



MEMBER CRISIS COMMUNICATIONS MANUAL

For Assistance in the Case of Media Crisis Please Contact:

Daniel Fontaine, CEO, BCCPA

dfontaine@bccare.com

604-356-4165 (cell) or 604-736-4233 ext. 229

Copyright: With the exception of those portions of this document for which a specific prohibition or limitation against copying appears, the balance of this document may not be produced, reproduced and published in its entirety, in any form, including in electronic form, for educational or non-commercial purposes, without requiring the consent or permission of the BC Care Providers Association (BCCPA).

Acknowledgement: The BC Care Providers Association would like to acknowledge the Ontario Long Term Care Association (OLTCA) for providing our members with access to their Member Crisis Communications Manual. This amended version was produced for the exclusive of our members and would not have been possible were it not for the generous support of the OLTCA.

Disclaimer: While every effort has been made to ensure the accuracy of the contents at their time of publication, neither the BCCPA nor OLTCA accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omissions in the contents of this work. The manual is intended as a guideline only and the Associations assume no responsibility for actions taken as a result of the information provided in this manual.

Purpose of this Document	3
Crisis Response Timeline	4
Evaluate The Crisis	5
Core Crisis Team Members	6
Convene the Crisis Team + Social Media	6
Media Protocol	7
Response (Key Message) Development	8
Key Stakeholders	9
Choosing Proactive Communications Tools	13
Appendices	
1. Crisis Log & Situation Scan	19
2. Key Message Development & Samples	21
3. Frequently Asked Questions from BCCPA	25
4. Stakeholder Log	30
5. Health Authority Contact List	31
6. Sample Communication Products	32
7. Media Call Log	37

Purpose of This Document

Crises by their very nature are unexpected events, especially in the field of health care where the well-being and, in some cases, the lives of people are on the line. However, being prepared for all eventualities is the hallmark of effective crisis communications planning. Laying out the range of possibilities, contact information for all relevant stakeholders, the appropriate responses, and the process by which to respond are the primary objectives of this crisis manual.

Every crisis has its own unique characteristics. While the objective is always to contain the crisis, there is a time to be proactive in communications and a time to use restraint. Decisions must be made quickly and, inevitably, when information may be incomplete. Having a comprehensive communications manual in place with a clear path forward saves valuable time, allowing the team to focus on the actual crisis.



This manual defines what to do when a crisis hits, how to pull together the best team for an effective response, how to develop a message, when your spokesperson(s) communicates your desired message, and the vehicles through which to communicate, and the key media and stakeholders to whom you must immediately reach out.

With the right messages and the right process, you can effectively manage unanticipated events, communicate during a crisis, and minimize reputational damage.

Keeping Track of Developments

Throughout this manual (and included as appendices) are references to logs: for the initial scan and briefing of the crisis, and for incoming calls and communication from media and stakeholders.

These logs ensure that there is proper documentation of the crisis and relevant developments. Doing so will help the team responding to the crisis and communicating to media, stakeholders, and government are aligned and not inadvertently disseminating conflicting or contradictory messages.

Further, using the logs as a guide and knowing what to ask and what to track will preserve bandwidth and make decision-making more efficient and effective.

Crisis Response Timeline

The following timeline provides a guideline for necessary actions, recommended timing and responsibilities. Processes and procedures for each of the actions are found throughout the manual. The timeline is a starting point. Timelines and steps should be amended to reflect your existing protocols and processes for managing and responding to a crisis.

Action	Timing	Responsibility	Refer to
Initial call from a reporter; or Story breaks; or Service provider notifies BCCPA of major incident; or News breaks of investigation.	Immediately	Member	N/A
A. Evaluate the Crisis			
1. Identify crisis lead	Immediately	Member	Page 5
2. Convene the crisis team	Immediately	Member	Page 6
3. Launch monitoring services	Immediately	Member BCCPA	Pages 6-7
4. Communicate the media protocol internally	Immediately	Member	Pages 7-8
B. Identify The Facts and Inform Stakeholders			
1. Assess situation and gather information	Immediately	Crisis Team	Page 9 Appendix 1
2. Develop key messages	ASAP	Communications Lead / BCCPA	Page 8 Appendix 2&3
3. Identify & Inform Stakeholders	ASAP	Crisis Team	Pages 9-11 Appendix 4&5
C. Communicate the Response through Media			
1. Prepare spokesperson	Day of Crisis	Communications Lead / BCCPA	Page 12
2. Choosing the right communications tools	Day of Crisis	Crisis Team	Pages 13-14
3. Develop communications materials	Day of Crisis	Communications Lead / BCCPA	Page 15 Appendix 6
4. Communicating with media	Ongoing	Member	Page 15 Appendix 7
D. Monitor the Crisis, E. Communicate the Progress through Media, F. Recover Reputation			
1. Track the crisis	Ongoing	Member BCCPA	Page 16
2. Track crisis team action	Ongoing	Communications Lead	Page 16
3. Update materials as needed	Ongoing	Crisis Team	Page 17
4. Communicate work done	Ongoing	Crisis Team	Page 18
5. Post-crisis debrief	Ongoing	Crisis Team	Page 18

A. Evaluate the Crisis

1. Identify Crisis Lead

Based on the type of crisis, identify whether crisis response will be led by BCCPA or member.

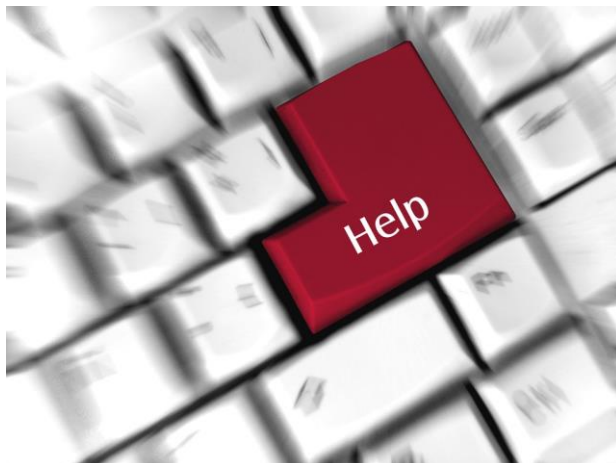
While BCCPA will play a role in supporting members by helping manage and respond to each crisis, the list below segments specific crises as being led by the BCCPA or led by the impacted member:

BCCPA Crisis:

- Unexpected government and regulatory announcements
- Media interest in “systemic” issues of abuse or neglect
- Death or serious injury as the result of violence or neglect in the care home or senior’s home if receiving home care services.
- Province-wide or multi-member union strike
- Province-wide or multi-member environmental damage
- Province-wide or multi-member disease outbreak

Member Crisis:

- Accidental death, abuse or injury as a result of violence or neglect from a residential care or home care provider.
- Family complaints
- Inappropriate use of surveillance technology either in a residential or home care setting
- Staffing issues or strike
- Site-specific environmental damage
- Site-specific disease outbreak



Convene the Crisis Team

Once crisis is known and has been identified by member, convene the Crisis Team to gather information and evaluate the situation.

Crisis team should at a minimum include:

[Member Home to fill in names and contact information]

Name	Primary Contact	Alternative Contact
Home administrator/Home Care Manager		
Communications lead or communications consultant, if applicable		
Daniel Fontaine CEO	604-356-4165 dfontaine@bccare.ca	604-736-4233 ext 229
Owner/operator, if applicable		
Residential Care Service Provider: Representative from Family Council		

2. Launch Monitoring Services

Media

Media monitoring can be coordinated by BCCPA.

During the duration of the crisis, clippings will be distributed to members of the Crisis Team twice daily: in the morning and in the afternoon.

Social media

The Communications Lead or BCCPA, using any necessary third-party support, can arrange for social media monitoring, should the situation warrant.



Using the details gained from the initial brief, detailed within the crisis log; develop a set of keywords to monitor online.

The Communications Lead should update the Crisis Team immediately about any influencers commenting on the crisis. A daily analysis of the online conversation should be completed by end-of-day every day during the crisis.

Social media can be used in the early stages and throughout the crisis to provide brief, timely and non-

sensitive information to the public/media. However, they should never take the place of a formal media release or statement.



Sample Tweet:

We're currently reviewing emerg situation taking place @ Kensington location. Will report more details via website @ 2 pm

The tweet should be used to quickly advise the public that you are aware of the situation, are working on providing more information as soon as possible.

If you can assure the public, family etc...that a situation is under control, you can also send a tweet such as:

Emerg situation @ Kensington location under control. Seniors & staff all safe. More details to come via website at 2 pm.

Stakeholders

Regularly visit stakeholder websites, blogs and newswire sites to monitor commentary and secure copies of materials that may be posted. The communications lead should update the Crisis Team as needed about any stakeholder mention of the incident.

3. Communicate Media Protocol Internally

Inform main receptionist and/or administrative personnel that they may receive incoming calls regarding the crisis from stakeholders and media and to refer to their **media protocol** (below) on how to handle requests.

Media Protocol

If media arrive on premises or call reception, greet them politely and use the following script to guide your conversation with them:

Hi, may I help you?

Thank you for your interest. All media inquiries are being directed to [NAME – TYPICALLY THE COMMUNICATIONS LEAD].

May I please have your name, the media outlet for which you work, and contact information?

Thank you. I will have someone assist you as soon as they can.

Notify **[Member to insert Crisis Team Communication Lead name]** as soon as you receive a media request.

Mobile: [number]

Email: [email]

B. Identify the Facts and Inform Stakeholders

1. Assess Situation and Gather Information

Initial briefing with Crisis Team using **crisis log and situation scan** (**Appendix 1**) to take notes and evaluate internal and external factors that may impact the crisis. This scan is essential to assessing what is known about the situation, what facts or information still need to be obtained, important context, and ongoing activities. This information will help you to develop key messages and to respond to media inquiries.

Remember that in gathering these facts and assessing the situation, your ultimate goal is to position yourself as the expert with the most information about the situation and the potential solution to the issue.



2. Develop Key Messages

- Key messages will assist spokespeople and the Communications Lead to respond appropriately to media requests and to issue fact-based, effective communications products to assist in managing through the crisis.
- Using the information and facts gathered during the initial briefing on and information gathering of the situation, draft key messages. If the situation has changed since the initial briefing, update the **crisis log** and **situation scan** to reflect update.
- Message tree outlined below to assist with drafting key messages and statements.
- BCCPA is available to assist in reviewing and providing sector-wide context and facts for key messages.
- Sample key messages for variety of crisis scenarios are included as part of **Appendix 2**
- See **Appendix 2** for a useful document of frequently asked questions and answers on sector issues to help guide message development

Message Tree

1. Express sympathy and empathy
2. Provide clear details and specific information – remember that you are the expert on the issue
3. Outline actions being taken and next steps
4. Commit to an update and detail future activity

Get Approval of Key Messages (maximum 3 suggested)

- [Member to insert approval process for key messages, including role of BCCPA]

Updating Key Messages

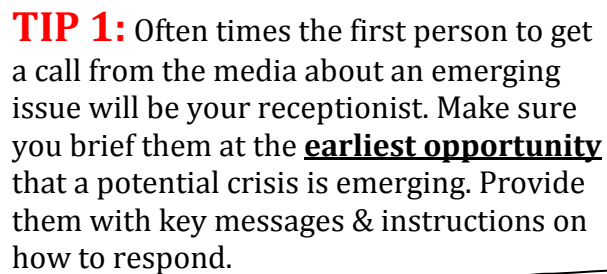
- Update key messages as new information becomes available.
- If warranted, update relevant stakeholders on new information.

3. Identifying Stakeholders

As part of crisis management, **proactive** outreach to key stakeholders is critical, both to inform them of the facts and position your home as the go to voice for information and as being “on the ball”.

It’s important to contact key stakeholders before they hear of the issue through the media. The list of potential stakeholders to contact is below. **Please remember that this list is in addition to necessary critical incident reporting.**

- Before contacting relevant stakeholders, ensure that your key messages are developed and approved so that they form the basis of the information being shared with stakeholders.
- Provide relevant Team members conducting outreach with **stakeholder log (Appendix 3)**.
- These logs ensure consistency of communications, and provide the Crisis Team with information about volume of calls and emails, urgency, as well as the ability to track specific concerns.
- Once the Crisis Team has communicated with stakeholders, track all future incoming questions using the **Stakeholder Log (Appendix 3)**.



TIP 1: Often times the first person to get a call from the media about an emerging issue will be your receptionist. Make sure you brief them at the **earliest opportunity** that a potential crisis is emerging. Provide them with key messages & instructions on how to respond.

Stakeholder Contact List

Stakeholder	Responsibility	Communications Method	Contact Information	Timing/Notes
Affected family members	Member	If possible, meet in person If not possible, phone	N/A	Contact ASAP
Deputy Minister, Ministry of Health	BCCPA	Email Phone	Doug Hughes, ADM 250-952-1049	Contact before any media hits
Health Authorities	BCCPA	Email Phone	Please see Appendix 7	Contact ASAP
Members	BCCPA	Member briefing Ongoing communications via phone and email	Please see Appendix 6	Timing TBD depending on Communications Plan
Affected Family Council(s)	Member	Use existing member channels	N/A	Contact ASAP
Staff of affected member home	Member	Use existing member channels	N/A	Contact ASAP
Volunteers at affected member home	Member	Use existing member channels	N/A	Contact ASAP
Relevant unions	Member	Phone	[member to insert key contact]	Timing TBD depending on Communications Plan
DHA (Denominational Health	BCCPA	Phone	Susan House (DHA)	Timing TBD depending on

Association) BC Seniors Living Association			smhouse@shawlink.ca (604) 524-3427 Marlene Williams (BCSLA) marlene@bcsla.ca (604) 689-5949	Communications Plan
Media	BCCPA; or Member	See Section C	N/A	

C. Communicating the Response through Media

1. Prepare Spokesperson

Communications from members should be done by the **home administrator** or the **most senior personnel closest to the site of the crisis**.

In advance of any crisis, identify a number of possible spokespeople and ensure they are properly trained and comfortable speaking to media. Media training should be refreshed on an ongoing basis.

Prior to speaking with any media, Crisis Team should ensure that these individuals are fully briefed on the situation and have reviewed and provided feedback on key messages.



TIP 2: Schedule crisis communication training for your key staff on a regular basis like you would other training. Identify real-life scenarios and walk through with your staff how you would handle them in a crisis situation.

Choosing the Right Communications Tool

The chart below is a guideline for which communications tools should be used for each of the crisis scenarios. A description of each of the tools is below. Please align with your existing communication protocols.

Depending on the severity of any crisis, a media briefing might be warranted.

TYPE OF CRISIS		PROACTIVE COMMUNICATIONS TOOLS		
BCCPA-Led	Member-Led	Holding Statement	News Release	Media Briefing
Government announcements		X	X	
“Systemic” abuse or neglect		Reactive		
Death at non-member		Reactive		
Province-wide strike		X	X	
Province-wide environmental damage		X	X	X
Province-wide disease		X	X	X
	Resident death, abuse or injury as a result of abuse or neglect	Reactive		
	Family complaints	Reactive		
	Staffing issues or strike	X	X	
	Environmental damage	X	X	
	Disease outbreak	X	X	

- **Using a Holding Statement**

In the immediate aftermath of a crisis, the Crisis Team or member leading the response should release a holding statement. A holding statement is a short communiqué that outlines clear details as known.

A holding statement can be proactively used to bridge the gap between the immediate interest sparked by a crisis and a more fulsome response, whether via news release or media briefing.

Distribute holding statement via [add Member Home existing distribution service – Contact BCCPA if assistance required].

Prior to releasing a holding statement, you must be prepared for amplified stakeholder and media interest. Have key messages prepared and the Communications Lead and your spokesperson ready to speak with the media.

- **Using a News Release**

Once more details are known and a response to resolve the situation (as much as possible) is in place, the Communications Lead should distribute a news release.

A news release is a required next step after issuing a holding statement. Media interest will be amplified; stakeholders will want further information about the situation. A news release will ensure that you communicate quickly and consistently.

Distribute holding statement via [add Member Home existing distribution service – Contact BCCPA if assistance required].

Prior to issuing a release, ensure that the Communications Lead is prepared to field calls and questions.

- **Using a Media Briefing**

In the event of a major crisis, a media briefing should be planned and scheduled to efficiently and effectively communicate key messages and response.



When planning a media briefing, ensure the following is complete:

- Spokesperson is briefed on situation and is comfortable with key messages.
- Collateral materials, such as backgrounders and technical briefings, are available for journalists.
- Visuals of the briefing match the crisis. Avoid overtly bureaucratic visual cues like offices and desks.
- Content experts are on hand to answer technical questions about the crisis.
- Media have been given clear details about time and location.

2. Developing Communications Materials

Using the now-developed **key messages (Section B.2.)**, prepare the appropriate communications materials.

Refer to **Appendix 5** for the frameworks and draft communication materials for each of the scenarios, including:

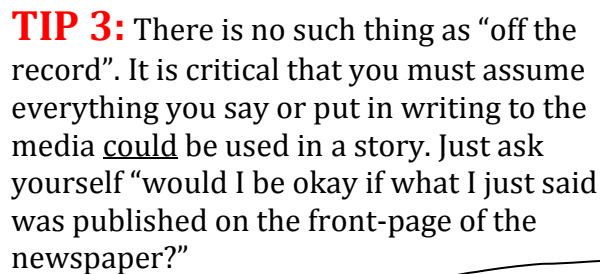
- Holding statement
- News release

3. Communicating with Media

Should the Crisis Team decide that the crisis warrants proactive communications, to disseminate a holding statement then news release.

Once you have communicated, media interest will increase and media will begin to contact the Crisis Team. Track all incoming media questions and requests using the **media call log (Appendix 4)**.

In the event that the Crisis Team decided against proactive communications with the media, incoming calls should be monitored and responded to as necessary on a reactive basis.



TIP 3: There is no such thing as “off the record”. It is critical that you must assume everything you say or put in writing to the media could be used in a story. Just ask yourself “would I be okay if what I just said was published on the front-page of the newspaper?”

D. Monitor the Crisis

1. Track the Crisis

Continue to monitor incoming regional and domestic media, as well as any remaining social media posts. Look for:

- Visibility of your message
- Frequency and prominence of spokespeople's quotes
- Frequency and prominence of quotes from other stakeholders
- Tone of coverage
- Volume of media calls
- Types and frequency of pictures
- Placement of stories

Review stakeholder and employee communication logs. Look for:

- Volume of incoming calls
- Types of questions being asked
- Areas of specific concern
- Level of stakeholder agitation



2. Track Crisis Team Action

Throughout managing the crisis, the Crisis Team should debrief regularly to review updated and developments, media coverage, and incoming communications logs (stakeholders, media, employees).

When debriefing, consider:

- Has the crisis escalated in intensity? How? What's driving the escalation?
- Is there an increased risk to employees or residents at the affected site?
- What is the status of any potential damage? Of the injured?
- Have those related to the injured been contacted? What was their reaction?
- Is there erroneous or misleading information being reported? What is the source?
- What is the current level of media interest? What is the tone of media coverage? What is the media's focus?
- How many media calls have been received? How many have been returned?
- What are stakeholders asking? What's driving their concern?
- Have government officials expressed an interest or made statements relating to the situation?
- Does the Crisis Team need additional support or resources?

E. Sustain Communications

1. Update Materials as Needed

Based on the Crisis Team's review of incoming media and stakeholder calls, update materials as needed.

Communicate new information or updates as necessary.

Track incoming communications and external statements to identify new audiences that may have arisen since the crisis began.



TIP 4: Often times someone may complain to the media about what they perceive as an injustice. They are able to freely provide their version of the story while you are restricted from providing a balanced perspective due to privacy legislation.

One way to handle this is to ask media to confirm (in writing) if the family member/resident in question will permit you to speak freely about all the details of the issue at-hand.

You could advise the media *"if the [family or resident] is prepared to allow us to speak freely and provide you with a different perspective, we are willing to do so. But you will have to confirm this with them in writing first...otherwise privacy legislation restricts what we can say."*

F. Recover Reputation

1. Communicate work done

Update key messages to communicate actions taken and, if possible, BCCPA and members' solution to the initial problem at hand. A solution will not always be possible. However, the public and government will expect that the long term care sector take action to do what is possible to mitigate future risk and has the answers to what is required to fix sector or member-home issues.

In the event that a solution is not at hand, outline the steps being taken to mitigate risk as much as possible.

Communications should pivot to “champion” work done to resolve the crisis. Demonstrate how the company is stronger and safer as a result of the experience.

Once done, return to normal communications assignments.

2. Post-Crisis Debrief

Approximate one week after the crisis, convene management and resident and family councils to review actions taken, response heard from stakeholders, media coverage, and how to improve in the future.

If required, **update the crisis manual** with new information and ensure copies are distributed to Crisis Team members and others as needed.

Appendix 1: Crisis Log and Situation Scan

Template: Crisis Log

Who?	
What?	
Where?	
When?	
Why?	
How?	
Your name:	
Date:	Time:

Template: Situation Scan

Activity	Yes/ No/ Need to know and comments
Are members of senior management or board of directors involved in any public or visible situations where they could encounter media?	
Are there any relevant meetings scheduled:	
Are there any other planned communications?	
Are there any government or regulatory announcements planned that would heighten interest in long-term care?	
Are any pre-arranged media interviews booked?	
Are any external stakeholders making statements relevant to the crisis? <ul style="list-style-type: none"> • Government? • Union? • Broader health care sector? 	
Which stakeholders might be conted on to be supportive and should be contacted?	
Has a similar situation previously happened to another home?	

Your name:	
Date:	Time:

Appendix 2: Key Message Development and Samples

Key Messages are the starting point for proactive crisis communications. They require the Crisis Team or member to “fill in the blanks” with the relevant details and information specific to the crisis. Each crisis is unique and will require that the frameworks below be tailored to the exact circumstances.

For each of the scenarios, key messages and associated communications products have been drafted using the following message tree:

1. Express sympathy and empathy
2. Provide clear details and specific information
3. Outline actions being taken and next steps
4. Commit to update and detail future activity

Scenario 1: accidental resident death, abuse or injury as a result of violence or neglect at long-term care home

Express sympathy and empathy

- At [member], we are proud to offer the safest, highest quality care possible.
- We know safety is the number one priority of our residents and their families. We agree: British Columbia’s seniors are entitled to the safest, highest quality care and homes we can provide.

[If death]

- We are saddened to report the loss of [name]
- All staff of BCCPA and our member homes would like to express our deepest sympathy for [name]’s family and friends. This is a truly tragic day.

Provide clear details and specific information

- [Any relevant facts about the incident, permitting there is no police investigation]

Outline next steps and actions being taken

- We know safety is the number one priority of residents and their families. We agree: British Columbia’s seniors are entitled to the safest, highest quality care and homes that we can provide.
- Our homes have policies and procedures in place to protect residents, many of whom have very complex care needs that make safety a key priority.
- [Provide any specific actions being taken to address incident]
- Our home has a quality improvement plan in place that was developed working in partnership with our resident and family council.
- Last year alone, XXX of our staff were trained on resident safety and care.
- We are committed to resident-centred and have received training on aggressive behaviours from partners like the BC Alzheimer’s Society and SafeCare BC.

Commit to update and detail future activity

- We will continue to work to ensure that we can provide our residents with the care they deserve.
- [Member] will continue to update our residents and their families with any relevant developments as they occur.

Scenario 2: complaints

Express sympathy and empathy

- At [member], we are proud to offer the safest, highest quality care possible. We are passionate about safe, high quality care for our residents and their families.
- We know safety is the number one priority of our residents and their families. We agree: British Columbia's seniors are entitled to the safest, highest quality care and homes we can provide.

Provide clear details and specific information

- [Provide details about the broad nature of the complaints]

Outline next steps and actions being taken

- We're proud to work *with* our residents and their families.
- Residents and their families actively participate in the operations of our homes through resident and family councils.
- [Provide any specific actions being taken to address complaints]
- [Member] will continue to work with residents and families to provide the safest, highest quality care possible.

Commit to update and detail future activity

- We will continue to work to ensure that we can provide our residents with the care they deserve.
- [Member] will continue to update our residents and their families with any relevant developments as they occur.

Scenario 3: staffing issues or strike

Express sympathy and empathy

- At [member], we are proud to offer the safest, highest quality care possible. We are passionate about safe, high quality care for our residents and their families.
- We are proud to work with all of our partners to deliver the safest, highest quality care possible.

Provide clear details and specific information

- Every action available is being taken to ensure that care is not disrupted until current labour issues are resolved.
- [Provide details about labour action: why is it happening; how long is it expected to last; what process is currently underway to resolve the situation]

Outline next steps and actions being taken

- We will continue to work to ensure that we can provide our residents with the care they deserve.
- In an effort to return to regular operations and ensure that we offer the safest, highest quality care, we are committed to working with our union partners.

Commit to update and detail future activity

- [Member] will continue to update our residents, their families, and British Columbians with any relevant developments as they occur.

Scenario 4: environmental damage/fire

Express sympathy and empathy

- At [member], we are proud to offer the safest, highest quality care possible.
- We are taking every action available to resolve the current situation.

Provide clear details and specific information

- As a result of [cause], we are experiencing [detail consequences].

Outline next steps and actions being taken

- To ensure that we continue to offer the safest, highest quality care possible, we are working with our partners to [detail action].

Commit to update and detail future activity

- [Member] will continue to update our residents and their families with any relevant developments as they occur.

Scenario 5: disease outbreak

Express sympathy and empathy

- At [member], we are proud to offer the safest, highest quality care possible.
- We are taking every action available to resolve the current situation.

Provide clear details and specific information

- We are investigating the full extent of the outbreak.
- We are experiencing an outbreak of [disease]
- As a result of this outbreak, we are experiencing difficulties at [members]

Outline next steps and actions being taken

- Immediately following the discovery of [disease], action was taken to contain and mitigate the outbreak.
- To ensure that we continue to offer the safest, highest quality care possible, we are working with our partners to [detail action].

Commit to update and detail future activity

- [Member] will continue to update our residents and their families with any relevant developments as they occur.

Appendix 3: Provincial Key Messages

Frequently Asked Questions and Answers from BCCPA

Q. What is “resident-centred” care?

According to the Alzheimer Society, person or “resident”-centred care is a philosophy that recognizes that individuals have unique values, personal history and personality and that each person has an equal right to dignity, respect, and to participate fully in his environment. A really easily understood example is if a resident enjoyed sleeping in their whole life and usually ate breakfast at 11am, ideally we should be able to help them continue to make this lifestyle decision when they are in long term care, rather than expecting them to adapt to our schedule. This is not an easy balance given limited resources, but it is a goal that we strive towards.

Q. What do we need to do about the issue of resident to resident violence?

This is a real issue. Aggressive behaviour is increasing annually for new residents. Residential care homes are absorbing the impact of the historical and ongoing closure of institutional mental health capacity. Whereas mental health beds are closing, our homes are seeing an increase in persons dealing with mental health challenges. Residential care has a different type of care model than other institutional care, particularly with respect to restraint usage and medication.

- Mention BCCPA anti-psychotic best practice guide
- Mention Care to Chat focused on Resident-to-Resident aggression

Q. How does the cost of long term care compare to hospital and home care?

The cost of treating a senior in hospital ranges from over \$800 to approximately \$2,000 per day, whereas the cost of residential care is approximately \$200 per day (BC Ombudsperson Report, 2012). Home care costs vary individually by client – there does come a point when delivery of services in residential care is more efficient from a financial point of view than extensive home care, particularly when a person requires substantial assistance with the activities of daily living or when the client’s safety living at home becomes an issue, which happens with the progression of dementia and physical disease.

Q. How much funding is invested by the Province of BC each year to continuing care?

In BC, the total public cost of subsidies for residential care was \$1.7 billion in 2013, which amounts to about 10 per cent of the provincial health care budget. As of March 2014, there were 361 residential care facilities in BC with over 29,000 beds. The Canadian Institute for Health reports that as of 2013 there are approximately 37,000 seniors in residential care in BC. Of these seniors, 59% are 85 or older, and 61.5% are living with Dementia (Canadian Institute for Health Information, 2013).

Many of these residents have highly complex needs that require a more specialized and intensive type of care than we were traditionally designed to provide. Helping seniors live well, longer, means investing in long term care, too. Particularly as investments are being made to strengthen care at home, it means that when people do need long term care, they have incredibly complex and specialized needs. There are innovative and cost effective solutions for getting there, which I've shared with you today. We are here as a partner to assist in moving our sector forward.

Q. Are there currently enough regulations and oversight of BC's care homes and homecare providers?

Over the last several years, our members have faced an ever increasing regulatory burden. Unfortunately, this often translates into our frontline staff having to spend more time in front of computers and filling out forms rather than caring for their residents.

As noted in the BCCPA report *Seniors Care for a Change* (July 2014), red tape and the burden of regulatory requirements in the continuing care sector can also lead to fewer providers entering the market and fewer care homes in BC. This is particularly costly to the health system as it could increase wait times and burden hospitals where care is more expensive. In the report *Seniors Care for a Change* you can find a number of examples with respect to onerous regulations in the continuing care sector including in areas such as nutrition, locks on bathroom doors, private and semi-private rooms, funeral planning, nursing charts and investigation processes.

Q. What are the BC Care Providers Association "Code of Ethics" and do they apply to our care home?

The BCCPA [Code of Ethics](#) are outlined in Section 2.14 of the BCCPA Constitution & Bylaws and governs how member of the Association will practice and conduct themselves. It includes provisions outlining that service provider members shall:

- a) comply with all bylaws of the Association and will conduct all activities with honesty, integrity, respect, fairness and good faith in a manner which will reflect well upon the industry;
- b) provide adequate facilities and shall serve the residents or clients for whom they are responsible, to the best of their ability, having regard to the total physical, mental and spiritual, and cultural needs and safety of those residents or clients;

- c) promote competence of service delivery management through ongoing education and shall endeavour to employ staff with the personality, ability and temperament necessary to manage or work with persons in care and satisfactory experience, competency and compassion;
- d) strive at all times to be courteous and treat persons in care, clients, their families and the public with consideration and dignity;
- e) comply with all acts, regulations and standards relevant to the sector in which services are provided;
- f) hold that professional relationships are not to be exploited for personal advantage; and
- g) refrain from conduct that undermines the role of the Association and the credibility of the sector.

Q. What is the role of the BC Seniors Advocate when it comes to service care delivery in our province?

The BC Seniors Advocate main role will be to advance service delivery for seniors through monitoring existing services and developing reports and recommendations. The newly established office plans to have four main functions including:

1. Monitoring services to seniors (i.e. waits for long term care, patient satisfaction surveys in residential care facilities, etc...);
2. Information and referral service(i.e. 1-800 line for seniors);
3. Addressing systemic issues for seniors by issuing of various reports ; and
4. Providing recommendations to government and service providers.

Q. What's your position on a minimum staffing standard?

This is an issue that's was **looked at in depth by an expert panel** in Ontario chaired by Shirlee Sharkey in 2007. The continuing care sector in participated in those consultations and agree with the resident-centred recommendation for investment in more front line staff, but not a minimum staffing standard, which would hinder our homes' ability to appropriately resource residents for their individual needs, and could also result in escalating costs for our sector that aren't being used most effectively for resident care.

As part of its 2009 Residential Care Health and safety Guidelines the BC Care Providers Association (BCCPA) developed a comprehensive Action Plan to improve the quality of senior's care across the province. The plan included setting a 3.2 hour minimum staffing ratio (3.2 hours of direct care/patient/day).

As a matter of caution and to ensure that licensed residential care operators meet their legislative and regulatory obligations, the BCCPA also developed a Resident Care Safety Grid to provide care managers with a tool to ensure safe care can be delivered to a resident prior to admission. In addition to creating resident safety profiles and complimenting MDS, the proposed guidelines reinforce the need for 3.2 hours of care/resident/day as the preferred standard of quality care & 2.8 hours of direct care/resident/day as baseline standard 2 hours of direct care/patient/day to 3.2 hours (see http://www.bccare.ca/wpcontent/uploads/bccare_safety_grid_v11.pdf)

Q. What is your view on End of Life Care?

Hospice care provided in home to long term care residents has been shown to improve the quality of end of life care. However, hospice utilization in British Columbia residential care homes is typically low¹. As of September 2012, B.C. had a total of 266 publicly subsidized hospice palliative care beds.

In March 2013, the BC government announced its Provincial End-of-Life Care Action Plan for British Columbia to improve access to end-of-life care so people can remain at home and in their community longer. This included funding to establish a centre for excellence in end-of-life care. As part of the last provincial election, the government also committed to double the number of in the province by the year 2020.

While these commitments including to expand hospice beds are commendable, it will be important that they are met. Along with improving capacity through the building of new hospice beds, it will be crucial to ensure greater continuity with end-of-life and the continuing care sector. Currently, palliative care services are often inadequately integrated into residential long-term care, and staff and physicians are often unprepared to discuss end-of-life wishes and expectations with residents and their families.

In summary, ensuring seniors are cared for appropriately in their end-of-life will require a commitment to build upon the existing capacity as well as improving continuity of care with residential care. It will be important to ensure that along with building the necessary infrastructure that continuing care facilities are also appropriately resourced to meet increased demands and that staff are appropriately trained as such.

Q. Did you receive a funding increase last year?

Last year's budget provided minimal funding increases for our members.

Overall, the increases in residential care funding have not matched the rising acuity level of seniors in residential care. Despite increasing levels of acuity and multiple chronic conditions, funding is often less than collective agreement increases or cost of living increases as health authorities rarely recognize inflationary pressures.

As a result of these deficiencies, funding shortfalls in the continuing care sector increase year after year. These funding shortfalls also come at a time when there are calls from the public and the families of those in care to provide an even higher level of service for their loved ones.

¹ Zheng et al., 2012, Gerontologist

While our members deliver the best care possible and creatively find ways to get by with the resources available through government funding, shortfalls are ultimately to the detriment of seniors in care. This system of having care homes operate at a financial disadvantage is inefficient and unsustainable. An efficient and sustainable system requires collective agreements to be fully funded and other care costs fairly compensated.

Helping seniors live well, longer, means investing in long term care. Being properly resourced means we can provide safer, higher quality care and quality of life, reduce transfers to the emergency department and better contribute to end of life care. There are innovative and cost effective solutions for getting there, some of which I've shared with you today. We are here as a partner to assist in moving our sector forward.

Q. Doesn't an increase in funding mean an increase in profit for residential care homes (if pressed on the above)?

Residential care homes in British Columbia are committed to responsible and efficient spending of taxpayer's dollars. We have implemented some of the most stringent oversight when it comes to allocating government funds to our LTC homes – and in fact the funding increases for administration have not kept pace with inflation. Our business is to provide safe, high quality care for residents.

Q. How do you know that complexity is increasing? Aren't there serious flaws in your data measuring acuity?

Independent research undertaken by Dr. Jeff Poss and Dr. Colin Preyra present data that showed complexity and frailty is increasing in residential care. Our homes, residents and their families would agree, as do many of our health sector partners. We're working with the government to solve some of the challenges with the data our sector uses to measure acuity.

Q. Isn't it up to you and the rest of your sector to manage your own funds properly?

Helping seniors live well, longer, means investing in long term care. There are innovative and cost effective solutions for getting there, some of which I've shared with you today. We are here as a partner to assist in moving our sector forward.

Appendix 4: Stakeholder Log

****Forward completed forms to the Crisis Team ****

Name and title:				
Company/organization:				
Telephone number:				
Email:				
Type of stakeholder (circle/highlight)				
Government	Member			
Union	Resident or Family			
Staff or Volunteer				
Level of concern:				
	High	Neutral	Low	N/A
Specific question:				
Other comments:				
Response (what you said and stakeholder's expectations for follow up):				

Your name:	
Date:	Time:

Appendix 5: Health Authority Contact Information

[Fraser Health](#)

A/President and Chief Executive Officer: Dr. David Ostrow
T: 604 587-4600

[Interior Health](#)

President and Chief Executive Officer: Dr. Robert Halpenny
T: 250 862-4200

[Northern Health](#)

President and Chief Executive Officer: Cathy Ulrich
T: 250 565-2649

[Vancouver Coastal Health](#)

President and Chief Executive Officer: Mary Ackenhusen
T: 604 736-2033

[Island Health](#)

President and Chief Executive Officer: Dr. Brendan Carr
T: 250 370-8699

[Provincial Health Services Authority](#)

President and Chief Executive Officer: Carl Roy
Phone: 604 675-7400

Appendix 6: Sample Communication Products – Residential Care Service Providers

Holding Statement (accidental resident death, abuse or injury as a result of violence or neglect)

[Member] is committed to working with all of its partners to deliver the safest, highest quality care and support possible. We are extremely saddened to report the loss of [name]. All the staff at [member] would like to express our deepest sympathy for [name]’s family and friends. This is a truly tragic day.

We know that safety is the number one priority of our residents and their families. We agree: British Columbia’s seniors are entitled to the safest, highest quality care and homes we can provide and we are committed to that promise.

[Member] is not currently able to speak to the specifics of the incident because there is currently an investigation underway.

However, [member] will continue to work to ensure that we can provide our residents with the care they deserve, and [Member] will provide updates to its residents and their families with any relevant developments as they occur.

News Release (accidental resident death, abuse or injury as a result of violence or neglect)

[LOCATION], British Columbia—([date]) – [Member] today responded to the [provide details about incident].

“At [member], we know safety is the number one priority of our residents and their families. We agree: British Columbia’s seniors are entitled to the safest, highest quality care and homes we can provide,” said [spokesperson], [position] at [member]. All the staff at [member] would like to express our deepest sympathy for [name]’s family and friends. This is a truly tragic day.

[Member] is currently conducting an internal review on the incident. Findings from the review may inform future policy changes or direction. [Member] currently has [X#] policies and procedures in place to protect residents, many of whom have very complex care needs that make safety a key priority.

[Provide any specific actions being taken to address incident, if possible]

“I want to ensure residents and families that we are working with the Ministry of Health to assess the situation and protect the safety of our residents. We are committed to resident-centred and have received training on aggressive behaviours from partners like the Alzheimer’s Society, all of which make up part of our home’s Quality Improvement Plan,” says [name].

[Member] will continue to update its residents and their families with any relevant developments as they occur.

Holding Statement (complaints)

[Member] is committed to working with all of its partners to deliver the safest, highest quality care and support possible.

[Provide details about the complaint.]

[Member] is currently working with the Family Council at the home to assess the complaint and potential options for addressing resident concerns.

[Member] will continue to update its residents and their families with any relevant developments as they occur.

News Release (complaints)

[LOCATION], British Columbia—([date]) – [Member] today responded to the [provide details about complaint].

“At [member], we are committed to offering the safest, highest quality care and support possible. British Columbia’s seniors deserve no less than that,” said [spokesperson], [position] at [member]. “Our staff are working actively with the Resident Council at the home to resolve this important issue.”

At [Member], residents and their families actively participate in the operations of our homes through resident and family councils, and including taking part in quality improvement programs at the home.

[Provide any specific actions being taken to address complaints]

“We appreciate the support of the Family Council on this matter. We will continue to work with residents and families to provide the safest, highest quality care possible, “ says [name].

[Member] will continue to update its residents and their families with any relevant developments as they occur.

Holding Statement (labour strike)

[Member] is committed to working with all of its partners to deliver the safest, highest quality care possible.

[Provide details about labour action.]

Every action available is being taken to ensure that care is not disrupted until current labour issues are resolved.

[Member] will continue to update its residents and their families with any relevant developments as they occur.

News Release (labour strike)

[LOCATION], British Columbia —([date]) – [Member] today responded to the announcement that [provide details about labour action].

“At [member], we are proud to offer the safest, highest quality care possible,” said [spokesperson], [position] at [member]. “We are committed to working with all of our partners to deliver the safest, highest quality care possible.”

[Member] is taking every action available to ensure that care is not disrupted until current labour issues are resolved.

“We will continue to work to ensure that we can provide our residents with the care they deserve. Anything short of the best care because of labour disagreements is unacceptable,” said [spokesperson].

In an effort to return to regular operation and ensure that residents receive the safest, highest quality care, [member] is committed to working with its union partners.

[Member] will continue to update its residents and their families with any relevant developments as they occur.

Holding Statement (Environmental Damage/Fire)

Today, [cause] caused damage to a [member] home.

Immediately following the discovery of the damage, repair personnel were contacted and dispatched. [Member] is investigating the full extent of the damage.

At the moment, we understand the damage to include [details]. As a result, we expect [consequences]. The safe care of our residents is not in jeopardy. [Member] is taking every action to speedily resolve the situation to ensure that we continue to offer the safest, highest quality care possible.

[Member] will continue to update our residents and their families with any relevant developments as they occur.

News Release (Environmental Damage/Fire)

[LOCATION], British Columbia—([date]) – [Member] today announced that as a result of [cause], damage has been caused to one of its long term care facilities.

“The safety and care of our residents is our number one priority,” said [spokesperson], [position] of [member]. “Immediately after discovering the damage, we contacted and dispatched repair personnel. We are taking every action available to speedily repair the damage.”

[Member] continues to investigate the full extent of the damage. At the moment, the damage is understood to include [details]. As a result of the damage, [detail consequences].

“The safe care of our residents is not in jeopardy. We are taking every action to speedily resolve the situation to ensure that we continue to offer the safest, highest quality care possible,” said [spokesperson].

To ensure that [member] continues to offer the safest, highest quality care possible, it is working with partners and repair personnel to [detail action].

[Member] will continue to update our residents and their families with any relevant developments as they occur.

Holding Statement (Disease Outbreak)

Today, [disease] was discovered at a [member] home.

Immediately following the discovery of [disease], action was taken to contain and mitigate the outbreak.

[Member] is currently investigating the full extent of the outbreak.

The safe care of our residents is not in immediate jeopardy. [Member] is taking every action to speedily resolve the situation to ensure that we continue to offer the safest, highest quality care possible.

[Member] will continue to update our residents and their families with relevant developments as they occur.

News Release (Disease Outbreak)

[LOCATION], British Columbia—([date]) – [Member] today announced that [disease] was discovered at its long term care facility.

“The safety and care of our residents is our number one priority,” said [spokesperson], [position] of [member]. “Immediately after discovering the outbreak, action was taken to contain it and mitigate its outbreak.”

[Member] continues to investigate the full extent of the outbreak. At the moment, the disease is understood to have caused [details]. As a result of the damage, [detail consequences].

“The safe care of our residents is not in immediate jeopardy. [Member] is taking every action to speedily resolve the situation to ensure that we continue to offer the safest, highest quality care possible,” said [spokesperson].

[Member] is working with partners and health professionals to ensure that residents remain safe and receive the highest quality care possible. This work includes [detail actions].

[Member] will continue to update our residents and their families with relevant developments as they occur.

Appendix 7: Media Call Log

****Forward completed forms to the crisis team ****

Media outlet:	
Reporter's name:	
Telephone number:	
Email:	
Key questions/themes:	
Reporter's deadline/expectation for follow-up:	
Is the reporter interviewing anyone else?	
Are there any supportive stakeholder to which we should point the reporter?	
Other comments:	
Response (what you said and stakeholder's expectations for follow up):	
Your name:	
Date:	Time: