? Select all that apply.
- a. Health Care Assistants (HCAs)
 - b. Licensed Practical Nurses (LPNs)
 - c. Registered Nurses (RNs)
 - d. Other, please specify: _____

VACANCIES

The next sections of this survey will ask you to report vacancies for HCAs, LPNs, RNs, and Recreation Assistants at **each** of your locations.

VACANT POSITIONS

1. How many vacant positions do you currently have for the following positions:

When reporting vacancies at your care home, you may report this information as either:

❖ *The number of full-time and part-time vacancies*

OR

❖ *Full-time equivalent (FTE) vacancies.*

a. Health Care Assistant (HCA) vacancies:

i. Full-time vacancies: _____

ii. Part-time vacancies: _____

iii. FTE vacancies: _____

b. Licensed Practical Nurses (LPN) vacancies:

i. Full-time vacancies: _____

ii. Part-time vacancies: _____

iii. FTE vacancies: _____

c. Registered Nurse (RN) vacancies:

i. Full-time vacancies: _____

ii. Part-time vacancies: _____

iii. FTE vacancies: _____

d. Recreation Assistant vacancies (including similar roles such as activity aides, life enrichment aides, recreation coordinator, etc.).

i. Full-time vacancies: _____

ii. Part-time vacancies: _____

iii. FTE vacancies: _____

2. (Optional) Please provide any relevant information about your ability to recruit and retain staff for these roles.

WORKFORCE METRICS

1. For the following positions, to what extent do you have challenges finding **casual workers**?

	(1) None at all	(2) A little	(3) A moderate amount	(4) A lot	(5) A great deal
a) HCAs					
b) LPNs					
c) RNs					
d) Dietary / Culinary					
e) Environmental Support Services					
f) Allied Health Professionals.					
g) Recreation					

2. For the following positions, how would you say your current **overtime costs** compare to last year?

	(1) N/A	(2) Significantly less	(3) Less	(4) About the same	(5) More	(6) Significantly more
a) HCAs						
b) LPNs						
c) RNs						
d) Dietary / Culinary						
e) Environmental Support Services						
f) Allied Health Professionals						
g) Recreation						

3. For the following positions, what is your estimated **vacancy rate** as of March 31st, 2025?

	N/A	None	1-10%	10-25%	25-50%	Over 50%
a) HCAs						
b) LPNs						
c) RNs						
d) Dietary / Culinary						
e) Environmental Support Services						
f) Allied Health Professionals.						
g) Recreation						

4. In the last year, what has been your estimated turnover rate (involuntary and voluntary) in the following roles?

	N/A	None	1-10%	10-25%	25-50%	Over 50%
a) HCAs						
b) LPNs						
c) RNs						
d) Dietary / Culinary						
e) Environmental Support Services						
f) Allied Health Professionals.						
g) Recreation						

5. What are the main reasons for voluntary turnover of staff? Select all that apply.

- a. Better opportunities elsewhere
- b. Compensation (wages, salary, benefits)
- c. High workload or job-related stress
- d. Hiring incentives
- e. Access to personal development/ career advancement
- f. Workplace culture or team dynamics
- g. Issues related to scheduling or shift work
- h. Retirement
- i. Personal reasons
- j. Other, please specify _____

6. (Optional) Please provide any relevant information about your ability to recruit and retain staff for these roles.

AGENCY USE

1. *In the past 3 months, have agency staff been used to cover shifts at your care home or residence?

- a. Yes
- b. No

2. Which positions have you used agency staff to cover?

- a. HCAs
- b. LPNs
- c. RNs

3. In the past 3 months (or, in the last quarterly report), how many of your vacant lines have been filled by agency staff?

	None	1 to 5	6-15	16-20	20+
a. HCAs					
b. LPNs					
c. RNs					

4. How do your agency costs compare to the same time last year?

	(1) Significantly less	(2) Less	(3) About the same	(4) More	(5) Significantly more
a) HCAs					
b) LPNs					
c) RNs					

5. Please provide any additional information or context around your locations' use of agency staff.

Prize

Thank you for completing our survey. As a small gesture of our appreciation, are you interested in being entered into a prize draw for a \$50 gift card?

If yes, please provide your name and contact information below.

- Name:
- Email:

Additional Locations?

Do you need to submit data for another care site or residence?

Please click "Submit" on this form, and you will be automatically redirected to complete the survey again for your organization's additional locations. You can repeat this process as many times as needed.

If you have submitted information for all of your locations, please click submit and then you may close this window.
