BC CARE PROVIDERS ASSOCIATION

VISION
The BC Care Providers Association delivers effective leadership and valued resources that support progressive change, promoting the growth and success of its members who provide the best possible care services for seniors.

BOARD MEETING AGENDA

YWCA | Welch 1 Meeting Room
535 Hornby Street, Vancouver
Thursday September 18th, 2014
9:30 am – 12:00 pm

IMPORTANT: Note New Location for Meeting

Action Required: A=Approval I=Information D=Discussion

	ITEM #	TOPIC	PRESENTER	TIME	* Action req'd	Strat Plan
AGENDA/ MINUTES						
	1.1	Approval of the Consent Agenda Proposed Motion: BE IT RESOLVED that the consent agenda be approved in its entirety.	D Cheperdak	9:30 am	A	
attached	a.	Approval of Amended Internal Policies Proposed Motion: BE IT RESOLVED that the Board receive the amended internal policies as circulated for information and authorize the CEO to update and amend these and other internal policies as required in the future.			A	6.1
attached	b.	Approval of Minutes Proposed Motion: BE IT RESOLVED that the minutes of the June 19, 2014 Board meeting be approved as circulated.				
attached	c.	BCCPA 2015 Conference Committee: Amend Terms of Reference Proposed Motion: BE IT RESOLVED that the terms of reference for the 2015 Annual Conference Committee be amended as circulated			A	6.1
	d.	2016 Annual Conference Dates and Location: Proposed Motion: BE IT RESOLVED that the Annual Conference be held at the Fairmont Chateau Whistler on May 29th-31st 2016.				
	1.2	Approval of Agenda Proposed Motion: BE IT RESOLVED that the agenda be accepted as presented.	D Cheperdak	9:35 am	A	
CONTINUING BUSINESS						
attached	2.1	Revised 2013-1016 Strategic Plan Proposed Motion: BE IT RESOLVED that the Revised 2013-2016 Strategic Plan be accepted as presented. - Licensed Dementia Housing	D Fontaine A Van Ryk	9:40 am	A	N/A
In Camera *Attachments*	2.2	Affinity Program - Benefits of Group Purchasing Affinity Program – EPS Analysis - Insurance Supplier – RFP – report on results - Next Steps Proposed Motion: BE IT RESOLVED that the BCCPA establish a member Affinity Program.	D Fontaine, H Dashevsky, W Giannasi Howe Group Guest Presenter	9:50 am 10 minutes Presentation 10 minutes Q&A	A	1.2

	ITEM #	TOPIC	PRESENTER	TIME	* Action req'd	Strat Plan
		Proposed Motion: BE IT RESOLVED that Marsh Canada be approved as our official supplier of insurances services subject to a formal agreement being drafted and approved by the Board. Proposed Motion: BE IT RESOLVED that BCCPA staff draft and issue a Request for Proposal (RFP) to select a third party vendor to support and co-administer the group purchasing pillar of our new Member Affinity Program (MAP) as outlined in the Howe Group report; AND FURTHER BE IT RESOLVED THAT the final selection of the group purchasing vendor will be subject to Board approval.				
	2.3	Managing Changing Needs Policy – Update	D Fontaine	10:10 am	D	4.2,4.3
	2.4	BC Continuing Care Collaborative – Inaugural Meeting – November 2014 - Seniors Care for a Change - Rationale as to the value to the system achieved by purchasing private-pay beds	D Fontaine	10:20 am	I	4.2,4.3
attached	2.5	Care to Chat February 2015 Proposed Motion: BE IT RESOLVED that the topic for the February 2015 Care to Chat will focus on the financial sustainability of the continuing care sector in BC.	M Kary	10:25 am	A	1.3
	2.6	Membership Review Committee Proposed Motion: BE IT RESOLVED THAT the Membership Review Committee shall be comprised of three members of the BCCPA Board. • Volunteers will be requested from the board.	E Price	10:30 am		6.1
STANDING REPORTS						
attached	3.1	CEO Report	D Fontaine	10:35 am	I	N/A
late distribution	3.2	BCCPA Standing Committee Reports • Finance and Audit • Governance • Awards • Annual Conference	A Van Ryk E Price A Jina A Devji	10:55 am	I	2.3
NEW BUSINESS						
	4.1	CALTC Update	D Cheperdak D Fontaine	11:05 am	I	N/A
	4.2	Selected BCCPA appointee for permanent SafeCare BC Board of Directors Proposed Motion: Be it resolved that Sue Emmons become the BCCPA representative on the SafeCare BC Board effective November 13th, 2014 for a term of one year.	E Price	11:10 am	A	3.1
attached	4.3	BCCPA Snapshot: "Who Are We?" summer research project	D Fontaine	11:15 am	I	6.2
attached	4.4	Approval of Fee Structure for Associate and Commercial Members Proposed Motion: Be it resolved that the new fee structure for Associate and Commercial members be approved as circulated.	H Dashevsky	11:25 am		1.2,1.4
In-camera	4.5	CEO Performance Review Proposed Motion: Be it resolved that the Board approve the CEO 2014/15 Performance	D Cheperdak	11:30 am	A	6.1

	ITEM #	TOPIC	PRESENTER	TIME	* Action req'd	Strat Plan
		Plan as circulated				
	4.6	Board Succession Plan	D Cherdak	11:35 am		
UPCOMING EVENTS						
	5.1	2nd Annual Minister's Lunch: October 16	D Fontaine	11:40 am	I	
	5.2	Care To Chat: November 13	D Fontaine		I	
ADJOURNMENT						
	6.1	The next meeting is scheduled for November 20, 2014.	D Cheperdak	11:45 am	I	
BOARD OF DIRECTORS DEBRIEF – 5 MIN						
BREAK - LUNCH WILL BE PROVIDED						

CORRESPONDENCE:

Ltr from David Ostrow, President & CEO (interim), Fraser Health Authority
Ltr from Denominational Health Association to Minister Lake
Global News: "Sex & Seniors: Shaking off the Stigma"

MINUTES:
2015 Conference Committee Meeting
Governance Committee Meeting
Conference Committee Meeting

STANDING COMMITTEES

Executive Committee: David Cheperdak, Elaine Price, Andre Van Ryk, Mary McDougall, Daniel Fontaine
Governance Committee: Elaine Price (Chair), David Cheperdak, Sue Emmons, Debra Hauptman
Annual 2015 Conference Committee: Aly Devji (Chair), Hendrik Van Ryk, Kristen Ash, Michael Aikens, Jeff Nider, Alex Jones
Membership Review Committee: All Board members
Finance & Audit Committee: Andre Van Ryk (chair), Elissa Gamble
SafeCare BC Implementation Working Group: Mary McDougall, Sue Emmons

AD HOC COMMITTEES

Awards 2015 Committee: Al Jina, Donna Marasco

EXTERNAL COMMITTEES

HEABC Affiliate Committee: Aly Devji + Daniel Fontaine

BC CARE PROVIDERS ASSOCIATION

Subject: Allowances and Expenses (UPDATED + AMENDED)
Original Approval: Sept 16, 1993
Amended: Sept 18, 2014
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

1. Employees using their own vehicles must have $3 million public liability insurance and the Association will pay the increased cost difference between $1 million versus $3 million liability.
2. Employees using their own vehicles for pre-approved Association business will be paid mileage a the rate of .51¢ km for the first 200 km. A rate of .31¢ km will apply after 200 km. Payment of this rate will cover all operational costs of the vehicle including insurance.
3. The Association will reimburse staff for reasonable food costs using the following per diem schedule
    a. Breakfast $11.00
    b. Lunch $15.00
    c. Dinner $29.00
4. Gratuities are not to exceed maximum of 15%
5. A per diem cannot be claimed if a meal has been provided at the event attended by the employee.
6. The Association will reimburse staff for the costs incurred for hotel accommodation while on Association business. Staff will make every effort to secure cost-effective accommodation which must be pre-approved by the Chief Executive Officer.
7. Employees will be reimbursed for reasonable out-of-pocket expenditures while travelling on Association business. As a guide, incidental expenses will be those expenditures which would not normally be incurred in not travelling on business.
8. All expenses must be claimed on the standard expense claim form. The form will be forwarded to the Executive Assistant to the CEO who will check the claim, raise the required cheque and forward to the Chief Executive Officer for approval.

BC CARE PROVIDERS ASSOCIATION

Subject: Telecommuting (NEW)
Original Approval: Sept 16, 1993
Amended: Sept 18, 2014
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

There is increasing interest amongst staff for more flexible work arrangements. The underlying reasons are grounded in individual circumstances but are often based on the need to create more time in the work day, the avoidance of a lengthy commute, or a desire for quiet or reflective work time.

BCCPA is committed to explore flexible work arrangements as part of our commitment to a sustainable, healthy workplace.

The corollary to providing staff with the flexibility to manage their lives for their well-being, is that the BCCPA must still be able to function effectively.

Simply put, Telecommuting means the ability to work off-site, either on a regular or ad hoc basis. The purpose of these guidelines is to provide for the fundamental elements that need to be in place for this kind of work arrangement to be successful, and processes to follow in considering such arrangements.

The following are the fundamental elements guiding our policy relating to alternate work arrangements:

1. These guidelines apply to BCCPA staff.
2. The purpose and objective of Telecommuting is to provide flexible work arrangements in appropriate circumstances where doing so enables the BCCPA to continue to function effectively.
3. Telecommuting is a valuable benefit to provide in appropriate circumstances, but it is not a right or an entitlement. While some jobs and positions will be suitable for Telecommuting, not every job or position will be.
4. Telecommuting will be approved by your supervisor on a case-by-case basis as outlined below under "Approval and Termination".
5. In order for the BCCPA to function effectively, there is the need for staff to attend the workplace regularly. Telecommuting is not an appropriate or complete substitute for being physically present in the office. Consequently, it is important to note that approvals for Telecommuting will not include full time work from off-site locations.
6. Telecommuting is a means by which, in appropriate circumstances, a staff member can perform their job responsibilities. In all circumstances, it is important to state that it must not be used as a substitute for dependent/elder care.
7. Except as expressly agreed between the BCCPA and the employee, Telecommuting does not change the terms and conditions of employment of the staff member.

Approval and Termination of Telecommuting Arrangements

8. An employee interested in Telecommuting must submit an application in writing to his/her supervisor, which includes the following information: name, position, time period for request, off-site work location, contact information, and proposed working hours on and off site.
9. Following receipt of a written application, the CEO may request to meet with the staff member to discuss the application and/or to provide additional information.
10. Approval of Telecommuting applications is in the sole discretion of the CEO and done on a case-by-case basis.
11. If an application is approved, the specific terms and conditions of the telecommuting arrangement will be set out in a written agreement, signed by the BCCPA employee and the CEO. The written agreement will contain at a minimum the following information:
    a. Hours and Days of Work;
    b. Hours and Days per week in the Department;
    c. Hours and Days per week off-site;
    d. Agreement on prior notice if the schedule is on an ad hoc basis;
    e. Agreement on whether BCCPA owned or personal computers will be used;
    f. BCCPA staff member contact information for all times when working off-site; and
    g. Performance Standards and/or goals and objectives.
    h. Telecommuting arrangements and agreements may be terminated by either party as follows:
    i. By the BCCPA staff member upon 2 weeks' notice to the CEO; and
    j. By the CEO, upon 2 weeks' notice to the staff member.
    k. Telecommuting agreements will be monitored by the CEO to ensure goals and objectives are met.

Workspace, Equipment and Protection of Proprietary and Other Information

12. BCCPA staff members approved for Telecommuting are responsible for providing a suitable and secure off-site workspace at their own expense.
13. The off-site workspace will be considered an extension of the workplace and therefore will be subject to and governed by applicable Workers' Compensation legislation and WorkSafe B.C. Employees will be expected to comply with normal reporting requirements for any work-related accident or injury.
14. Telecommuting BCCPA staff will be responsible for the safe and secure handling of all proprietary and other information taken off-site or accessed from the off-site location, including but not limited to electronic files saved on home computers. For greater clarity, the security systems and policies established by BCCPA policies will continue to apply.
15. The use of BCCPA supplied and owned computers/laptops are preferred for Telecommuting. This may take the form of laptops permanently assigned to an employee as their work computer, a laptop from a pool of department laptops which is returned when not in use, or a BCCPA computer taken home and left at home. It is also possible to use your home personal computer for Telecommuting. Your supervisor will assess your needs and approve either the use of a portable workstation or your personal computer. Their decision will be recorded in the Telework Agreement. The BCCPA will provide a checklist of minimum security requirements which will include: anti-virus and anti-malware software installed, regular full-computer virus scans, cabled or hard wired connection to a router or wireless

that is password protected, and restricted use by non-BCCPA individuals. Other considerations include:

a. Refrain from using email to transfer data to yourself
b. Use USB storage devices that require a password
c. Avoid CDs and DVDs as they can be lost or copied
d. Ensure laptops are password protected so data can't be easily accessed if the laptop is lost or stolen
e. Remove information from laptop once it is no longer in use
f. Data must be backed up to the *Cloud* and on USB on a nightly basis

BC CARE PROVIDERS ASSOCIATION

Subject: File Storage & Backups/Computer Equipment (NEW)
Original Approval: Sept 18, 2014
Amended:
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

File Retention and Destruction

1. Any financial related paper/electronic files and documents created by BCCPA employees must be retained for a period of no less than seven (7) years.
2. All other paper-based documents should be retained on file for a period of 3 years, unless:
    a. They are copies of a digital file which has already been catalogued, backed up on the server and are already accessible to senior staff.
    b. They are scanned, backed up on the server and accessible to senior staff
3. All paper-based files older than three (3) years shall be reviewed annually to determine if they are still required for storage.
4. All electronic files created by BCCPA employees shall be retained for a period of no less than seven (7) years. Digital files are not be destroyed without the explicit written pre-approval of the CEO.
5. The following documents must be securely shredded:
    a. Personnel information
    b. Budget or financial documents
    c. Confidential information related to our members
    d. Other as prescribed by the CEO
6. Documents not-containing sensitive or confidential information can be recycled and do not require additional security measures.

Computer and Data Backups

1. Employees and contractors are expected to back up all of their work-related files to the *Cloud* identified by BCCPA's IT consultant. They must also regularly (at least twice per month) test that these documents are accessible off-site and have been properly stored.
2. On a monthly basis, employees must advise in writing to their supervisor that they have properly backed up all of their electronic files. The same will apply to contractors who must advise the CEO.
3. Work related files are not to be stored on personal computers/laptops, USBs or other storage devices.
4. Work related files are not to be stored on the hard-drive of the employee's work laptop/computer, unless the identical document has been also backed up to the *Cloud*.

Work Laptops

1. Upon approval of the CEO, employees are permitted to remove their laptops from the BCCPA office and transport them to their place of residence. However, they must:
    a. Only be used for work purposes
    b. Be maintained and stored in a safe and secure manner
    c. Be returned to the office when required

BC CARE PROVIDERS ASSOCIATION

Subject: Education and Training (UPDATED)
Original Approval: Sept 16, 1993
Amended: Sept 18, 2014
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

1. When work related or career related development programs are undertaken on employee initiative, the following applies:
    a. The employee must have completed the probationary period prior to submitting a request for approval
    b. Requests for approval are to be submitted in writing to the CEO and will include:
        i. A description of the course objectives and content;
        ii. Details of cost;
        iii. Explanation of ways the program/course(s) will assist the employee and/or benefit the Association.
2. All travel and training requests outside of British Columbia must be approved by the Board of Directors.
3. All other education and training requests must be approved by the CEO. Approval will be dependent upon the following factors:
    a. Relevancy of course/conference
    b. Total cost and length of course
    c. Attendance at previous educational sessions
    d. Availability of funding
4. When employees are requested to take training for job knowledge or skills upgrading, the Association pays for the time, tuition and expenses associated with that training. Time spent at training will be considered as time worked.
5. An annual training budget will be set aside for personal enhancement and skill development for all staff.

BC CARE PROVIDERS ASSOCIATION

Subject: Employee Complaints (UPDATED)
Original Approval: Sept 16, 1993
Amended: Sept 18, 2014
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

1. If at any time a BCCPA employee feels that the treatment he/she received from their immediate supervisor has not been fair and equitable, such employee may discuss his/her concerns with the CEO.
2. In the event a complaint is received by any member of the management group (Director level or higher), a meeting will be held with the affected employee within two working days of any such request having been received. The affected employee will receive a response to the complaint within two working days of any such meeting. These time frames will serve as a maximum and will apply to any step of the review process. Any decision of the CEO in this regard will be considered final and binding on all affected employees.

BC CARE PROVIDERS ASSOCIATION

Subject: Gift Policy (NEW)
Original Approval: September 18, 2014
Amended:
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

1. Gifts and personal benefits are items or services of value that are received by BCCPA staff, or advisory body members for their personal use. Gifts and personal benefits include, but are not limited to, cash, gift cards, tickets to events, items of clothing, jewelry, pens, food or beverages, discounts/rebates on personal purchases, free or subsidized drinks or meals, entertainment, and invitations to social functions organized by groups or community organizations.
2. Staff, or advisory body members must not, directly or indirectly, accept a gift or personal benefit that is intended to influence the individual's performance of their respective official duties related to the BCCPA.
3. Staff, or advisory body members may accept a gift or personal benefit that meets both of the following criteria:
   - it has a value of $50 or less, AND
   - is received as an incident of protocol or as a BCCPA representative on activities such as speaking engagements, technical presentations, business meetings and social obligations reasonably related to their role with the BCCPA.
4. Staff or advisory body members must never accept a gift of cash (for the purpose of this policy, gift cards constitute cash).
5. Staff may not take advantage of discounts/rebates on personal purchases from suppliers having an existing business relationship with the BCCPA, unless those suppliers offer the same discounts/rebates to the general public or those discounts/rebates are offered to staff of other large employers (public and private) on a no-strings-attached basis to the employer.
6. Staff, or advisory body members must take all reasonable steps to ensure that their immediate family members do not receive gifts or personal benefits that could appear to an impartial observer to be an attempt to subvert this policy or to influence or secure a favour from the staff, or advisory body member. Immediate family members include parents, spouses, children and siblings.
7. If a staff, or advisory body member receives multiple gifts or personal benefits valued under $50 from a single individual or source in one calendar year, the gifts must be immediately disclosed to the CEO if the combined value of these gifts for the year is more than $50.

BC CARE PROVIDERS ASSOCIATION

Subject: Hours of Work (UPDATED)
Original Approval: Sept 16, 1993
Amended: Sept 18, 2014
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

1. Normal office hours will be from 8:30 am to 4:30 pm. Lunch break will be one-half hour. Reasonable time will be allowed for a morning and afternoon break.
2. Variable Hours
    a. Variable starting and quitting times may be established on an exception basis and upon mutual agreement between a group of employees, their appropriate Director/Manager and the Chief Executive Officer.
    b. Working hours will be maintained at an average of 7.5 hours per day.
    c. Directors/Managers are responsible for ensuring that adequate coverage is available during normal hours.
3. Overtime
    a. Overtime must have prior written authorization of the immediate supervisor.
    b. Authorized overtime will be paid to clerical support staff on the following basis
        i. On regularly scheduled work days, time and one-half for the first 3.5 hours in excess of 7.5 hours in the day.
        ii. For work performed on a regularly scheduled work day in excess of 11 hours, double time will be paid.
        iii. For work performed on Saturdays, time and one-half will be paid for the first 7.5 hours and double time thereafter.
        iv. For work performed on Sundays and statutory holidays, double time will be paid.
        v. Where the aggregate in a week exceeds 48 hours, double time will be paid for hours worked in excess of 48 hours.
        vi. Where there is agreement of the appropriate Director/Manager, time off at the stated overtime rates may be granted in lieu of pay.
    c. Directors and professional staff will have additional hours reimbursed as follows:
        i. Reimbursement will be in the form of equivalent time off based on an annual five day maximum
        ii. Professional staff must maintain an accounting of overtime worked and submit a time sheet to the appropriate Director/Manager for review and approval.
        iii. Time off banks will be permitted to accumulate to a maximum of five days. No time in excess of five days will be placed in the time off bank.
        iv. Time off will be scheduled by mutual agreement between the employee and the appropriate Director/Manager and taken in the year they accrue.
        v. Implementation date for this policy is September 18, 2014.

BC CARE PROVIDERS ASSOCIATION

Subject: Leave (UPDATED AND AMENDED)
Original Approval: Sept 16, 1993
Amended: Sept 18, 2014
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

1. It is the intention of the Association to accommodate employee requests for special leave with pay wherever legitimate need exists. Duration of leaves is expected to be kept to the minimum required and limits where state are not meant to be upper or lower limits. The Association may extend the period and employees are expected to use only the time required.
2. Maternity Leave
    a. Employees are entitled to take unpaid leave as prescribed by the BC Employment Standards Act.
    b. Where an employee is unable to return to work after the expiration of the leave because of reasons related to the birth or termination of the pregnancy, the Association shall grant a further unpaid leave of absence for a period not exceeding a total of 6 weeks.
    c. Medical complications of pregnancy during employment and prior to the maternity leave shall be covered by available sick leave credits, providing the employee is not in receipt of maternity benefits under the Employment Insurance Act or any wage loss replacement plan.
    d. Employees shall make every effort to provide at least 30 days' notice prior to the commencement of a maternity leave and employees shall give at least 30 days' notice of their intention to return to work prior to the termination of the leave of absence.
    e. If an employee is unable or incapable of performing her duties prior to the commencement of the maternity leave, the employee may be required to take an unpaid leave of absence.
    f. The Association may require the employee to provide a doctor's certificate stating the employee's general condition during pregnancy along with the expected date of confinement.
    g. For the first 4 weeks, all benefits and accruals are maintained. After 4 weeks of maternity leave, the Association will continue to pay premiums for all applicable benefit plans including the RRSP if the employee continues to make his/her own contributions. The following accruals will discontinue; statutory holidays, vacation and sick leave accruals. Service accrual will continue.
    h. Upon return to work, the employee will be reinstated in the position previously occupied, or in a comparable position, with all of the benefits to which the employee would have been entitled had the leave not been taken.
3. Parental
    a. An employee is entitled to Parental Leave as prescribed by the BC Employment Standards Act and Canada's Employment Insurance Act.

b. Employees shall make every effort to provide at least 30 days' notice prior to the commencement of a maternity leave and employees shall give at least 30 days' notice of their intention to return to work prior to the termination of the leave of absence.
c. The Association may require the employee to provide a doctor's certificate stating the date of birth of the child, or in the case of an adoption, a letter from the agency providing evidence of the adoption of the child.
d. For the first 4 weeks, all benefits and accruals are maintained. After 4 weeks of maternity leave, the Association will continue to pay premiums for all applicable benefit plans including the RRSP if the employee continues to make his/her own contributions. The following accruals will discontinue; statutory holidays, vacation and sick leave accruals. Service accrual will continue.
e. Upon return to work, the employee will be reinstated in the position previously occupied, or in a comparable position, with all of the benefits to which the employee would have been entitled had the leave not been taken.

4. Compassionate
    a. Compassionate leave of absence with pay of up to three (3) work days shall be granted to an employee in the event of a death of a member of the employee's immediate family.
    b. Immediate family shall include parent (or alternatively step-parent or foster-parent), spouse, child, step-child, brother, sister, father-in-law, mother-in-law, grandparent, legal guardian, ward and relative whom the employee permanently resides.
    c. Compassion leave shall be granted to employees who are on other paid leaves of absence, including sick leave and annual vacations. When compassionate leave of absence with pay is granted, any concurrent paid leave credits used shall be restored.
    d. Compassionate leave of absence with pay shall not apply when an employee is on an unpaid leave of absence.
    e. The employee shall notify the Chief Executive Officer in the event of a death.
    f. When the leave has been taken, the Chief Executive Officer must ensure that the leave is appropriately recorded.
5. Marriage
    a. Three days time off with pay shall be granted for marriage of the employee
6. Jury Duty
    a. Time off with pay shall be granted and the employee shall reimburse the Association payments received in connection with serving as a juror or potential juror.
7. Voting
    a. Time off for voting will be in accordance with the appropriate provincial or federal statute.
8. Medical and Dental Appointments
    a. Time off will be allowed for medical and dental appointments. Employees are expected to arrange appointments so as to have the least effect on the conduct of the Association's affairs.
9. Other
    a. Other leaves of absence may be granted at the discretion of the Chief Executive Officer

BC CARE PROVIDERS ASSOCIATION

Subject: Memberships (UPDATED)
Original Approval: Sept 16, 1993
Amended: Sept 18, 2014
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

1. Business membership will be paid for by the Association where the membership can be show to be to the advantage of the Association and where the Association's budget will allow.
2. Where the Association funds a business membership, the recipient will be expected to fully participate in the activities of the group involved.
3. Requests in conjunction with this policy shall be made in writing and submitted to the CEO through normal channels for final approval.

BC CARE PROVIDERS ASSOCIATION

Subject: Parking Allocation (UPDATED AND AMENDED)
Original Approval: Sept 16, 1993
Amended: Sept 18, 2014
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

1. BCCPA is allocated parking spaces by the building owner in accordance with office space occupied.
2. The allocation of parking to staff is not an entitlement but will be provided subject to availability in accordance with the procedure which follows.
3. The assignment of parking will be made by the Executive Assistant to the CEO in accordance with the following order of priority;
    a. Chief Executive Officer
    b. Directors
    c. Executive Assistant to CEO, Communications and Events Coordinator
    d. Interns and/or COOP students

BC CARE PROVIDERS ASSOCIATION

Subject: Performance Reviews (NEW)
Original Approval: Sept 18, 2014
Amended:
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

1. Employees will be entitled to a written annual performance review by their immediate supervisor.
2. Every effort will be made by the supervisor to undertake quarterly verbal reviews of performance.
3. Employees are expected to complete and sign a self-evaluation form as part of the annual review process.
4. Where possible, the 1st annual review shall be conducted on a date nearest the anniversary of the employee being hired – then every year subsequent year.
5. Employees are expected to provide formal acknowledgement of the receipt and review of their written annual performance review. This should be done no later than five (5) working days after the annual performance review has been conducted.
6. The review will be used as a measurement tool to assist the supervisor in assessing whether to provide pay increases, bonuses or other work-related benefits.
7. Performance reviews will be retained on file by the CEO.

BC CARE PROVIDERS ASSOCIATION

Subject: Privacy and Confidentiality (NEW)
Original Approval: Sept 18, 2014
Amended:
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

- BCCPA staff may be exposed to private and confidential information as part of their day-to-day duties.
- All staff members exposed to confidential or sensitive information are required to sign a confidentiality agreement (Appendix A) as part of their employment agreement.
- A signed copy of the signed confidentiality agreement will be placed in the employment file of the aforementioned employees.

BC CARE PROVIDERS ASSOCIATION

Subject: Staff Benefits (UPDATED AND AMENDED)
Original Approval: Sept 16, 1993
Amended: Sept 18, 2014
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

Regular full-time employees are entitled to all benefits as provided below. Regular part-time employees are entitled to the same benefits on a proportionate basis or pay in lieu thereof. Coverage for new employees will take effect upon the completion of three months continuous employment.

1. Sick Leave
    a. One day sick leave is credited for each month of service, cumulative to a maximum of 5 weeks (25 working days). Accumulated sick leave credits will not be paid out upon termination of employment.
    b. An employee who is unable to report to work due to sickness shall make every effort to notify his/her immediate supervisor at the earliest opportunity. This shall be done first by phone, followed by email or other electronic transmissions.
    c. An employee on a continuing illness shall keep his/her supervisor informed of his/her condition on a regular basis and endeavor to make the supervisor aware of the date of the anticipated return to work.
    d. Pregnancy related disabilities will be covered by the benefits of this Plan.
        i. Medical complications of pregnancy including complications during an unpaid leave of absence for maternity reasons, shall be covered by available credits up to the date of birth or confinement, except where the employee is in receipt of Employment Insurance benefits. Where medical complications arise following the date of birth of confinement, an employee shall be entitled to use available credits with the following conditions
            1. The employee provides medical certification; and,
            2. The employee is not in receipt of Employment Insurance benefits
2. Long-Term Disability
3. Accidental Death and Dismemberment
4. Extended Health Care Plan
5. Dental Health Plan
6. Registered Retirement Savings Plan – Employer match

BC CARE PROVIDERS ASSOCIATION

Subject: Statutory Holidays (UPDATED AND AMENDED)
Original Approval: Sept 16, 1993
Amended: Sept 18, 2014
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

1. The Association will observe the following paid Statutory Holidays:
    a. New Year's Day
    b. Family Day
    c. Easter Monday
    d. Good Friday
    e. Victoria Day
    f. Canada Day
    g. BC Day
    h. Labour Day
    i. Remembrance Day
    j. Christmas Day
    k. Boxing Day
2. Statutory holidays will normally be taken on the day on which they are proclaimed.
3. Under certain circumstances, and where it is of advantage to staff and does not disrupt the service provided to members, statutory holidays may, at the discretion of the Chief Executive Officer, be moved to a day other than the day proclaimed.

BC CARE PROVIDERS ASSOCIATION

Subject: Vacation Leave (UPDATED AND AMENDED)
Original Approval: Sept 16, 1993
Amended: Sept 18, 2014
Issuing Authority: Chief Executive Officer
Effective Date: Sept 18, 2014

1. Vacation leave
    a. Annual vacations will be based on an anniversary qualifying year and calculated on a calendar year basis ending December 31st.
    b. Full time staff are entitled to a minimum 3 week vacation. Additional weeks of vacation leave will be accrued as prescribed in the letter of offer.
    c. Part-time staff will accrue vacation as prescribed in the letter of offer.
    d. The purpose of annual vacations is to provide staff with a period of time away from the work environment and as such, staff are expected to utilize their full entitlement each year.
    e. Employees are expected to utilize their vacation entitlement during the year it is earned. However, in special circumstances employees may carry over a maximum of one (1) week vacation into the New Year on the approval of their supervisor and Chief Executive Officer.
    f. Requests for vacation must be submitted at least one month in advance to the employee's immediate supervisor. The request must be done in writing using the prescribed form.
    g. All requests for vacation leave will be considered in relation to the operational requirements of the department and the overall needs of the Association.
    h. Vacation pay-out on severing of employment relationship will be based on accrued vacation entitlement to date of severance.
    i. Implementation of this vacation policy takes effect Sept 18, 2014.

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Board of Directors Meeting
Thursday June 19th 2014
BCCPA Boardroom

MINUTES:

Present:	David Cheperdak (Chair), Kristan Ash, Sue Emmons, Aly Devji, Elissa Gamble, Debra Hauptman, Al Jina, Donna Marasco, Elaine Price, Ron Pike, Rowena Rizzotti, Andre Van Ryk
Regrets:	Azim Jamal, Mary McDougall, Will Mackay
Staff:	Daniel Fontaine
	Cathy Szmaus
	Lara Croll (intern)
Guests:	Jennifer Lyle

The meeting was called to order at 9:30 am. President David Cheperdak confirmed there was quorum.

1. Agendas and Minutes

Item 1.1 Approval of Consent Agenda

Proposed Motion: Be it resolved that the agenda be approved in its entirety.

a. Approval of Potential New BCCPA Members

Proposed Motion: Be it resolved that the commercial member applications for membership be approved as circulated.

b. Approval of Minutes

Proposed Motion: Be it resolved that the minutes of the May 26th Board meeting be approved as circulated.

Motioned by: E. Price Seconded by: A. Devji Approved

1.2 Approval of Agenda

Proposed Motion: Be it resolved that the amended agenda be accepted as presented, with item 4.3 regarding the BC Continuing Care Collaborative being added under new business.

Motioned by: E. Price Seconded by: A. Devji Approved

2. New Business

Item 2.1 Review Strategic Plan

Daniel analyzed and provided a high level overview of the strategic plan. A scan of the select planned issue areas and projects over the next 24 months was reviewed. The BCCPA remains committed to Care to Chat Season 2, Awards Ceremony in Victoria, Minister's Annual Lunch, and to lobby for actions on recommendations in *Seniors Care for a Change* report.

After discussion it was decided to eliminate the 'Demystifying Continuing Care in BC' video project and to defer redesigning the member website, reviewing the membership dues structure, and establishing a province wide service agreement.

All agreed that the BCCPA must confirm that Managing Changing Needs policy is put into place.

The partnership with the Ministry of Agriculture to develop a focus on nutrition was deemed to have frontline benefits for both homecare and service providers. All agreed that this initiative should be carried forward.

Daniel indicated that due to the departure of the Director of Policy and Research, the "Best Practices Guide on Recreational Therapy" has been delayed and work on improving the Care Aid registry has slowed. Funding is in place for the "Best Practices Guide" and work will resume with the hiring of the new director of policy and research.

The DHA and BCSLA partnership agreement (4.1) is still a work in progress, however the desire to speak with one voice remains. This ties in with the idea to add a 4th faith based stream at the 2015 conference.

It was agreed to establish a workshop at the 2015 conference to help educate regarding the impacts of InterRAI on provincial funding decisions. The objective will be to build leadership capacity in association members to understand and utilize InterRAI for evidence based decision making.

> Action: Sue volunteered to create a task group and reach out to Karen Baille for support.

From the new identified areas of concern and interest it was decided to defer applying for grants for another BC Cares project and eliminate internet aggregators as a focus.

Al suggested looking at developing the BCCPA as a self-funded resource for non HEABC employers. Donna agreed that would be a value added piece for new members. Elissa indicated that the HEABC may already provide fee for services for non-members. This needs to be verified before any additional work is undertaken.

Azim has emailed the board suggestions on areas of focus surrounding the funding relationship between care providers and the Ministry of Health. Elissa and Kristen state that the same issues with funding exist in the home care sector and that a unified voice

between home care providers and service providers will send a strong message to government.

Dave asked the board how much focus they wished to place on Item 5.2 of the Strategic Plan: 'to establish openness and transparency regarding funding for similar Health Authority and affiliate facilities.'

Andre was concerned with the lack of transparency in funding and is looking forward to the innovative approach the BC Continuing Care Collaborative will be taking.

Rowena believes that the health authorities do have an interest in new funding models and that the BCCPA has an opportunity to provide new options with a solutions based collaborative.

All board members in agreement that the mandate needs to be broadened to state that a transparent, equitable funding model need to be created to maintain current status of care. It was agreed that the new wording of Item 5.2 of the Strategic Plan should state: The BC Care Providers Association is committed to develop an improved funding model that is built on the four pillars of transparency, equitability, sustainability and consistency.

> Action: CEO will submit a draft strategic plan with updated priorities to the board for careful review for ratification during the September board meeting.

Item 2.2 Managing Changing Needs | Burquitlam Closure

In Camera

Item 2.3 *Seniors Care for a Change* report

Daniel reported that he has received positive feedback from the Ministry of Health and the report aligns with the Ministry's agenda. The Seniors Advocate Isobel Mackenzie provided positive feedback as well. Coastal Health provided off the record substantive feedback.

> Action: Daniel will work with Sue to finesse and hopes to have it sent to desktop publisher for distribution by the beginning of July.

David thanked Sue and Al for all of their extra efforts on the report.

Item 2.4 CEO Performance Plan

David asked the board to defer this proposed motion as the Strategic Plan has been changed significantly. The board agreed and the motion is deferred.

3. <u>Standing Reports</u>

Item 3.1 CEO Report

Daniel reviewed circulated report. Discussion surrounded the proposed Affinity Plan.

Meeting with Marsh revealed that their proposal was a stand-alone agreement with the BCCPA. Daniel had hoped to piggy-back on the agreement that Marsh has with the BC Non Profit Housing Association. The BCCPA will now do an RFP for the insurance portion of the affinity plan. Rowena indicated that the BCCPA must have a strong decision making process internally and transparencies with RFP's, as this is what we are asking the Health Authorities to do. Sue asked if the Howe Group is reviewing a risk strategy. Daniel stated that this has already been flagged and internal investigations have been initiated by the Howe Group.

4. New Business

Item 4.1 Care to Chat: Season 2 Topic Ideas

Intern Lara Croll joined the meeting. Daniel thanked Lara for drafting this report on his behalf. Daniel is looking for feedback from the board on suggested topics. Daniel asked the board to confirm what the November topic will be. The sponsors from the inaugural season have returned and Daniel feels that there are opportunities for additional sponsors and an RFP will be done.

Andre feels that in terms of order, fiscal sustainability should be later in the series, or the final plenary at the conference. Perhaps organizing a Health Authority CEO Panel. Ron agrees with the caveat that the title be changed.

David likes the topic of family members and managing expectations, and feels that Isobel Mackenzie could be a part of the panel. Elissa feels that this topic can relate to home care as well.

Debra would like to see a session on a national strategy for dementia as Claude Gravelle's bill is being pushed for a second reading.

Kristen suggested studying the Alberta Health Services model and advanced care planning.

Dave suggested that the SafeCare BC topic be the first session in November. Will tie in nicely with the launching of SafeCare BC and is relevant to many issues. All board members were in support.

Item 4.2 2015 Conference Establishment of 2015 Committee and Terms of Reference

The 2014 Conference Committee met this week and had its final meeting. Daniel suggested that next year the call for conference committee members are built into the terms of reference of the governance committee and the call for nominations for the board.

> Action: Governance Committee to put the recruitment of 2016 Conference Committee members into their work plan

Proposed Motion: Be it resolved that the terms of reference for the 2015 Conference Committee be approved as circulated.

Moved by: A. Devji Seconded by: S. Emmons APPROVED

Daniel indicated that Henrik Van Ryk and Michael Aikins have expressed interest in serving on the 2015 Conference Committee. Aly and Kristen also put their names forward. The 2015 conference committee was acclaimed as presented.

The opportunity was taken to establish other committee members.

- Elaine has offered to chair the Governance Committee. Sue and Debra have volunteered.
- Donna volunteered to serve again on the Awards Committee and Al was acclaimed.
- Andre agreed to chair the Finance Committee and asked for volunteers. Elissa volunteered and Dave will ask Azim to volunteer as well.

Action: The composition of the Membership Review Committee will be discussed in September - as per updated bylaws.
Action: BCCPA Website will be updated to reflect new committee members

Item 4.3 BC Continuing Care Collaborative

Proposed Motion: Be it resolved that it be approved in principle to establish a BC Continuing Care Collaborative

Moved by: Andre Seconded by: Debra APPROVED

Tammy Leach from the Alberta Continuing Care Association shared information on the Alberta collaborative during her visit to the BCCPA. In Alberta, the collaborative is completely funded through the ministry, including the secretariat. Daniel proposes taking these learnings from Alberta and to establish a BC Continuing Care Collaborative.

Action: A working group was formed and Dave, Elaine, Ron, Rowena, Kristen and Aly will work with Daniel. The working group will refine and represent the terms of reference and schematic to the board. Once approved these materials will be presented to the minister.

5. Adjournment

Dave called for a motion for adjournment.

Moved by: Elaine Seconded by: Ron

Meeting adjourned at 12:02

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TERMS OF REFERENCE

BC CARE PROVIDERS ASSOCIATION (BCCPA)
CONFERENCE PLANNING COMMITTEE 2015

COMMITTEE TYPE - Standing Committee

AUTHORITY

A Committee struck by the Board of Directors on an annual basis. Chairperson reports to the Board.

PURPOSE

- To facilitate the development, planning and financial accountability of the 2015 BCCPA Annual Conference.
- To identify, address and respond to issues pertaining to the conference and to make recommendations for action and/or resolution to the Board of Directors.
- To direct, oversea and provide assistance to the association staff in the planning process as required.

GOALS/OBJECTIVES

- Develop a three day conference agenda that helps to educate and inform delegates on topics of interest to the sector
- Develop a theme that links back to key issues facing the sector or that will be emerging in the coming years
- Ensure the conference is a financial success and helps to support the overall activities of the Association
- Provide the maximum exposure for our corporate sponsors and exhibitors to our facility and homecare members
- Develop a series of lectures and workshops that address issues in homecare and residential care
- The conference should be a place for delegates to learn, network and have fun

COMPOSITION

BCCPA Conference Planning Committee is composed of:

1 Mmember of the current Board of Directors who will also serve as Chair of the Committee
3 Ccare provider member representatives, to be composed of:
- 1 – non-profit site
- 1 – private site
- 1 – home care

1 Ccommercial representative (appointed by the committee)
1 Ccommercial representative (nominated by Title Sponsor and subsequently approved by committee)
1 Past Chair (if applicable)

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~~Chairperson is elected by the committee at its first meeting and must be a service provider member.~~
Membership in the committee is ~~normally established at the first meeting of the Board of Directors following the AGM.~~ to be recommended by the Governance Committee as part of the overall nomination process conducted prior to the AGM

Three of the committee members will assume the roles of Speaker Liaison, Finance Liaison and Commercial Member Liaison. This will be determined by vote at the first meeting of the committee each year.

Ex-Officio CEO or designate, President and other Board Members.

Representatives of Government and/or allied organizations as deemed appropriate by the Committee chairperson may be invited on an occasional basis.

QUORUM

Shall consist of 50% + 1 of the Committee members.

In the event that a "quorum" is not founded, the committee will continue with the meeting. Recommendations will be made and referred to next meeting for discussion and voting.

TERMS OF OFFICE

Committee members are appointed annually for terms up to one year. All committee member terms shall expire no later than June 2015.

The Committee shall meet one last time after the conference is over in order to make recommendations to the Board on how to improve the subsequent year's conference. This meeting shall take place no later than 90 days after the conference has concluded.

In order to assure continuity and information sharing, it is recommended to have 2-3 members serving consecutive terms.

FREQUENCY OF MEETINGS

Meetings to be confirmed at the call of the Chair.

REPORTING MECHANISM

Minutes to be kept of all meetings and circulated to each Committee Member, and presented to the Board of Directors by the Committee Chairperson.

EXPENSES

Expenses must be submitted to BCCPA CEO for approval.

Committee expenses are reimbursable by BC Care Providers Association according to approved policy.

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OUR VISION

The BC Care Providers Association delivers effective leadership and valued resources that support progressive change, promoting the growth and success of its members

STRATEGIC PLAN 2013 – 2016 – Update Sept 18. 2014

In Development
On Track
Caution
Off Track

Progress Status

STRATEGIC GOAL #1: Strengthen Value Proposition for Members

OBJECTIVES	Acc'ability	20013-14 Target	3 Year Target – 2015/16	Outcome Indicators	Progress	Comments
1.1 Ensure members have increased access to better tools and resources	CEO	Develop a new member-only library and resource section on the BCCPA website	Increase the quantity and quality of resources available through password protection.	Increased positive feedback from members regarding access to resources. Members increasingly using the BCCPA website to download resource materials. Web traffic on the member only portion of the website increases by 10% per year.		The member-only section of our website has been operational for approximately 12 months. Significantly increased traffic since the introduction of the Google Map feature for commercial members. Overall web traffic continues to rise year over year.
		~~Produce an instructional set of online modules aimed at demystifying the different levels of care provided.~~ ~~Seek out partner funding~~	BCCPA YouTube page is used extensively by our members as a training and resource tool. ~~Secured partner funding to work on member resource project~~	People are sharing these resources through social media Media using it as a resource and incorporating into stories Positive feedback from family members and external stakeholders ~~External stakeholders willing to co-fund the project~~ ~~Over 1,500 views as tracked by YouTube or equivalent.~~		As of September 3, 2014, we had over 1860 page views of our YouTube videos. This represents a 21% increase in page views since May. Good use of our website by a number of media this quarter. Several unsolicited calls generated through website contact/content.
		Seek out and obtain another resource from other regions that can be re-purposed for use in BC.	Develop one in-house resource as well as re-purposed two additional resources.	We have collaborated with CALTC partners on at least one of these projects.		Ontario has agreed to provide us with their new Crisis Communications Toolkit that we can share with our members. Anticipate it will be in use early in 2015. Work on the new Recreational Therapy Guide has re-commenced. We are developing a new workplan and timeline. Targeting completion in early 2015.
1.2 Ensure fee and benefit structure is conducive for growth in membership	CEO	Undertake a fee structure review in consultation with current and potential new members. **[Board**	Grow our commercial membership annually by 5%	Growth in new members who have never joined before.		Commercial and Associate membership fee review and recommendations complete and forwarded to the Board in September.

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Caution
Off Track

Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	20013-14 Target	3 Year Target – 2015/16	Outcome Indicators	Progress	Comments
		requested the service provider component be delayed to 2015] Establish and conduct baseline customer service and value for money survey with members. **Establish a new Affinity Program [NEW]**	Grow our service provider members by 5% annually. Ensure BCCPA represents at least 80% of all HomeCare services Over 90% of members satisfied with services and resources available through BCCPA **Affinity Program fully operational by end of March 2016 [NEW]**	Growth in renewal by members who have had membership lapse more than two years Satisfaction surveys indicate BCCPA is either maintaining or increasing customer satisfaction levels. BCCPA represents a greater % of the overall sector compared to 2013. **Member operating costs related to goods and services purchases has decreased [NEW]** **Large % of cost of BCCPA membership fees covered through access to Affinity Program [NEW]**		Service provider membership review has been post-poned to 2015 – as per Board request. Howe Group has helped to assess how we can use affinity programs to help fund long-term growth in membership in order to meet targets. We are developing a member survey to be sent out annually. It will be distributed in 4th quarter. On target to meet or exceed 5% membership growth targets this year.
		Conduct exit surveys with non-renewing members.	Ensure 80% of BCSLA members who provide assisted living services are also members of the BCCPA	Fewer members identifying high fee structure as reason for leaving BCCPA.		All non-renewing service provider members were contacted to determine reasoning. Varied from site closures to lack of funding.
1.3 Increase opportunities for member engagement	CEO	Develop a new speaker series. Host three sessions in Lower Mainland.	Host a minimum 10 speaker sessions with at least 25% outside Lower Mainland over three years. Ensure adequate topic representation for Homecare	Members submit future topic ideas Attendee satisfaction increases regarding our choice of topics, frequency of events, venue etc Active audience participation An increase in ticket price does not		We are assessing how to use technology such as webcasting to better involve members outside the Metro Region. Meeting the target of 25% of the events outside Metro will be a challenge. We have confirmed all our original sponsors want to return for Season II. RFP will close on September

In Development
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Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	20013-14 Target	3 Year Target – 2015/16	Outcome Indicators	Progress	Comments
				result in lower attendance Events are independently promoted by third parties We attract new sponsors and increase overall revenue Significant non-member participation More robust and accurate stakeholder database		15th. Anticipating one or two additional sponsors as a result. Approximately 20-25% of attendees have been non-members. Topic I Safety in the Workplace Topic II Focus on Funding Topic III Homecare?? Topic IV Health Authority CEO Panel (Whistler)
		Conduct regional facility member consultation sessions. Conduct consultation session with HomeCare members. Conduct consultation session with commercial members at the Annual Conference.	Conduct annually regional facility member consultation sessions Conduct annual consultation session with HomeCare members. Regularly conduct consultation session with commercial members at our annual conference.	Active member participation in each event in each region. BCCPA receives a fair number of suggestions and ideas we can incorporate into future planning.		Director of Membership Services conducted extensive meetings/consultation with members in Okanagan, Vancouver Island and Metro Vancouver over last six months. Work being planned for a home care roundtable to meet with current and future members. Commercial member consultation completed in Whistler.
		Undertake to more actively engage non-board directors involved in committees, task forces and other special projects	Non-board members who participated in BCCPA activities seek out positions on the board. Use this strategy to support our overall succession plan for retiring board members.	Increased response rate to requests for volunteers to support BCCPA activities Unsolicited requests for get more involved. Broader participation of non-directors outside of the Lower Mainland. Non-board members use volunteer work as a stepping stone to secure		One non-board director asked about how they could get active with the Board through sub-committees. Two commercial members appointed to Annual Conference Committee. One non-Board director. Seven non-board members are on the Care Aide Registry Subcommittee. Non-Board director from Interior invited to participate in November Care to Chat as panelist

In Development
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Off Track

Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	20013-14 Target	3 Year Target – 2015/16	Outcome Indicators	Progress	Comments
				position on the BCCPA board.		
1.4 Optimize the size of organization	CEO	Increase membership base by a minimum 5%	Increase overall membership by 15% over three years.	The BCCPA does not need to increase association dues as a result new revenue. Revenue growth outpacing annual costs.		New Director of Membership Services and Sponsorship actively calling all current + non-members. Several new service provider and commercial members joined…numerous others contemplating. Effective affinity program will be key to membership growth in coming 12-24 months.
		Maintain a renewal rate of 85% or higher by end of fiscal year.	Maintain a renewal rate of 90% or higher by end of each fiscal year.	The BCCPA limits need to increase association dues as a result diversified revenue strategy. Revenue growth outpacing annual increased costs.		Our renewal rate for facility members exceeded our 85% target in 2013/14. Association dues have not been increased since 2010…nor are they anticipated to rise in 2015 – this is despite increasing staff capacity and scope of activities in 2013/14/15.
		Gather necessary data to provide compare BCCPA to other similar organizations.	Board better understands how BCCPA compares to other similar industry associations.	We are able to better speak to whether BCCPA is within the "norm" when it comes to size, strength of voice for an organization our size.		Some of this work has been completed as part of commercial and associate fee structure review.
1.5 Diversify funding sources **and contain costs**	CEO	Increase by 5% new non-dues and non-conference related revenue	Increase by 10% new non-dues and non-conference related revenue by end of 2015/16 Increase our capacity to broaden service offerings to members without having to increase pressure on association dues. **Limit year over year annual conference budget expenditures to <3% growth**	More companies willing to invest in BCCPA core products, events and advertising. Reduced pressure to increase association dues. Easier to undertake special projects requiring new funding. **Increase net revenue from Annual Conference**		We will exceed this target. New membership services and sponsorship department key to increasing our overall sponsorships. Affinity programs will help us achieve this goal. Annual Conference net revenue significantly higher in 2014 compared to previous year.

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Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	20013-14 Target	3 Year Target – 2015/16	Outcome Indicators	Progress	Comments

STRATEGIC GOAL #2: Effectively Manage our Brand and Reputation

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
2.1 Become respected thought-leader and policy resource for continuing care sector in BC	CEO	Regularly draft and submit opinion pieces to BC dailies and/or public policy journals to raise our profile with decision-makers. Develop a research strategy and workplan. Work with Mitacs in order to hire top researchers in order to better link us to wider academic community.	BCCPA appears frequently on the opinion pages of BC's major dailies. Develop our own unique research that we can share with members, the media and public Develop another successful resource tool similar to the Anti-psychotic best practices guide.	Our grant applications are approved We are approached to partner on a project with an external agency Our OpEds increasingly get published by respected dailies or policy journals We are cited by a stakeholder or media in the public domain. Some of our research is peer-reviewed. Receive unsolicited requests from media wanting comment on more policy-focused stories.		We continue to draft regular opinion articles and are being approached by media to comment on a number of care home related issues. Work underway to develop an OpEd piece in partnership with the CMA's President. But progress is slow as we have been working on this since June. We have secured partner funding with the OLTCA to develop a new Recreational Therapy Best Practices Guide. Mitacs will be submitting our application to hire an intern to start in early 2015 to work on a new best practices guide. It must be peer-reviewed prior to approval.
2.2 Develop effective communication strategies	CEO	Draft a communications plan for review by the Board	Annual development and review of the strategic communications plan.	Significant earned media		Due to staff turnover and other operational issues, the development of the communications plan has

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Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
			Increase our communications capacity by jointly hiring a communications officer/contractor in partnership with SafeCare BC.	Widespread use of communication tools and resources by members. Public expectations and attitudes re delivery of seniors care are more aligned with sector's ability to deliver More balanced media coverage of "hot spot" issues Ability to better utilize 3rd party stakeholders willing to validate industry Better "real time" communications and we are very engaged on social media Better prepared to handle issues in the news		been delayed. It is likely we will need to ask an external contractor to assist with the development of this plan. New collateral materials have been developed such as the infographic and stand-up banners. Our COOP student has completed research this summer to provide us with additional information to include on our website and member communiques. Continued significant growth of social media accounts + engagement during the last quarter.
2.3 Regularly advocate, engage and educate key decision-makers and thought-leaders	CEO	Host the first annual BC Care Providers Day in Victoria in Feb 2014. Regularly meet quarterly with key representatives from VIHA, FHA, VCHA, IHA and MoH to discuss ideas, concerns and opportunities. Develop a strategy to engage BC's MLAs in order to educate them on the continuing care sector. Develop a working partnership with one of BC's main research universities	Regularly involve BC Premier and/or Leader of the Opposition with BC Care Provider Day (BCCPD) events in Victoria. Ensure active participation and engagement with BC's Seniors Advocate. Annual Awards Ceremony in Victoria is well attended by MLAs, political staff and key cabinet members. Create opportunities to engage and have dialogue with MoH staff above the executive director level.	Government and Seniors Advocate use our submissions to shape future public policy and/or recommendations Government seeks out our advice prior to implementing and/or amending policies and regulations More streamlined access to senior administrators within the MoH Decision-maker's expectations regarding ability for sector to deliver care are aligned with our ability to respond. Invitation lists for key events are		Planning has begun for the 2nd Annual BCCPA Awards in Victoria. Nominations are open, but none have been received as of yet. Minister of Health has agreed to participate in our 2nd Annual Lunch event on October 16th. Event will have approximately 400 attendees – an increase of more than 50 over last year. 12 MLAs have accepted our invitation to attend. Planning another MLA engagement day in Victoria during the upcoming session. Due to staff changes at various Health Authorities, quarterly meetings have been delayed. Hope to restart them again this fall.

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Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
		Include 3rd party stakeholders in more of our external communications. Work effectively with Minister of Finance, Minister of Health and other key cabinet members to ensure they are aware of what we believe should be government fiscal priorities and opportunities for efficiencies.	Apply for and receive partnership funding from MoH on a joint project. Regularly receive invites from MoH and/or HAs to provide feedback or make presentation on a various issues/topics. Have the capacity to tailor information we provide by region to key decision-makers.	comprehensive and include all identified stakeholders. BCCPA regularly responds to requests for feedback such as the annual Ministry of Finance budget submissions. We are asked by stakeholders to be included in their news releases or publications as 3rd party validator.		MoH has agreed to develop a new Continuing Care Council Collaborative. First meeting in November. FHA representative agreed to be part of our Care to Chat panel in November.
2.4 Develop better education strategies for residents and family members in order to better align their expectations with our ability to deliver	CEO	Provide access to better online and print materials that have sector-wide application. Begin work with new Seniors Advocate to develop strategies that can address issues related to heightened expectations Provide access to additional stories and information via BCCPA website. A focus will be placed on highlighting role of family councils and challenges faced by front-line workers. ~~Seek out and secure a partner to co-fund a series of online modules to help act as a resource for family members seeking to learn more about the types of care available.~~	~~Develop better educational modules aimed at "demystifying" the continuum of care for use by family members and media.~~ Complete a joint project with the Office of the Seniors Advocate Regional representatives from local family councils and seniors will be more engaged in the development of educational materials	Seniors Advocate promotes BCCPA as a resource for information to families. More balanced media stories regarding what type of service a senior has contracted with a facility to receive vs what their family thought was provided. Health Authorities feel in a better position to defend decisions made by non-government service providers. More family members willing to speak out in support of care providers. Non-government service providers continue to rate higher satisfaction levels compared to HA run facilities		Met one-on-one with Seniors Advocate. More meetings being planned. Assisted Seniors Advocate with her tour of residential care homes across BC. Seniors Advocate publicly stated she supported our Seniors Care for a Change report and many of the recommendations contained within it.

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STRATEGIC PLAN –2013 - 2016

STRATEGIC GOAL #3: Maintain a Focus on Quality

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
3.1 Support development of SafeCare BC and other workplace injury prevention initiatives	CEO	Draft and sign a contract with WorkSafe BC. Develop an action plan and strategy to ensure Board is established and founding meeting takes place in May 2014. Identify and secure opportunities for shared services and reduced costs with SafeCare BC.	BCCPA and SafeCare BC remain co-located and operate through an array of shared services. Better control operating expenses due to shared services opportunities. Continue to hold joint AGMs at our Annual Conference.	WorkSafe BC willing to continue direct working relationship with BCCPA Better flexibility to use operating budget for new initiatives and pilot projects Workplace injuries begin to level off and show early signs of declining. SafeCare BC is governed independently, but continues to co-locate and use shared services. Over 75 attendees at founding meeting held in May 2014 in Whistler, BC. WorkSafe BC confirms we have met deliverables as set out in the original contract. SafeCare BC has well established		BCCPA and SafeCare BC sign a 5 ½ year lease at new Metrotown location. SafeCare BC ED will be featured in our Season II kickoff of Care to Chat which will focus on workplace safety. Continue to promote SafeCare BC through our various social media channels + eblasts. Separate bank accounts and accounting process are now fully functional. Continue to cross-post SCBC material on BCCPA website. Agreed to use Care to Chat event to help increase interest and participation in EGM for SafeCare BC on November 13. Supporting and actively working on Be Care Aware

In Development
On Track
Caution
Off Track
Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
				board governance and is providing valued service to its members.		campaign.
3.2 Advocate for reforms to the BC Care Aide Registry	CEO	Develop a strategy which will provide an alternative delivery model that can be shared with government. Work with 3rd parties who have a shared in interest in the future success and sustainability of the BCCAR Actively participate in the follow-up activities pertaining to the Murtagh Report. BCCAR agrees to allow out-of-province applicants register as of July 31, 2014.	The new model is in place and helping to effectively improve standards of care and remove abusive care aides from both private and public sector in a timely and cost-effective manner. The new model is truly cost-neutral to employers. The new model is self-sufficient in that care aides are now co-funding. BC Government agrees with BCCPA position of zero tolerance for abuse of seniors.	Institutional abuse decreases. BC being recognized by media for its proactive work in this policy area. No more loopholes exist in the system to allow abusive care aides' access to seniors in care. We have moved beyond a "letter of understanding" into a more formal and inclusive structure that is more in line with a self-regulatory model. 3rd parties endorse our alternative model and/or suggestions to reform BCCAR.		BCCPA drafted and submitted our initial response to Care Aide registry's request for information. Sub-committee still active, but loss of Director of Policy and Research has delayed work on this file. New Director of Policy and Research will be convening a meeting of the committee within the next month.
3.3 Better utilize InterRAI to demonstrate comparability of our clients to those in HA facilities	CEO	Begin work to establish a workshop at the ~~2014~~ 2015 conference to help educate regarding impacts of InterRAI on funding decisions. Follow-up with CALTC re the development of an online training tool on how InterRAI can impact local care homes and funding. For example, work on a joint research with CALTC partners	InterRAI develops a new algorithm to reward care providers who improve quality of life. In partnership with CALTC, develop online resources for front-line staff in order that they more effectively utilize InterRAI. Increased funding for non-government service providers to support seniors in care with	MoH acknowledges that increased acuity due to dementia justifies additional resource allocation. CALTC partners see this as an issue important enough to undertake joint collaboration. We are able to quantify if there is a difference in acuity levels between government and non-government facilities.		No significant progress made on this file in the last quarter. The new Dir of Policy/Research will attempt to get this back on track and it has been placed in his workplan.

In Development
On Track
Caution
Off Track

Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
		demonstrating need to reform InterRAI in order to better capture impacts of dementia.	dementia.	InteRAI better incorporates the impacts of dementia on human resource needs. The gap closes between HA and NG care providers in relation to reported levels of acuity.		
3.4 Identify and transfer "Red Tape" dollars to front-line care	CEO	Undertake comprehensive industry analysis to identify key areas of red tape that are negatively impacting front-line care.	Produce annual progress report on our key recommendations that we will share with our members and media.	Government has accepted our recommendations and is moving to adopt them. Government pro-actively seeks out our opinion regarding opportunities to save costs and increase quality of care.		Seniors Care for a Change now public. Report was well received and garnered significant media attention. Will become the focus of the Collaborative inaugural meeting. Feedback from several government MLAs also positive.
3.5 Pro-actively lead the development of new tools and resources that will support the delivery of quality care	CEO	Commence needs analysis and development on our next "Best Practices Guide".	Develop an online training tool to support the more effective use of InterRAI by frontline staff Develop another "Best Practices Guide" in partnership with key stakeholders.	Frontline staff are incorporating our tools and resources into their daily operations. Website hits and downloads pertaining to these new tools shows significant activity.		The new Recreational Therapy Best Practices Guide has been approved by the Board last fall. Work/research to commence this Fall. Project delayed due to departure of Dir R&P in the spring.

STRATEGIC GOAL #4: Enhance and Build New Relationships

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators	Comments

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Caution
Off Track

Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
4.1 Develop a more unified voice for the sector to government. -Lead and establish sector-wide partnership initiatives	CEO	Undertake to develop a formal agreement to collaborate on key areas of common interest between the BCSLA and the DHA. Establish the 1st Annual Minister's Luncheon in partnership with DHA and BCSLA	A formal cooperation agreement has been signed between the DHA and BCSLA in order to provide a platform for join collaboration and partnerships.	Government is no longer getting "mixed messages" regarding priorities from the sector. BCCPA would have a better understanding of what all the key messages being delivered to government are from the various senior care associations. More of a willingness to partner on the part of all three organizations beyond stand-alone events. BCCPA regularly co-hosting events with DHA and BCSLA BCCPA participates in meetings to exchange ideas and share intelligence with DHA, BCSLA. DHA and BCSLA board members attend our annual Christmas Open House Worked in partnership with BCSLA and DHA to co-fund, develop family education modules. BCSLA, DHA, BCCPA host a joint annual conference. BCCPA representatives attend AGMs and/or conferences of the BCSLA and DHA		Met with DHA to determine their interest in partnering with us to establish a 4th faith-based stream at the Whistler Conference. 2nd Annual Minister's lunch being planned for October 16th. BC Non-Profit Housing Association became new partner. BCCPA rep will attend BCSLA conference in Kelowna and BCNPHA in Richmond. Both conferences are no-fee. Continue working with MoH to hold joint stakeholder calls with DHA + BCCPA. DHA made application to become part of CALTC. BCCPA supported their application and it was approved in July. Working with DHA on the Burquitlam closure. Further to our discussion, they agreed to send a letter of concern to Minister regarding circumstances that led to the closure.

In Development
On Track
Caution
Off Track

Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
4.2 Become a more effective and influential voice with Health Authorities and MOH	CEO	Develop a plan to regularly meet with key officials throughout the year. Identify opportunities for BCCPA to work as partner vs an agency for funded service providers. Expand the opportunities to engage and provide direct feedback/advice beyond the Home and Community Care Council and regular MoH conference calls.	BCCPA regularly consulted as HA and MoH develop key policies for implementation. BCCPA considered a valued partners "at the table".	We are considered by HA and MoH as a partner, rather than a service delivery agent. They adhere more strictly to the "no surprises" rule and ensure we are adequately consulted on a regular basis. More MoH and HA officials attend and actively participate at our Annual Conference. Share findings of BCCPA led research where applicable. BCCPA partners on pro-active projects such as Anti-Psychotic Best Practices Guide. MoH or HA co-fund. BCCPA meets at least once per year with MoH DM and/or ADM level staff.		Concept of BC Continuing Care Collaborative developed and endorsed in principle. Early planning on how to better involve HA staff at 2015 annual conference. We plan to work with Health Authorities in the development of our new Recreational Therapy Best Practices Guide.
4.3 Undertake a more pro-Active and solution-oriented approach to issues	CEO	Identify opportunities to acknowledge publicly the positive work government is doing in key areas of interest. Establish a speaker series to highlight emerging issues.	Government is taking our solutions and beginning implementing them. Our sector is taking our solutions and voluntarily implementing them. Identify key areas where we have	Our sector is less reactionary. Government doesn't feel need to impose new regulations and policies. They are more open to industry attempting to solve issues first.		Seniors Care for a Change report now public C2C moving into its second season Annual Conference likely to focus on 4 key streams of residential care, workplace safety, home care and faith-based care.

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Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
		Better utilize our annual conference to develop solutions to challenges facing the sector Not only identify problems, but also develop and fund appropriate solutions. Advocate for more self-regulation where feasible.	been able to self-regulate when government may have imposed a more costly and administratively complex "solution". Develop a new *Social Partnership Fund* to allow for BCCPA to partner with small external partners undertaking innovations.	Public perception of private providers has improved compared to baseline polling. Positive media and outcomes garnered from our *Social Partnership Fund*		New Social Partnership Fund supported Robson Square event. May also be used to partner with College of Health Leaders. Early planning stages to update public opinion polling re continuing care sector

STRATEGIC GOAL #5: Safeguard Member Viability and Sustainability

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
5.1 Provide direct influence regarding HEABC negotiating mandate	CEO	Prepare a submission to HEABC requesting more direct participation in establishing negotiating mandate	BCCPA will become a valued partner and will work more directly with HEABC to establish negotiating mandate	BCCPA has more influence into the collective agreement and helps to reduce inflationary pressures related to increased costs for human resources.		BCCPA continues to provide feedback into the collective bargaining process through the HEABC Affiliate Working Group. HEABC attended a board meeting to receive feedback regarding negotiating mandate. Will be invited back this fall. Most collective agreements now finalized – labour stability should ensue.

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Caution
Off Track

Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
5.2 Develop an improved funding model that is built on the four pillars of transparency, equitability, sustainability and consistency.	CEO	Introduce concept of FIRM established in Alberta to BC Minister of Health. Commence independent research to update and quantify cost differential between government and non-government providers	BC has adopted policies which ensure complete openness and transparency in the reporting of cost differentials between HA and non-HA facilities. Complete updated research regarding cost differentials between gov't and non-gov't service providers.	The media and public have a better appreciation for the value-proposition provided by BCCPA members under contract to provide care for seniors. Polling indicates positive movement in the public's perception of the non-government care providers.		We are beginning to determine how we can apply FIRM in BC. No real progress on this file to date. There should be more activity by Fall 2014. We plan to FOI and seek out information to analyze later this year – will be part of our intern's work plan.
5.3 Develop a new province-wide service provider agreement	CEO	Formally approach MoH to determine interest in pursuing new province-wide service agreement.	A new service agreement will be in place.	Additional openness and transparency in the funding process. Level the playing field amongst service providers.		Could become part of the discussion at the Collaborative.

STRATEGIC GOAL #6: Improve Internal Operations

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
6.1 Modernize governance structure	CEO	Establish a Governance Task Group (GTG) The GTG will provide recommendations to the Board to modernize governance and policies. Update 80% of Board and	All board and personnel policies are current and reviewed on an annual basis. Recommendations from GTG are integrated into current operations Conduct an annual review of policies and procedures for	More efficient board meetings Board satisfaction regarding board operations improves over time (can track through annual surveys). More effective Annual General Meetings with greater participation from members.		By-laws + constitution have all been updated and modernized at the AGM. The GTG will focus on succession planning for 2015/16 slate + finding appointments for key committees. Work completed to update a variety of BCCPA

In Development
On Track
Caution
Off Track

Progress Status

STRATEGIC PLAN –2013 - 2016

OBJECTIVES	Acc'ability	2013/14 Target	3 Year Target – 2015/16	Outcome Indicators		Comments
		personnel policies	relevance.			internal policies and procedures.
6.2 Develop more effective planning tools	CEO	Finalize the development of a 2013/14 Strategic Plan Draft the 2014/15 Strategic Plan Develop a rolling three-year Financial Plan	In a better position to provide multi-years financial forecasting and planning Strategic Plan is reviewed by the Board on an annual basis.	Better use of limited resources in a more targeted manner. Less likely to move into non-priority areas without a focused discussion on what the opportunity costs will be. More focus on long-term planning that will help achieve identified goals and objectives. An *Operational Plan* and *Communications Plan* can be developed from the Strategic Plan At least 85% of the items identified in the 2013/14 Strategic Plan are accomplished.		The 2013-16 Strategic Plan was approved by the board in September 2013. The 2013-16 Strategic Plan was reviewed and amended by the board in June. Next full two-day Board retreat planned for June 2015. 3 year financial plan introduced and approved as part of 2014/15 budget process.

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BCCPA FACTS AND FIGURES

- **Established 37 years ago, the BC Care Providers Association represents private and non-profit, denominational and non-denominational service provider and commercial members across BC.**
- **There are 263 service provider and commercial organizations that are members of the BC Care Providers Association.**
- **In addition to creating over 15,000 direct and indirect jobs in the continuing care sector, BCCPA members care for more than 11,000 seniors each day in residential care and assisted living, and over 10,000 each year through home care and home support.**
- **BCCPA represents a sector that will see British Columbia's population over 65 years old to increase from 730,500 in 2012 to 1,419,900 people by 2036.**

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August 1, 2014

Dear Prospective Applicants,

The BC Care Providers Association (BCCPA) is seeking interested parties to provide a submission for the delivery of a sector-wide, member-based insurance program for group insurance and risk management in British Columbia. The voluntary opt-in program would be available to all of our members across the province.

Please find enclosed a *Special Request for Proposal*, as well as the Submission Form. Proposals are due on or before Friday, August 29, 2014 by 12:00 p.m. (PDT).

The insurance program proposal instructions are outlined in the enclosed materials. If you have any questions, please do not hesitate to contact me directly at (Cell) 604-314-0487 or by e-mail at: hart@bccare.ca.

The successful bid will be notified as soon as it is verified by the BCCPA.

We look forward to receiving your proposal.

Sincerely,

Hart Dashevsky
Director of Membership Services and Sponsorships

Enclosures

SPECIAL REQUEST
INSURANCE PROGRAM PROPOSAL
2014

DEADLINE TO SUBMIT PROPOSAL: Friday, August 29, 2014 (12 pm PDT).

Instructions

1. Submit your proposal by **Friday, August 29, 2014 by 12:00 p.m. PDT.**

   BC Care Providers Association
   1656-West 75th Ave
   Vancouver, BC, V6P 6G2
   Attn: Hart Dashevsky

   Or by e-mail: **hart@bccare.ca**

2. The person(s) authorized to sign on behalf of the proponent and to bind the proponent to the proposal must sign the proposal.

3. All proposals will be irrevocable for one hundred twenty (120) days from the date of the proposal submission deadline.

4. If you have any questions about the proposal, please contact:
   Hart Dashevsky
   Director of Membership Services and Sponsorships
   Cell: 604-314-0487
   hart@bccare.ca

Scope of Request

The purpose of this Special Request is to select an insurer ("the bidder") to offer a special insurance program for BCCPA service provider members who can voluntarily participate to receive special rates for property, liability, and other lines of insurance protection that will suit the needs of the service providers.

Program Features

1. Delivery of a program that will define and deliver on the management of risk in a collaborative manner which will in turn, provide competitive and lower rates for all participating members.
2. A program that will include general property, specific liability, and other relevant lines of insurance to protect the members' facilities (property), actions on behalf of its directors and staff (liability), and other relevant features pertaining to other insurance coverage (such as life and disability or auto).
3. Insurance coverage for boiler and machinery maintenance.
4. Successful bidder will provide their company's background and experience with claims history. Of particular interest will be work performed within the continuing care sector.
5. A mutually-beneficial commission-sharing program with the BCCPA on an annual basis. Applicant will have to specify the exact and proposed breakdown of the commissions for both parties that will be legally binding on both sides with written provisions to opt out of any such arrangements as agreed by both parties in the contract.
6. Details of commitments to be involved with BCCPA events and/or advertising for: the Care to Chat series, Annual Conference, or other one-time or special events conducted by the BCCPA.
7. The successful applicant will agree to immediately provide the same competitive premiums to any existing BCCPA service provider that is part of a previous agreement with the same insurer, but will be eligible to participate in this program.

Criteria to Help Determine the Successful Bid:

The winning bid will be judged on the following point schedule. The party with the highest number of points may not necessarily be the winning bid.

1. Quantity of types of insurance lines offered (e.g. property, liability, boiler and machinery, etc.) – **10 points.**
2. Highest commission percentage basis offered for renewals of policies to the BCCPA on an annual basis, for all lines of insurance provided – **10 points.**
3. Sponsorship, advertising, or participation in events sponsored or conducted by the BCCPA – **5 points.**
4. Satisfactory administration process and history for processing claims within the continuing care sector – **5 points.**
5. Provide a satisfactory list and quantity of prospective insurers to participate with the broker for providing lower rates for all lines of insurance – **10 points.**
6. Accessibility to the bidder's services throughout every health region in BC and the ability to identify the pricing in those regions (such as earthquake coverage) **– 10 points.**
7. Transparency process of all relevant commissions, fees, and any of compensation provided in lieu of any insurance coverage. Provide details of coverage limits (such as an aggregate maximum amount offered) – **5 points.**
8. The ability of the applicant to operate and offer a similar program to care providers in other provinces and territories – **5 points.**

Confidentiality

Proposals will be kept confidential and the successful bid will be verified by BCCPA staff and announced later this fall, 2014, subject to BCCPA Board approval.

Right to Cancel

The BC Care Providers Association has the right to cancel at any time this Special Request or any part of any agreement resulting from it.

Governing Law

This Special Request and any proposal submitted in response to it will be governed by the laws of the Province of British Columbia. Any dispute arising out of this Special Request or its process will first be mediated. If mediation is unsuccessful, the dispute will be determined by a court of competent jurisdiction in the Province of British Columbia.

BCCPA Rights

The BC Care Providers Association reserves the right to:

- reject any or all proposals;
- re-issue this Special Request;
- cancel this Special Request with or without issuing another Special Request;
- supplement, amend, substitute or otherwise modify this Special Request;
- permit or reject modifications to or corrections of proposals; and
- request additional or clarifying information or more detailed information from any proponent.

Decisions

By responding to this Special Request, proponents will be deemed to have agreed that the decision of the BC Care Providers Association is final and binding.

Timeline

Special Request issued:	August 1, 2014
Proposals due:	**August 29, 2014 (12:00 p.m. Noon PDT)**

SPECIAL REQUEST FOR INSURANCE PROGRAM

Submission Form

Company name:

Address:

Individual contact: **Position**:

Telephone: **Email**:

Industry: **BCCPA member**: Yes / No
If no, have you enclosed a membership application? Yes / No

Exclusive Insurance Provider for the service provider members of the BC Care Providers Association. Please attach your proposal to this form.

Additional sponsorship, advertising, and partnership opportunities you are willing to discuss with the BCCPA:

Additional comments:

_____ _____
Authorized Signature Date

_____
Name

_____
Position

MARSH

BC CARE PROVIDERS ASSOCIATION

GROUP INSURANCE PROGRAM PROPOSAL

CONTENTS

SECTION ONE

INTRODUCTION

Marsh is a world leader in delivering risk and insurance solutions to its clients. From its founding in 1871 to the present day, Marsh has provided thought leadership and innovation for both our clients and the insurance industry.

Following an introduction from the BC Non Profit Housing Association (BCNPHA), a highly valued Marsh Canada client, the BC Care Providers Association (BCCPA) have expressed interest in partnering with Marsh to define, design and deliver an effective voluntary group insurance and risk management program to its membership.

In order to maximize the value provided by this proposed insurance program, we see the design, definition and delivery of this program as a collaborative effort between Marsh and the BCCPA – essentially a partnership. However, Marsh will ensure that the fundamentals of this program (ie the specific lines of coverage offered, the insurers selected and the service model used to effectively deliver this program) are respective of the specific needs and community interests of the BCCPA members.

As such, the following report outlines Marsh's:

- proposed insurance program structure,
- service timelines and commitments,
- affinity/partnership compensation model, and
- a collaborative growth plan.

All aspects of the program are focused on a partnership approach to managing and growing this voluntary program into a highly valuable offering to the BCCPA membership.

Additionally, in order to foster open and effective ongoing communication channels between Marsh, the BCCPA and its membership, Marsh is committed to actively participating in BCCPA events, its community initiatives and establishing recurring meetings in order to ensure the growth and service objectives are achieved.

We look forward to any comments or questions you may have with respect to the attached proposal.

SECTION TWO

PROGRAM DESIGN CONSIDERATIONS:

In our recent discussions with the BCCPA regarding the design and purpose of the proposed (voluntary) group insurance program, we understand the following must be considered:

General Program Design Considerations:

- **Voluntary Participation:** We understand that the group insurance program to be offered to the BCCPA membership will be on a voluntary adoption basis.
- **Comprehensive and Flexible Program Offering:** The insurance and risk management program offered will include a comprehensive offering of insurance coverages to accommodate the risk transfer needs of each member society in all aspects of their operations. These coverages and services will be available as a package, or on an individual basis, as requested by the interested BCCPA member.
- **Collaborative Program Design:** The insurers selected to participate in this program will be jointly selected by Marsh and the BCCPA with respect to:
- the coverage offered,
- their available capacity,
- credit rating
- claims service, and
- commitment to the membership's needs and community interests.

Community Focus:

- **Customized to Member Needs:** Marsh is committed to ensuring the design of this insurance and risk management program is structured to ensure the specific needs and interests of the communities represented by the BCCPA membership are accommodated.
- **Commitment to Community Involvement:** To bolster our commitment to this partnership approach, Marsh is dedicated to supporting the membership interests through its involvement in BCCPA events (such as the "Care to Chat" speaker series), education seminars to all BCCPA members, but also one-on-one meetings with the individual members of this program.

Service Delivery and Capabilities:

- **Dedicated Service Team:** In order to ensure efficient ongoing administration and delivery of this proposed insurance and risk management program, Marsh will assign a dedicated service team from our existing (and large) non profit insurance service team.
- The assigned service team will be broad in scope/expertise (but experienced in this sector) in order to ensure uninterrupted service via multiple access points for the BCCPA and its membership (for specific details, please refer to the Team Chart in the Appendix).
- This team will be capable of traveling across the province as required in order to address the needs of the BCCPA membership.
- **Customized and Tested Insurance Placement and Service Plan:** Through our significant experience in both for-profit and non-profit insurance programs (***including programs similar in scope to what we contemplate structuring for BCCPA***), Marsh has established a customized and tested service plan to ensure success in identifying the needs of these particular clients, negotiating best in class results (on a fully transparent and interactive basis) and efficiently delivering policy documentation, etc.
- **Accessibility to Selected Program Insurers:** We strongly believe the most effective way to ensure a program addresses the specific needs of the membership is to design it collaboratively with the BCCPA **and** the Insurers. As such, Marsh strongly encourages the BCCPA to become actively involved in our negotiations with the insurance market and in fostering ongoing relationships with all selected (and alternative) insurers.
- ***(Please refer to the Appendix for a listing of the universe of Insurers Marsh would be able to approach on the various lines of coverage available to BCCPA members under our proposed program).***
- **Insurance Coverage and Risk Management Education:** In addition to fostering strong relationships between BCCPA, its membership and the selected insurers, Marsh, in conjunction with these insurers, intends to be actively involved in promoting education and awareness of the various coverages provided, claims reporting protocols and risk management best practices on both a formal and informal basis.
- **Advocacy:** Marsh is dedicated to offering all program members highly experienced and local claims advocacy services. This department is able to not only save members time in managing these claims, but to use the volume of this program and Marsh's significant presence in the insurance market to try and achieve positive resolution to any claims situation as efficiently as possible (with as little administrative burden to the member as possible).

Partnership:

- On Going/Open Communication: In order to ensure successful design, definition and delivery of an attractive and viable insurance and risk management program offering to all members of the BCCPA, we highly recommend ongoing and open collaboration between BCCPA and Marsh.
- Commission Sharing: In order to ensure our interests are mutually aligned in maintaining the program's membership, as well as promoting awareness to prospective members, we have proposed a remuneration sharing arrangement (please refer to the Appendix for specific details)
- Sponsorship Commitment: In order to foster ongoing relationship building between Marsh, the Insurers, BCCPA and its membership Marsh will actively participate in the promotion and sponsorship of BCCPA events and community programs. Marsh will also encourage the selected insurers to provide financial, educational and promotional support to the BCCPA, its events and its membership.

Benefits of Participation in a Group Insurance Program:

- **Economies of scale:** The more diversified the spread of risk offered to an insurer, the lower the overall risk for the insurer. Consequently, with a group insurance program we expect the pricing and coverages offered to the membership to be superior to what the member could achieve individually due to a group buy approach (and the associated economies of scale).
- **Reduced exposure to insurance market shocks and individual losses:** Participation in a pooled risk program should also help to lessen/diversify against the negative financial impact to each member due to any potential shocks to the insurance market (such as an earthquake), as well as some of the negative premium impact of any individual insurance losses.

Administrative efficiencies

- A group insurance program will also reduce the time commitment spent by each member in managing their insurance program (abeyancing dates, negotiating terms, managing policy documentation and claims). Consequently, we expect a group insurance program will improve overall operating efficiencies for each BCCPA insurance program member (when these tasks are eliminated from their general scope of duties).

SECTION THREE

PROGRAM DESIGN:

From our lengthily experience in structuring and managing non-profit and for-profit affinity insurance programs, Marsh has identified the following key components as critical to an attractive and effective insurance program offering for the BCCPA members:

Insurers:

Selected insurers will be collaboratively vetted for:

- **Capacity:** adequate insurance capacity for their specific line(s) of coverage
- **Credit Rating:** all insurers must be S&P A rated or better
- **Claims History:** an established service track record in communicating coverage specifics, but most importantly a strong track record of claims management and payment
- **Education:** all selected insurers must demonstrate a willingness to actively engage the BCCPA membership on any coverage issues/scenarios posed, as well as commit to offering (in conjunction with Marsh) educational seminars on the specifics of their coverage, claims reporting protocols, and also offering suggestions on risk management best practices.
- **Commitment/Approachability:** selected insurers must demonstrate a willingness to support BCCPA events, membership queries and other relevant community initiatives from a sponsorship and attendance perspective.
- ***(Please refer to the Appendix for a listing of the universe of Insurers Marsh would be able to approach on the various lines of coverage available to BCCPA members under our proposed program).***

Proposed Insurance Program:

This program will be designed to ensure the physical (bricks and mortar), general and specific liability (including abuse), financial (cash assets, rents, etc.) and personal assets of the BCCPA members and its directors and officers are protected against unforeseen peril.

As such, the (voluntary) insurance program will be designed to encompass an offering of all, or any, of the following lines of coverage:

1) Property Insurance

- The property insurance offered will cover all reported properties, furnishings, fixtures and rents to full replacement cost value.

2) Boiler and Machinery Insurance

- This coverage will provide replacement cost cover for all reported boiler, electrical and mechanical related equipment damaged or destroyed by an insured peril.

3) General Liability Insurance

- General Liability (GL) coverage protects the member society from third party lawsuits alleging negligence which have caused them financial loss. However, we endeavor to negotiate coverage for abuse as well as professional liability, where applicable.

4) Directors and Officers Insurance

- Directors and Officers (D&O) Insurance protects the directors and officers, as well as the Society itself, against allegations of negligence in managing the society's financial and operating affairs. Defense costs resulting from litigation due to whether the allegations prove accurate or false are also included under this coverage.

5) Errors and Omissions Insurance

- Errors and Omissions (E&O) Insurance protects the member societies and its employees against allegations of actual, or alleged, negligence in the provision of their professional services which potentially result in financial damages to a third party.

6) Crime/Fidelity Insurance:

- Crime (or Fidelity) Insurance will protect the member society from internal employee theft or external third party theft. Coverage can also be sought to cover privacy and cyber liability exposure.

7) Cyber/Privacy Liability Insurance

- Insurance in this space provides both first and third party coverage. For any privacy breach, first party costs including establishing a call centre, as well as retaining a PR firm would be provided to the Insured. Additionally, any defense costs and potential settlements would be covered with respect to the defense against any third party litigation.

8) Tenants Insurance

- Marsh has established a proprietary tenants insurance offering which would provide basic contents (approx. $15K), tenants legal liability (approx. $1M) and additional living expense coverage (approx. $3K) for a low annual premium (approx. $150 per annum).

9) Group and Personal Benefits

- Through Marsh's personal benefits division, we are able to offer a variety of accidental death and dismemberment coverage options, general group employee insurance benefits programs, key person insurance and other non-standard commercial insurance offerings.

10) Legal Expense Insurance

- Marsh is able to create a group program offering to BCCPA members to provide low cost access to experienced and local legal counsel. Assistance under this program could involve coverage for a BCCPA member needing access to legal assistance in areas such as: general employment law (potentially regarding alleged wrongful dismissal of an employee), property protection issues (potentially regarding pursuing legal rights in the event of nuisance, trespass, etc.), and/or pursuing property owner rights against a disputed construction contract.

SECTION FOUR

PROGRAM DELIVERY – TIMELINES AND SERVICE COMMITMENT

We are committed to providing a tested, best in class service model to effectively deliver this collaboratively designed group insurance program to the BCCPA membership.

While we would need to jointly select a common insurance renewal date for all lines/members, our proposed placement and service model would be as suggested in the diagram below.

In addition to this placement and service model, Marsh would remain dedicated to offering full transparency to the BCCPA and its membership of all commissions/fees earned in the servicing of its business (please note our Transparency Template in the Appendix).

Marsh is also able to offer a significant level of peer and market benchmarking information on all lines of coverage selected in order to allow for more informed coverage decisions and to provide valuable feedback to the member's stakeholders (their boards, regulators, etc.)

Additionally, as mentioned previously, Marsh is committed to offering the full support of its local claims advocacy team to the BCCPA membership.

Marsh is also able to offer premium financing options to all participating members in order to ease cash flow constraints of participating in this insurance program.

ID	Milestone	Month 1				Month 2				Month 3				Resource
1	Appointment of broker			■										CLIENT
2	Marsh collects copies of the current policies, premium allocations, certificates and certificate holder lists			■										Marsh
3	Broker change notification to insurer			■										Marsh
4	Immersion Day – Meet with CLIENT to discuss service expectations and team introductions			■	■									CLIENT and Marsh
5	Meet with underwriters to gain program insight and discuss current perceptions of CLIENT			■	■	■								Marsh
6	Establish administrative templates, such as certificates of insurance					■								CLIENT and Marsh
7	Document/policy collection from incumbent insurers					■	■	■						Marsh
8	Policy due diligence audit					■	■	■						Marsh
9	Claims review					■	■	■						Marsh
10	Report findings of audit to CLIENT								■					Marsh
11	Make amendments to policies as necessary and authorized by CLIENT									■	■	■		Marsh
12	Deliver any amending endorsements to CLIENT									■	■	■		Marsh

SECTION FIVE

PROGRAM REMUNERATION - PARTNERSHIP MODEL

Program Remuneration - Partnership Model

- **Transparency:** Marsh prides itself in being a market leader in offering full transparency to all clients of all: market commissions, fees and any other remuneration received in the placement of any insurance coverage.
- **Experience:** Marsh has significant experience in building successful insurance and risk management programs for the for profit and non-profit sectors.
- **Partnership/Affinity Model:** In order to align service and growth objectives, Marsh believes it is necessary to share a mutually agreed portion of our commission revenue with the BCCPA on an annual basis.
- **Ongoing Support of BCCPA Events and Initiatives:** Marsh is also committed to supporting BCCPA events and initiatives through mutually agreed upon levels of financial support, advertising, event attendance/participation. Marsh will also encourage the selected insurers to participate financially and corporately at these various events/education sessions, etc.

Suggested Remuneration Split:

- **Property Insurance:**
  2.5% of the Property premium
- **All Other Lines of Coverage:**
  2% of all other premiums
- **New Business:** 1.5% of any applicable premiums (for the first year) of any new business referred to Marsh

SECTION SIX

NEXT STEPS

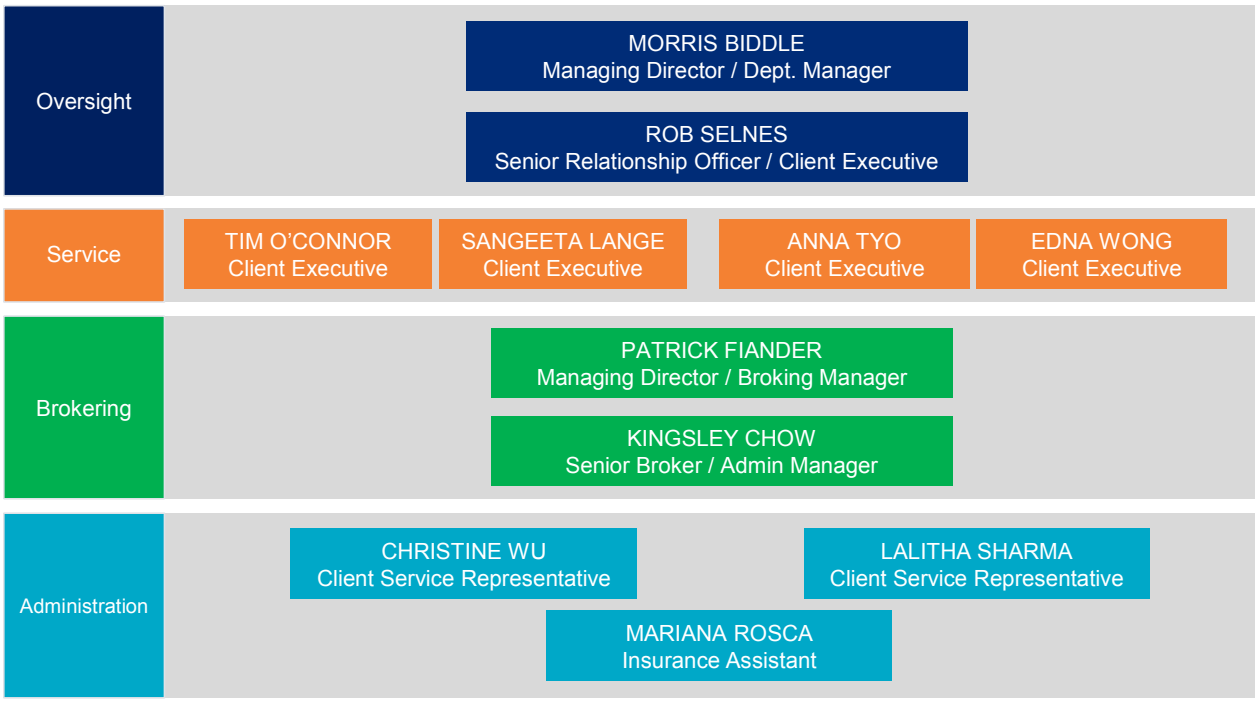
- After review, discussion and agreement of the terms/conditions of this proposal, Marsh requests that the BCCPA sign and deliver the 'Broker of Record' (BOR) letter (included in the Appendix) instructing all insurers under consideration that BCCPA has formally engaged Marsh to represent them, and their membership, in the insurance marketplace.
- Upon Marsh's receipt of the BOR, Marsh/BCCPA will begin vetting potential insurers for each line of coverage offered under the program – in addition to establishing a common renewal date.
- Once the insurance program structure is finalized, Marsh/BCCPA will collaboratively promote the availability of this program to all BCCPA members.

SECTION SEVEN

APPENDIX

- Account team
- Insurer Ratings
- Service cycle
- Claims Advocacy and Risk Management
- Marsh Information
- Broker of Record (BOR) Letter
- Marsh Remuneration Transparency Template

ACCOUNT TEAM



INSURER RATINGS

Please see the attached

MARSH

The Market Information Group

AUGUST, 2014

TOP MARKETS—FINANCIAL STRENGTH RANKING

RANK*	PREVIOUS RANK	INSURANCE COMPANY	COUNTRY	BEST RATING	BEST OUTLOOK	S&P RATING	S&P OUTLOOK	MOODY'S RATING	MOODY'S OUTLOOK
1		BERKSHIRE	UNITED STATES	A++	Stable	AA+	Stable	NR	NA
2		CHUBB	UNITED STATES	A++	Stable	AA	Stable	Aa2	Stable
2		TRAVELERS /ST. PAUL	UNITED STATES	A++	Stable	AA	Stable	Aa2	Stable
4		ACE	SWITZERLAND	A++	Stable	AA	Stable	Aa3	Stable
5		TOKIO MARINE HOLDINGS	JAPAN	A++	Stable	AA-	Negative	Aa3	Stable
6		ALLIANZ	GERMANY	A+	Stable	AA	Stable	Aa3	Stable
7		HCC	UNITED STATES	A+	Stable	AA	Stable	A1	Stable
7		MUNICH RE	GERMANY	A+	Stable	AA-	Stable	Aa3	Stable
7		SWISS RE	SWITZERLAND	A+	Stable	AA-	Stable	Aa3	Stable
7		ZURICH	SWITZERLAND	A+	Stable	AA-	Stable	Aa3	Stable
11		ARCH	BERMUDA	A+	Stable	A+	Stable	A1	Stable
11		EVEREST RE	UNITED STATES	A+	Stable	A+	Stable	A1	Stable
11		MITSUI/SUMITOMO	JAPAN	A+	Stable	A+	Stable	A1	Stable
11		NATIONWIDE	UNITED STATES	A+	Stable	A+	Stable	A1	Stable
11		PARTNER RE	UNITED STATES	A+	Stable	A+	Stable	A1	Stable
11		SOMPO	JAPAN	A+	Stable	A+	Stable	A1	Stable
11		GREAT AMERICAN GROUP	UNITED STATES	A+	Stable	A+	Stable	A1	Negative
18		AXIS	BERMUDA	A+	Stable	A+	Stable	A2	Stable
18		FACTORY MUTUAL	UNITED STATES	A+	Stable	Api	NA	NR	NA
18		NIPPONKOA	JAPAN	A+	Stable	A+	Stable	NR	NA
18		RLI	UNITED STATES	A+	Stable	A+	Stable	A2	Stable
18		W.R.BERKLEY	UNITED STATES	A+	Stable	A+	Stable	A2	Stable
23		SCOR	FRANCE	A	Stable	A+	Positive	A1	Stable
23		AIG	UNITED STATES	A	Stable	A+	Stable	A1	Stable
23		AXA	FRANCE	NR†	NA	A+	Stable	A1	Stable
26		LLOYDS	UNITED KINGDOM	A	Positive	A+	Positive	NR	NA
26		HDI	GERMANY	A	Stable	A+	Stable	NR	NA
26		OLD REPUBLIC	UNITED STATES	A	Stable	A+	Stable	A2	Stable
26		RSUI	UNITED STATES	A+	Stable	NR	NA	A3	Stable
26		SENTRY	UNITED STATES	A+	Stable	BBBpi	NA	NR	NA

MARSH

RANK*	PREVIOUS RANK	INSURANCE COMPANY	COUNTRY	BEST RATING	BEST OUTLOOK	S&P RATING	S&P OUTLOOK	MOODY'S RATING	MOODY'S OUTLOOK
26		XL	BERMUDA	A	Stable	A+	Stable	A2	Stable
26		QBE	AUSTRALIA	A	Negative	A+	Negative	NR	NA
33		HARTFORD	UNITED STATES	A	Positive	A	Positive	A2	Stable
33		ASPEN	BERMUDA	A	Stable	A	Stable	A2	Stable
33		AWAC	BERMUDA	A	Stable	A	Stable	A2	Stable
33	37	LIBERTY MUTUAL	UNITED STATES	A	Stable	A	Stable	A2	Stable
33		MARKEL	UNITED STATES	A	Stable	A	Stable	A2	Stable
38		CATLIN INSURANCE LIMITED	BERMUDA	A	Stable	A	Stable	NR	NA
38		CNA	UNITED STATES	A	Stable	A	Stable	A3	Positive
38		ENDURANCE	BERMUDA	A	Stable	A	Stable	A3	Stable
38		HISCOX	UNITED KINGDOM	A	Stable	A	Stable	NR	NA
38		NAVIGATORS	UNITED STATES	A	Stable	A	Stable	NR	NA
38		ONEBEACON	UNITED STATES	A	Stable	A-	Stable	A2	Stable
44		FAIRFAX FINANCIAL	CANADA	A	Stable	A-	Stable	NR	NA
44		MONTPELIER	BERMUDA	A	Stable	A-	Stable	NR	NA
46		GENERALI	ITALY	A	Negative	A-	Negative	Baa1	Stable
47		AEGIS	BERMUDA	A	Stable	NR	NA	NR	NA
47		IRONSHORE	BERMUDA	A	Stable	NR	NA	Baa1	Stable
47		STARR	BERMUDA	A	Stable	NR	NA	NR	NA
50		TORUS	BERMUDA	A-	Negative	NR	NA	NR	NA

† Parent not rated by A.M. Best

This Ranking is objectively prepared by the Market Information Group, using a point-based system, treating all rating companies equally. Having more than one rating could result in a higher ranking than have solely one rating.

For more information about The Market Information Group visit www.marshmarketinfo.com, or contact your local Marsh representative.

ANNUAL SERVICE CYCLE

As part of our client service commitment, we have established the following annual service cycle to give BCCPA a high-level overview of major milestones in your program throughout the year. Our annual client service cycle below will provide you with many opportunities to track various action items that are critical to your operational management and decision-making and will also allow your Marsh service team to engage you in meetings and discussions with your insurers and other Marsh consultants. These will strengthen your relationships with insurers, increase their understanding of your risks, and ultimately grant you access to more tailored and effective coverage options.

Annual Client Service Cycle

1 Beginning of relationship/each annual cycle (6 months before renewal)
- Collect information & analyze client needs
- Identify issues, exposures & possible solutions
- Review relationship at all levels
- Outline proposed set of solutions and opportunities to bring value

2 Mid-Term/180 days (6 months before renewal)
- Understand client's future business strategies
- Review:
  - a) issues/solutions identified at account planning
  - b) insurance market conditions
  - c) last year's achievements
  - d) insured and uninsured exposures

3 120 days (4 months before renewal)
- Discuss client's objectives for upcoming renewal
- Review total cost of risk
- Discuss risk control strategies
- Present market strategy for each line of coverage
- Review exposure information requirements
- Review open items, timeline, key deliverables

4 60 days (2 months before renewal)
- Present draft scope of services & compensation proposal
- Review risk control strategies proposal
- Provide CSA for review and signature

5 90–0 days (3 months before renewal)
- Prepare specifications
- Placement (review wording issues, Present renewal options
- Bind coverage
- Renewal documentation delivered Prior to renewal
- Post-renewal servicing

6 Continuous
- Monthly team meetings
- Monitor and close open items

7 60 days after (2 months after renewal)
- Client Survey
- Client Dialogue
- Senior Relationship Officer Dialogue
- Policy documentation delivery

CLAIMS ADVOCACY AND RISK MANAGEMENT

Claims Services

Marsh's Claims Services (MCS) Group is responsible for the professional control and handling of our clients' insured and self-insured claims. Many of our consultants specialize within an industry focus group, including Real Estate, Public Entities, Professional Liability, Aviation, etc.

The Claims Department is responsible for:

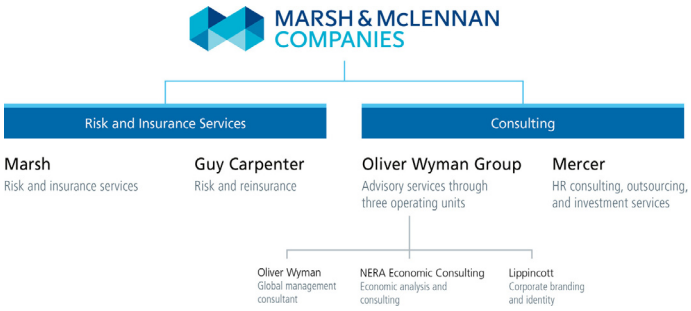
- Reviewing all lines of coverage and retention levels;
- Supporting BCCPA Members in controlling claims within their retention levels;
- Engaging Third-Party Adjusters, if applicable;
- Reviewing all current open claims and open reserves to determine their status and to escalate drawn-out claims to higher levels of attention, when necessary.
- Meetings with your insurers will be conducted to determine operating and reporting procedures above and below BCCPA Members' retention levels. This may include redrafting a claims service agreement with all parties and discussions on authority levels being granted to a Third-Party Adjuster.
- In the case of a coverage dispute with respect to a claim, Marsh's Claims Services will work with BCCPA Members and assist in the representation of BCCPA's and its membership's interests to the Insurer, adjuster and other insurer representatives by providing a detailed policy interpretation and advocating that position to the insurer. As mentioned previously, the claims department has extensive experience, resources and technical expertise in all lines of coverage.
- As your insurance broker, we will conduct quarterly claims meetings to ensure claims reserves are reviewed and agreed to by all parties. Our role is to act as a claims advocate working solely on your members behalf in order to make sure all claims are handled and settled in an equitable manner. Should we detect unfavorable claim trends, we will bring this to your attention and work on a pro-active basis with MRC and other resources to mitigate these unfavourable claims trends. Coverage will be amended to reflect the best interests of BCCPA Members in order to ensure no coverage gaps exist.

Risk Control Services

Marsh Risk Consulting (MRC) is the professional risk services division of Marsh Canada Limited. Comprised of 60 risk consulting specialists based in seven offices across Canada, MRC is dedicated to providing clients with risk management solutions for a comprehensive range of insurable and non-insurable risk issues, including risk assessment, health and safety, business interruption, supply chain management, corporate governance, workforce strategies, and reputational/brand risk management.

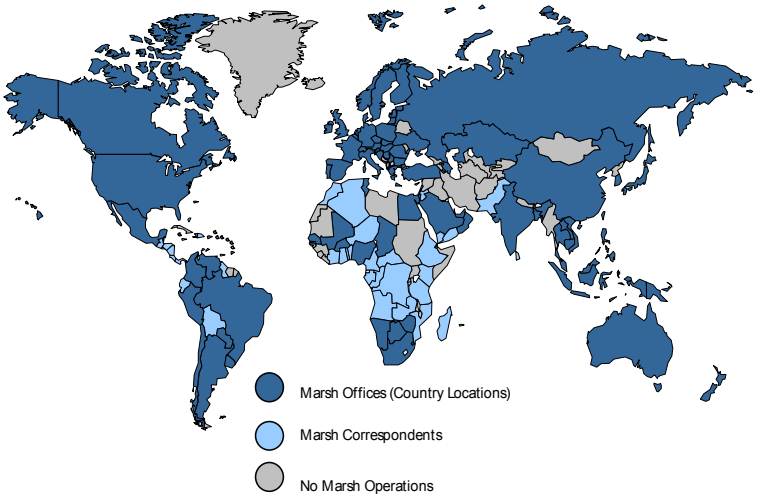
MARSH OVERVIEW

As outlined in our proposal, Marsh has the resources to service your current needs and to grow our service offerings as your needs expand. We have experience with similar companies in your industry and have helped numerous high growth companies manage their risks and protect their balance sheets during these growth periods.



About Marsh

Marsh is the largest unit within Marsh & McLennan Companies, a global professional services firm with 53,000 employees and $11.5 billion USD in annual revenue. Marsh & McLennan Companies' four operating entities include Marsh, Guy Carpenter, Mercer, and Oliver Wyman and provide a range of various financial services, from insurance broking and risk consulting to investment services and human resource management. Marsh's company structure allows any of our operating companies to develop unique solutions for you, your investors, Clients, and employees.



More than 26,000 Marsh colleagues in over 100 countries provide professional placement, risk advice, and claims consulting services that help our Clients manage their risks in order to strengthen their balance sheets and their relationships with their insurers and Clients.

BROKER OF RECORD LETTER

Please see attached

Date: (COMPANY LOGO PAPER)
To Whom It May Concern:

Re: Insurance
==========

This confirms that with effect from (INSERT DATE) we have appointed Marsh Canada Limited ("Marsh") as our exclusive insurance representative. As our Broker of Record, they will be conducting a full review and marketing of our exposures.

Marsh is hereby authorized to negotiate directly with any insurance and/or re-insurance market, and any interested insurance companies as respects our Insurance needs. Furthermore, we instruct all insurers to deal solely and directly with Marsh Canada Limited on our behalf. This appointment shall not, however impose on them the responsibility for collection of unpaid premium; nor for any deficiencies in our current insurance programs to which this letter applies.

This appointment of Marsh rescinds all previous appointments and the authority contained herein shall remain in force until cancelled in writing.

Yours very truly,

Individual's Name
Title
Corporate Name

TRANSPARENCY FORM

MARSH

Marsh Canada Transparency and Disclosure

Clear Form

Create Client Copy

Client:		**Attn. To:**		**Prepared By:** Rob Selnes	
		Location:		**Location:** Vancouver	
		Phone No.:		**Phone No.:**	**Eff. Date:**
				Fax No.	**Exp. Date:**

The information presented below relates to the quote(s) and/or indications(s) Marsh has received on your behalf and includes: (1) the premiums and certain other costs payable by you and (2) the compensation payable to Marsh from each insurer, wholesaler or MGA, if applicable.

1. Fees, taxes and surcharges are not included in the premium figures. If applicable, the premiums may also be subject to audit and retrospective rating.

2. Insurers indicated below may have provided numerous quote options. All insurer quotes are on file with Marsh and available upon request.

Add Row

Delete

Item	Line of Coverage	Limits / Layers	Insurance Company / Issuing Paper	Lloyds Syndicate (if applicable)	Wholesaler / MGA	Premium	Canadian Insurer Consulting Compensation (% or FEE)	Quote Status (Declined, Non Response, Indication)	Retail Comm.	Other Access Point	Other Access Point Insurer Consulting Compensation (% or FEE)	Other Access Point Retail Commission	Reason for Declination
1													

Additional Notes:

Marsh Role

Marsh is serving as your broker in placing your insurance coverage(s) referenced above. Marsh may receive different forms of compensation that relate directly or indirectly to your placements. Since Marsh's compensation may vary depending on the insurance program that you choose, Marsh is providing you with information to help you evaluate potential conflicts of interest.

Marsh may be compensated by commissions based on the sale of insurance. Commissions may vary depending on a number of factors, including the insurance purchased and the insurer selected. The commissions that Marsh or its affiliates may collect on the quotes Marsh obtained on your behalf are itemized above.

Insurer Consulting Compensation

Marsh receives separate compensation from insurers for providing consulting, data analytics or other services. The services are designed to improve the offerings available to our clients, assist insurers in identifying new opportunities, and enhance insurers' operational efficiency. The scope and nature of the services vary by insurer and by geography. This compensation can be paid in the form of a fixed fee, a percentage of premium, or a combination of both. It is in addition to and will not be credited against any fee payable to Marsh and will not be subject to any cap on commissions payable to Marsh.

For additional information, please visit: http://Canada.marsh.com > About Us > About Marsh > Disclosure

Marsh & McLennan Companies, Inc. and its subsidiaries have direct and indirect investments in insurance and reinsurance companies and have contractual arrangements with certain insurers and wholesale brokers.

Premium Financing - Marsh Income disclosure statement

MARSH

For further information, please contact your local Marsh office
or visit our web site at: marsh.com

ROB SELNES
604 443 3535
rob.selnes@marsh.com

MORRIS BIDDLE
604 443 3510
morris.g.biddle@marsh.com

BC CARE PROVIDERS ASSOCIATION
Advocating service excellence for seniors

Memo

To: Daniel Fontaine

From: Hart Dashevsky

cc: Cathy Szmaus

Date: September 3, 2014

Re: Recommendation to the Board to Implement the Successful Insurance RFP Bid

---

Background

- The BCCPA submitted an RFP for interested parties to provide a submission for the delivery of a sector-wide, member-based insurance program for group insurance and risk management in British Columbia. The voluntary opt-in program will be available to all of our members across the province. Any service provider must be a member in good standing with the BCCPA to participate.
- This insurance program will include general property, specific liability, and other relevant lines of insurance to protect the members' facilities (property), actions on behalf of its directors and staff (liability), and other relevant features pertaining to other insurance coverage.
- The successful bidder provided their company's background and experience with claims history. Of particular interest was the work performed within the continuing care sector.
- To be the successful bid, a mutually-beneficial commission-sharing program with the BCCPA on an annual basis was also included. Applicants specified the exact and proposed breakdown of the commissions for both parties that will be legally binding on both sides with written provisions to opt out of any such arrangements as agreed by both parties in the contract.
- Included in the merit point determination for the winning bid were details of commitments to be involved with BCCPA events and/or advertising for: the Care to Chat series, Annual Conference, or other one-time or special events conducted by the BCCPA.

- The successful applicant agreed to immediately provide the same competitive premiums to any existing BCCPA service provider that is part of a previous agreement with the same insurer and will be eligible to participate in this program.

Recommendations

- Since the successful applicant met all conditions listed above and reiterated their commitment to sponsoring and supporting future events such as Care to Chat and the annual conference, I will recommend that the Board of Directors of the BC Care Providers Association approve **Marsh Canada** as the sole insurance provider for the special program available to members to voluntarily join and use their services.

Hart Dashevsky
Director of Membership Services and Sponsorships

Memo

To: Daniel Fontaine

From: Michael Kary, Director of Policy and Research

cc:

Date: September 5, 2014

Re: Care to Chat – Determining Sessions 2 (February 2015) and 3 (April 2015)

Overview:

Care to Chat is a special speaker series hosted by the BC Care Providers Association (BCCPA). The BCCPA will be inviting some of Canada's opinion leaders and experts to share their ideas, thoughts and insights, as well as engage in a dialogue, about important issues facing British Columbia's home and continuing care sector. The talks will be held as breakfast and lunch sessions. The sessions will foster thought-provoking discussion on current and emerging issues for seniors care providers in British Columbia.

In June 2014, the BCCPA Board determined themes for two of the four Care to Chat series, including one scheduled for November 2014 and one to be held at the 2015 Annual Conference. The sessions will be held approximately eight weeks apart. The first "round" will be three sessions from November 2014 to April 2015, with a fourth session at the Annual Conference in Whistler:

- November 13, 2014 (Vancouver) – theme for this Care to Chat is "Creating a Culture of Safety in BC's Continuing Care Sector" (See Appendix A)
- February 2015 (Vancouver) - TBD
- April 2015 (Vancouver) - TBD
- May 26th, 2015 (Whistler) – this Care to Chat is intended to be a panel discussion with the CEOs of the BC Health Authorities (details still to be finalized - see Appendix B)

As outlined above, two of the four topics or themes have been decided for the 2014/15 Care to Chat speaker series. This document proposes six topics for consideration for the remaining two sessions (2 and 3) for February and April of 2015. These include:

- Revamping BC's Residential Care Funding Model
- Food and Nutrition in Residential Care
- Emergency Preparedness in Long Term Care
- Cultural Inclusiveness in the Home and Continuing Care Sector
- Positive and negative impacts of family involvement
- Social Isolation of Seniors

Recommendation

While these are all excellent and interesting topics it is recommended that the Board approve focusing the February 2015 Care to Chat on the topic of residential care funding.

The remaining topics will be given further consideration for the April 2015 Care to Chat event and/or as topic areas for the 2015 Annual Conference.

Topic Proposals:

Title: *Toward Fiscal Sustainability: Is the Current Residential Care Funding Model Ready for the Silver Tsunami?*

Topic: Revamping BC's Residential Care Funding Model

British Columbia currently has an aging demographic; Stats BC projects that by 2036, one in four residents of BC will be over the age of 65. At the same time, the level of acuity among patients in residential care has also been increasing, primarily due to increases in chronic conditions and co-morbidities, as well as the more advanced age at which residents are now admitted to facilities. These challenges threaten the economic sustainability of the current residential care funding model in BC, as well as raising questions about its fairness in terms of intergenerational equity.

Our panelists of Health Authority CFOs will discuss the current challenges of BC's Residential Care Funding Model, and what Health Authorities are doing to strike a balance between the competing priorities of economic sustainability, and ensuring the well-being and dignity of seniors.

Additional issues that could be discussed include looking at new approaches to system-wide and/or individualized funding in long-term care. It could also look at the utilization of tools such as RAI-MDS to appropriately determine the allocation of long-term care funding.

Potential Speakers:

5 Speakers (CFOs of all Health Authorities)

- Northern Health: Mark De Croos (CFO)
- Vancouver Coastal Health: Glen Copping (CFO)
- Island Health: Kim Kerrone (CFO)
- Interior Health: Donna Loomer (CFO)
- Fraser Health: Martin Pochurko (CFO)
- Providence Health Care: Diane Doyle, (CEO) or CFO

Facilitator: Rick Cluff, CBC Early Edition

Title: *Does an Apple a day keep the Doctor away?*

Topic: Food and Nutrition in Residential Care

The Ombudsperson's seniors report Best of Care: Volume 2 identifies food and nutrition as being critical for the health and well-being of seniors and the number one issue for complaints in residential care facilities. Furthermore, the Northern Health Authority reports malnutrition in care facilities often goes undetected. Yet providing for the nutrition of seniors in residential care facilities can be challenging for service providers because facilities must meet the requirements of each resident's individual care plan, provincial regulations with respect to food service and nutrition, and their own monthly food budgets.

Do care providers have the flexibility and resources to meet the individualized nutritional plans of seniors? Does overregulation of food services interfere with patient centered care? Can the sector better collaborate with the Ministry of Agriculture to advance its goal of "Buy BC"? Is $6 per day enough to keep the doctor away?

Panelists will discuss these issues and more to provide for the food and nutritional needs of seniors in British Columbia.

Potential Speakers:

- Representative from the Ministry of Agriculture: The Hon. Norm Letnick
- Chef(s) from the Continuing Care Sector:
    - E.g. Chef David Smith (Retirement Concepts), Chef Wolfgang Schmelcher (Retirement Concepts), Chef Leon Wang (Marquis), Chef Simon Manvell (Gordon Food Service), Chef Tyler Schwarz (Sysco Foods)
- Top Chef(s)
    - Chef Matthew Stowe
- Dietician or a Food Manager from the Continuing Care Sector
- Representative(s) from Residential Care Facilities

Facilitator: Bill Good, CKNW Radio

Title: *Are BC's Care Homes Prepared for the Unexpected?*

Topic: Emergency Preparedness in Long Term Care

Fires, floods, heat waves, earthquakes and other disasters can pose a significant threat to the safety of seniors in residential care. Every second counts for someone with limited mobility, vision or hearing. For example, in 2013, Ontario became the first province to mandate fire sprinklers in long term care homes – creating more time for residents to escape. Are we doing enough to keep our seniors safe? What are the costs and benefits of preparing for high-impact, low-probability emergencies?

Our panelists will discuss risk management, emergency preparedness as well as insurance and liability issues facing continuing care providers in disaster situations.

Potential Speakers:

- International Federation on Ageing: Dr. Jane Barratt (Secretary General)
- City of Vancouver: John McKearney (Fire Department Chief)
- Representative from the BC Safety Authority or Emergency Management BC
- Representative(s) from Residential Care Facilities
- Representative from an insurance company
- Representative from a care home

Facilitator: TBD

Title: *Embracing our Differences: Are Care Homes Doing Enough to Become Inclusive?*

Topic: Cultural Inclusiveness in the Home and Continuing Care Sector

British Columbia is a culturally diverse society and seniors are no exception. The Ministry of Health reports that of all seniors in BC, 12.3% are visible minorities, 36% and immigrants and 24% have a first language other than English or French. Furthermore, Aboriginal elders and LGBTQ seniors are a strong and expanding community in BC. Despite this, there is a growing body of evidence that suggests that a lack of cultural relevant services may be adversely affecting the quality of services that minority elders receive in the home and continuing care sector, and some are prevented from accessing these services altogether.

Are we doing enough to foster community and inclusion in the home and continuing care sector? Are seniors being marginalized based on their ethnicity or culture? Religion? Sexual orientation or gender identity? Are we fully utilizing the cultural diversity of our care staff?

Our panelists will discuss best practices for fostering cultural inclusion in the long-term care sector and strategies for meeting the challenges of preventing discrimination against minority elders.

Potential Speakers:

- Ministry Responsible for Asia Pacific Strategy and Multiculturalism
    - Honourable Teresa Wat
- Or Representative from the Multicultural Advisory Council
- Representative for Religion:
    - Denominational Health Association
- Representative for Aboriginal Peoples:
    - PHSA's Indigenous Cultural Competency Training Program or
    - Service Provider from a First Nations Care Home
- Representative for specific cultural groups
    - E.g. East Asian, South Asian, etc.
- BCCPA Member

Facilitator: TBD

Title: *The Role of Family Members in a Continuing Care Setting: Finding the Right Balance*

Topic: Positive and negative impacts of family involvement

Maintaining relationships with family can have an enormous impact on a senior's quality of life and health status. Family members can provide companionship, participate in family councils and advocate for seniors on their behalf. However, the presence of family members is not always wholly positive: family members can also interfere with a patient's treatment, subject seniors to emotional, physical, sexual or financial abuse, or create conflict with staff.

What is the role of families in the home and continuing care sector? How do family councils improve seniors quality of life, and what can be done to support them? When is a family member undermining the "health, safety and dignity of all persons in care" and what should be done about it?

Our panelists will discuss the good, the bad and the ugly when it comes to the role of families in residential care facilities.

Potential Speakers:

- Representative from Home and Community Care
- Representative from Residential Care
- Representative from a Family Council(s)
    - E.g. Vancouver Island Association of Family Councils
- BC Centre for Elder Advocacy and Support
- Representative from a senior's support network

Facilitator: TBD

Title: *Aging Alone*

Topic: Dealing with social isolation of seniors in the home and continuing care sector

Social isolation touches many areas affecting seniors' lives, including active participation, healthy ageing, income security, caregiving, elder abuse and transportation. Social isolation can lead to depression and increased vulnerability to elder abuse, among other concerns. In a Statistics Canada 2012 Health Report, nearly one in four seniors reported that they would like to participate more in social activities. Statistics Canada's 2008–2009 Canadian Community Health Survey also found that 19 percent of seniors aged 65 or over felt left out, isolated from others, or that they lacked companionship.

Research shows that social isolation is as strong a factor in early death as smoking 15 cigarettes a day and alcohol consumption. It is also a factor in the development of chronic illnesses such as "chronic lung disease, arthritis, impaired mobility, and depressive symptoms."

In 2013 the National Seniors Council (NSC), which consists of various national experts on seniors, was tasked "to assess how social isolation affects seniors and explore ways to prevent and/or reduce social isolation of seniors in Canada". In this regard, the NSC is doing a Literature Review and has hosted a series of forums across Canada with its intention to release a report in the fall of 2014.

One area of focus could be on the use technologies in the home or continuing care sector including areas such as home health monitoring, social media (Facebook, Skype) as ways to reduce social isolation.

What affect can social isolation of seniors have on health outcomes? What impact does social isolation have on mental health, including depression and/or addictions? What is the level of social isolation in home care and residential care? What approaches can better deal with the issue of social isolation in the home and community care setting? How can providers, governments, and other stakeholders deal with the issue? What is the potential role for technologies to reduce social isolation?

Potential Speakers:

- Representative from Home and Community Care
- Representative from Residential Care
- Representative from federal government and/or National Seniors Council (i.e. Dr. Andrew Wister, Chair of the Department of Gerontology at Simon Fraser University; or Alice Wong, Federal Minister of State for Seniors).
- Representative from provincial government (i.e. Michelle Stilwell, Parliamentary Secretary to Minister of Health for Seniors, Seniors Advocate / Deputy Seniors Advocate)
- Representative from Academia

Facilitator: TBD

Reaching Audiences outside of Metro-Vancouver:

Options:

- Video recording & post on website
- Live web broadcasting & paid subscription
- Teleconference (i.e. audio only) with an interactive smart-app to ask questions
- Hold one session outside of Metro-Vancouver (e.g. Interior BC, or Victoria)

Sponsorships:

3 corporate sponsors have reconfirmed. We are seeking out additional sponsorships through RFP process.

Launch:

In late August, the BCCPA announced the first session and "save the dates" for the other three.

Other Matters:

- Parking availability at venues

Tickets:

Pricing will be same as last year:

- Members, government and health authority: $75 each, or $700 + GST per table of 8
- Non-members: $125 each, or $1100 + GST per table of 8

Appendix A: Care to Chat: to be held November 13, 2014

Title: *Creating a Culture of Safety in BC's Continuing Care Sector*

Topic: Can Anything Be Done To Reduce The Highest Injury Claim Rates in BC?

Did you know that those working within the continuing care sector have one of the highest injury claim rates in the province? Our claim rates are higher than coal miners, carpenters, ranchers, and law enforcement officers.

In 2013, the continuing care sector paid out $23 million in injury claims, resulting in chronic staffing shortages, higher staff turnover, and overtime costs – all of which can negatively affect the quality of care received by seniors.

The financial impact to BC's Care providers is also significant. Scarce dollars that could be directed to improving seniors' quality of care must be used to cover costly WorkSafe BC premiums each year, straining already tight budgets.

Is there more we can be doing to protect continuing care workers in BC? What can SafeCare BC learn from other jurisdictions? Are high injury rates preventing seniors from receiving the quality of care that they deserve? Speakers:

- SafeCare BC: Jennifer Lyle (Executive Director)
- Dave Keen, Executive Director of Workplace Health at the Fraser Health Authority
- WorkSafe BC: Stephen Symon (Industry of Labour Services: Health Care Division)
- Stephen Symon, Manager of Industry and Labour Services & Healthcare Industry at WorkSafe BC Facilitator: TBD
- Della McGaw, OSH Representative for the Hospital Employees Union (HEU)
- Wendy Calhoun, Managing Director for Kaigo Retirement Communities

Appendix B: Care to Chat (to be held at the 2015 Annual Conference -details to be determined)

Title: *Creating Collaborative Partnerships in Continuing Care*

Topic: Engaging and fostering collaborative partnerships with the BC Health Authorities

While the BC Ministry of Health is largely responsible for providing the overall strategic direction and allocation of funds to health authorities, the health authorities directly deliver programs and contract with private for-profit and non-profit agencies to provide services. In particular, they are responsible for: delivering programs that are consistent with Ministry policies and standards; ensuring operational policies and procedures are in place; planning and monitoring services at regional level; and reporting on their performance.

In total, the Health authorities spend a significant amount on home and community care including over $2.5 billion 2011/12 or about 20% to 30% of their budgets. These levels of funding are likely to increase with an aging population, along with other factors such as greater levels of acuity among patients in residential care due to increases in chronic conditions and co-morbidities.

Given the level of funding and the aging demographic, the panelists (Health Authority CEOs) will discuss the current challenges of BC's Continuing Care Sector such as the existing residential care funding model as well as how to improve quality of care and meet the health needs of an aging population. It will also focus on ways to better engage with and build collaborative partnerships between the health authorities and the continuing care sector.

What are the main challenges currently facing the continuing care sector? What are any future challenges? How can health authorities and continuing care sector work together to meet these challenges? How can both parties better engage and/or collaborate with each other? How can collaborative partnerships be fostered?

Panelists / Speakers

- Northern Health: Cathy Ulrich (CEO & President)
- Vancouver Coastal Health: Mary Ackenhusen (CEO & President)
- Island Health: Ann Bozoian (CEO & President)
- Interior Health: Dr. Robert Halpenny (CEO & President)
- Fraser Health: Dr. David Ostrow (Interim President & CEO)
- Providence Health Care: Diane Doyle, (CEO)
- Representative from Home and Community Care
- Representative from Residential Care

Facilitator: TBD

BC CARE PROVIDERS ASSOCIATION

CEO Report

September 2014

Issues Scan

- **Managing Changing Needs**
  - Burquitlam Legal Case
- **Seniors Care for a Change Report**
- **BC Continuing Care Collaborative**
- **Home Care – Vancouver Sun**
- **Fire Prevention Standards**
- **BC Care Aide Registry**

Stakeholder Relations

- **2nd Annual Minister's Lunch – 400 attendees**
  - Dozen MLAs confirmed
- **Met with Premier on Sept 9th**
- **Fall mini-delegation with MLAs**
- **Webster Dinner**

Policy and Research

Seniors Care for a Change

- MoH agrees components can be moved on soon
- Media interest high

Care Aide Registry

- Restart committee finalize recommendations
- Front Page Vancouver Sun story

Recreational Therapy Best Practice

- Ready next spring

SafeCare BC

- Intern completed research

SafeCare BC

- Supporting media launch in September
- Focus of 1st Care to Chat on safety in workplace
- Co-signed 5 ½ year lease at Metrotown
- Profiling through BCCPA website & site visits

Annual Conference

- **Budgeted $79K net revenue. $132K revenue achieved**
- **Committee has held 2 meetings**
- **RFP complete for title sponsor – Medical Pharmacies**
  - Dir of Mem Services securing other sponsors
- **Continued focus on quality speakers**
- **New revenue opportunities being explored**
- **Key Dates:**
  - exhibitor registration - September 2014
  - delegate registration - January 2015
  - Request for Speakers (RFS) - November 2014

Stakeholder Engagement

- **Concerts in Care**
  - Special event
- **BC Council to Reduce Elder Abuse**
- **CD Howe Institute**
- **College of Health Leaders**
- **BC Centre for Elder Advocacy and Support**
- **Justice Institute of BC**

Membership Services Activities

- **Affinity Project**
- **Onsite and in-person visits with 25 members in Okanagan, Vancouver Island and Lower Mainland from June - September**
- **RFPs**
  - Affinity – Insurance
  - Title Sponsor Annual Conference
  - Sponsorship for Care to Chat
- **New onsite branding "Proud Member" stickers**
- **Associate Membership Fees**
- **Non-member outreach**
  - 2 possible leads in Metro Vancouver - $12K new revenue

Membership Services - Activities

- **Pilot Workshops**
  - Focus on front line worker
  - No-cost to participant - <$500 per workshop for BCCPA
  - Available only to members only
  - Industry experts
  - Possibility of live webcast or e-library
- **Infection Prevention and Control – October 1st**
  - Medical Pharmacies
- **Fill in Blank here – October 24th**
  - Coutts Pulver Law Firm

Membership Services Revenue

- **5 new service providers members since Feb ‘14**
  - $15K in new revenue
- **14 new commercial members since Feb ’14**
  - $6K in new revenue
- **$13K in new revenue secured Annual Conference**
- **Care to Chat Season II**

Human Resources/Administrative

BC CARE PROVIDERS ASSOCIATION

- **Keivan Hirji and Hart Dashevsky completed probationary period on Aug 1st**
  - Term subject to renewal in May 2015
- **Director of Policy started on Aug 25**
- **Intern Lara Croll completed her term on Aug 22**
  - Next intern scheduled for January 2015
- **Bookkeeper on contract approx. 1.25 days per week**
- **Filed insurance claim for lost equipment & financial database rebuild >$5K**

BCCPA Office Move MetroTower I

- **New office move-in scheduled for Sept 22**
  - Fully operational early Oct
- **Park Place kindly offered office space**
- **5 ½ year lease with SafeCare BC**
- **Negotiated approx. $65K in tenant improvements + no rent until January ‘15**

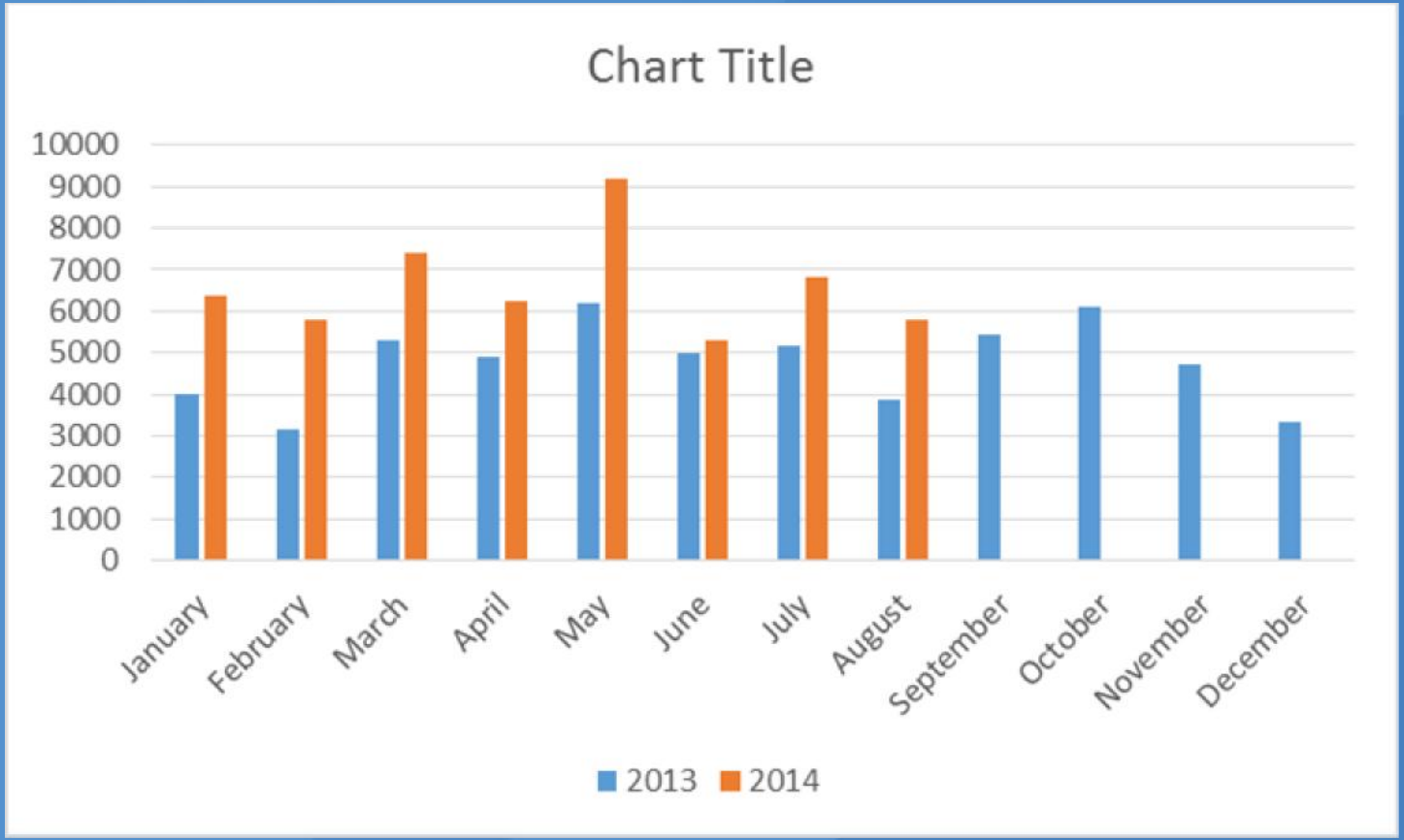
Communications and PR

- **Vancouver Sun stories**
  - Seniors Care for a Change
  - Home Care Standards
- **CKNW**
  - Seniors Care for a Change
- **Global TV**
  - Concerts in Care
- **Co-author opinion piece with Canadian Medical Association President Chris Thompson**
- **OpEd on worker safety this fall**

Social Media Update

- **Website traffic strong**
  - 6828 page views in July vs.
  - 5178 page views in Jul ‘13
- **Surpassed 1000 Twitter followers**
  - Now at 1080 followers
  - < 100 in May 2013
  - BCSLA 505 followers
- **Facebook has 59 likes**
  - In April 2013 we were at 0
- **LinkedIn Group has 125+ members**
  - In April we were at 0

BCCPA Website Traffic Trends



Awards Committee

- **Market nominations this fall**
- **Committee met in July**
  - Amend award category
- **Nominees should be approved by December**
- **Date set as Wed, Feb 18th**
- **Tied in with Delegation Day**

Other…

- Ministry of Agriculture remains interested in working with us
- Chargeable Extras Survey – continued radio silence
- BCSLA + DHA collaboration efforts continue

View from Victoria

- Legislature reconvenes early October
- New Official Opposition Critic appointed
- Focus shifting from LNG back to Education + Health issues
- No major legislation expected this session
- Pre-budget submission this fall
- BC Libs remain popular

BC CARE PROVIDERS ASSN

Comparative Income Statement - Comparative Income Statement - YTD to Last Year

	Actual Apr 01, 2014 to Aug 31, 2014	Actual Apr 01, 2013 to Aug 31, 2013	Difference
REVENUE			
Association Income (Revenue)			
Membership Dues	176,883.16	176,983.39	(100.23)
Other Income	22,119.03	24,691.03	(2,572.00)
Conference	311,171.16	250,480.00	60,691.16
Total Association Revenue	510,173.35	452,154.42	58,018.93
SafeCare BC	67,500.00	0.00	67,500.00
Income - Other Projects	67,500.00	77,735.73	(10,235.73)
TOTAL REVENUE	577,673.35	529,890.15	47,783.20
EXPENSE			
Expenses - Payroll	143,843.30	123,803.43	20,039.87
Expenses - Association	112,546.21	84,944.64	27,601.57
Expenses - Anti-Psychotic Project	0.00	9,411.20	(9,411.20)
Expenses - BC Cares	0.00	49,408.07	(49,408.07)
Expenses - Conference	178,886.65	148,223.89	30,662.76
TOTAL EXPENSE	435,276.16	415,791.23	19,484.93
NET INCOME	142,397.19	114,098.92	28,298.27

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BC CARE PROVIDERS ASSN

May 2014 Conference Whistler, BC

REVENUE		
	Conference Sponsorship	189,859.80
	Conference Registration	110,274.91
	Events - Golf, Meals, Tours	11,036.45
		311,171.16
EXPENSES		
	Committee Expenses (Conference)	521.90
	Communications	3,396.32
	Printing	7,497.05
	Hotel Costs	2,716.07
	Speakers	13,366.24
	Entertainment	1,365.00
	Displays	8,394.72
	Golf & Other Events	1,483.26
	Audio Visual	10,657.37
	Meals	118,219.94
	Contract Services	5,733.97
	Cvent Charges	1,319.50
	VISA Fees - Conference	4,215.31
		178,886.65
	PROFIT	**$ 132,284.51**

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BC CARE PROVIDERS ASSOCIATION
Advocating service excellence for seniors

DRAFT Cash Budget 2014/15

			2014/15	ACTUALS APR 1 - AUG 31, 2014	2015/16	2016/17	Comments	2013/14
Revenue				**Revenue**				
Association Dues			408,000.00		420,000	441,000	Increase from new members not rates	400,000
	ACTUALS			AMORTIZED				
Residential Long Term Care	334,000	336,721		140,300				
Home Support	15,500	13,771		5,738				
Congregate/Assisted Living	11,500	22,110		9,213				
MH/Children & Families								
Commercial	47,000	32,655		21,632				
TOTAL DUES	408,000	405,257		176,883				
Advertising/Sales			5,000.00	2,500	7,000	9,000	Expected from new membership manager	18,000
Investments			2,000.00	374	2,500	3,000		2,000
Conference			230,000.00	311,171	230,000	240,000	Net profit of $79k	60,000
Minister's Fall Lunch			15,000.00	16,350	16,000	17,000	Net profit of $4k	-
Care to Chat			55,000.00	2,195	60,000	65,000	Net profit of $15k	2,000
Affinity Programs (NEW)			12,000.00	-	50,000	75,000		-
Ontario Long Term		7,500						
Other				700.00				
Unrestricted Net Assets			-		-	-		23,500
Safecare BC Shared Services			187,000.00	67,500.00	187,000	187,000		0
Overhead 15%	79,000							
*Shared Staff***	83,000	162,000						
Rent	25,000							
	187,000							
			914,000	**577,673.18**	**972,500**	**1,037,000**		**505,500**
Expenditures								
Wages & Benefits			402,000	143,843.30	412,000	421,000	Addtn'l membership mngr and support position	285,000
Training/Workshops/Conferences			5,000	594.13	5,000	5,000	Meant for staff	-
Travel			22,000	7,209.90	23,000	24,000	Membership services activities	15,000
Board/Committees			12,000	2,102.76	12,500	13,000		8,000
Office/Printing (includes IT support)/Depreciation			10,000	11,495.70	12,000	14,000		16,000
Consultants/Interns/COOP			50,000	31,243.87	50,000	50,000	Expected special projects of $22k	27,500
Conference			151,000	178,886.00	156,000	161,000	See net profit comment above	-
Minister's Fall Lunch			11,000	-	11,000	11,000	See net profit comment above	-
BC Care Providers Day			20,000	905.79	20,000	20,000		15,000
Care to Chat			42,000	-	44,000	47,000	See net profit comment above	-
Communications			47,000	10,604.89	55,000	55,000	Web presence, Special events & communique	40,000
Legal			12,000	2,076.21	8,000	8,000		8,000
Rent			50,000	3,766.06	60,000	60,000		60,000
Postage/Insurance/Membership			10,000	3,069.65	10,500	11,000		10,000
CALTC hosting			6,000	-	-	-		-
Audit/Accounting/Bookkeeping			18,000	15,913.75	18,500	19,000	Includes bookkeeping serviced outsourced	8,000
Moving Costs (NEW)			20,000	17,596.24	-	-		-
Telephone			5,000	1,278.83	5,500	6,000		9,000
Misc/Bank/Visa			1,000	1,992.52	1,000	1,000		4,000
Partnership Fund (NEW)			20,000	2,695.83	20,000	20,000		-
			914,000	**435,275.43**	**924,000**	**946,000**		**505,500**
Net Surplus			**-**	**142,397.75**	**48,500.00**	**91,000.00**		**-**

BC Care Providers Governance Committee Meeting

Wednesday September 10th, 2014

Teleconference

Minutes

Attendees: Elaine Price (Chair), David Cheperdak, Sue Emmons, Debra Hauptman, Daniel Fontaine

Secretariat: Cathy Szmaus

1. Review of Governance Committee Task Work Plan

   Elaine called the meeting to order at 11:00 am. The Governance Committee Task Work Plan was reviewed. It was noted that the majority of the tasks have been completed with the exception of:

   - Current BCCPA Policies: 4.0 Association Dues: *in progress*
   - New Policies for Consideration: 13.0 Investment Policies: *referred to the Finance and Audit committee for discussion*
   - New Policies for Consideration: 15.0 Risk Management: *to be discussed at 2015 Board retreat*

2. Committee Nomination Process

   Elaine led the committee in the discussion of the best approach to take in 2015 for nominations for various committees. The committee is looking for ways to involve the general membership where appropriate.

   It was noted that the Conference Planning Committee and the Awards Committee need to be formed soon after the AGM. The finance and audit committee does not need external representation, as this role is provided by our auditors.

   Sue recommended that a committee form be created and be circulated during the call for nominations for the board of directors. Applications would be subject to review of resumes by governance committee and committee members would be selected from those who fit within the matrix.

The discussion moved on to succession planning and David reminded the committee that the board is in the final transition stage of the legacy system to the new matrix system. In the legacy system, the current Vice President of the board would automatically become President once the current President's term has ended. The board will need to decide if they wish to confirm the current Vice President Elaine when David's term is completed in May or if they wish to put their own names forth for consideration.

3. Next Meeting Date

The next meeting is open to the call of the chair of the Governance Committee.

The meeting was adjourned at 11:19 am.

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Advocating Service Excellence for Seniors.

2015 Conference Planning Committee Meeting #1
Wednesday July 9th 2015
1:00 – 2:00 pm
Conference Call

MINUTES

Participants: Aly Devji, Hendrik Van Ryk, Michael Atkins, Kristan Ash (joined at 1:25), Daniel Fontaine, Cathy Szmaus, Hart Dashevsky, Keivan Hirji, Lara Croll

1. Selection of Conference Committee Chair

   Daniel informed the committee that Aly has volunteered to be the Chair of the 2015 Conference Planning Committee. Aly suggested that Hendrik serve as Past Chair. Hendrik welcomes the opportunity. As the position of past chair is not referenced in the terms of reference for the 2015 conference committee, this will be an informal role until the TOR can be amended at a later date.

   Daniel proposed creating a Committee Liaison for Finance and a Committee Liaison for Speakers. These new roles would serve to support the BCCPA staff and provide reports to the committee. Aly proposed the creation of a Committee Liaison for Commercial Members as well. As these roles are not referenced in the TOR these will be informal appointments until the TOR can be amended. Hendrik volunteered to serve as committee liaison for speakers.

   Action: Aly will propose this new structure for the TOR to the governance committee and put forth to the board at the September 18th board of directors meeting.

   Proposed Motion: Be it resolved that Aly Devji be appointed as Chair of the 2015 Conference Planning Committee and that Hendrik Van Ryk be appointed as Past Chair and Committee Liaison for Speakers.

   Moved by: Michael Aikins Seconded by: Kristan Ash APPROVED

2. Process to Select Commercial Representative:

   Hart referenced the circulated list of the new Commercial Representative Candidates and gave a brief summary of each candidate. It was noted that Andrew Crombie (2014 Conference Planning Committee) has also put his name forth to serve again.

   Hart explained that the title sponsor will appoint a representative to serve on the Conference Planning Committee. The method of the second commercial representative was to be determined by the committee today. Hart proposed that the committee can choose the representative or decide by a random draw. The committee decided to select the representative after reviewing each candidates attributes.

Proposed Motion: Be it resolved to appoint Alex Jones of Heritage HealthCare as a Commercial Representative on the 2015 Conference Planning Committee.

Moved by: Hendrik Seconded by: Aly APPROVED

Action: Daniel will call Alex to share to news. Cathy will send Outlook invitations to Alex with the meeting dates.

3. Proposed 2015 Conference Planning Meeting Schedule:

Daniel asked the committee to approve the proposed meeting schedule as circulated. Hendrik had a conflict with one date and asked Cathy to change.

Proposed Motion: Be it resolved to approve the proposed meeting schedule with a January 6th meeting date to replace the January 7th date.

Moved by: Hendrik Seconded by: Michael APPROVED

Action: Cathy will send Outlook invites to committee members with revised meeting dates.

4. Interim Report on 2014 Conference:

This item was deferred until the September meeting where it will be presented as the final report on the 2014 conference.

5. Executive Summary of the 2014 Conference Survey:

This item has been eliminated.

Action: The committee is asked to read the summary and email Lara Croll with any comments or questions before the end of August, as her internship will be over.

6. Agreement Upon Sponsor Rates and Packages, Approval of the RFP

Hart highlighted the new sponsorship features proposed for 2015. Daniel indicated that this is the first year that an RFP is being used to determine the title sponsor. Committee was pleased with the proposed Sponsor Rates and Packages and the use of the RFP. Kristian suggested that a new event only sponsorship be created that would sell the opportunity for the purchaser to have promotional products included in the delegate bags.

Proposed Motion: Be it resolved that the 2015 Sponsor Rates and Packages and the RFP for Title Sponsor be approved as presented. The opportunity to sell sponsorship rights to include promotional products in the delegated bags will be considered by the BCCPA subject to operational requirements.

Moved by: Hendrik Seconded by: Michael APPROVED

7. Proposed 2015 Conference Fees:

   Daniel proposed that there would be no increase in member pricing. A nominal increase of $50 is proposed for non-member fees. This will show value in membership. Exhibitor fees will increase by $100, and this will now include a $150 golf package.

   Proposed Motion: Be it resolved that the proposed 2015 Conference Fees be approved as presented.

   Moved by: Kristan Seconded by: Hendrik APPROVED

8. Options for 2015 Conference Theme:

   This item will be deferred to the September meeting.

9. Other:

   As there were no other items on the table the meeting was adjourned at 2:15.

   Next meeting will be Wednesday September 10th via teleconference.

BC CARE PROVIDERS ASSOCIATION www.bccare.ca
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2015 Conference Planning Committee Meeting #2
Wednesday September 10, 2014
1:30 – 2:30 pm
Teleconference

MINUTES

Participants: Hendrik Van Ryk (acting chair), Michael Atkins, Kristan Ash, Alex Jones, Jeff Nider, Daniel Fontaine, Cathy Szmaus, Keivan Hirji

Regrets: Aly Devji (chair), Hart Dashevsky

1. Approval of the Agenda:

   Hendrik, as past chair, kindly agreed to chair the meeting in Aly's absence. Hendrik welcomed Alex and Jeff to the Conference planning committee and recognized their long standing support of the BCCPA.

   Proposed Motion:
   BE IT RESOLVED that the agenda be approved as presented.

   Moved by: Kristen Seconded by: Jeff Approved

2. Approval of the Minutes:

   Proposed Motion:
   BE IT RESOLVED that the minutes of the July 9th Meeting be approved as circulated.

   Moved by: Alex Seconded by: Michael Approved

3. Establish Theme for the Conference:

   Michael Kary provided the committee with an overview of the proposed theme and streams for the 2015 conference. The options for title theme for the conference were *Aging in the Digital Age* and *Learn Global, Act Local*. All agreed that the title theme would be used as a guide, and that the focus will be on getting the right speakers and creating appealing workshops. Merits and detriments of both of these themes were discussed. The direction of discourse landed the committee on the following theme: *Sustainability through Innovation* which would marry both the proposed themes under the umbrella of sustainability. The addition of a fourth faith based stream was discussed and all committee members were in support.

   Proposed Motion:
   BE IT RESOLVED to that the title theme of the 2015 annual conference will be *Sustainability through Innovation* and that the conference will include a fourth faith-based stream of workshops to take place on the first day of the conference.

   Moved by: Kristan Seconded by: Jeff APPROVED

4. Request for Speakers:

   Michael Kary presented the proposed Call for Presenters document and welcomed the committee's feedback. The document would now be amended to include the theme *Sustainability through Innovation* and reflect that there would be four streams.

   Proposed Motion:
   BE IT RESOLVED to accept the amended Call for Presenters document.

   Moved by: Michael Aikins Seconded by: Kristan APPROVED

5. Exhibit Booth Registration:

   Daniel informed the committee that exhibit booth registration will go live on CVENT in a few weeks, well before it did in 2014. As well, there will be a new layout for the exhibit hall and the opportunity for preferred placement for a small fee. The expectation based on early exhibitor feedback is that we will sell out early.

6. New Ideas | Format of Conference:

   Due to Aly's absence this will be deferred to the next meeting. Hendrik did ask that these ideas be fleshed out and presented to the committee in the agenda package before the next meeting. This will allow for the committee to consider and provide feedback at the next meeting.

7. Location of the 2016 Conference:

   Cathy asked the committee to consider the location of the 2016 Conference. She currently has the weekend of May 29-31 2016 on hold at the Fairmont Chateau Whistler and has first right of refusal. There is another interested party and she must provide an answer to the Fairmont shortly. The committee discussed the merits of holding the conference in Whistler and the facilities offered by the Fairmont Chateau Whistler. Positive feedback from the last two attendee surveys on the Whistler location were taken into account. The committee agreed to endorse Whistler as the location for the 2016 annual conference and that this recommendation be presented to board at the September 18th Board of Directors meeting.

   Proposed Motion:
   BE IT RESOLVED that the 2015 Conference Committee recommends the Fairmont Chateau Whistler as the venue for the 2016 Annual Conference and that it be held from May 29th – 31st and that this recommendation will be presented at the September 18th Board of Directors meeting.

   Moved by: Michael Aikins Seconded by: Jeff APPROVED

8. Adjournment

   As there were no other items on the table the meeting was adjourned at 2:08.

   Next meeting will be Wednesday November 12th via teleconference.

Item 4.3

AUGUST 22, 2014

BC CARE PROVIDERS ASSOCIATION

WHO WE ARE

LARA CROLL
BC CARE PRORVIDERS ASSOCIATION
301 1338 West Broadway Vancouver BC V6H 1H2

BC Care Providers Association: Summary

The BC Care Providers Association (BCCPA) is the industry association for B.C.'s long term care sector.

We are a non-profit society that has been serving private and non-profit community care providers for over 35 years. Our growing membership base includes over 130 residential care, assisted living and home support members, as well as over 130 commercial members across British Columbia.

Many of our service provider members also provide other supports and levels of care including independent living, subsidized housing, dementia care, brain injury care, palliative support, care taker relief, to name a few.

Size and Scope

BCCPA represents just over 40% of the Home and Continuing Care Sector, with 41% of beds in residential care, 34% of beds in assisted living, and 26 organizations that provide home care services.

Table 1: BCCPA Service Provider Members

Type of Care	Number No. Members	Number of Beds
Residential Care	108	11,136
Assisted Living	43	2,341
Independent Living	26	2,614
Home Support	26	n/a

Seniors

The BCCPA represents over 16,000 seniors each year in Residential Care and Assisted Living, as well as over 10,000 seniors in Home Care. The average senior in BCCPA Residential Care is over 85 years old, and is female. 69% of BCCPA seniors in residential care and 34% of seniors in Home Care are living with Alzheimer's and Dementia.

Resident and Family Councils

Ninety-three percent of BCCPA provider members have either a resident or a family council, and most meet at least one per month.

Continuing Care Staff

BCCPA service provider members employ over 18,000 continuing care staff in BC. The average continuing care staff member is a Residential Care Aide, works full time, and is employed in the Fraser Health Authority region. Over two-thirds of BCCPA continuing care staff belong to the BC Nurses Union (BCNU), and the Hospital Employees Union (HEU), and a third belong to the BC Government Employees Union (BCGEU).

Capital Investments

It is estimated that between 2008 and 2013, BCCPA Service Provider Members invested over $283 million dollars in capital investments in buildings, equipment and renovations.

Residential Care

As of 2010, there are 281 Residential Care Facilities in British Columbia, with just under 27,000 beds (Stats Canada 2010). Of these facilities, 24% are owned and operated by the Health Authorities, while the remaining 76% are private, contracted facilities (See Figure 1). The BCCPA represents 105 of these Residential Care Facilities, which is 37% of the sector overall or 49% of all the contracted Facilities.

The BCCPA represents 41% of all Residential Care beds in BC, and is overrepresented by medium and large[1] sized care homes (see Figure 2).

Figure 1 Residential Care Facilities in British Columbia

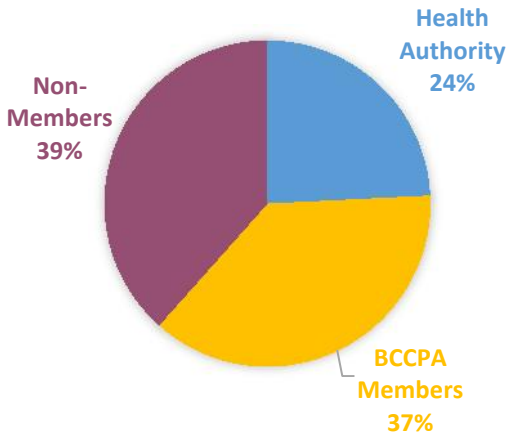
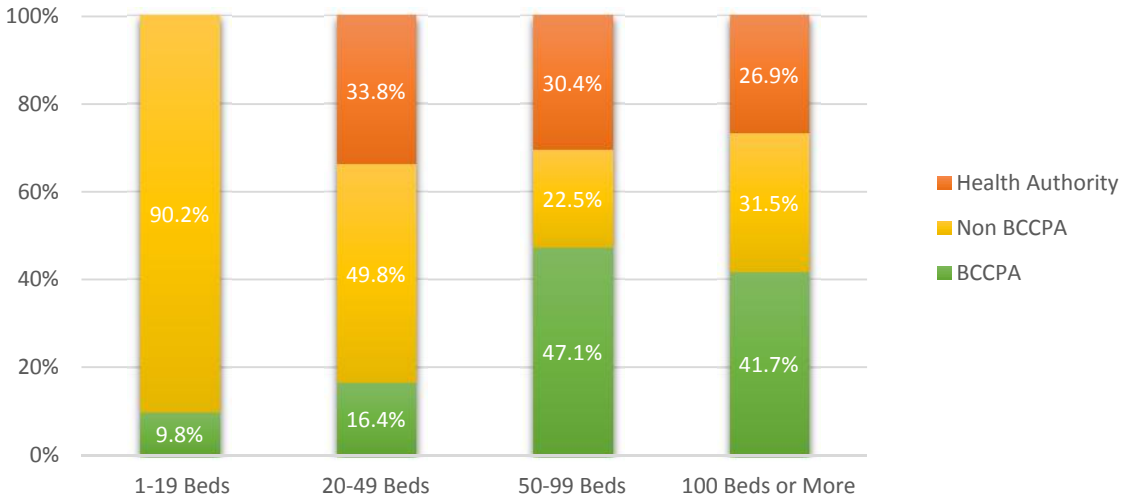


Figure 2 Residential Care Beds in BC by Size of Care Home

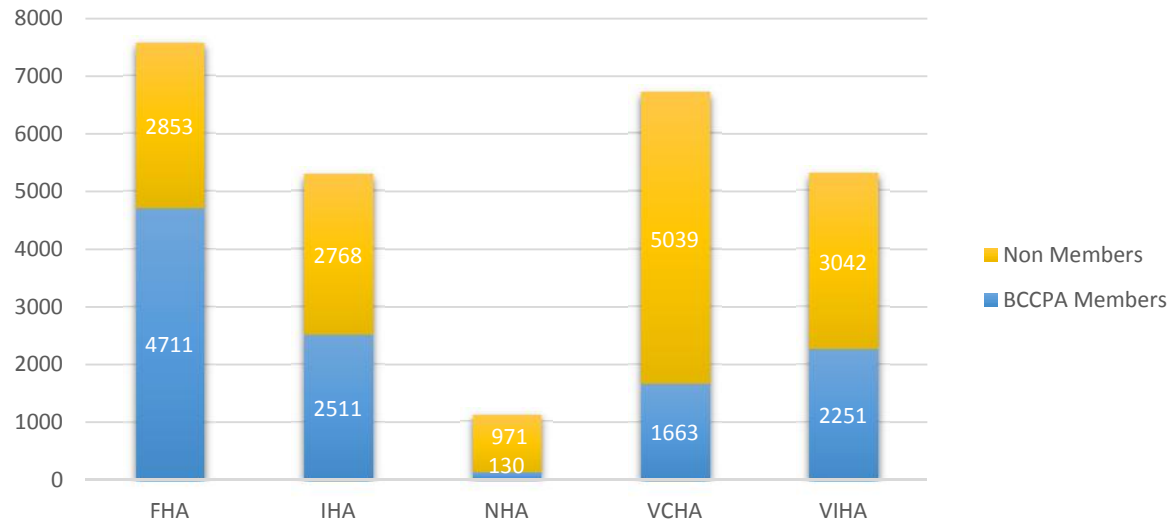


Note: Data from CANSIM, Residential Care Facilities Survey (2010)

While the BCCPA represents Residential Care beds across all five regional health authorities, the BCCPA is overrepresented by Residential Care beds in the Fraser and Interior Health Authority regions (see Figure 3). Conversely, the BCCPA is underrepresented in the Vancouver Coastal and Northern Health Authority Regions.

[1] Where medium size homes have been 50 and 99 beds, and large homes have 100 beds or more.

Figure 3 Residential Care Beds in BC by Health Authority region



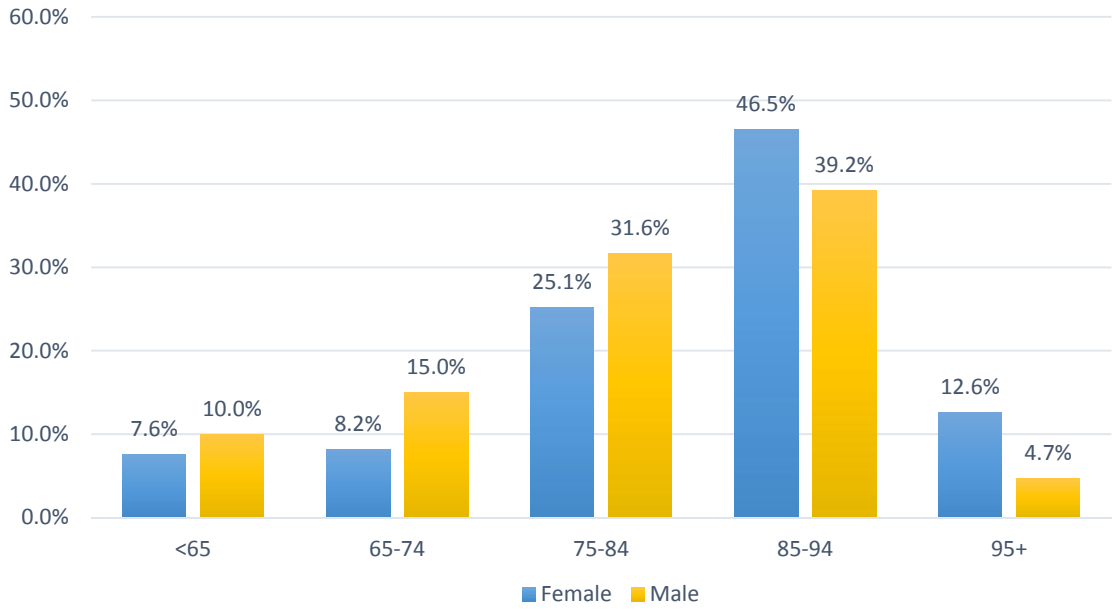
Note: 1 Data from Ombudsperson Report "Best of Care (2012)"

Seniors

The Canadian Institute for Health Research Reports that as of 2013 there are 37,000 seniors in Residential Care in British Columbia. Of these seniors, 66% are female, 59% are 85 or older, and 61.5% are living with Dementia (Canadian Institute for Health Information, 2013).

BCCPA's Residential Care Providers serve between 14,000 and 15,000 seniors each year. 58% of these seniors are female, and the median age is between 85 and 94 (see Figure 4). Sixty-nine percent of residents are living with Alzheimer's & Dementia, and the average length of stay is just over 2 years.

Figure 4 Age Demographics of Seniors living in BCCPA Residential Care Homes

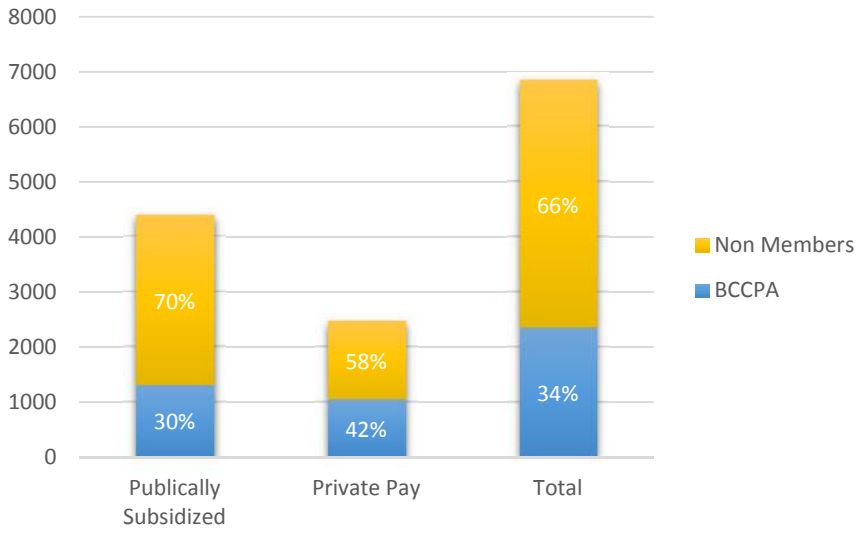


Assisted Living

As of 2012, there were 194 Assisted Living Residences and 6,900 Assisted Living beds in British Columbia (Ombudsperson BC, 2012). The Office of the Assisted Living Registrar was able to confirm that as of 2014 there are 4,438 publically subsidized Assisted Living beds. That leaves approximately 2,500 private pay beds.

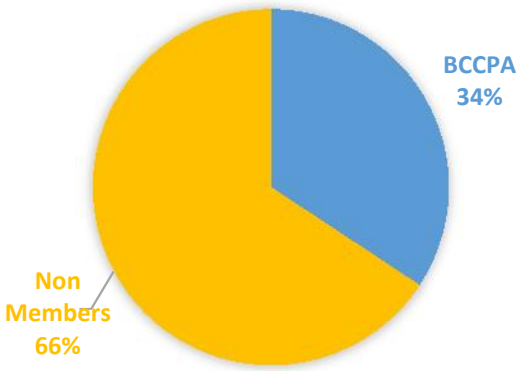
The BCCPA has 43 service provider members that offer Assisted Living, and represents 34% of all Assisted Living beds in the province (see Figure 5).

Figure 5 Assisted Living Beds in British Columbia, BCCPA Members and Non Members



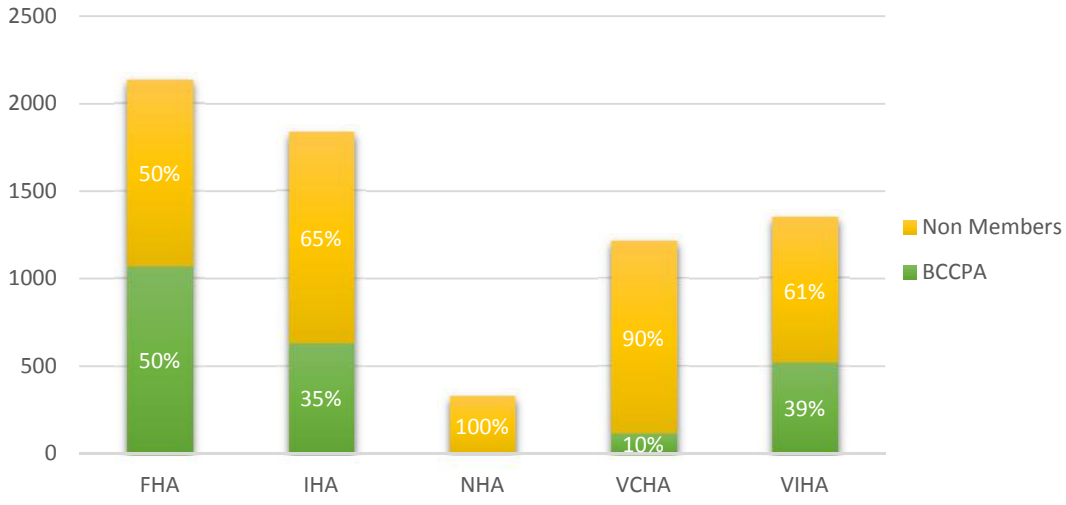
The BC Care Providers represents proportionately more private-pay beds than public-pay beds in the sector (see Figure 6).

Figure 6 Publically Subsidized and Private Pay Assisted Living Beds in BC



The BCCPA is overrepresented by Assisted Living beds in the Fraser, Interior and Vancouver Island Health Authority regions, and is underrepresented in the Vancouver Coastal Health Authority region (see Figure 7). The BCCPA represents no Assisted Living beds in the Northern Health Authority.

Figure 7 Assisted Living Beds by Health Authority Region



Home Care

The BC Care Providers Association represents 20 Home Care Providers at 26 different sites. Sixteen of these Home Care providers provide these service exclusively, while four provide a campus of care. The majority of BCCPA's Home Care Members are Private for Profit organizations (see Figure 9).

The vast majority of BCCPA's Home Care clients were reported to be private-pay, in contrast to the provincial average, where 70% of clients pay no user fee due to low-income (McGrail, et al., 2008).

Figure 9 Home Care Organizations by Ownership Type

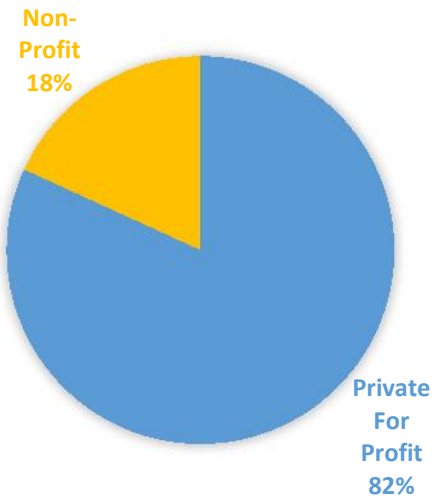
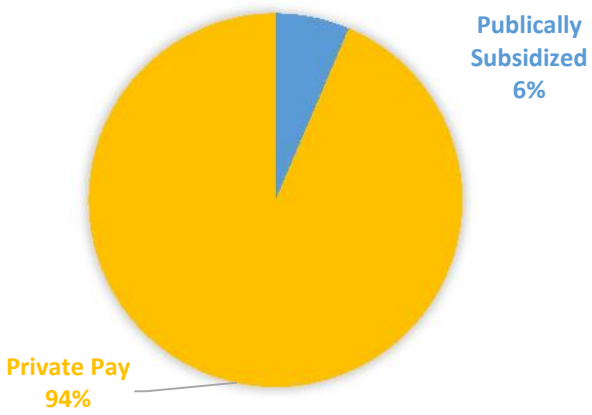
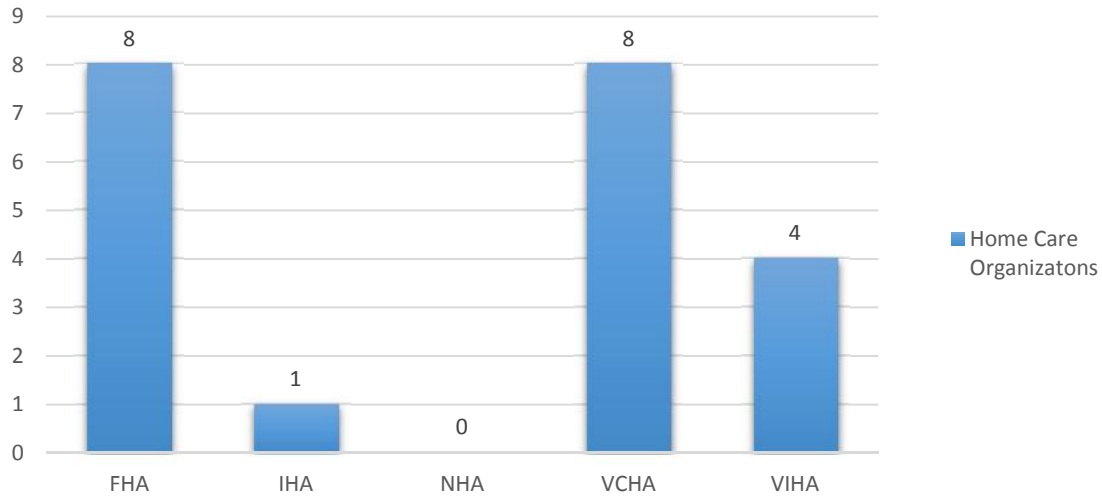


Figure 8 Home Care Clients by Method of Payment



The BCCPA's Home Care Members have sites across four health authority regions, primarily concentrated in the Fraser and Vancouver Coastal Health Authority regions, with no sites in the Northern Health Authority.

Figure 10 Home Care sites by Health Authority Region



Survey

Methods:

The BC Care Providers Association distributed an online survey that collected results for four weeks in July and August of 2014. The survey collected information about the number and characteristics of care beds, employees, residents, resident and family councils, and budgetary information from the BCCPA's service provider members, on a site by site basis. The survey collected 76 useable data points out of a possible 144, for a total response rate of 53%.

The survey sampled 67 Residential Care, 30 Assisted Living, 12 Independent Living, and 8 Home Care Providers. In comparison to the BCCPA membership, the survey sample is somewhat overrepresented by residential care and assisted living providers, and underrepresented by home care providers (see Table 2 below).

Table 2 BCCPA Members and Survey Sample by Type of Care

Type of Care		BCCPA (%)	Survey Sample (%)
	Residential Care	108 (75.5%)	67 (89.3%)
	Assisted Living	43 (30.1%)	30 (40.0%)
	Independent Living	26 (18.1%)	12 (16.0%)
	Home Care	26 (18.1%)	8 (10.7%)
TOTAL		143 (100%)	75 (100%)

The survey sample collected data from service provider members across all five health authority regions, and was compositionally very similar to the regional makeup of the BCCPA service provider membership (see Table 3).

While the survey collected more data from private for profit service providers overall, it was overrepresented by non-profits in comparison to the BCCPA service provider membership (see Table 4).

The survey collected information from large (100+ beds), medium (50-99 beds), small (20-49) and extra small care homes (1-19). The survey sample was overrepresented by large care homes, and underrepresented by small care homes, as well as organizations with no beds (i.e. home care organizations, and care homes that temporarily closed for renovations) (see Table 5).

As a whole, the BCCPA survey managed to collect a representative sample of BCCPA Service Provider Members.

Table 3: BCCPA Members and Survey Sample by Health Authority Region

Health Authority		BCCPA (%)	Survey Sample (%)
	FHA	60 (42.0%)	33 (44.0%)
	IHA	27 (18.9%)	13 (17.3%)
	NHA	1 (0.7%)	1 (1.3%)
	VCHA	25 (17.5%)	9 (12.0%)
	VIHA	30 (21.0%)	19 (25.3%)
TOTAL		143 (100%)	75 (100%)

Table 4: BCCPA Members and Survey Sample by Type of Ownership

Ownership		BCCPA (%)	Survey Sample (%)
	Private for Profit	106 (74.1%)	53 (69.4%)
	Non-Profit	37 (25.9%)	22 (30.6%)
TOTAL		143 (100%)	75 (100%)

Table 5: BCCPA Members and Survey Sample by Size of Care Home (# of Beds)

Size of Care Home		BCCPA (%)	Survey Sample (%)
	No Beds (0)†	**26** (18.1%)	**9** (11.8%)
	Xsmall (1-19)	**2** (1.4%)	**2** (2.6%)
	Small (20-49)	**15** (10.4%)	**4** (5.3%)
	Medium (50-99)	**49** (36.1%)	**25** (32.9%)
	Large (100+)	**52** (15.3%)	**36** (47.4%)
TOTAL		**143** (100%)	**72** (100%)

†Includes 7 Home Care Organizations and 2 care homes closed for renovatic

A Profile of Seniors in Care

The BCCPA's Service Provider Members were asked to provide demographic information on the individuals in their care as of 2013. They were asked to estimate the number of seniors in care, their age and sex demographics, the average length of stay, the percentage living with Alzheimer's and Dementia, and the percentage that were publically subsidized versus private pay.

Fifty three Care Providers reported information on the demographic characteristics of their residents and clients. They reported caring for over 6,000 seniors in residential care, 900 seniors in assisted living, and 175 seniors in home care in 2013 (see Table 6).

Table 6: Seniors cared for by BCCPA's Service Provider Members (2013)

Type of Care	Number of Seniors	Sample Size
Residential Care	6,259	N=46
Assisted Living	972	N=14
Independent Living	806	N=12
Home Care	171	N=3

If taken as a representative sample, this would mean that the BCCPA's service provider members care for over 16,000 seniors each year in Residential Care and Assisted Living[2], as well as 1,500 seniors in Home Care[3]. However, this likely drastically underestimates the number of seniors that the BCCPA represents in Home Care, as just one BCCPA Home Care organization (representing 8 different sites in our dataset) cares for over 100,000 people each year across Canada. Given the size of this Home Care organization, the true number is likely upwards of 10,000 seniors per year in Home Care.

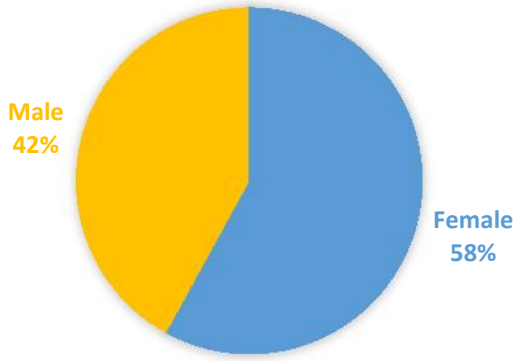
Age-Sex Characteristics

The BCCPA's Residential Care Providers were asked to estimate the age demographics of their male and female residents in ten year age brackets.

As expected, BCCPA members reported more female than male residents (see Figure 11), and the female residents were older on average than their male counterparts (see Figure 12). For both genders, the median age was between 85 and 94.

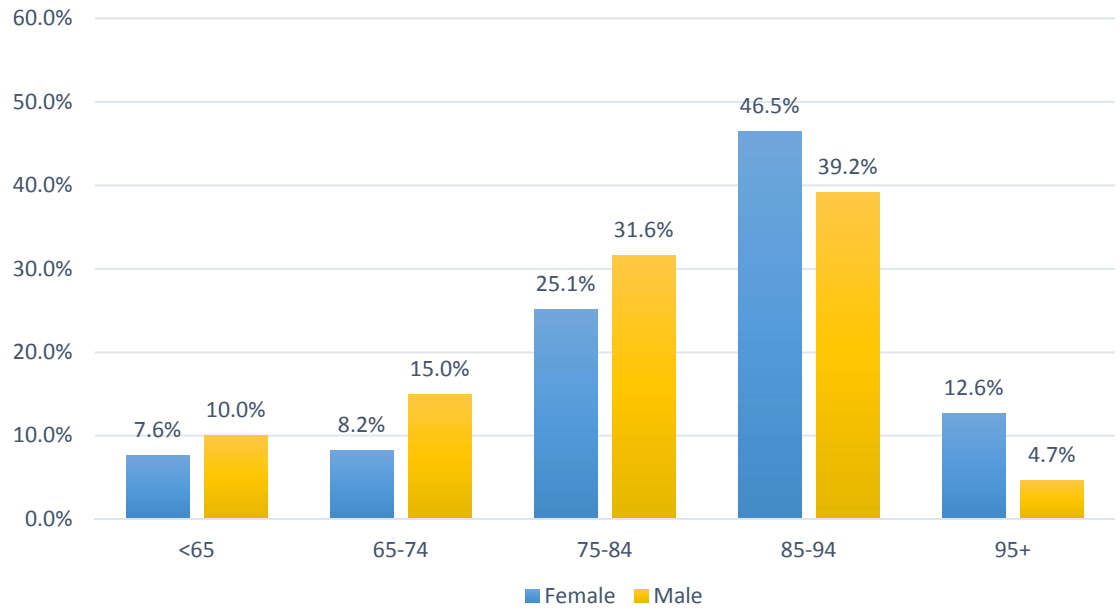
The BCCPA service provider members have reported a lower female-to-male ratio that the BC average, which is 68% female to 32% male (Canadian Institute for Health Information , 2012).

Figure 11 Female-to-Male Ratio of BCCPA Residential Care Residents



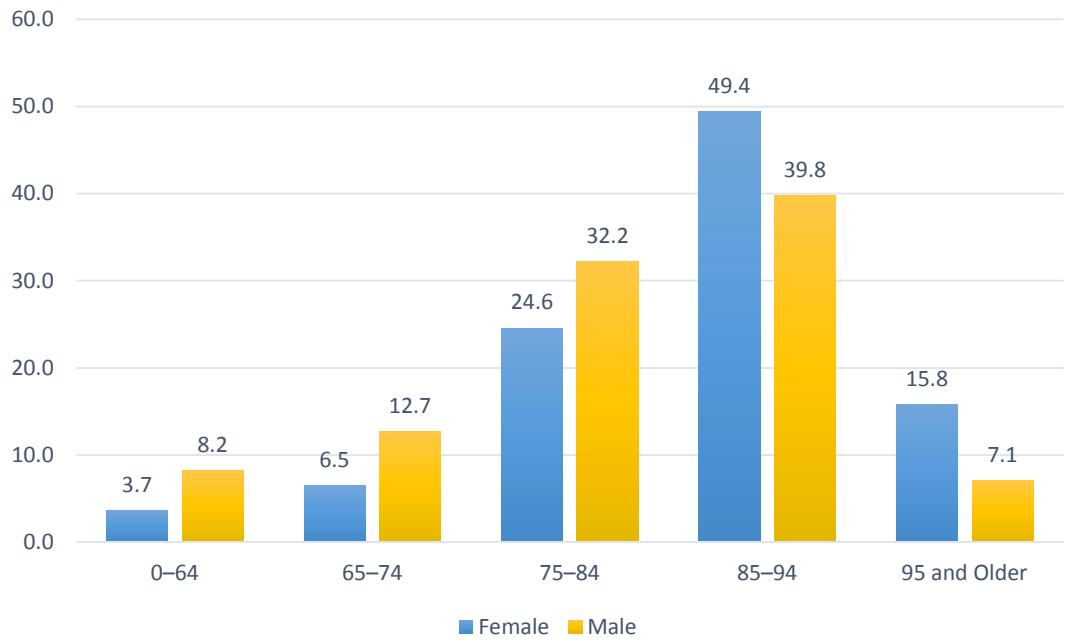
[2] Given that there are 114 BCCPA Residential Care and Assisted Living Service Providers.
[3] Given that there are 26 Home Care Providers Members.

Figure 12: Age and Sex Characteristics of seniors in BCCPA Residential Care Homes



However, the age demographics in our sample are very similar to the provincial demographics (see Figure 12 & 13).

Figure 13: Age and Sex Characteristics of BC Seniors in Residential Care Homes



Note: 2 Adapted from CIHI Residential Care Patient Data 2012-13

Length of Stay

The BCCPA's Service Provider Members were asked to estimate the average length of stay for their Residential Care, Assisted Living, Independent Living residents. Unfortunately, no data was provided about the average length of service for home care clients.

The average length of stay for residents was 25 months in Residential Care, 24 months in Assisted Living and 41 months in Independent Living. Interestingly, the length of stay reported for Residential Care was longer on average than for Assisted Living. This was even more pronounced when the median was taken rather than the average. However, our Assisted Living data is consistent with the provincial averages, as McGrail (2012) reports that the average length of stay for Assisted Living residents is just over 2 years (McGrail, et al., 2012).

Table 7: Average and Median Length of Stay in BCCPA Care Facilities

Type of Care	Average (months)	Median (months)	Sample Size
Residential Care	25.2	24.0	N=50
Assisted Living	24.1	21.0	N=12
Independent Living	41.2	24.0	N=11

As expected, the average length of stay was much longer for Independent Living residents than for their Assisted Living or Residential Care residents.

Alzheimer's & Dementia

The BCCPA's Service Provider Members were asked to estimate the percentage of their residents that are living with Alzheimer's and Dementia at each level of care. 56 Care Providers reported this information.

The average number of residents living with Alzheimer's & Dementia was 69% in Residential Care, 32% in Assisted Living, 32% in Home Care and 8% in Independent Living (see Table 8).

As expected, the proportion of residents living with Alzheimer's & Dementia generally increased as the level of care increased, though in our sample Home Care was slightly higher than Assisted Living.

However, it should be noted that the percent of seniors living with Alzheimer's & Dementia varied widely from care home to care home, and that for Residential Care the median differed significantly from the average (see Table 8).

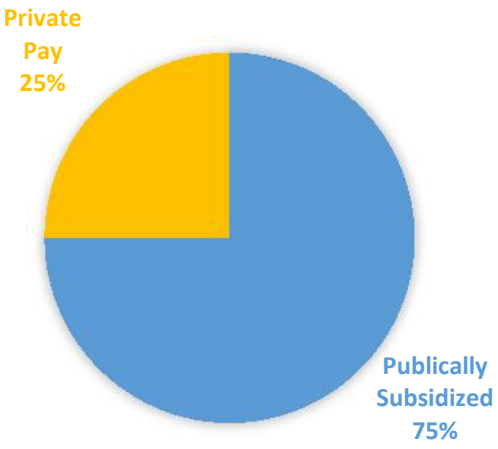
Table 8 Proportion of seniors living with Alzheimer's & Dementia

Type of Care	Average	Median	Sample Size
Residential Care	69.0%	80.0%	N=54
Assisted Living	32.0%	27.5%	N=14
Independent Living	8.0%	5.0%	N=13
Home Care	32.0%	35.0%	N=3

Overall the prevalence of Alzheimer's and Dementia was somewhat higher than expected, as McGrail (2012) reports that 24% of Assisted Living residents and 17% of Home Care clients are living with

Dementia or Delirium (McGrail, et al., 2012), and CIHI (2012) reports that 61.5% of Residential Care residents are living with Dementia (Canadian Institute for Health Information , 2012).

Figure 14 BCCPA Residents & Clients by Method of Payment



Method of Payment

BCCPA members were asked to report the number of public and private pay seniors they served in 2013, where public pay referred to seniors and beds being subsidized by the regional health authorities.

Residential Care providers reported having public funding for 90% of their residents, while Assisted Living residents were more evenly split between public and private pay (see Table 9).

Home Care clients were reported to be almost entirely private pay; however, this number should be taken with caution due to the small sample size.

Table 9: Private Pay versus Publically Subsidized seniors

Type of Care	Publically Subsidized (%)	Private Pay (%)	Sample Size
Residential Care	5635 (90.0%)	624 (10.0%)	N=46
Assisted Living	507 (52.2%)	465 (47.8%)	N=14
Independent Living	0 (0%)	806 (100%)	N=12
Home Care	11 (6.4%)	171 (93.6%)	N=3

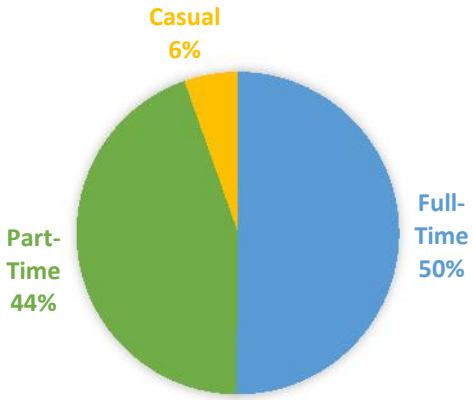
Independent Living residents are, by definition, not funded through health authorities, and so were reported to be 100% private pay. However, it would be of interest for future research to determine what proportion of Independent Living residents are funded through the provincial government and its agencies, such as BC Housing.

As a whole, three-quarters of the Seniors care for by the BCCPA service provider members in 2013 were publically subsidized, while the other quarter were private pay (see Figure 14).

Continuing Care Staff

The BCCPA's Service Provider Members were asked to provide demographic information on their continuing care staff. They were asked to estimate the number of continuing care staff on their payroll, the proportion that were part-time versus full-time, and the proportion of their staff in each occupational category. They were also asked to report which unions their continuing care staff belong to, if any.

Figure 15: Continuing Care Staff (FTE vs PTE)



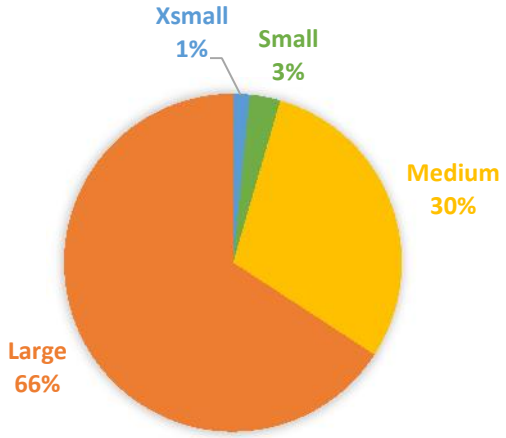
Fifty-five BCCPA Service Provider Members reported demographic information on their continuing care staff. They reported employing over 8000 staff, in four Health Authority Regions[4]. A sizeable minority of staff were reported to be working in the Fraser Health Authority region (37%), followed by the Vancouver Island Health Authority (28%), Vancouver Coastal Health Authority (19%) and Interior Health Authority (16%) respectively.

If this sampling is representative of the BCCPA service provider membership as a whole, than BCCPA members employ approximately 18,000 continuing care staff across all occupations.

On average, the BCCPA members reported having approximately 50% FTEs, 44% PTEs and 6% casual workers (see Figure 15).

As would be expected, the majority of continuing care staff in our membership base were employed in Large or Medium sized care homes (66% and 30% respectively) (see Figure 16). However, this may underestimate the number of staff that the BCCPA has in small care homes, because small care homes were underrepresented in our sample.

Figure 16 Continuing Care Staff by Size of Care Home



Most BCCPA Continuing Care staff are employed in either Campuses of Care, or Residential Care facilities (49% and 46% respectively). Very few staff were reported as working at Assisted Living sites and Home care Organizations (3.7% and 1.5% respectively). However, this likely underrepresents the proportion of Continuing Care Staff working in Home Care, because Home Care Organizations are underrepresented in our sample (see Table 10).

[4] No staff were reported for the Northern Health Authority, as none of the BCCPA service provider members in the NHA completed this section of the survey.

Table 10. Continuing Care Staff by Type of Care

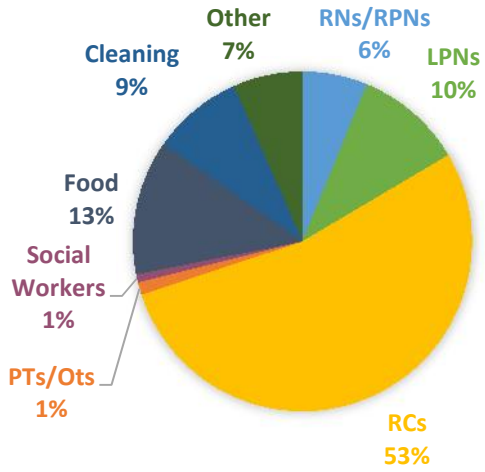
Type of Care	Total No. of Employees	Average No. of Employees	FTE (%)	PTE (%)	Casual (%)	Sample Size
Campus of Care	3,898	169.5	51.4%	45.9%	2.7%	N=23
Residential Care Only	3,719	143.0	52.5%	40.6%	6.9%	N=26
Assisted Living Only	279	93.0	51.0%	31.0%	18.0%	N=3
Home Care Only	110	36.7	20.0%	80.0%	0.0%	N=3
TOTAL	8,006	145.9	50.2%	44.4%	5.4%	N=55

Staff by Occupation

BCCPA Service Provider Members were asked to estimate the proportion of their staff belonging to different occupational category (see Box 1). Forty-seven Service Provider Members reported information on their staff's occupations.

Over 50% of continuing care staff were reported to be Residential Care Aides, Nurse Aides and Related Occupations, with an additional 16% were reported to be nurses (10% as Licensed Practical Nurses and 6% as Registered Nurses & Registered Practical Nurses). Approximately 20% of continuing care staff were reported as fulfilling non-clinical occupations (e.g. Food Services Workers, Janitors and Building Superintendents etc.). Seven percent of continuing care staff were not accounted for by any of the given occupational categories; possible occupations include Dietitians, Recreational Therapists, Recreation Aides, Spiritual Care Aides, and Rehab Assistants (see Figure 17).

Figure 17: Continuing Care Staff by Occupation



Box 1: Occupational Categories

RNs/RPNs: Registered Nurse & Registered Practical Nurses

LPNs: Licensed Practical Nurses

RCs: Residential Care Aides, Nurse Aides and Related Occupations

PTs/OTs: Physical Therapists and Occupational Therapists

Social Workers: Social & Community Service Workers

Caretakers: Light Duty Cleaners, Janitors, Caretakers & Building Superintendents

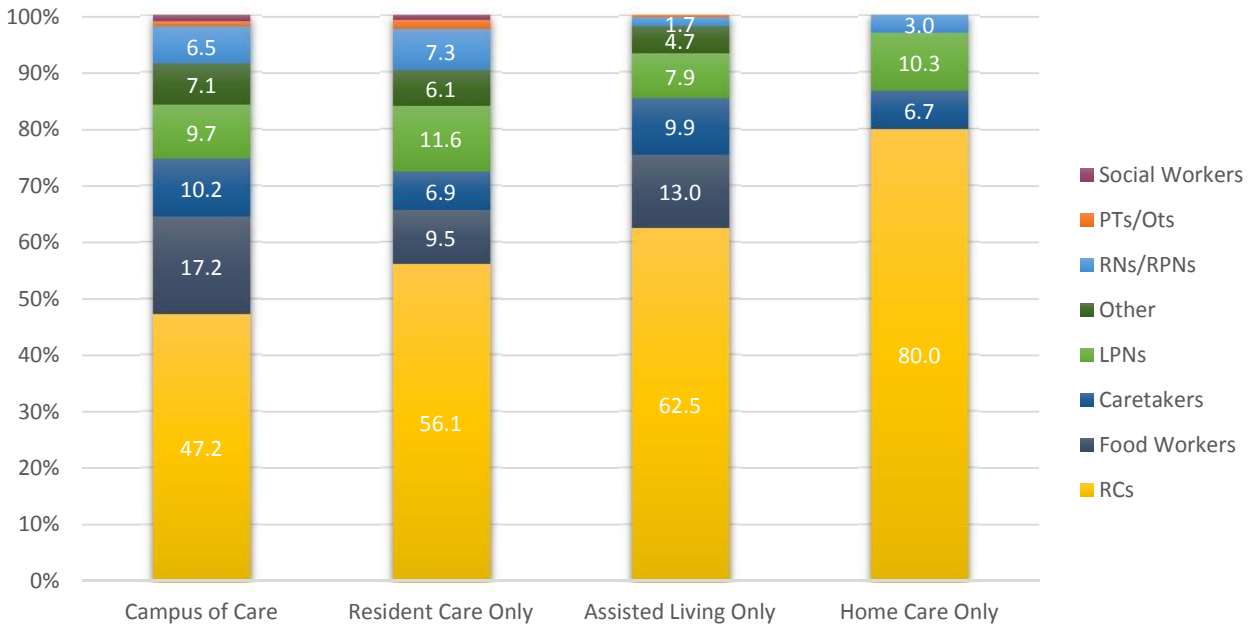
Other: Staff unaccounted for under other occupational categories

The breakdown of occupations varied by the type of care organization. Proportionately, Residential Care Facilities had more clinical workers (RNs, RPNs, LPNs, Physical and Occupational Therapists) than Assisted Living facilities or Home Care Organizations (see Figure 18). Home Care Organizations had significantly more Care and Nurse Aides than either Residential Care, Assisted Living or Campuses of Care. Interestingly, Campuses of Care had a greater proportion of non-clinical workers (i.e. Food Service Workers, Janitors, Building Superintendents etc), than the other levels of care. This different was mostly due to Care Homes that provided Independent Living Suites as part of their campus of care.

Table 11 Continuing Care Staff by Occupation and Type of Care

Type of Care	RNs/RPNs	LPNs	RCs	PTs/OTs	Social Workers	Food Workers	Caretakers	Other	Sample Size
Campus of Care	6.5%	9.7%	47.2%	0.9%	1.1%	17.2%	10.2%	7.1%	N=18
Resident Care Only	7.3%	11.6%	56.1%	1.8%	0.7%	9.5%	6.9%	6.1%	N=22
Assisted Living Only	1.7%	7.9%	62.5%	0.3%	0.0%	13.0%	9.9%	4.7%	N=3
Home Care Only	3.0%	10.3%	80.0%	0.0%	0.0%	0.0%	6.7%	0.0%	N=3

Figure 18: Continuing Care Staff by Occupation and Type of Care



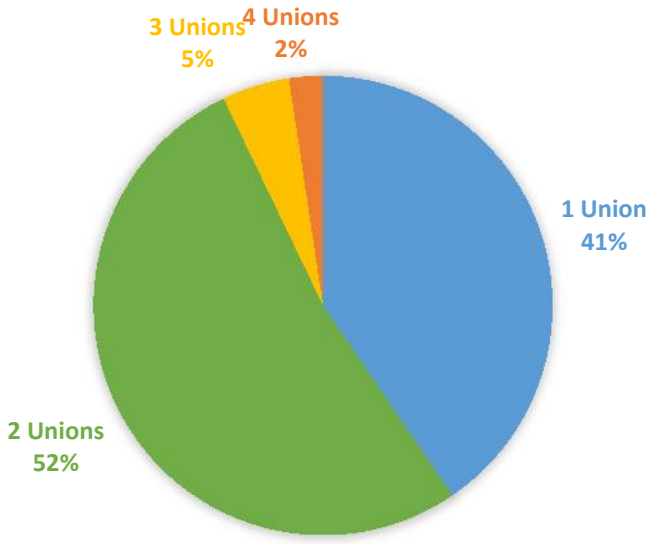
Unions

BCCPA Service Provider Members were asked to report which unions their continuing care staff belong to, if any. Forty-two Service Provider members reported that their staff belonged to at least one union, while the remaining 13 reported that their staff do not belong to any unions (see Table 12).

Table 12: BCCPA Service Providers by Union Affiliation

Union Affiliation		COUNT (%)	% OF ALL UNIONZED
Non Union		**13** (23.6%)	-
Unionized		**42** (76.4%)	-
	BCGEU	**16** (29.1%)	**16** (38.1%)
	BCNU	**26** (47.3%)	**26** (61.9%)
	CLAC	**1** (1.8%)	**1** (2.4%)
	HEU	26 (47.3%)	26 (61.9%)
	HSA	**2** (3.6%)	**2** (4.8%)
TOTAL		**55**	**42**

Figure 12: Service Providers by Number of Affiliated Unions



Of those sites that do belong to unions, 62% belong to BC Nurses Union (BCNU), 62% belong to Hospital Employees Union (HEU), 38% belong to the BC Government Employees Union (BCGEU), 5% belong to the Health Sciences Association (HSA) and 3% belong to the Christian Labour Association of Canada (CLAC).

Most reporting BCCPA members indicated that their staff belong to more than one union. Of the 42 that reported belonging to unions, 59% reported belonging to two unions or more.

Councils

BCCPA Service Provider Members were asked to report if their care homes had a resident or family council.

Forty-three BCCPA service provider members provided information on the status of Family and Resident Councils; of those 43, 40 (93%) reported that they have a Resident council, while 28 (65%) reported having a Family Council. Twenty-seven facilities reported having a Family and Resident Council (63%). Only two care homes reported having no council at all (see Figure 21).

Service Provider Members were also asked about the frequency of council meetings. Most reported that the Resident and Family Councils met once per month (see Table 13).

Figure 13: Family and Resident Councils in BCCPA Care Homes

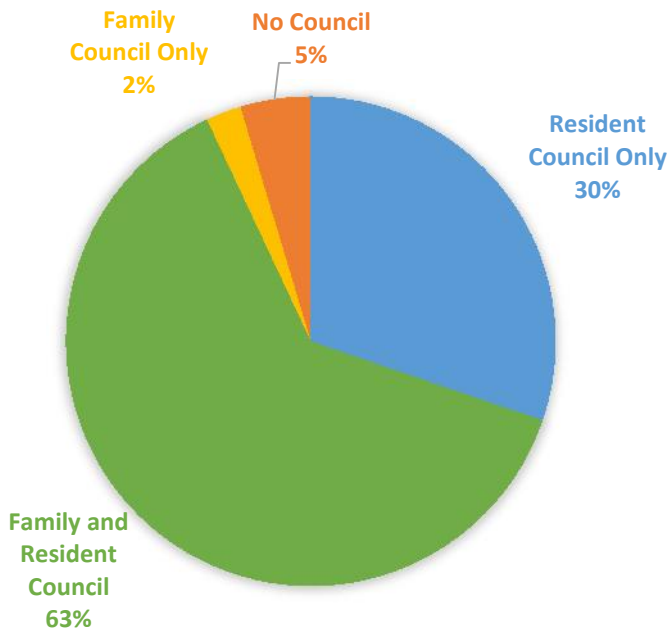


Table 13: Frequency of Council Meetings

	Resident Council (N=40)	Family Council (N=28)
Less than once per year	0.0%	0.0%
Once per year	0.0%	0.0%
Two or Three times per year	10.0%	10.7%
Four to Eleven times per year	20.0%	42.9%
Once a month	67.5%	46.4%
More than once a month	2.5%	0.0%
TOTAL	100.0%	100.0%

Health Authority Funding

Residential Care Providers were asked to report information about their funding from their regional Health Authorities; specifically, they were asked about the number of Direct Care Hours Funded per resident, and their Average Daily Per-Bed Funding.

Daily Per-Bed Funding

Only 9 Residential Care Providers from two health authorities provided information about their daily per-bed funding. As such, this data should not be taken as indicative of all BCCPA Residential Care Providers.

However, even with a small sample size, a wide range of per diem's were observed within each Health Authority. Furthermore, the average per diem in the Vancouver Island Health Authority was significantly higher than in the Fraser Health Authority (see Table 14).

Interestingly, the per-diem rate for Fraser Health Authority in our sample was very similar to the average reported in the Ombudsperson's *Best of Care* Report in 2012, but the same cannot be said for Vancouver Island Health Authority (see Table 15).

Table 14: Per Diem Averages reported by BCCPA Residential Care Providers

Health Authority	Per Diem Average	Max	Min	Sample Size
FHA	$182.30	$240.60	$151.00	N=5
VIHA	$203.70	$218.10	$191.70	N=4
Total	$191.80	$240.60	$151.00	N=9

Table 15: Average Daily Per-Bed Funding for BC's Privately Owned Residential Care Facilities, 2010/11

Health Authority	Private Care Providers
FHA	$182.83
IHA	$190.15
NHA	$184.50
VCHA	$185.14
VIHA	$191.61

Note: Adapted from Ombudsperson Report "Best of Care: Getting it Right for Seniors in British Columbia (Part 2) (2012)

Direct Care Hours Funded per Resident

Eighteen BCCPA Residential Care Providers from three health authorities provided information on their number of Direct Care Hours Funded per Resident. Again, this cannot be considered a representative sample and should not be taken as indicative of all BCCPA Residential Care Providers.

While there was still considerable variation seen within Health Authority Regions, the Health Authority averages were all very similar (see Table 16). Interestingly, this contrasts with the information provided by the Ombudsperson's *Best of Care* Report in 2012 (see Table 17).

Table 16: Daily Hours of Direct Care Provided per Resident, BCCPA Members

Health Authority	Direct Care Hours Funded on Average	Max	Min	Sample Size
FHA	2.95	3.34	2.70	N=9
IHA	2.99	3.20	2.80	N=4
VIHA	2.93	3.53	2.24	N=5
Average	2.93	3.53	2.24	N=18

Table 17: Daily Hours of Direct Care Provided per Resident, 2008 and 2011

Health Authority	2008	2011
FHA	2.40	2.72
IHA	2.80	2.85
NHA	2.80	2.98
VCHA	Not available	2.54
VIHA	2.52	3.19

Note 3: Reproduced from Ombudsperson Report "Best of Care: Getting it Right for Seniors in British Columbia (Part 2) (2012)

Budgetary Information

The BCCPA's Service Provider Members were asked to report their total Operational Budgets for 2013. Twelve BCCPA Members reported their Operational Budgets for 2013, with an average operational budget of over $5 million dollars. Interestingly, Non-Profits in this sample reported higher operational budgets on average than Private-for-Profit Service providers. However, this was a very small sample, and may not be representative of the greater BCCPA Membership (see Table 18).

Table 18: Average Operational Budget of Care Homes by Ownership Type

BCCPA Members by Ownership Type	Average Operational Budget (2013)	Median Operational Budget (2013)	Sample Size
Private-for-Profit	$3,750,750	$2,900,000	N=4
Non-Profit	$6,888,125	$7,350,000	N=8
All Service Providers	$5,842,333	$5,600,000	N=12

If taken as a representative sample, this would make the total budget for BCCPA members in 2013 upwards of $750 million dollars[5].

Capital Investments

The BCCPA's Service Provider Members were asked to report the Capital Investments that they made over the past 5 years (2008-2013). Fourteen BCCPA Members reported making Capital Investments valued at over $27 million dollars over the five year period (see Table 19). Private-for-Profit Service Providers reported making capital investments valued at almost four times those of the Non-Profit service providers.

Table 19: Capital Investments by Service Providers from 2008 to 2013 by Ownership Type

BCCPA Members by Ownership Type	Total Capital Investment (2008-13)	Average Capital Investment (2008-13)	Sample Size
Private for Profit	$21,742,000	$3,106,000	N=7
Non Profit	$5,798,000	$828, 286	N=7
Total	$27,540,000	$1,967,143	N=14

If taken to be representative of the entire BCCPA membership based, this would mean that BCCPA Service Provider Members have made capital investments of up to $283 million dollars over the last five years[6].

[5] Assuming all 130 BCCPA service provider members spent the average $5.8 million in 2013.
[6] Given that there are 83 Private for Profit service Provider members and 31 Non Profit Service Provider Members.

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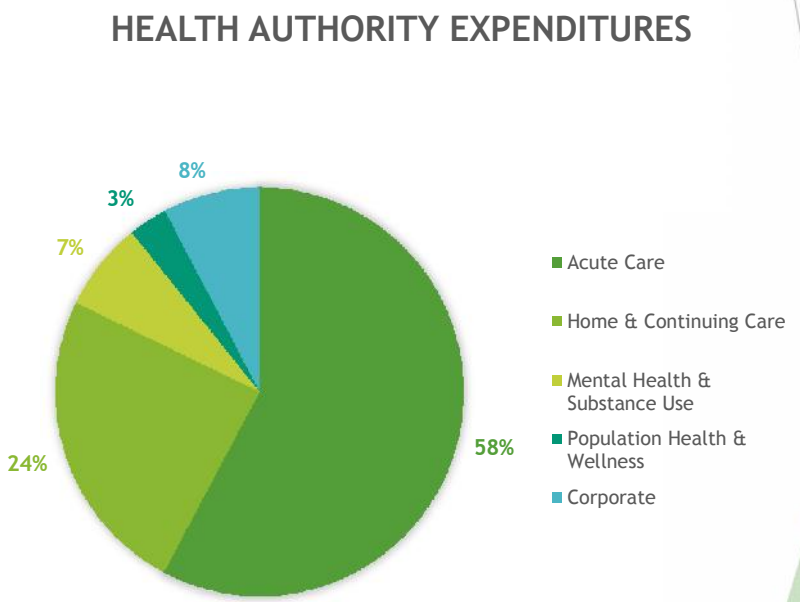
Who We Are

BC CARE PROVIDERS ASSOCIATION

Compiled by Lara Croll

The Home & Continuing Care Sector

- The home & continuing care sector encompasses three levels of care: Residential Care, Assisted Living & Home Care
- BC's Home and Continuing Care Budget:
  - exceeded $2.7 billion in 2014/5
  - Was 24% of all yearly expenditures for the 5 Health Authorities
- BC's Home & Continuing Care sector cares for 37,000 seniors annually

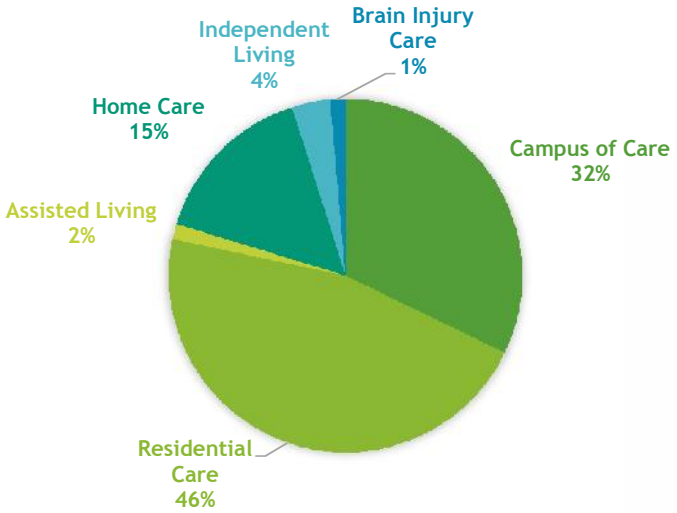


About the BC Care Providers Association

- The BC Care Providers Association (BCCPA) is the industry association for B.C.'s long term care sector.
- We are a non-profit society that has been serving private and non-profit community care providers for over 35 years.
- Our growing membership base includes over 130 residential care, assisted living, independent living and home support members, as well as over 130 commercial members across British Columbia.

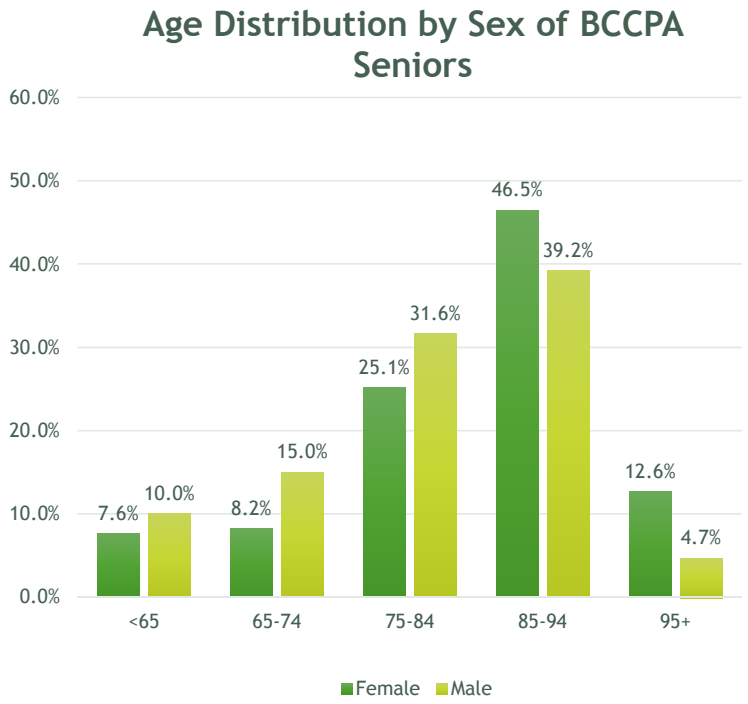
Scope and Size

- We represent over 40% of the Home and Continuing Care Sector in BC
  - 11,000 residential care beds
  - 2,400 assisted living beds
  - 2,600 independent living beds
  - 16 Home Care members
- We care for:
  - 16,000 seniors in Residential Care and Assisted Living
  - 10,000 seniors in Home Care each year
- We have members across all 5 health authority regions



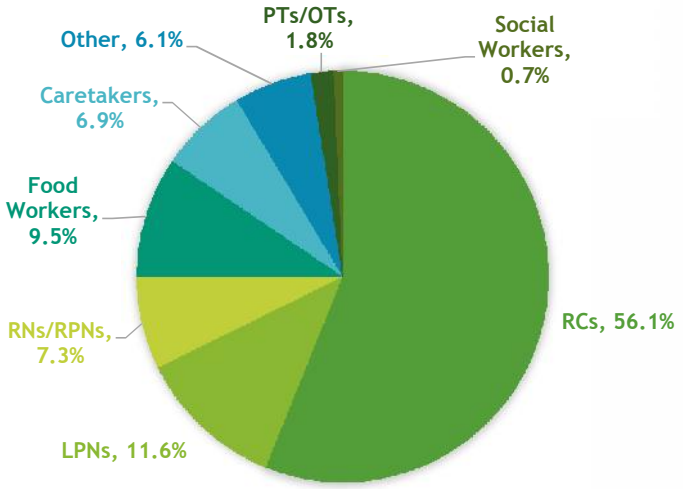
Our Seniors

- The average senior is 85+ years old and female
- 69% are living with Alzheimer's or Dementia
- The average length of stay is just over 2 years
- 75% of seniors have their care subsidized, while 25% are private pay



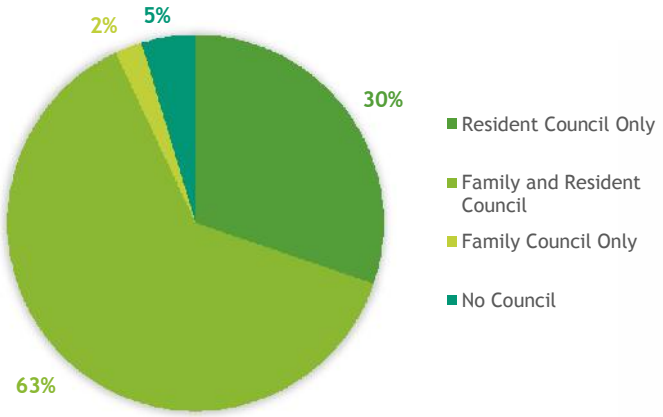
Continuing Care Staff

- BCCPA Service Provider Members employ over 18,000 continuing care staff
  - 50% are Full-Time
  - 46% are Part-Time
  - 4% are Casual
- Over 50% of continuing care staff are Residential Care or Nurse Aides
- 75% belong to at least one union
  - 66% to HEU
  - 66% to BCNU
  - 34% to BCGEU).



Resident & Family Councils

- 93% of Care Homes have either a Family or Resident Council
  - 65% have a Family Council
  - 93% have a Resident Council
- Most councils meet once per month



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About Us

The BC Care Providers Association (BCCPA) is the industry association for B.C.'s long term care sector.

We are a non-profit society that has been serving private and non-profit community care providers for over 35 years. Our growing membership base includes over 130 residential care, assisted living and home support members, as well as over 130 commercial members across British Columbia.

Scope & Size

Membership in our association is voluntary. We represent about 40% of B.C.'s long term care sector

Our members care for more than **16,000 seniors** annually in residential care and assisted living, and **over 10,000** each year through home support.

What We Do

The BCCPA focuses its efforts in five key areas:

- **Foster Standards and Quality of Care**: Advocate & enhance quality of life for seniors
- **Sustainability of Services**: Ensure adequate funding to enhance quality care
- **Relationship Building**: Focus on government, health authorities and key stakeholders
- **Membership Services**: Provide services to members to foster quality of care
- **Human Resources/Labour Relations**: Provide support and effective responses to meet staffing and training needs

We are a proud member of the:

- Canadian Alliance for Long-Term Care (CALTC)
- C.D. Howe Institute Health Policy Council
- Health Employers Association of British Columbia (HEABC), Affiliate Advisory Group
- BC Council to Reduce Elder Abuse
- BC Adult Abuse/Neglect Prevention Collaborative

We host a number of key events throughout the year, including:

- Annual Conference (over 400 attendees each year)
- Minister of Health Annual Luncheon (Over 350 people attend)
- Care to Chat Speaker Series (600 attendees each year)
- B.C. Care Awards

Committed to Quality Care

- We take a "zero-tolerance" approach to elder abuse.

- Our Association pro-actively developed:
    - a *Best Practices Guide* to help reduce the inappropriate use of anti-psychotic medication
    - an intergenerational toolkit for schools, care homes and community groups
    - health and safety guidelines
    - an easy-to-read guide to assist establishing resident/family councils
- We initiated the:
    - BC Cares project which includes a special "Thank You" campaign for care aides
    - establishment of SafeCare BC – the new health and safety association for B.C.'s continuing care sector

Economic Impact

Our members:

- create **over 18,000 direct jobs** in the continuing care sector
- have made over $27 million dollars in capital investments from 2008 to 2013.
-

Many of our members have been in operation for over 20 years.

According to BC's Ombudsperson, it can cost taxpayers up to 15% less to fund a care bed at our member care homes compared to identical beds operated by regional health authorities.

BC's Home and Community Care budget exceeds $2.7 billion, which is on par with the fifth largest Ministry.

If 1,000 beds run by the health authorities were operated by BCCPA members, it would save the health budget over $50M in the next five years – and not compromise the quality of care.

B.C.'s Continuing Care Sector

Three types of seniors housing fall within the continuum of care: supportive housing; assisted living and residential care. Some housing developments offer more than one type of housing – known as a "campus of care."

Residential care home are owned and operated by either the regional health authorities, a non-profit or private housing providers. All residential care homes are licensed under the *Community Care and Assisted Living Act* or *Hospital Act*.

Government-subsidized beds are available in non-profit and privately run care homes. Residents pay up to 80% of their after tax income on a monthly basis, subject to minimum and maximum rates ($958.90 per month minimum; $3,059 per month maximum).

Non-subsidized beds in non-profit and private care homes range from about $3,000 to $7,500 per month. Residents pay 100% of the cost.

Demographics Demonstrate Need

Ageing Population

In British Columbia:

- the number of people aged 65+ is estimated to grow from 730,500 in 2012 to 1,419,900 by 2036 (BC Stats)
- by 2036, almost 25% of B.C. residents will be aged 65 or older (BC Stats)
- Canadians age 65+ account for less than 14% of the population, and consume nearly 44% of provincial and territorial government health care dollars (Canadian Institute for Health Information)
- the share of government health care dollars spent on Canadian seniors has not changed much—from 43.6% in 1998 to 43.8% in 2008 (Canadian Institute for Health Information)

Dementia

70,000 British Columbians are living with Alzheimer's disease and other dementias. This number is expected to double within the next 25 years (Alzheimer Society of BC).

CONFIDENTIAL BRIEFING NOTE

BC CARE PROVIDERS ASSOCIATION www.bccare.ca
Advocating service excellence for seniors

	Report Title	Membership Fee Review (Assoc + Commercial)
1.	**Presented For**	☑ Approval ☐ Discussion ☐ Information
2.	**Presented To**	Daniel Fontaine
3.	**Date Presented**	August 29, 2014
4.	**Prepared & Submitted By**	Hart Dashevsky, Director of Membership Services and Sponsorships
5.	**CEO Approval**	☑ Daniel Fontaine
6.	**Board Committees Consulted**	☐ Annual Conference ☐ Awards ☐ Membership ☑ Finance and Audit ☐ Governance ☐ Other _____
7.	**Date of Approval**	September 18, 2014
8.	**Background** *Can include purpose, context, discussion areas, requested by, interaction/meeting history, profiles on individuals, status of funding, status of BCCPA program activities and/or other relevant information*	▪ Commercial annual memberships are priced at $420 per year. This currently incorporates all community, charitable and non-profit organizations who are not deemed a service provider - nor do they sell commercial products to our service provider members. ▪ A number of these organizations have advised the BCCPA that the current $420 membership fee is beyond what they are able to pay. ▪ We have received inquiries from a number of community partners/stakeholders who would like to join the BCCPA to access our various events and programming at a reduced cost. ▪ Commercial fees have been frozen for at least five years while the BCCPA has increased direct member benefits during this same time. ▪ Commercial member fees are tax deductible ▪ The service provider portion of this membership fee review is planned for early 2015. Corporate member fees for similar and/or related organizations in BC and across Canada: BCSLA $450; OLTCA $750; ACCA $1,500; Association of Canadian Ergonomists $1500; Association of Energy Engineers $1,295; Tourism Association of BC ranges from $450 - $3000 depending on size of company; Electrical Contractors of BC $625

CONFIDENTIAL BRIEFING NOTE

BC CARE PROVIDERS ASSOCIATION www.bccare.ca
Advocating service excellence for seniors

	Report Title	Membership Fee Review (Assoc + Commercial)
	Recommendation(s)	▪ Establish a new $200 fee for the Associate Member category ▪ Increase the annual commercial membership fee to $595 per year effective immediately. ▪ Review commercial membership fees on an annual basis with the next possible increase taking effect no earlier than January 2016. ▪ Offer complimentary reciprocal memberships to similar continuing care industry associations located in Canada.
10.	**Alternatives**	▪ **STATUS QUO:** Maintain a single $420 membership fee for all commercial organizations, including community and non-profit organizations. ▪ **STAGGERED:** Increase the fee to $495 this year and $595 effective January 1st 2016. ▪ **NO FEE:** Do not charge any fee for Associate Member category or provide CEO discretion to use Partnership Fund to cover the cost.
11.	**Financial Implications**	▪ Based on the 131 current members' renewals and adding an estimated 19 new commercial members for this and next fiscal year, this will generate an additional **$26,250** in extra new revenue for the BCCPA. ▪ Based on adding an additional seven new community and non-profit organizations next year, the $200 fee would represent an additional $1,400 in new revenue for the BCCPA. ▪ The new revenue would further reduce the need to increase service provider rates to cover operating costs. ▪ This will help to cover costs for Membership Services and Sponsorship department as we ramp up Affinity Program over the next three years.
12.	**Risks**	▪ Some commercial members may choose not to renew their memberships with this price increase. ▪ Some organizations may not be in a position to approve the $200 Associate Member fee.
13.	**Alignment with BCCPA Strategic Plan**	1.1, 1.2
14.	**Attached Documentation**	N/A

CONFIDENTIAL BRIEFING NOTE

BC CARE PROVIDERS ASSOCIATION www.bccare.ca
Advocating service excellence for seniors

Report Title		**Membership Fee Review (Assoc + Commercial)**
15.	**Other Documentation**	☐ **Leave Behinds** ☐ **Advance Info Sent**
16.	**CEO Comments**	▪ The new funding would help cover approximately **46%** of base salary costs for the Director of Membership Services and Sponsorships.
FOLLOW-UP / ACTION ITEMS *For completion following report delivery, discussion, approval etc.*		

fraserhealth Better health. Best in health care.

August 8, 2014

Mr. Daniel Fontaine
Chief Executive Officer
BC Care Providers' Association
1656 West 75th Avenue
Vancouver, BC V6P 6G2

Dear Mr. Fontaine:

Thank you for your letter of August 5, 2014 and your offer to work collaboratively with Fraser Health to deliver care for seniors in our region.

I acknowledge that, on any given day, there are approximately 80 vacant residential care beds within Fraser Health that could be purchased on a temporary basis. We do take advantage of the opportunity to purchase some of these beds on occasion on a time-limited basis as needs require.

I concur also that there are a significant number of residential care beds operated on a private pay basis in Fraser Health. As these beds are in use, converting them to publicly funded beds would not increase the total stock of residential care beds available to our residents. It is important that we continue to offer seniors a variety of options within both public and privately funded facilities, in order to recognize the unique and individual needs of those requiring care.

Fraser Health's Strategic and Operational Plan emphasizes our ongoing commitment to enhancing capacity in the community, including residential care and assisted living, as we become more efficient at managing acute care resources, and we look forward to working with your providers to deliver this community care.

I appreciate your commitment to working towards our shared goal of appropriate care for seniors in the province, and thank you for your ongoing support.

Sincerely,

David N. Ostrow, MD, FRCPC
President and Chief Executive Officer (Interim)

DNO/tls

Cc: Lois Dixon, Vice President Clinical Operations
Keith McBain, Executive Director, Residential Care and Assisted Living

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www.fraserhealth.ca

Denominational Health Association

June 13, 2014

DHA was established in 1995 to strengthen understanding and cooperation between denominational health care facilities and the government and to ensure that the multicultural and spiritual needs of our health care clientele are met.

DHA members are the twenty-three owners of more than sixty health care facilities in BC.

Our members employ 15,000 individuals and care for patients and residents in more than 6,000 beds in our facilities throughout the province.

DHA is a registered non-profit association.

The Hon. Terry Lake
Minister of Health
Room 337 Parliament Buildings
Victoria, BC
V8V 1X4

Dear Minister Lake,

We are writing to you about the decision that was made recently to close the *Burquitlam Lions Care Centre* in Coquitlam. While we acknowledge the health authority's responsibility to ensure that all of its contracted services are meeting quality and financial targets, we are concerned that the process by which this decision was made was not one of openness and transparency.

We wish to make several specific points about this particular decision.

First, we are seriously concerned that personnel in Fraser Health have made statements that, in their determination, the operation of care homes with fewer than 125 beds is not economically feasible. Can the Minister confirm whether this policy change has been made and, if so, when it became effective, what its rationale was and whether any engagement was done with the care providers' sector?

Second, we understand that Fraser Health believes that *The Policy on Managing Change* is no longer in effect. As an Association that represents more than sixty care facilities in BC, we were surprised to hear this. We have never been notified that this is the case. Can the Minister confirm whether this policy change has been made and, if so, when it became effective, what its rationale was and whether any consultation was done with key stakeholders?

Third, when such unilateral decisions to close facilities are made by health authorities, it causes a wave of unease throughout the residential care sector in terms of the relationship that owners and governors have with their mortgage providers. Lenders cannot feel comfortable engaging in discussions with operators whose future is seemingly at the whim of a health authority. Do you believe that the sustainment of this sector is better achieved through a consultative approach and, if so, will you

9387 Holmes Street, Burnaby, BC V3N 4C3
Telephone: 604-524-3427

direct Fraser Health and other health authorities to ensure that such unilateral approaches are not taken?

We have worked over the past many years to ensure that we have an open and honest relationship with the Ministry and health authorities. It is disconcerting when we learn about situations like this one where there appears to have been a lack of transparent and open consultation and decision-making.

We look forward to hearing back from you and trust that you will address the issues we have raised.

Yours truly,

Lori Sidjak

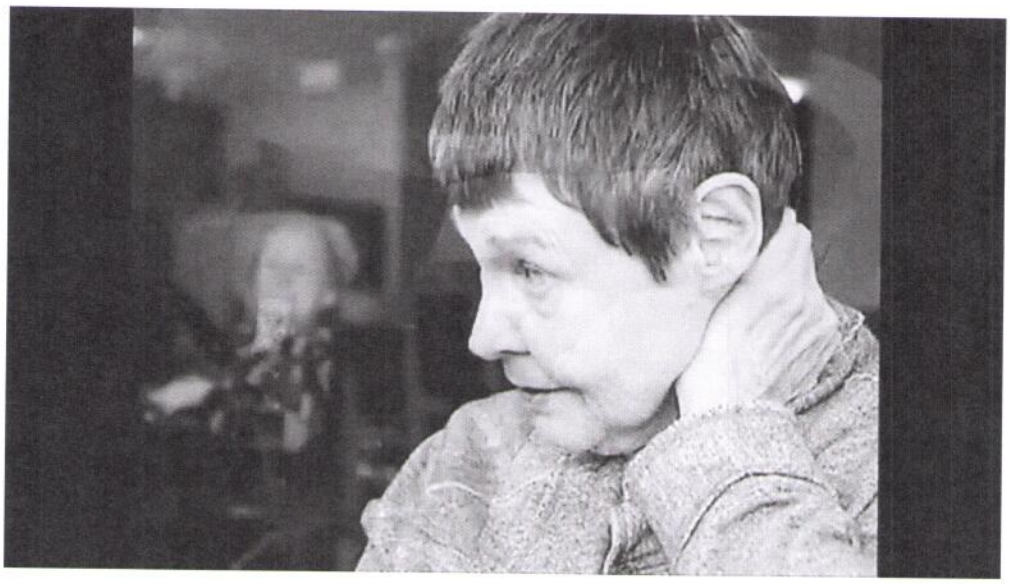
Lori Sidjak,
Interim President

cc: Keith McBain
Executive Director
Residential Care, Assisted Living and Specialized Populations
Fraser Health

dementia
June 30, 2014 3:43 pm

Sex and Seniors: Shaking off the stigma

By Paula Baker
Global News



WATCH (above): "Please Knock Before Entering" gives you a thin slice of understanding the difficulty around intimacy and sexuality in care homes. Video produced by BC Care Providers Association.

Senior citizens being intimate or having sex. It's a scenario that's an uncomfortable thought for some people and even more so when you consider one or both may have some form of dementia.

But it is a scenario that's more common than not, and the issue is one that B.C. care homes are facing as the baby boomer generation ages.

In an attempt to bring the taboo subject of sexuality and intimacy in care homes to the foreground the BC Care Providers Association hosted a panel of experts in the spring. The panel tackled issues around intimacy, privacy, and supporting safe and consensual sexual relationships in residential care facilities, particularly around residents with dementia.

At Haro Park Centre, which offers independent and assisted residential care to seniors in Vancouver, they're dealing with individuals with different forms of dementia, says Executive Director Catherine Kohm.

> "We have situations where we have one person who is fine, and one who is clearly not and then we have the children who are sometimes not comfortable with knowing their parents are having sex," Kohm said.

"It becomes very complicated."

Nowadays, care facilities are facing serious challenges as it relates to respecting an individual's right to privacy and ensuring the relationship is safe and consensual.

While some seniors that enter a care facility may be there due to cognitive decline, and in fact, may no longer be able to make financial or legal decisions, it does not mean they cannot make sexual or romantic decisions in their life.

"The whole idea of sex and consent is a very large area," said Jane Purdie, who is a lawyer specializing in elder law and former chair of the National Elder Law.

"You can't have someone else consent for sex for you and that's one issue that seems to be lost on a lot of decision-making. No one that has power of attorney, a health care worker, family member can make that decision for you. It has to be you and at the time of sex."

Currently, Purdie said, we don't have courts that decide whether you're mentally able to have sex and you can't check a box on an intake form that allows someone to have sex.

If that's the case, how do residential care facilities navigate this legal and human rights minefield? It's a mix of policy development in care homes as well as educating their staff.

Beginning in 2006 a group of experts came together to develop a set of guidelines Supporting Sexual Health and Intimacy in Care Facilities, which was driven from clinical and ethical best practices, and the law. The guidelines would cover adults who are aged 19 years old and above, living in a care facility in B.C.

Ideally the guidelines would be adapted by individual facilities and molded to fit that particular facility's philosophy and culture, according to Kate McBride, registered nurse and coordinator of Sexual Health Rehabilitation Services at GF Strong Rehabilitation Centre.

But ultimately it comes down to asking 'what are their needs?' and looking at it on a case-by-case basis, McBride explained, as well as taking into consideration the problem of touch deprivation in the elderly population.

> Not only are senior citizens dealing with societal constraints when it comes to sex and intimacy but the gender numbers aren't going in their favour either. For seniors aged 65 to 69, there are approximately 93 men per 100 women and that number decreases significantly — to 44 men per 100 women — when they hit 85 years old.

"It's a time in their life when touch — all kinds of touch — is really needed," Mc Bride said. "Care facilities that are trying to tackle this problem are having caregivers or a nurse give residents a hand or foot massage, so they get something tactile in their lives."

But as Kohm pointed out, even with having guidelines, Haro Park Centre's staff is no different from their residents when it comes to needing education about sexual health and intimacy in care facilities.

"We're more used to talking about sex but certainly talking about it is never comfortable," she said.

"Really it comes down to educating staff around sexuality, intimacy, privacy and LGBTQ issues — that's huge and it never ends. Overall, we take direction from the residents that live with us and want the help and support. "

Human sexuality is a part of life but when it comes to seniors, the subject of sex after 60 is not addressed by the mainstream. As Maureen McGrath, a registered nurse specializing in sexual health issues for men and women said, there's no number attached to when sex doesn't matter anymore.

Essentially are seniors supposed to turn those feelings and emotions off because it's an uncomfortable topic or subject to even think about? Advocates also argue it's not just about the sex, it's also emotional and spiritual health that are included in a resident's well-being.

No matter what the age, when someone is denied their sexuality, it leads to isolation and depression, McGrath said.

> "You lose your family, you lose your friends, you lose who you are when you were working, you lose your spouse," Purdie said.
>
> "It's just one loss after another and now, you're in institutional care. If you were lonely for an hour, a day or even a week… that's someone's life potentially every day."

And it's dealing with that loneliness within the bounds of human rights and respectfulness that care facilities must work.

While some out-of-the-box options may seem unconventional, forward-thinking countries like Denmark have come up with unique programming like a men-only 'popcorn and porn' night. As strange as it may sound, and admittedly what works for one facility may not work for another, the program has proven to help decrease aggression and increase mood among elderly men.

In Canada however that idea wouldn't fly due to our laws around publishing obscene material in a common area, according to Purdie.

One option, although limited, which is available in Canada is sexual surrogacy. Organizations like EASE Canada were formed for people with disabilities and physically debilitating injuries, who need a safe environment to explore and express their sexuality and other intimate connections.

Admittedly, these types of conversations, solutions, programming around seniors and their sexuality are uncomfortable and in some cases 'taboo' for some people. But the topic of seniors, sexuality and intimacy is one conversation that needs to get started and kept going in Canada, according to McGrath.

Otherwise what are the options? To be shut out from that part of their life they still wish to experience before they die?

"I know this [BC Care Providers Association] panel is the first event of this kind in Canada," McGrath said.

"And this is an important issue that needs to be discussed because in doing so, we can help make residential care and health for our seniors that much better."

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