

BOARD MEETING AGENDA

BCCPA Office

301-1338 West Broadway, Vancouver, BC, V6H 1H2

Thursday June 19th, 2014

9:30 am – 11:45 am

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.

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

Notes	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	
<i>attached</i>	a.	Approval of Potential New BCCPA Members Proposed Motion: Be it resolved that the commercial member applications for membership be approved as circulated.				tbc
<i>attached</i>	b.	Approval of Minutes Proposed Motion: Be it resolved that the minutes of the May 26th 2014 Board meeting be approved as circulated.				
	1.2	Approval of Agenda Proposed Motion: Be it resolved the agenda be accepted as presented.	D Cheperdak	9:33 am	A	
CONTINUING BUSINESS						
	2.1	Review Strategic Plan <ul style="list-style-type: none"> CEO Analysis and Overview (10 minutes) Identify and remove items no longer of priority (25 minutes) Identify and incorporate new areas of priority (25 minutes) 	D Fontaine	9:35 am	D/A	tbc
	2.2	Managing Changing Needs Burquitlam Closure <ul style="list-style-type: none"> Legal Action Funding FOI 	D Fontaine	10:35 am	D/A	tbc
	2.3	<i>Seniors Care for a Change</i> report	D Fontaine	10:45 am	I	tbc
<i>in camera late distribution</i>	2.4	CEO Performance Plan Proposed Motion: Be it resolved that the CEO Performance Plan be accepted as presented.	D Cheperdak	10:55 am	A	tbc
STANDING REPORTS						
<i>late distribution</i>	3.1	CEO Report	D Fontaine	11:10 am	I	
NEW BUSINESS						
<i>attached</i>	4.1	Care to Chat: Season 2 Topic Ideas	D Fontaine	11:20 am	A	
<i>attached</i>	4.2	2015 Conference: Establishment of 2015 Committee and terms of reference PROPOSED MOTION: BE IT RESOLVED THAT THE TERMS OF REFERENCE FOR THE 2015 CONFERENCE Committee be approved as circulated.	D Fontaine	11:35 am	A	

Notes	ITEM #	TOPIC	PRESENTER	TIME	* Action req'd	Strat Plan
UPCOMING EVENTS						
	5.1	CALTC CONFERENCE: AUGUST 24-26 (HOSTED BY BC)	D Cheperdak	11:45 am		
	5.2	2 nd Annual Minister's Lunch: October 16	D Cheperdak	11:45 am		
ADJOURNMENT						
	6.1	The next meeting is scheduled for September 18 th 2014.				
BOARD OF DIRECTORS DEBRIEF – 5 MIN						
BREAK 11:45 AM – 12:00 PM. LUNCH WILL BE PROVIDED (TO BE EATEN AT SAFECARE BC MEETING)						

CORRESPONDENCE:

LETTER FROM CANADIAN INSTITUTE FOR HEALTH INFORMATION

RECONSIDERATION: OFFICE OF THE REGISTRAR OF LOBBYISTS

STANDING COMMITTEES

Executive Committee: David Cheperdak, Elaine Price, Andre Van Ryk, Mary McDougall, Daniel Fontaine

Governance Committee: David Cheperdak, Sue Emmons, Elaine Price (Chair)

Annual 2014 Conference Committee: Michael Aikins, Hendrik Van Ryk (Chair), Jeff Nider, Andrew Crombie

Membership Review Committee: All Board members

Finance & Audit Committee: Andre Van Ryk (chair)

AD HOC COMMITTEES

Awards 2015 Committee: TBD

EXTERNAL COMMITTEES

HEABC Affiliate Committee: Aly Devji + Daniel Fontaine



Memo

To: Daniel Fontaine
From: Hart Dashevsky
cc: Cathy Szmaus
Date: June 9, 2014
Re: New Memberships Proposed

Dear Daniel,

Please be advised that the following commercial organizations have applied to and submitted payment for membership into the BC Care Providers Association within the last month, for the period commencing April 1, 2014 until March 31, 2015.

Upon reviewing these applications, I would recommend approval for all organizations to the Board.

Commercial

- Staff Schedule Care
- IC Funding
- The Vivalto Group

Approval of these pending memberships will result in a total of \$1,260 per annum, in addition to potential revenue generated by BCCPA annual conference and event participation.



Board of Directors Meeting
Monday May 26th 2014
Royal York Boardroom
Fairmont Chateau Whistler

MINUTES:

Present: David Cheperdak (Chair), Kristan Ash, Sue Emmons, Aly Devji, Elissa Kraus Gamble, Debra Hauptman, Azim Jamal (joined at 5:19), Al Jina, Mary McDougall, Will MacKay (joined at 5:19), Elaine Price, Ron Pike, Rowena Rizzotti, Andre Van Ryk

Regrets: Donna Marasco

Guests: Daniel Fontaine

The meeting was called to order at 5:00 pm. President David Cheperdak confirmed there was quorum.

1. Agendas and Minutes

Item 1.1 Approval of Agenda

Proposed Motion: Be it resolved that the agenda be accepted as presented.

Motioned by: E. Price

Seconded by: A. Devji

Approved

Item 1.2 Approval of Minutes

Proposed Motion: Be it resolved that the minutes of the May 12th Board meeting be approved as circulated.

Motioned by: A. Jina

Seconded by: E. Price

Approved

2. New Business

Item 2.1 Motion to be amended to include Donna Marasco

Amended Proposed Motion: Be it resolved that Ron Pike, Sue Emmons, Donna Marasco, and Debra Hauptman be appointed to the Board of Directors for a one year term.

Motioned by: E. Price

Seconded by: A. Van Ryk

Approved

Item 2.2

Proposed Motion: Be it resolved that David Cheperdak be appointed as President.

Motioned by: E. Price
Item 2.3

Seconded by: A. Devji

Approved

Proposed Motion: Be it resolved that Elaine Price be appointed as Vice-President.

Motioned by: R. Pike

Seconded by: A. Devji

Approved

Item 2.4

Proposed Motion: Be it resolved that Andre Van Ryk be appointed as Treasurer and Secretary.

Motioned by: E. Price

Seconded by: M. MacDougall

Approved

Item 2.5

Proposed Motion: Be it resolved that the Board Meeting Schedule be approved as circulated.

Motioned by: A. Van Ryk

Seconded by: E. Price

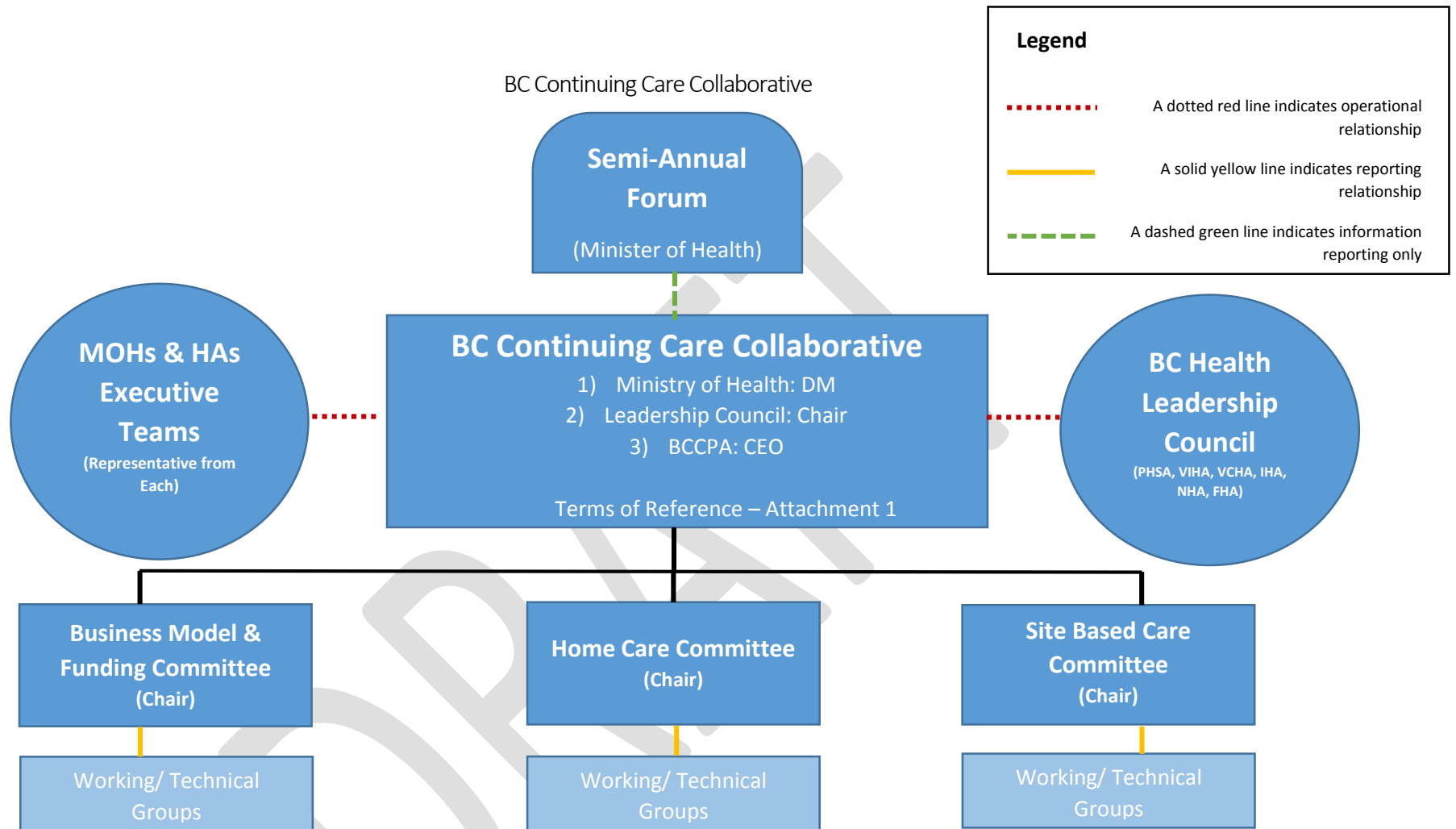
Approved

3. Adjournment

The next meeting is scheduled for June 19th 2014.

Meeting was adjourned at 5:30 pm.

Item 2.1



BC Continuing Care Collaborative - CONCEPT DRAFT Terms of Reference

Definitions:

A collaborative committee is one where two or more organizations share knowledge, learning, and build consensus at the intersection of common goals. This collaboration is achieved through semi-regular meetings and correspondence between senior level executives in the Continuing Care sector.

Continuing Care is an integrated range of services supporting the health and wellbeing of individuals living in their own home or in an assisted living or long-term care setting. Continuing care clients are not defined by age, diagnosis or the length of time they may require service but by their need for care.

Continuing care health services are health or personal support services provided or recommended to individuals based on a standardized assessment conducted by the relevant regional Health Authority.

Purpose:

To provide a forum for collaboration and development of joint solutions to current and emerging issues in the Continuing Care System; and to help inform policy through recommendations to the BC Ministry of Health, the 5 Regional Health Authorities¹ and the Provincial Health Services Authority (PHSA).

Reporting:

The Continuing Care Collaborative Committee is an advisory committee reporting to Minister of Health.

Objectives:

1. To collaboratively agree upon and work towards the vision for continuing care in British Columbia.
2. To identify current and emerging issues that impact the continuing care system.
3. To jointly develop recommended strategies or actions to address issues.
4. To establish and provide oversight to related topic area working groups.
5. To identify specific issues associated with funding and accountabilities that will be forwarded to the Business Model & Funding Committee for resolution.
6. To direct questions for in-depth discussion and monitor the resultant action plans or solution development strategies of the working groups, track progress and evaluate results in addressing issues identified by the Collaborative Committee and working groups.
7. To act as a centralized communications body in continuing care that receives information and recommendations from the various focused committees.
8. To identify key sector challenges not covered by the focused committees and propose solutions.
9. To collaborate with key non-member offices and organizations, including the Parliamentary Secretary for seniors, and BC's Seniors Advocate.

Potential Membership:

1. BC Ministry of Health
 - a. Honourable Terry Lake, Minister
2. Ministry of Health Executive Team
 - a. Stephen Brown, Deputy Minister
3. Health Authority Executive Team
 - a. Provincial Health Services Authority:

¹ Fraser Health Authority (FHA), Interior Health Authority (IHA), Northern Health Authority (NHA), Vancouver Coastal Health Authority (VCHA), and Vancouver Island Health Authority (VIHA).

- i. Carl Roy, CEO & President
 - ii. Thomas Chan, Chief Financial Officer
 - iii. Arden Krystal, Executive Vice President and Chief Operating Officer
 - b. Fraser Health Authority:
 - i. Dr. David Ostrow, Interim CEO & President
 - ii. Lois Dixon, Vice President, Clinical Operations
 - iii. Martin Pochurko, Chief Financial Officer
 - c. Interior Health Authority:
 - i. Dr. Robert Halpenny, CEO & President
 - ii. Donna Lommer, Vice President Residential Services & Chief Financial Officer
 - d. Northern Health Authority:
 - i. Cathy Ulrich, CEO & President
 - ii. Mark De Croos, Vice President, Financial and Corporate Services/Chief Financial Officer
 - iii. Betty Morris, Chief Operating Officer, Northeast Health Service Delivery Area
 - iv. Penny Anguish, Chief Operating Officer, Northwest Health Service Delivery Area
 - v. Michael McMillan, Chief Operating Officer, Northern Interior Health Service Delivery Area
 - e. Vancouver Coastal Health Authority:
 - i. Mary Ackenhusen, CEO & President
 - ii. Laura Case, Chief Operating Officer (Vancouver Community)
 - iii. Glen Copping, Chief Financial Officer and VP of Systems Development & Performance
 - iv. Wendy Hansson, Chief Operating Officer (Coastal)
 - v. Mike Nader, Chief Operating Officer (Richmond)
 - f. Vancouver Island Health Authority:
 - i. Ann Bozoian, CEO & President
 - ii. Catherine Mackay, Executive Vice President & Chief Operating Officer
 - iii. Kim Kerrone, Vice President & Chief Financial Operator
- 4. BC Health Leadership Council
 - a. Provincial Health Services Authority: Carl Roy, CEO & President
 - b. Fraser Health Authority: Dr. David Ostrow, Interim CEO & President
 - c. Interior Health Authority: Dr. Robert Halpenny, CEO & President
 - d. Northern Health Authority: Cathy Ulrich, CEO & President
 - e. Vancouver Coastal Health Authority: Mary Ackenhusen, CEO & President
 - f. Vancouver Island Health Authority: Ann Bozoian, CEO & President
- 5. Associations
 - a. BC Care Providers Association
 - i. Daniel Fontaine, Chief Executive Officer
 - ii. David Cheperdak, President
- 6. Working Group Chairs
 - a. Business Model & Funding Committee
 - i. Chair: TBD
 - b. Home Care Committee
 - i. Chair: TBD
 - c. Site Based Care Committee
 - i. Chair: TBD

Role of Members:

1. Rotating Chairs (MoH, Leadership Council, BCCPA)
 - a. Jointly develop an agenda based on input from members.
 - b. Alternate chairing meetings.
 - c. Plan and jointly develop an agenda for the Semi-Annual Forum, which gathers all continuing care related groups including working groups and the Business Model & Funding Committee.
2. Secretariat
 - a. Prepare and distribute the agenda.
 - b. Record and maintain minutes.
 - c. Distribute key messages from meeting for external communication.
 - d. Submit the draft minutes to co-chairs for review prior to circulation.
 - e. Correct and circulate approved minutes.
3. Members
 - a. Submit agenda items.
 - b. Prepare for meetings.
 - c. Accept and complete delegated assignments.

Responsibilities:

Members will be responsible to:

1. Be accountable to the purpose of this group as collaboratively working together towards a vision for continuing care in British Columbia; be accountable to one another.
2. Represent the views/opinions of their respective constituents, working groups, or organizations.
3. Communicate information and recommendations from the collaborative back to their organizations using provided Key Messages as circulated.

Meetings:

1. Meetings with collaborative to be held quarterly.
2. Meetings with the Health Minister to be held once per year, coinciding with the BCCPA's Annual Minister's Lunch, beginning on October 16th, 2014.

Term:

Terms of Reference to be reviewed, at a minimum, every year (1 year)

Other:

It will be important to determine how the Office of the Senior's Advocate and the Parliamentary Secretary for Seniors can work with the BC Continuing Care Collaborative on an ongoing basis.

Contact: Daniel Fontaine, Chief Executive Officer, BC Care Providers Association, 604 736 4233 ext. 229



Memo

To: Daniel Fontaine
From: Lara Croll, Intern
cc:
Date: June 12, 2014
Re: Care to Chat – Season Two Options for Consideration

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.

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 5th (Tentative), 2014 (Vancouver)
- January 21st (Tentative), 2015 (Vancouver)
- April 15th (Tentative), 2015 (Vancouver)
- May 26th, 2015 (Whistler)

Topic Proposals:

Title: *Toward the Path of 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 CEOs/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.

Potential Speakers:

5 Speakers (either CEOs or CFOs of all Health Authorities)

- Northern Health: Cathy Ulrich (CEO & President) or Mark De Croos (CFO)
- Vancouver Coastal Health: Mary Ackenhusen (CEO & President) or Glen Copping (CFO)
- Island Health: Ann Bozoian (CEO & President) or Kim Kerrone (CFO)
- Interior Health: Dr. Robert Halpenny (CEO & President) or Donna Loomer (CFO)
- Fraser Health: Dr. David Ostrow (Interim President & CEO) or Martin Pochurko (CFO)
- Providence Health Care: Diane Doyle, (CEO)

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 that 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, the 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: *When Care Providers need Care*

Topic: Workplace Safety with respect to Quality of Care in the long-term care sector

Did you know that the continuing care sector has one of the highest injury rates in the province – higher than miners, construction workers and police officers? This is the status quo in BC despite a growing body of evidence that suggests that improving workplace health and safety conditions can improve the quality of patient care in the long-term care sector. Is there more that we can be doing to protect long-term care workers in BC? Are high injury rates preventing seniors from consistently receiving high quality, personalized care?

Since 2005, Alberta's Continuing Care and Safety Association (CCSA) has made strides towards reducing their long-term care injury rate, including a decrease in the average number of claims by 20 percent. Our panelists will look to best practices from CCSA, and discuss strategies to promote a culture of safety to improve patient quality of care. The event will coincide with the one year anniversary of the establishment of SafeCare BC.

Potential Speakers:

- SafeCare BC: Jennifer Lyle (Executive Director)
- Continuing Care and Safety Association: Darryl Kutschinski (Executive Director)
- WorkSafe BC: Stephen Symon (Industry of Labour Services: Health Care Division)
- Representative from a Professional Association
 - E.g. Anita Dickson from LPNABC
- Union Representative
 - E.g. BC Nurses Union (BCNU), BC Government Employees Union (BCGEU), or Hospital Employees Union (HEU)
- Representative from the BC Care Aide Registry

Facilitator: TBD

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, 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% are 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

Other Possible Topic Ideas:

- The Limits of Home Care: When receiving care at home is no longer the right option
- Chronic Shortage of Trained Care Aides: Are Temporary Foreign Workers the Answer?
- When Someone's Home Becomes Your Workplace: The Challenges Facing BC's home care workers
- Hoarding in Home and Community Care

Reaching Audiences outside of Metro-Vancouver:

Options:

- Video recording & post on website
- Live web broadcasting & paid prescription
- 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 will announce 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



June 9, 2014

Dear BCCPA Commercial Member

The BC Care Providers Association (BCCPA) is seeking sponsors for its *Care to Chat* speaker series. Please find enclosed a Special Request for Sponsorship Proposals, as well as the Submission Form. Proposals are due Friday, August 15, 2014 by 5:00 pm PDT.

Care to Chat is a special speaker series hosted by the BCCPA. We 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 and emerging issues facing British Columbia's continuing care sector. The talks will be held as either breakfast or lunch sessions. Audience members will include residential and home care providers, government and health authority representatives, health and legal professionals, as well as seniors and families.

The 2014 – 2015 sessions will include three talks from November 2014 to March 2015, with a fourth session on May 26, 2015 at the BCCPA Annual Conference in Whistler. The dates are:

November, 2014

January, 2015

March, 2015

May 26, 2015 (at the Annual Conference in Whistler).

Sponsorship proposal instructions are outlined in the enclosed materials. If you have any questions, please do not hesitate to contact me directly at 604.736.4233 ext. 231 or hart@bccare.ca

We look forward to receiving your proposal.

Sincerely,

Hart Dashevsky
Director of Membership Services and Sponsorships
BC Care Providers Association

(604) 736-4233 X 231 Cell: (604) 314-0487 E-mail: hart@bccare.ca



**SPECIAL REQUEST
FOR
SPONSORSHIP PROPOSAL**

2014-15 Series

DEADLINE TO SUBMIT PROPOSAL: AUGUST 15, 2014 by 5:00 pm PDT

Instructions

1. Submit your proposal by August 15, 2014 by 5:00 pm PDT to:

BC Care Providers Association
301 – 1338 West Broadway
Vancouver, BC V6H 1H2
Attn: Hart Dashevsky

or

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 a period of ninety (90) days from the date of the proposal submission deadline.

Scope of Request

The purpose of this Special Request is to select sponsors for the 2014-15 series.

Sponsorship Levels

There are three sponsorship levels: Platinum, Gold and Silver. **The Platinum level is already committed by Medical Pharmacies (First right of refusal for 2014 was offered in the initial RFP to Medical Pharmacies).**

Gold (1 sponsor left – Rexall Pharmacy is the current sponsor)

- 4 complimentary tickets for each session – open seating
- Company branding on all print & digital materials promoting the sessions
- Sponsor recognition for all RSVP confirmations
- Name and corporate logo on posters and/or table tent cards at the sessions
- Recognition of sponsorship by MC during the sessions
- Feature story at www.bccare.ca mentioning sponsorship
- Promotion of event and sponsorship via BCCPA social media channels

Silver (3 sponsors maximum)

- 2 complimentary tickets for each session – open seating
- Company branding on all print & digital materials promoting the sessions
- Sponsor recognition for all RSVP confirmations
- Name and corporate logo on posters and/or table tent cards at the sessions
- Recognition of sponsorship by MC during the sessions
- Feature story at www.bccare.ca mentioning sponsorship

Note: Only one sponsor per industry per level (e.g., two beverage companies cannot be Gold sponsors).

Proponents may submit more than one proposal (e.g., you can submit a bid for each sponsorship level). You will only be eligible to be accepted for one level.

Proposal Content

1. **Letter of Introduction** introducing the proponent and signed by the person(s) authorized to sign on behalf of and bind the proponent to the proposal.
2. **Proposal Submission Form(s)** signed by the person(s) authorized to sign on behalf of and bind the proponent to the proposal.

Proposal Evaluation Criteria

Proposals will be evaluated by the BC Care Providers Association, using the Evaluation Criteria Table:

Evaluation Criteria Table

Criteria	Points available to be awarded
Sponsorship amount being offered	60
Additional sponsorship and advertising with BCCPA (e.g. purchase ads on BCCPA website; commit to attending 2014 Annual Conference as exhibitor)	20
BCCPA members (click here for membership applications)	15
Promotion of <i>Care to Chat</i> (e.g., you will promote it on your social media channels)	5
TOTAL	100

Confidentiality

Proposals will be kept confidential.

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:	June 10, 2014
Proposals due:	August 15, 2014 by 5:00 pm PDT
Notice to successful proponents:	August 25, 2014



SPECIAL REQUEST FOR SPONSORSHIP PROPOSALS

Submission Form

Company name:

Address:

Individual contact:

Position:

Telephone:

Email:

Industry:

BCCPA member: Yes / No

Sponsorship level (check one; use a separate form for each submission):

- Gold
- Silver

Sponsorship amount being offered (cash value in Canadian dollars):

Additional sponsorship and advertising with BCCPA (check all that apply):

- Purchase ads on BCCPA website or CEO Member Report
- Will attend 2014 Annual Conference as exhibitor
- Other. Specify:

Promotion of *Care to Chat* (check all that apply):

- Will promote Care to Chat on social media
- Other. Specify:

Additional comments:

Authorized Signature

Date

Name

Position

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, oversee 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 member of the current Board of Directors
- 3 care provider member representatives, to be composed of:
 - 1 – non-profit site
 - 1 – private site
 - 1 – home care
- 1 commercial representative (appointed by the committee)
- 1 commercial representative (nominated by Title Sponsor and approved by committee)

Terms of Reference
BCCPA Conference Planning Committee
Cont'd

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.

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.

Annual Conference 2014
BC CARE PROVIDERS ASSOCIATION **May 25-27**

Survey Analysis

LARA CROLL, INTERN

Final Report

General Survey Feedback

This report analyzes survey data from the BCCPA’s 37th Annual Conference: *Best Practice, Better Care* that took place in Whistler, BC from May 25th – 27th, 2014. 66 respondents participated in the survey, out of a possible 400, thus representing a 17% response rate. Survey participants were able to access this survey via two channels:

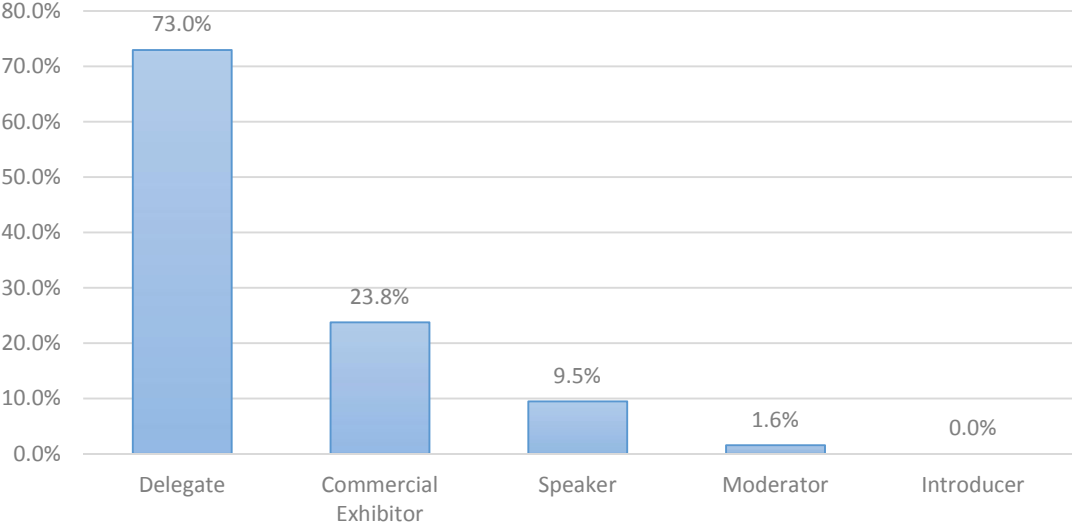
- (1) Paper surveys that were available at the registration desk
- (2) On Survey Monkey through either their conference App or through a link sent to their email address

Survey Participants

The majority of respondents that participated in this survey were delegates (73%) or commercial exhibitors (24%) (See Figure 1). Few speakers or moderators responded to this survey (10% and 2% respectively). No participants identified themselves as being an introducer.

This report summarizes feedback given by survey participants overall, as well as comparing and contrasting the differential experiences of two groups of survey respondents (delegates and commercial exhibitors)¹. As these two groups participated in the conference for different purposes, it may therefore be of interest to compare and contrast their experiences and perceptions of the conference.

Figure 1: Survey Participants by Type



Sample: 63

¹ While there were a few participants in the Conference that were both a delegate and a commercial exhibitor, there was no overlap between these two groups in our survey sample.

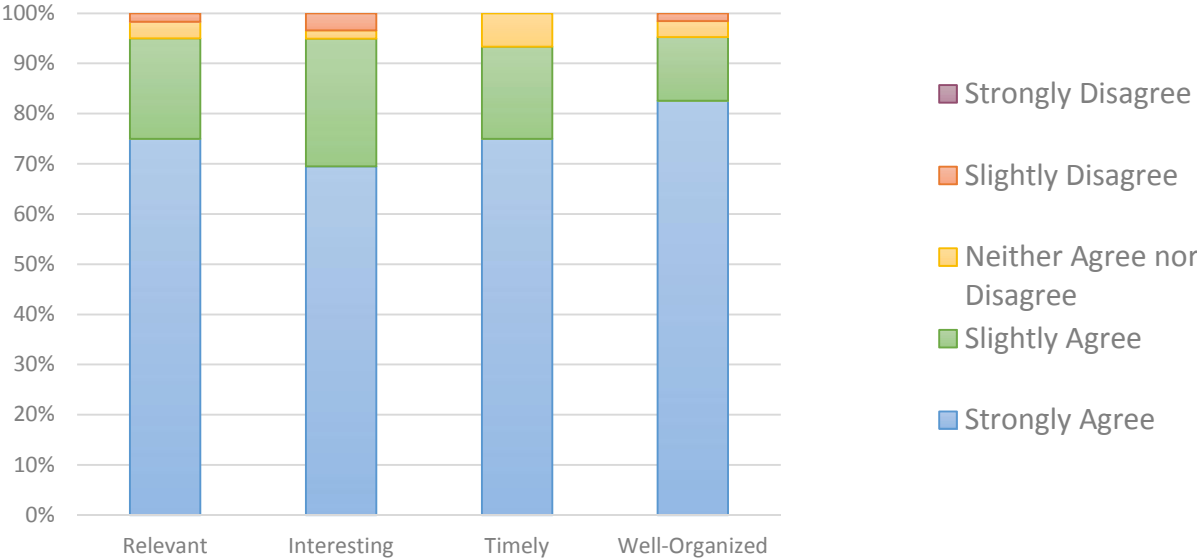
Participant Perceptions of Conference:

The vast majority of the survey participants agreed that the conference as Relevant (95%), Interesting (90%), Timely (92%) and Well-Organized (98%).

Table 1: Survey Participants perceptions of Conference.

	Relevant	Interesting	Timely	Well-Organized
Strongly Agree	75%	69%	75%	83%
Slightly Agree	20%	25%	18%	13%
Neither Agree nor Disagree	3%	2%	7%	3%
Slightly Disagree	2%	3%	0%	2%
Strongly Disagree	0%	0%	0%	0%
Top2	95%	95%	93%	95%
Bottom2	5%	5%	7%	5%
Sample	60	59	60	63

Figure 2: Participant Perceptions of Conference



However, Delegates generally had a more positive view of the conference than the Commercial Exhibitors (see Table 2).

Table 2: Delegate and Commercial Exhibitor Perceptions of Conference

	Relevant		Interesting		Timely		Well-Organized	
	Delegate	Exhibitor	Delegate	Exhibitor	Delegate	Exhibitor	Delegate	Exhibitor
Strongly Agree	80%	60%	75%	60%	78%	70%	89%	69%
Slightly Agree	18%	30%	23%	30%	20%	20%	11%	15%
Neither Agree nor Disagree	2%	0%	0%	10%	2%	10%	0%	8%
Slightly Disagree	0%	10%	2%	0%	0%	0%	0%	8%
Strongly Disagree	0%	0%	0%	0%	0%	0%	0%	0%
Sample	45	10	44	10	45	10	45	13

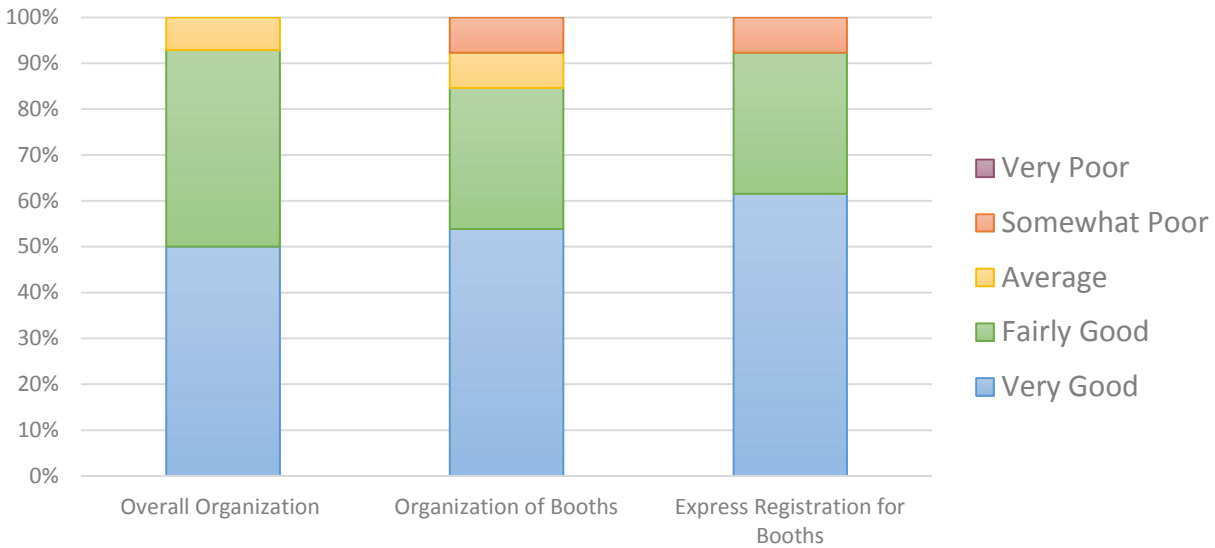
Perceptions of Conference Services for Commercial Exhibitors

The commercial exhibitors were also asked to rate their satisfaction on services tailored specifically for them, including the organization of their booths and express registration for commercial exhibitors. Of our sample, most found the organization of the booths and express registration to be Fairly Good or Good (85% and 92% respectively). Furthermore, most Commercial Exhibitors found the overall organization to be Fairly Good or Very Good (93%). See Table 3 and Figure 3.

Table 3. Perceptions of Conference Services for Commercial Exhibitors

	Overall Organization	Organization of Booths	Express Registration for Booths
Good	93%	85%	92%
Average	7%	8%	0%
Poor	0%	8%	8%
Sample	14	13	13

Figure 3: Perceptions of Services for Exhibitors



Optional Conference Excursions

In our survey sample, attendance rates for the optional events varied widely. The Sunday Golf Tournament and Whistler Village Lunch Tour were the least well attended in our survey sample (at 11 and 4 participants respectively)², while the Sunday night, Monday night and Bob Robertson events were the best attended (53, 55 and 56 participants respectively)³. Of those that responded to this survey, most participants agreed that the Sunday Golf Tournament, Sunday Night Reception and Monday Night Dinner was Fairly Good or Very Good (91%, 98% and 95% respectively). The approval rating for the Whistler Village Lunch Tour and the Entertainment by Bob Robertson was somewhat lower at 75% and 73% respectively. (see Table 4 and Figure 4).

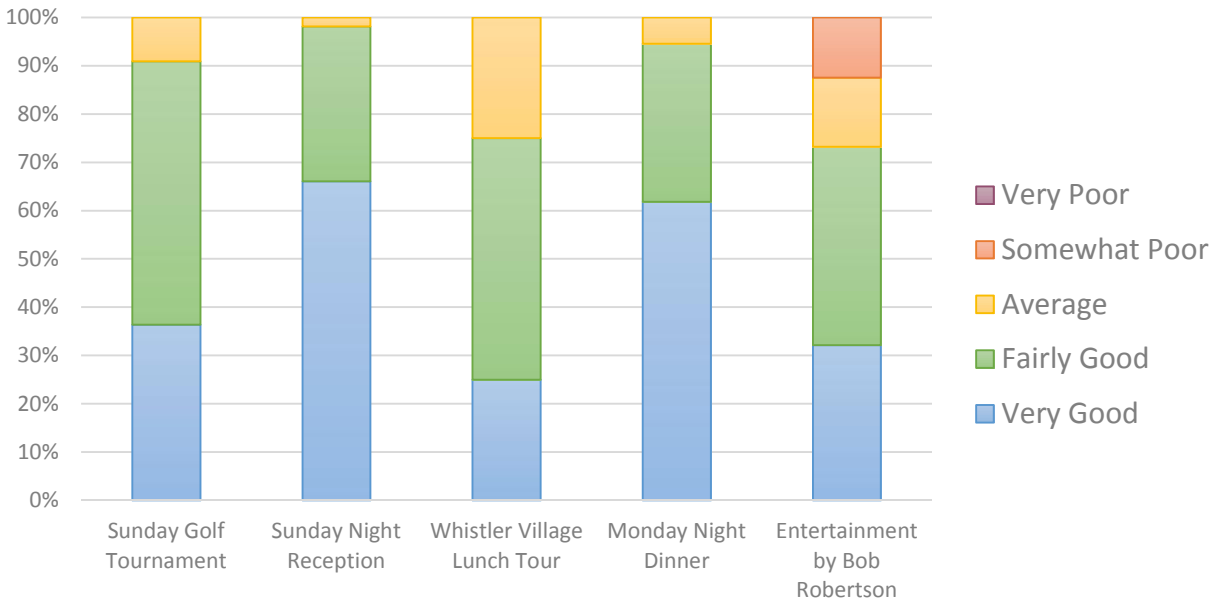
Table 4: Perceptions of Optional Conference Excursions

Event	Sunday Golf Tournament	Sunday Night Reception	Whistler Village Lunch Tour	Monday Night Dinner	Entertainment by Bob Robertson
Good	91%	98%	75%	95%	73%
Average	9%	2%	25%	5%	14%
Poor	0%	0%	0%	0%	13%
Sample	11	53	4	55	56

² Registration for these events through cvent was much higher at 60 and 25 participants respectively.

³ Conference coordinators estimate that these events had 320, 360, and 360 participants respectively.

Figure 4: Optional Conference Excursions

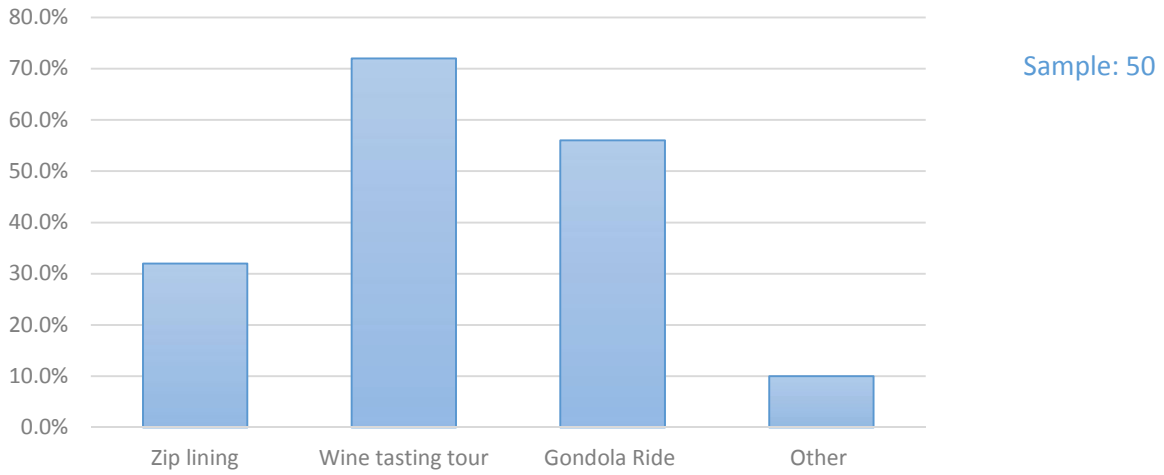


Alternative Optional Conference Excursions

Participants were asked to indicate their interest in attending other optional conference excursions. Participants overwhelmingly responded that they would be interested in attending a wine tasting tour (72%) or a gondola ride (56%)⁴ (see Figure 5). Commercial exhibitors responded most positively to the idea of a wine tour, while delegates responded equally positively to the wine tour and gondola ride suggestion. Other suggestions for optional events included a scavenger hunt or hiking. Participants also indicated that they would like to be able to participate in optional events during the day on Monday and Tuesday.

⁴ Options were not mutually exclusive.

Figure 5: Optional Conference Excursions



Conference App

The majority of survey respondents indicated that they had utilized our conference app, at 63% (see Figure 6). This was much higher than the actual usage for the app for all conference participants, which was 27.8%. Furthermore, more Delegates in our sample reported using the conference app than commercial exhibitors (see Figure 7).

Figure 6: Utilization of Conference App

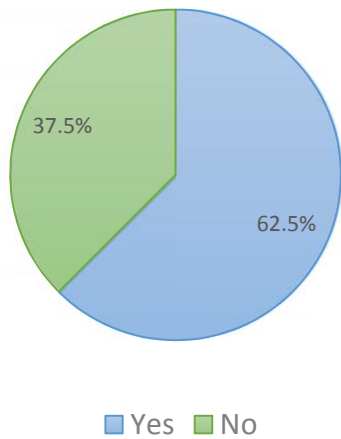
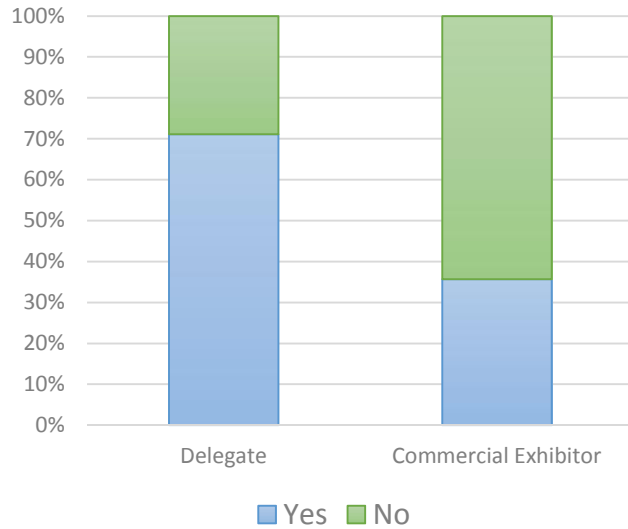


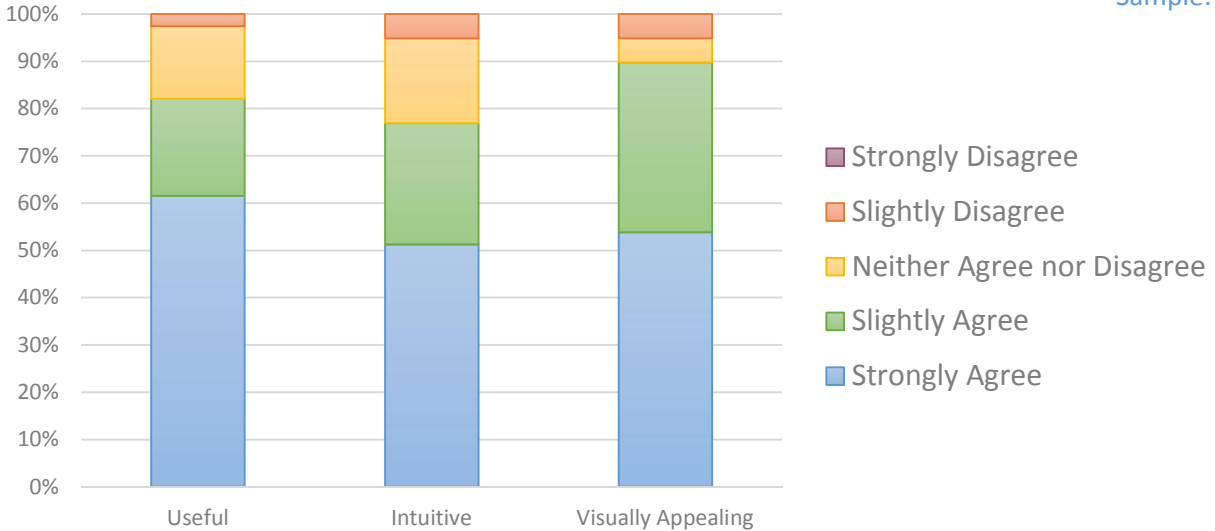
Figure 7: App Utilization by Delegate and Conference Exhibitors



Of the participants that utilized the conference app, most found it to be Useful (82%), Intuitive (77%) and Visually Appealing (90%).

Figure 8: Perceptions of Conference App

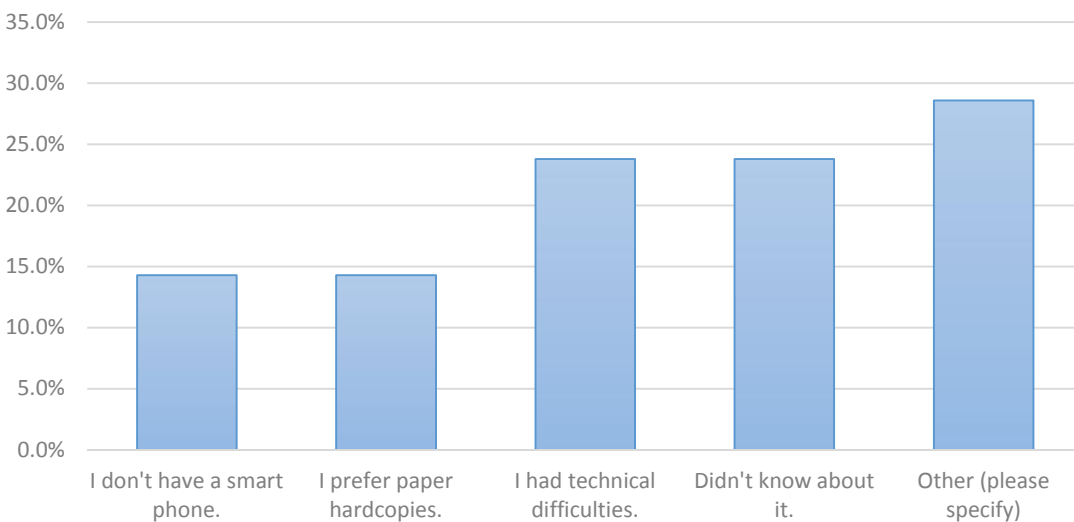
Sample: 39



Of those that didn't utilize our conference app, the most common reasons identified were technical difficulties, and not being aware of it (see Figure 9). Participants also identified incompatibility with their BlackBerry as an issue (Commercial exhibitors were more likely to cite technical difficulties and lack of knowledge, while Delegates were more likely to cite incompatibility with their BlackBerry device).

Figure 9: Reasons why Participants did not utilize the Conference App

Sample: 21



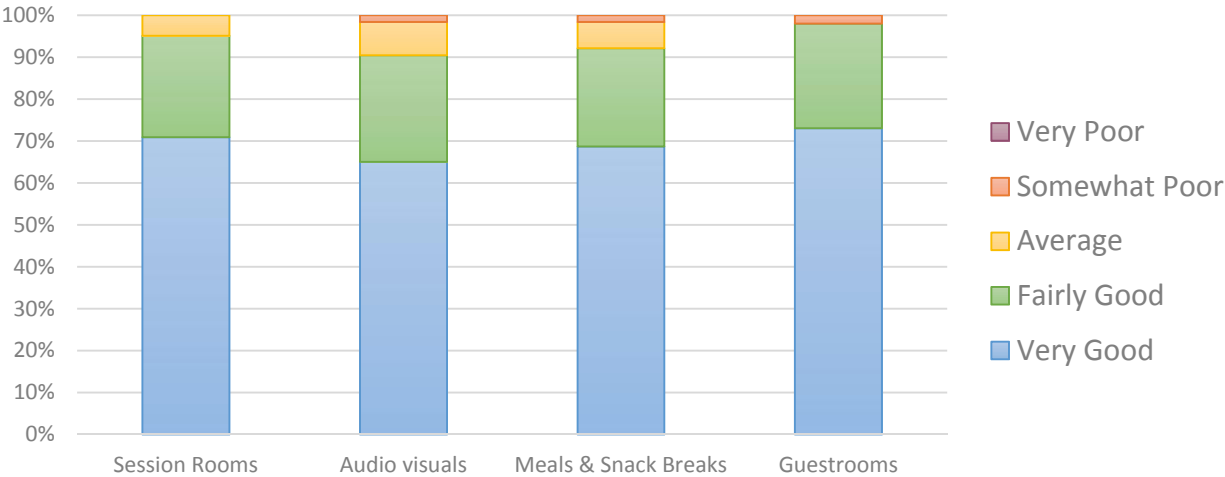
Perceptions of Conference Facilities

The majority of survey participants had a positive view of the conference facilities, including the session rooms, audio-visuals, meals & snacks, and guestrooms (see Table 5 and Figure 10). However, more Delegates rated the conference facilities as being Very Good than the Commercial Exhibitors.

Table 5: Perceptions of Conference Facilities

	Session Rooms	Audio Visuals	Meals & Snack Breaks	Guestrooms
Good	95%	90%	92%	98%
Average	5%	8%	6%	0%
Poor	0%	2%	2%	2%
Sample	62	63	64	52

Figure 10: Perceptions of Conference Facilities in Whistler



Themes for Next Year’s Conference

Survey participants were asked to provide suggestions for the theme of next year’s conference. Themes that were suggested included:

- Strategies for doing more with less (including best and promising practices from other jurisdictions)
- Triple Aim – providing quality care efficiently
- Innovation and Cultural Change in Seniors Care
- Planning for the future of Seniors in BC
- How the conditions of care reflect and affect the conditions of work

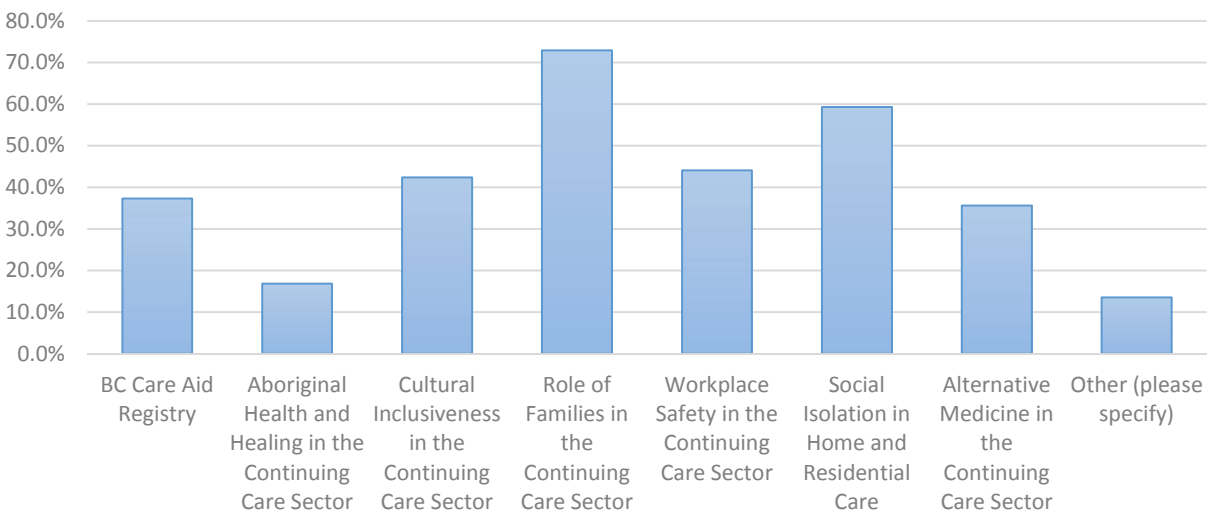
Care to Chat Topics:

Survey participants were asked to indicate whether or not they would be interested in participating in a Care to Chat Speaker session on various topics. Participants were allowed to choose as many topics as they pleased. The topics that received the greatest interest were ‘the Role of Families’ and ‘Social Isolation’ in the continuing care sector. Other topics that participants suggested included:

- New care models and best practices from other countries
- Individualized Funding for Residential Care
- Dementia care and alternative approaches to training staff to handle dementia patients
- Emerging evidence/ practices for service models in Home Care and Residential Care
- Seniors Housing options, re-development
- Labour relations

Figure 11: Potential Topics for Care to Chat in 2014-2015

Sample: 59



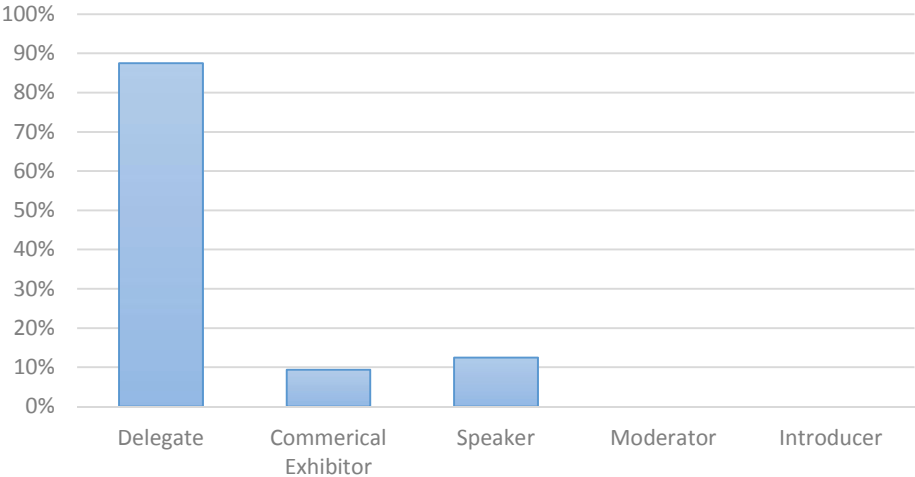
Session Specific Feedback

A secondary survey asked for conference participant’s feedback on specific speaker sessions. This survey was distributed by email only, by sending a link to Survey Monkey to all delegates email addresses. 32 individuals responded out of a potential 400, thus giving this survey an 8% response rate.

Survey Participants

The majority of participants that responded to this survey participated in the conference as delegates. Few commercial exhibitors, moderators and speakers responded to this survey.

Figure 12: Survey Participants



Sample: 32

Plenary Feedback:

Of those participants that attended the first plenary session on Canada’s National Dementia Strategy, most found it to be Fairly Good or Very Good (see Figure 13). Similarly, of those that attended on the second plenary session, a Conversation with Canada’s First Senior’s Advocate, 92% found it to be Fairly Good or Very Good (see Figure 14). Both sessions were very well attend, as indicated by each session having 259 participants registered through cvent.

Figure 13: Plenary A "National Demential Strategy"

Sample: 30

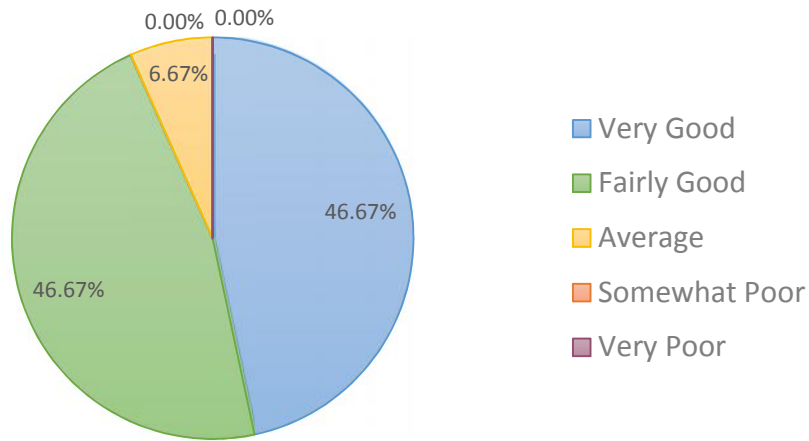
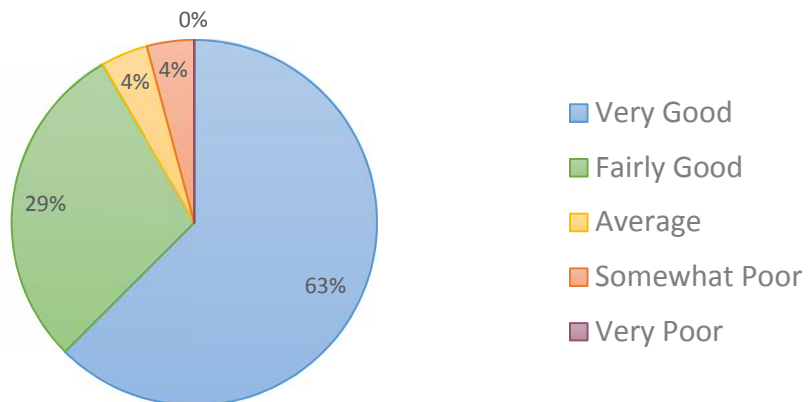


Figure 14: Plenary B "Conversations with Canada's First Senior's Advocate"

Sample: 24



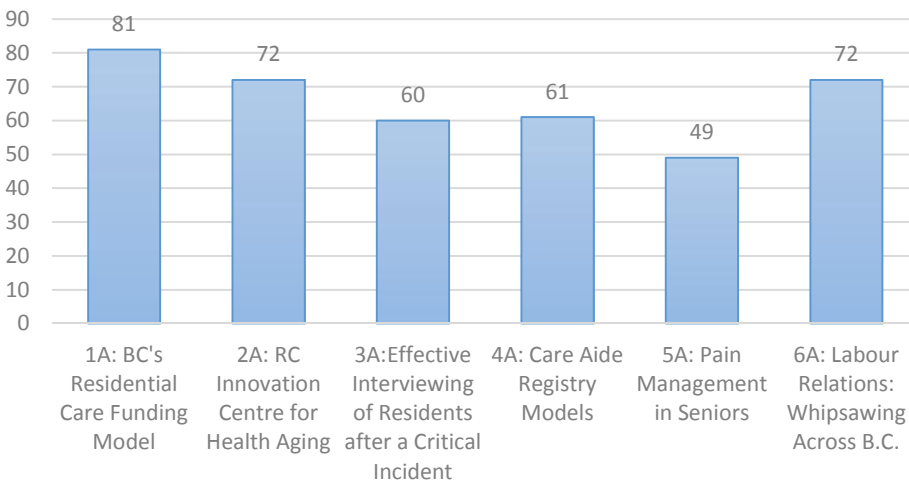
Session Feedback by Streams

With the exception of the opening and closing plenary sessions, the conference was broken into three different streams: Residential Care, Workplace Safety and Home Care. This was the first year that the BCCPA Conference offered sessions on Home Care.

Residential Care Sessions

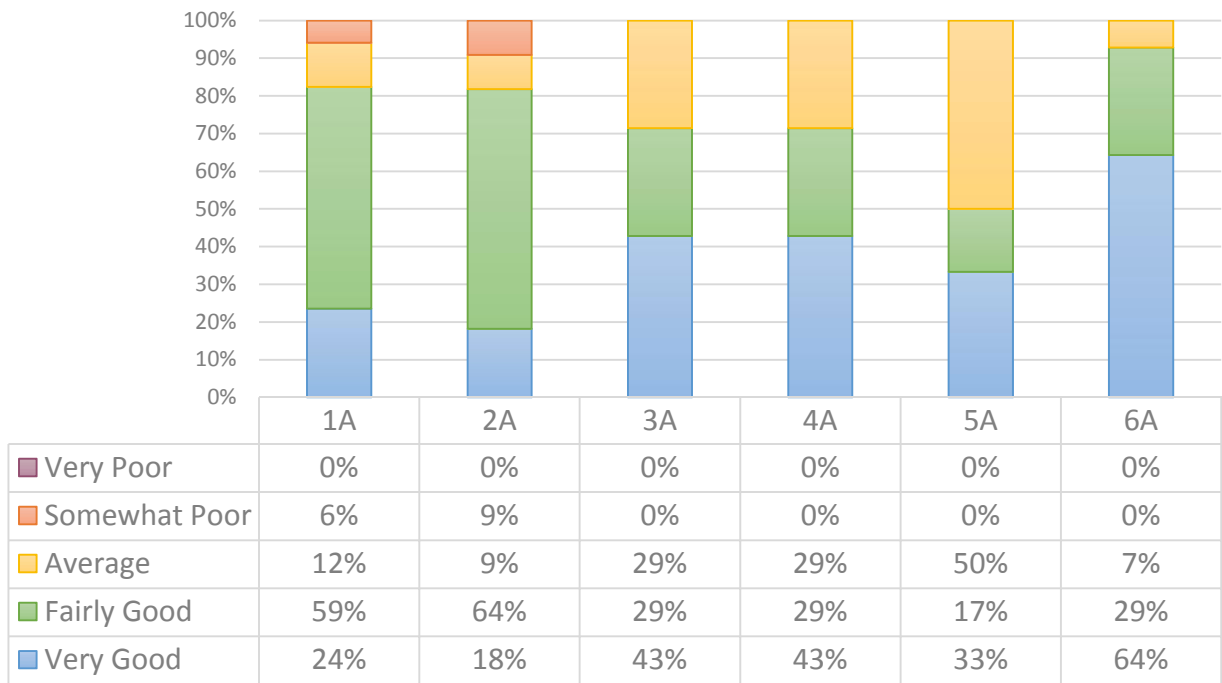
The attendance rate for speaker sessions on Residential Care varied significantly, as indicated by the number of participants that were registered for each speaker session in event (see Figure 15).

Figure 15: Registration for Residential Care Sessions



Of the participants that attended the residential care sessions, most of them rated *BC's Residential Care Funding Model*, *RC Innovation Centre for Healthy Aging*, and *Labour Relations: Whipsawing Across BC* as either Fairly Good or Very Good (see Figure 16). The sessions *Effective Interviewing of Residents after a Critical Incident*, *Care Aide Registry Models*, and *Pain Management in Seniors* had somewhat less positive (see Figure 17). However, it should be noted that the sample size for each speaker session varied in our survey.

Figure 17: Residential Care Sessions



Session

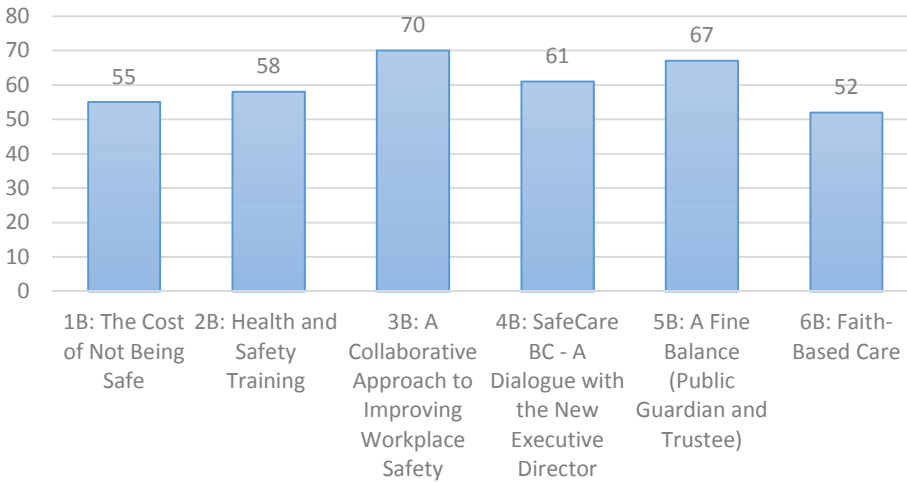
Survey Sample

1A: BC's Residential Care Funding Model	17
2A: RC Innovation Centre for Healthy Aging	11
3A: Effective Interviewing of Residents after a Critical Incident	7
4A: Care Aide Registry Models	7
5A: Pain Management in Seniors	6
6A: Labour Relations: Whipsawing Across B.C.	14

Workplace Safety

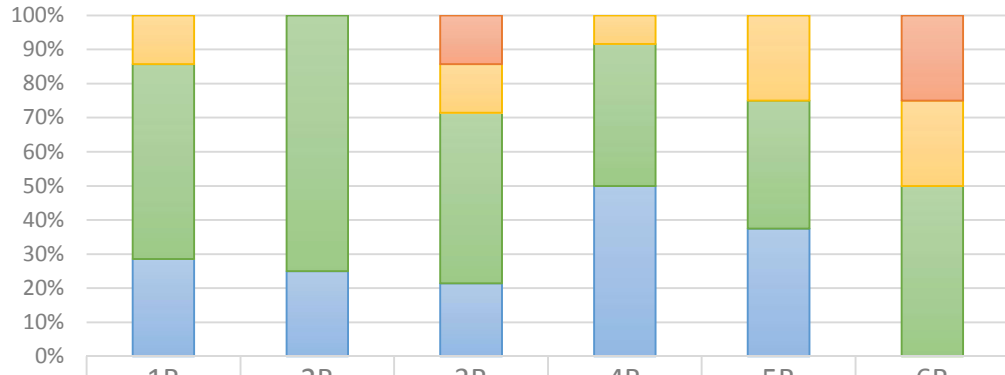
The attendance rate for speaker sessions on Workplace Safety varied significantly, as indicated by the number of participants that were registered for each speaker session in cvent (see Figure 18).

Figure 18: Registration for Work Place Safety Sessions



Of the participants that attended workplace safety sessions, most of them rated *The Cost of Not Being Safe*, *Health and Safety Training for Long-Term Care*, and *SafeCare BC: A Dialogue with the New Executive Director* as either Fairly Good or Very Good (see Figure 19). The sessions *A Collaborative Approach to Improving Workplace Safety*, *A Fine Balance (Public Guardian and Trustee)*, *Faith-Based Care* had somewhat less positive reviews (see Figure 19). However, it should be noted that the sample size for each speaker session varied in our survey.

Figure 19: Work Place Safety Sessions



	1B	2B	3B	4B	5B	6B
Very Poor	0%	0%	0%	0%	0%	0%
Somewhat Poor	0%	0%	14%	0%	0%	25%
Average	14%	0%	14%	8%	25%	25%
Fairly Good	57%	75%	50%	42%	38%	50%
Very Good	29%	25%	21%	50%	38%	0%

Session

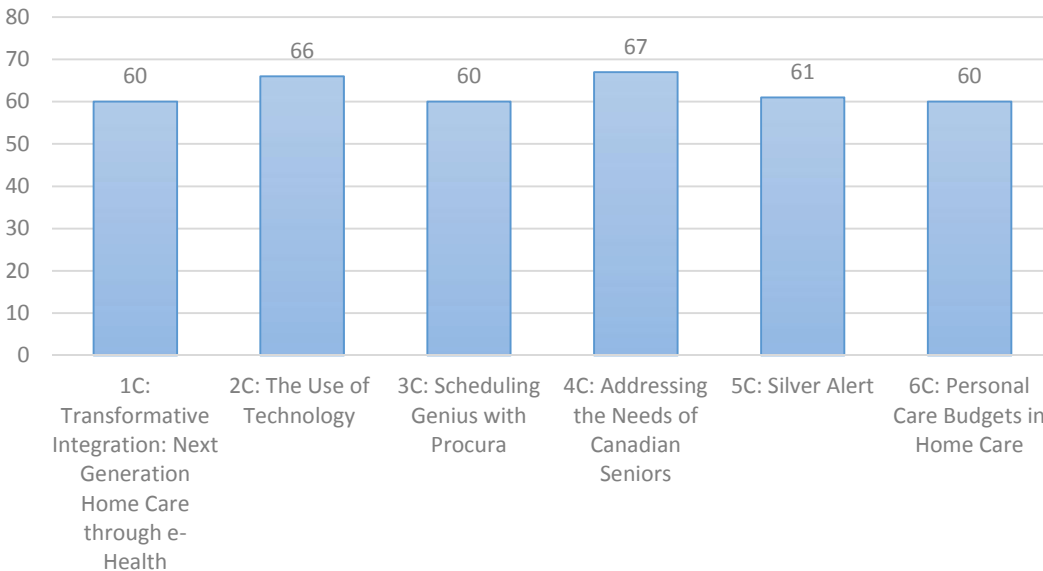
Survey Sample

1B: The Cost of Not Being Safe	7
2B: Health and Safety Training for Long-Term Care	8
3B: A Collaborative Approach to Improving Workplace Safety	14
4B: SafeCare BC: A Dialogue with the New Executive Director	12
5B: A Fine Balance (Public Guardian and Trustee)	8
6B: Faith-Based Care	4

Home Care Sessions

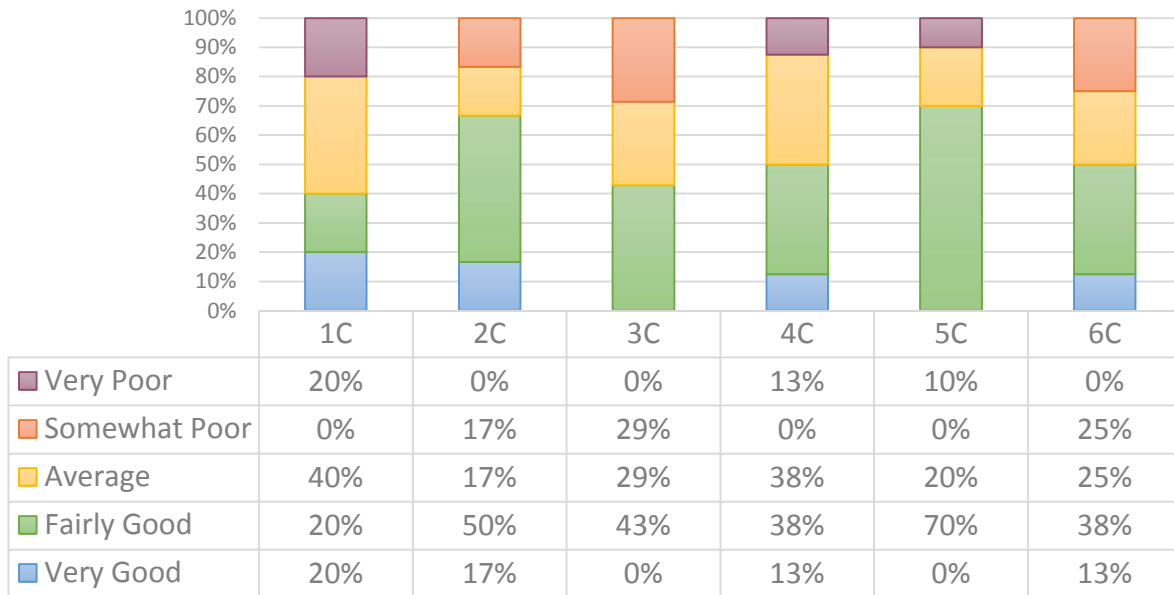
The attendance rate for speaker sessions on Home Care Services varied significantly, as indicated by the number of participants that were registered for each speaker session in cvent (see Figure 20).

Figure 20: Registration for Home Care Sessions



Of the participants that attended Home Care sessions, most of them rated *The Use of Technology in Delivering Home Support Services*, and *Silver Alert* as either Fairly Good or Very Good (see Figure 21). The sessions *Transformative Integration: Next Generation Home Care through e-Health*, *Scheduling Genius with Procura*, *Addressing the Needs of Canadian Seniors*, and *Personal Care Budgets in Home Care* were less positively rated (see Figure 21). This was the first year that the BCCPA conference has offered sessions on Home Care, and it should be noted that the sample size for Home Care sessions is lower than for the other two streams.

Figure 21: Home Care Sessions



Session

1C: Transformative Integration: Next Generation Home Care through e-Health
 2C: The Use of Technology in Delivering Home Support Services
 3C: Scheduling Genius with Procura
 4C: Addressing the Needs of Canadian Seniors
 5C: Silver Alert
 6C: Personal Care Budgets in Home Care

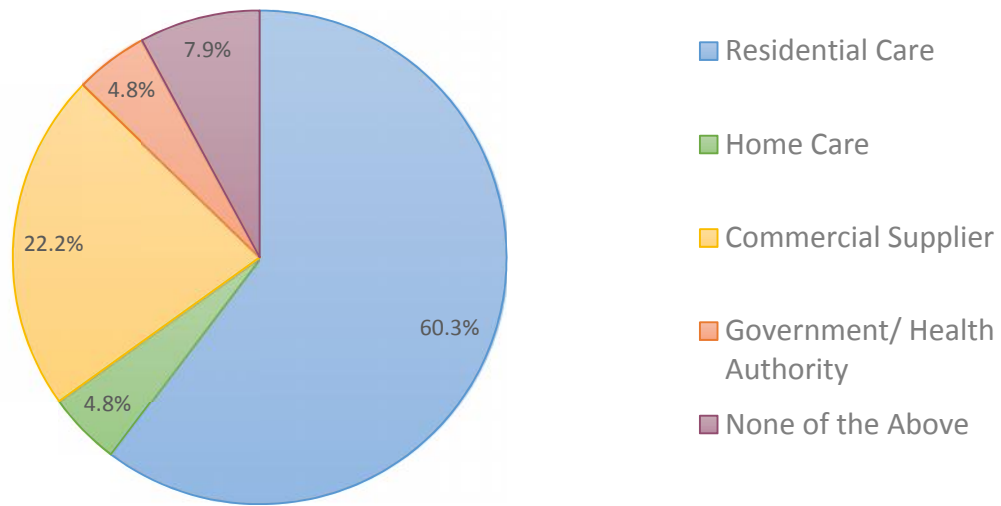
Survey Sample

5
6
7
8
10
8

Demographic Information:

Of our survey respondents, 60% identified themselves as being in Residential Care, 22% as a Commercial Supplier, 5% as Home Care, 5% as Government/Health Authority and 8% as None of the Above (see Figure 22).

Figure 22: Organization by Type

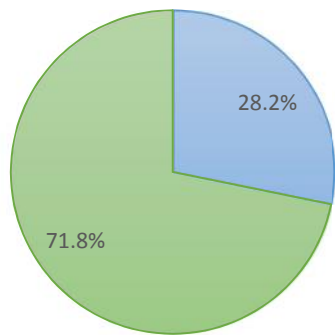


Sample: 63

Residential Care:

Of those that identified themselves as being representatives of Residential Care facilities, the majority identified themselves as being Non-Profit (72%), from the Fraser Health Authority (69%), and 150+ beds in their facility (see Figure 23, 24 and 25).

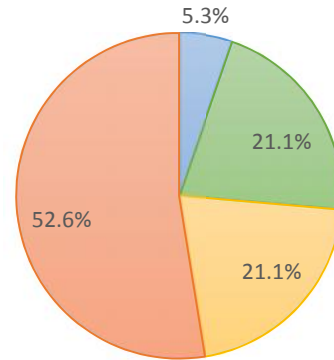
Figure 23: Residential Care Facilities by Type



■ For Profit ■ Not for Profit

Sample: 39

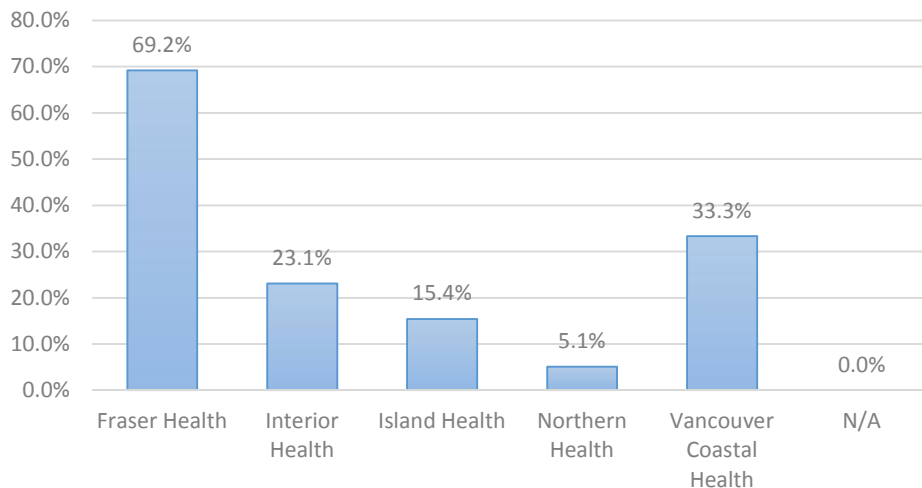
Figure 24: Residential Care Facility by Size



■ 1-50 ■ 51-100 ■ 101-150 ■ 150+

Sample: 38

Figure 25: Residential Care Facilities by Region



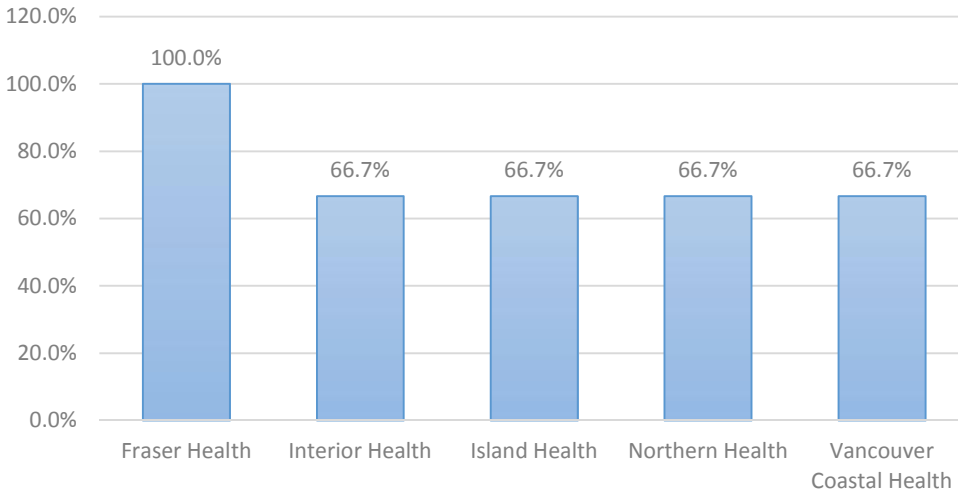
Sample: 39

Home Care

Of the participants that responded to the survey, only three identified themselves as being from Home Care. Of those three respondents, all identified themselves as being Non-Profit and having more than 150 employees. While 2 of the home care organizations identified themselves as serving all 5 health authority regions, the other organization identified itself as serving only the Fraser Health Authority (see Figure 26).

Figure 26: Home Care Organizations by Region

Sample: 3



Commercial Exhibitor

Of the 14 respondents that identified themselves as being commercial exhibitors, most identified themselves as having at least 150 employees, and serving all Health Authority Regions within BC (see Figure 27 and 28).

Figure 27: Commercial Exhibitor by Organization Size

Sample: 14

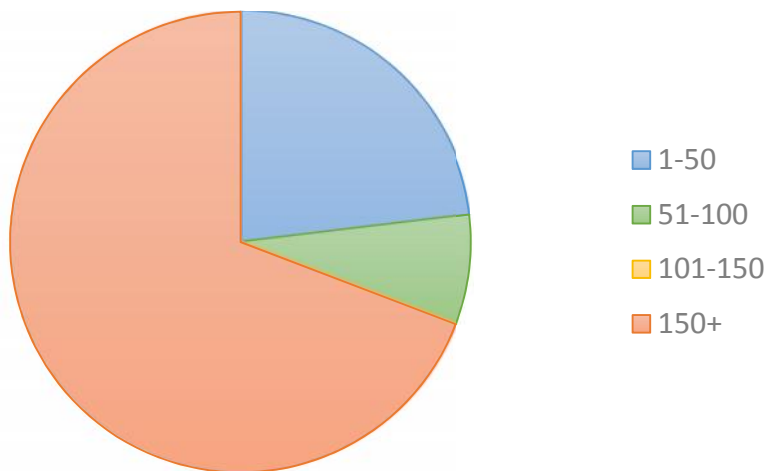
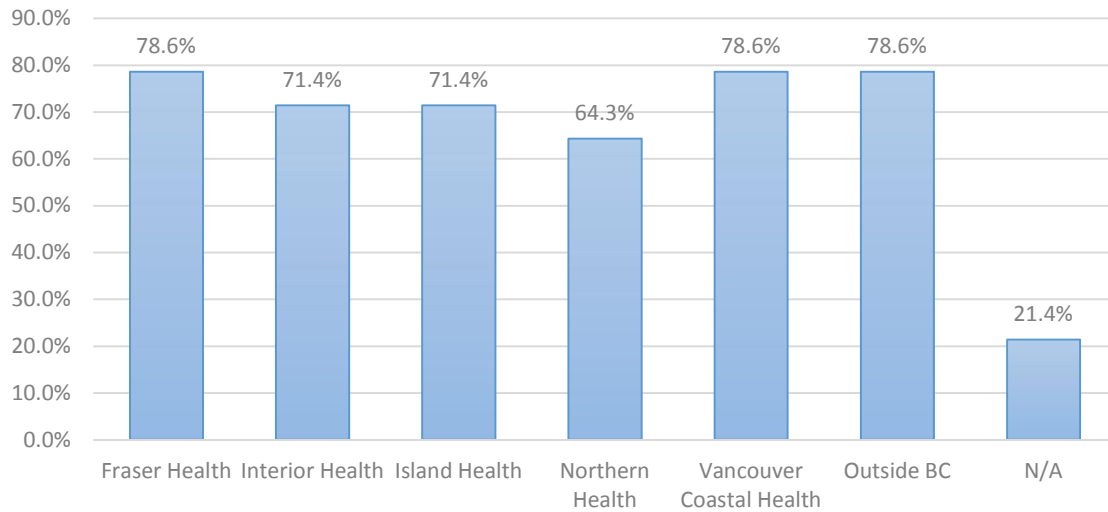


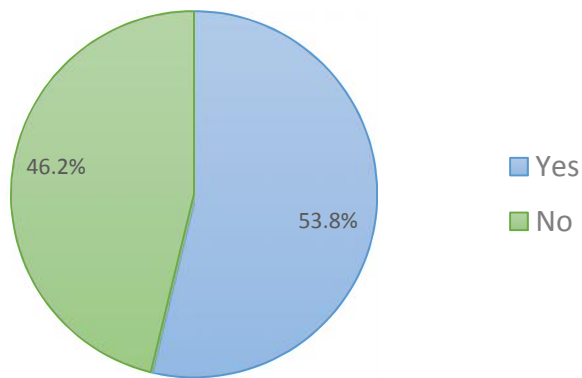
Figure 28: Commercial Exhibitors by Region



Sample: 14

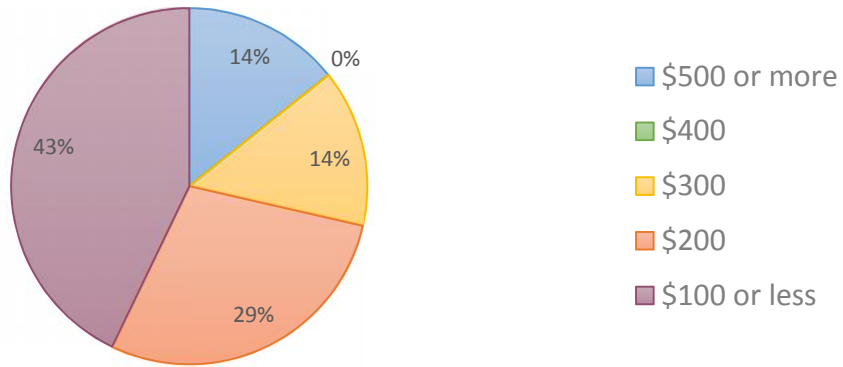
Just over half of the commercial exhibitors indicated that they would be willing to pay for priority placement, and of those that would be willing, most indicated that they would be willing to pay 100 dollars at most (see Figure 29 and 30).

Figure 29: Would Pay for Priority Placement



Sample: 13

Figure 30: Most Exhibitors would be willing to pay for Priority Placement



Sample: 7

Government/ Health Authority

Of all of the survey respondents, only three identified themselves as being from Government or a Health Authority. Of these three participants, 2 identified cost and 1 identified location as being a barrier to more government representatives attending the conference. However, 2 of those representatives agreed that the BCCPA conference was good value for their money.

CONFIDENTIAL BRIEFING NOTE



Report Title		Topic HERE
1.	Presented For	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information
2.	Presented To	Daniel Fontaine
3.	Date Presented	June 12, 2014
4.	Prepared & Submitted By	Hart Dashevsky, Director of Membership Services and Sponsorships
5.	CEO Approval	<input checked="" type="checkbox"/> Daniel Fontaine
6.	Board Committees Consulted	<input type="checkbox"/> Annual Conference <input type="checkbox"/> Awards <input type="checkbox"/> Membership <input type="checkbox"/> Finance and Audit <input type="checkbox"/> Governance <input type="checkbox"/> Other _____
7.	Date of Approval	June 13, 2014
8.	Background <i>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</i>	<ul style="list-style-type: none"> ▪ In late April the BCCPA started to accept deposits from several commercial organizations that requested to be put on a waiting list for any late-available booths for the 2014 conference. ▪ A total of 30 commercial organizations have requested to submit deposits for a booth(s) purchase for the May, 2015 conference. ▪ Five of these requests are from organizations that could not exhibit for the 2014 conference but want to reserve for the 2015 event. ▪ 13 of these exhibitors have indicated they will pay an extra deposit of up to \$500 to put them on a <u>priority-placement basis</u> for location selection.

CONFIDENTIAL BRIEFING NOTE

Report Title	Topic HERE
9. Recommendation(s)	<ul style="list-style-type: none">▪ Allow BCCPA to accept a \$400 non-refundable deposit from early booth commitments that will be deducted from the final determined cost of the booths for the 2015 event.▪ Allow BCCPA to accept an optional \$200 non-refundable priority placement fee - with the understanding that the BCCPA reserves the right to change the placement of their booth at any time. The \$200 deposit would be refunded only in this situation.
10. Alternatives	<ul style="list-style-type: none">▪ Continue with past practice of only accepting full payment for the booths later this year once the final exhibitor pricing has been set.▪ Continue to provide BCCPA staff with full flexibility to assign exhibitors to the booth location of our choice – and not charge a priority placement fee.▪ Charge a higher priority placement fee of \$500 or lower fee of \$100.
11. Financial Implications	<ul style="list-style-type: none">▪ Based on the 30 requests received to date at \$400 each, this will secure \$12,000 in non-refundable early revenue for the 2015 conference.▪ It is anticipated the priority placement will be chosen by approximately 50% of exhibitors which could generate up to \$5,000 in new revenue.
12. Risks	<ul style="list-style-type: none">▪ Some commercial exhibitors may see this as another attempt to charge them more for a service that was essentially free in the past.

CONFIDENTIAL BRIEFING NOTE

Report Title		Topic HERE
13.	Alignment with BCCPA Strategic Plan	1.1, 1.4, 1.5
14.	Attached Documentation	N/A
15.	Other Documentation	<input type="checkbox"/> Leave Behinds <input type="checkbox"/> Advance Info Sent
16.	Additional Information	<ul style="list-style-type: none">It is anticipated that we will be able to secure up to 78 exhibit booths in 2015, compared to 62 during the 2014 conference. This would further help to increase revenue potential and eliminate our current waiting list.
FOLLOW-UP / ACTION ITEMS <i>For completion following report delivery, discussion, approval etc.</i>		



Canadian Institute
for Health Information
Institut canadien
d'information sur la santé



*At the heart of data
Au cœur des données*

www.cihi.ca
www.icis.ca

May 15, 2014

Mr. Daniel Fontaine

CEO
BC Care Providers Association
301 – 1338 West Broadway
Vancouver, BC V6H 1H2

Dear Mr. Fontaine:

I am writing to make you aware of an upcoming public CIHI release of quality indicators in long-term care. This release is aligned with our goal of supporting performance improvement and enhancing transparency of the health system. Given the significant interest in how long-term care services are being provided, we have identified the sector as a priority in our Health System Performance (HSP) reporting initiative.

The HSP initiative is a three-year implementation designed to support performance improvement efforts. It includes three deliverables focused on public reporting, all of which include a component of long term care information:

1- November 2013

The interactive website, OurHealthSystem.ca, was launched to help Canadians understand how well their health system is performing. Regional level results for one long term care quality indicator are included; “Potentially Inappropriate Medications in Long Term Care” which is the rate of residents taking anti-psychotic medication in long term care homes without a diagnosis of psychosis.

2- September 2014

The website will be expanded to include more detailed indicator results at the regional and hospital levels, and is being designed for health system decision makers. Regional level results for a second long term care quality indicator; “Physical Restraint Use in Long Term Care” will be added.

3- Winter 2014-2015

The website will be further expanded to focus specifically on the long term care sector. Results for a series of indicators at the facility level will be integrated into the existing website (see Table 1 attached).

The Winter release will include facility level indicator results for jurisdictions submitting long term care data to CIHI's Continuing Care Reporting System (see Table 2 attached). These indicators are already available to long-term care homes through CIHI's eReports application. Several contextual metrics relating to facility and resident characteristics will be available, and stakeholders will be able to review indicator results at facility, corporate, regional and provincial levels.

May 15, 2014

A comprehensive communication strategy is being developed to support the website launch. We have written to Deputy Ministers of Health and CEOs of Regional Health Authorities to inform them of the upcoming release. Individual facilities are also being informed. As with previous releases of this nature, CIHI will work closely with key stakeholders, in this case long term care homes and associations, to ensure all are well informed as the work progresses. There will be an opportunity to preview data for accuracy and view the tool during a pre-release embargo period. In addition, CIHI will provide stakeholders with a toolkit to support communications with residents, their families, media, etc. Webinars are being planned so that stakeholders can tour the site and ask questions.

We look forward to working with you and participating long-term care homes to ensure our work in the sector meets your needs and provides further opportunities for performance improvement through public reporting of pan-Canadian data. For further information or any questions you may have, please contact Douglas Yeo, Director of Methodologies and Specialized Care at dyeo@cihi.ca or 613-694-6269.

Sincerely,



Brent Diverty
Vice-President, Programs

Encls: Table 1: Planned Indicators for Public Release for Continuing Care Reporting System (CCRS) Submitting Long Term Care Facilities (December 2014)

Table 2: Continuing Care Reporting System (CCRS) Participation by Jurisdiction (Long Term Care)

May 15, 2014

Table 1:
Planned Indicators for Public Release for Continuing Care Reporting System (CCRS)
Submitting Long Term Care Facilities (December 2014)

Dimension	Indicator
Person-centred	Index of Social Engagement
	% Residents on anti-psychotics without a diagnosis of psychosis
	% Residents in daily physical restraints
Safety	% Residents who fell in the last 30 days
	% Residents who had worsened pressure ulcer at stage 2 to 4
Improve Health Status	% Residents whose mood symptoms of depression worsened
	% Residents with improved mid-loss activities of daily living
	% Residents with worsened mid-loss activities of daily living
	% Residents with worsened pain
	% Residents with pain

Notes:

1. List subject to change prior to release
2. Where possible, risk adjusted rates are presented to ensure comparability

May 15, 2014

Table 2:

Continuing Care Reporting System Participation (Long Term Care Facilities)

Jurisdiction	Number of Participating LTC Facilities *	Completeness of Participation (eligible facilities 2012/13)	Clinical Standard Implementation Status
Newfoundland and Labrador	21	21/38	Ongoing
Prince Edward Island	--	--	None planned
Nova Scotia	6	6/93	Ongoing
New Brunswick	--	--	None planned
Québec	--	--	None planned
Ontario	640	640/643	Complete
Manitoba	38	38/125	Ongoing
Saskatchewan	11	11/174	Ongoing
Alberta	167	167/176	Complete
British Columbia	282	282/310	Complete
Yukon	4	4/4	Complete
Northwest Territories	--	--	None planned
Nunavut	--	--	None planned
Total	1,169	1,169/1,563	

**Subject to change based on final 2013/14 submission due May 30*



RECONSIDERATION 14-03

(INVESTIGATION REPORT 14-01)

LOBBYIST: MICHAEL KLASSEN

Summary: The finding in Investigation Report 14-01 that the consultant lobbyist contravened the *Lobbyists Registration Act* is upheld. The administrative penalty of \$500 imposed on the lobbyist is also upheld. The lobbyist did not provide compelling grounds that the Investigator's findings should be varied.

Statutes Considered: *Lobbyists Registration Act*, S.B.C. 2001, c. 42.

INTRODUCTION

[1] Investigator, Darrel Woods, issued Investigation Report 14-01 ("IR14-01") on March 14, 2014. The circumstances surrounding IR14-01 relate to the responsibility of the consultant lobbyist to update his registration within 30 days of the completion or termination of an undertaking as described in s. 4(3) of the *Lobbyists Registration Act* ("LRA").

[2] In IR14-01, the Investigator determined under s. 7.2(2) of the LRA that Michael Klassen had contravened s. 4(3) of the LRA and imposed an administrative penalty of \$500. On April 6, 2014, Mr. Klassen requested a reconsideration under s. 7.3 of the LRA of both the finding that he had not complied with the LRA and the administrative penalty amount.

BACKGROUND

[3] On October 25, 2012, the consultant lobbyist registered with the Office of the Registrar of Lobbyists ("ORL") as a consultant lobbyist for the British Columbia Care Providers Association ("BCCPA") under Registration ID 12891308. The undertaking in the return the lobbyist filed had a start date of October 1, 2012, and an end date of May 3, 2013.

[4] On April 25, 2013 the ORL conducted an environmental scan of news media. The scan located a news release dated February 6, 2013, announcing that the lobbyist had been hired by a different organization to work as an in-house lobbyist. The lobbyist had not amended the end date of his undertaking with the BCCPA.

[5] On April 25, 2013 the ORL wrote to the lobbyist and asked him if he was still lobbying on behalf of the BCCPA. If he was not, the ORL advised him he was required to update his registration to reflect this.

[6] The lobbyist responded on April 30, 2013, by confirming that his undertaking with the BCCPA was no longer active. On April 30, 2013, the lobbyist updated the undertaking end date to January 1, 2013.

[7] Section 4(3) of the LRA requires consultant lobbyists, within 30 days of the completion or termination of an undertaking for which a return was filed, to inform the Registrar of the completion or termination of the undertaking and indicate the date on which the completion or termination occurred.

[8] The ORL commenced an investigation under s. 7.1 of the LRA to determine if the lobbyist had complied with the LRA. On June 6, 2013 the ORL wrote to the lobbyist asking him to explain the discrepancy between the legislated deadline for reporting the termination of the undertaking and the date on which the lobbyist submitted his updated registration.

[9] The lobbyist responded on June 6, 2013, and explained that in December 2012, there had been some uncertainty as to when his undertaking would end. When it became clear that the undertaking had ended, he overlooked the matter of updating his registration. On November 4, 2013 he provided additional information about his contractual relationship with BCCPA. He explained that his contract effectively ended on December 14, 2012, with the retirement of the CEO who had contracted his services. The new CEO, who took over on January 7, 2013, was to decide whether the lobbyist would continue to work for the BCCPA. The lobbyist and the new CEO ultimately did not communicate about this matter. As of the end of January 2013, the lobbyist had a position with a new organization and was no longer lobbying on behalf of the BCCPA.

[10] In IR14-01, the Investigator found that the lobbyist did not comply with s. 4(3) of the LRA when he failed to inform the Registrar of the termination of his undertaking with BCCPA within 30 days after the termination. The Investigator imposed an administrative penalty of \$500.

[11] In an April 6, 2013 letter to this office, Mr. Klassen requested a reconsideration under s. 7.3 of the LRA. In accordance with section 7.3(3), in making this decision I have considered Mr. Klassen's reconsideration request as well as his submission and the evidence and arguments in the hearing process that led to IR14-01.

ISSUES

[12] The first issue in this reconsideration is whether I should confirm or rescind Investigator Woods' finding of non-compliance with s. 4(3) reached in IR14-01.

[13] The second issue is whether I should confirm or vary the \$500 administrative penalty imposed by Investigator Woods in IR14-01.

[14] The third issue is whether IR14-01 and this reconsideration should be published.

DISCUSSION

Should I confirm or rescind the finding of non-compliance reached by the Investigator?

[15] In IR14-01, the Investigator found that the lobbyist failed to inform the Registrar of the completion or termination of his undertaking within 30 days of the undertaken being completed or terminated. As a result, the Investigator found that the lobbyist failed to meet his obligation under s. 4(3) of the LRA to update his registration as required.

[16] The lobbyist admits in his April 6, 2014 reconsideration request that he was overly optimistic about his chances to lobby for BCCPA after the previous CEO retired on December 14, 2012. However, he felt that being registered would ensure he was not in breach of the LRA, should he be called upon to lobby again by the new CEO. In his defense, he cited the Frequently Asked Questions on the ORL website that states:

20. If I have completed my current undertaking as a consultant lobbyist, am I required to update my registration?

Yes. Consultant lobbyists have 30 days from the date the undertaking is completed or terminated to revise the completion date. *If you do not update the information in your registration, the online registry will automatically terminate your registration 30 days after the date you indicated your undertaking would expire.* [emphasis added]

[17] The lobbyist interpreted the last sentence as suggesting no further action was required with respect to his registration. The lobbyist assumed he could just let the registration lapse without contravening the LRA. I do not agree with this point. The answer to this frequently asked question makes it clear that consultant lobbyists have 30 days from the date the undertaking is completed or terminated to revise the completion date. The last sentence simply confirms those consultant lobbyists are given a 30 day “grace period” to update their registration.

[18] The lobbyist is ultimately responsible for knowing and fulfilling his legal requirements under the LRA. Section 4(3) of the LRA is very clear in this matter and states the following:

4(3) Within 30 days after the completion or termination of an undertaking for which a return was filed, the consultant lobbyist who filed the return must inform the registrar of the completion or termination of the undertaking and indicate the date on which the completion or termination occurred.

[19] It appears from the evidence before me that the lobbyist simply took no action to update the registry until an ORL staff member contacted him and sought clarification about his status.

[20] The submission of the lobbyist does not provide adequate evidence to justify rescinding the original finding of contravention by the Investigator. Based on the information before me, I am satisfied that the lobbyist did not inform the Registrar of the termination of his undertaking with BCCPA within the 30 days as required by the LRA. As a result, I confirm the Investigator’s finding that the lobbyist failed to meet his obligation under s. 4(3) of the LRA to file an accurate return within 30 days of the termination of his undertaking.

Should I confirm or vary the \$500 administrative penalty imposed by the Investigator?

[21] The purpose of the LRA is to promote transparency in lobbying by requiring lobbyists to disclose accurate, current and complete information. Failing to keep information in registrations up to date and accurate undermines the ability of the public to understand who is actually attempting to influence government at any point in time, thereby defeating the LRA’s goal of transparency.

[22] The Investigator identified various factors the ORL considers in determining the amount of an administrative penalty. There have been no previous enforcement actions for contraventions of a similar nature by the

lobbyist. However, the lobbyist's file history indicates that he received a letter from the ORL in 2012 regarding possible non-compliance for a late filing for registration as a consultant lobbyist for BCCPA, and a warning that further instances of possible non-compliance would result in the ORL taking further action. This letter offered an educational opportunity and alerted the lobbyist to his responsibilities under the LRA. Therefore, the lobbyist was aware of his responsibility to comply with the LRA.

[23] The Investigator also considered the gravity and magnitude of the contravention of the lobbyist in discussing the effect of his not updating his registration. In this case the undertaking ended on January 1, 2013, but the lobbyist did not update his registration until April 30, 2013. This was three months beyond the deadline to update his registration as required by s. 4(3) of the LRA.

[24] While I do not believe the lobbyist deliberately contravened the LRA, it appears from the evidence before me that he either overlooked or took no action in relation to the requirement to update his registration after the termination of his undertaking.

[25] There is no evidence that the lobbyist benefited from this contravention.

[26] I am satisfied that this investigation, reconsideration and ensuing administrative penalty will be sufficient to ensure the lobbyist meets his obligations under the LRA in the future. In arriving at the amount of the administrative penalty, it is important for all lobbyists to understand that keeping registrations current is not simply 'paperwork'. It is a serious legal obligation that they must meet if the objectives of the LRA are to be achieved.

[27] I agree with the reasoning of the Investigator as set out above and find that an administrative penalty in the amount of \$500 is appropriate to meet the objectives of specific and general deterrence, in relation to a contravention of the LRA. As I set out in Reconsideration 12-01, I believe penalties which are higher than the ORL have traditionally imposed, are necessary even in instances of an organization or individual's first contravention. As a result, I am confirming the \$500 administrative penalty the Investigator imposed in IR14-01.

Should IR14-01 and this reconsideration be published?

[28] The publication of this report and recognition that the ORL will issue administrative penalties to those who contravene the LRA, will remind all

lobbyists of their legal obligations to be diligent in keeping their registrations current and making the required corrections within the legislated timeframes. The lobbyist did not take any position on the publishing of this decision in his request for reconsideration. Nonetheless, I will consider this matter.

[29] I have the authority to publicly disclose reports under s. 7.91 of the LRA. I believe publication of IR14-01 and this decision is desirable as a reminder to lobbyists and the public of the need to keep registrations current and to make required the corrections within legislated timeframes. If I chose not to publish this decision and IR14-01, I would not be advancing these important objectives.

CONCLUSION

[30] For the above reasons, under s. 7.3(3)(b) of the LRA, I confirm the Investigator's determination in IR14-01 that the lobbyist pay an administrative penalty of \$500. I have also decided to publicly disclose this decision and IR14-01.

[31] As required by s. 7.3(3)(c) of the LRA, I extend the date by which the confirmed administrative penalty of \$500 must be paid to 30 days after the publication of this decision, that is on or before **July 21, 2014**.

June 6, 2014



Elizabeth Denham
Registrar of Lobbyists