

April 21st, 2016

Office of the Seniors Advocate
info@seniorsadvocatebc.ca

VIA EMAIL

Dear Office of the Seniors Advocate,

The BCCPA has a long history of serving as a strong voice for care providers and the countless seniors and family members served by those providers. As you are aware, our members make a commitment every day toward delivering top quality seniors care in the province. It's a focus on excellence that spans over many decades and which continues to guide our activities as we respond to the ever-growing needs of an aging population.

With this in mind we are writing to you to respectfully request you delay the implementation of your upcoming quality improvement satisfaction survey until there has been time to adequately address the concerns outlined in this letter.

Throughout our history the BCCPA has actively encouraged quality improvement surveys as they provide seniors and care providers with valuable information. That said, we believe it is important that quality improvement surveys be conducted in a consistent and coordinated fashion with best practices in mind.

It is for this reason that voicing our concerns to the OSA should not be construed or positioned as our opposition to conducting surveys – rather, we are speaking to the specific nature of this proposed survey and the manner in which it is being conducted.

Issues Pertaining to Satisfaction Survey

From our understanding this initiative is being positioned by the OSA as a quality improvement survey. It is widely understood that these types of surveys require much less rigor and are subject to significantly lower standards than peer-reviewed research.

For this reason, there is a long-standing practice that quality improvement survey results are not shared with the public – but rather, they are provided directly to care operators which can be used to track and improve the overall quality of care. This is done in order to ensure quality improvement survey results are not inappropriately misconstrued by the public as research and relied upon by seniors and their families to make critical decisions with respect to care.

We also understand that these quality improvement survey results will be posted on a site-by-site basis and made available to the public. In our opinion this significantly increases the risk of misinterpretation and misapplication creating confusion for seniors and potential frustration among care providers.

As care providers we are committed to supporting a survey that is a valuable and reliable measurement tool that serves its intended purpose of improving the quality of care provided to our seniors.

What follows is a sampling of additional concerns and/or unanswered questions:

1. **Consent** – The OSA indicates that verbal consent from a resident is all that is required. Does this constitute informed consent? Has this been confirmed in writing by the OSA’s legal counsel and the health authorities? How will this be handled for those residents deemed incapable of providing consent? Do providers also need to obtain consent from family members before we provide their contact information to the OSA?
2. **Ethics** – The OSA indicates it is prepared to bypass the typical ethics review due to the fact this is a quality improvement survey – and not research. Considering the vulnerable nature of the population being surveyed, is this advisable?
3. **Human Resources** – Given the scope of work involved of operators to support volunteers who will conduct interviews our members may be faced with the decision of either redirecting resources from the bedside – or hiring additional personnel to prevent reducing services elsewhere to ensure they meet their obligations as prescribed in the *Office of the Seniors Advocate Act*. Will the OSA or Health Authorities give authorization to redirect resources or provide additional funding to support this?
4. **Resident Interviews** – The OSA staff indicate volunteers will be conducting interviews lasting up to 90 minutes. This will most certainly be an onerous task for many of our frail elderly residents. Will the OSA create a more realistic time commitment of 45 mins for residents - such as earlier discussed at the LTC-CG?
5. **Volunteer Training** – The quality improvement survey proposes to use 1,500 volunteers who are provided with a cursory amount of training, in particular as it relates to Dementia. In light of this, will it be possible for the OSA to assure seniors there was anything near province-wide consistency of information gathering?
6. **Service Alerts** – There is no published definition for “service alerts” as referenced in the material distributed to care providers. If a “service alert” has anything to do with resident safety/health status/incidents, it must be immediately reported to the operator, not one of the OSA’s Regional Engagement Leads (REL) – as is currently proposed. Does the REL have authority under current legislation to receive confidential and sensitive information about residents?
7. **Privacy:** Can the OSA have the *Office of the Information and Privacy Commissioner for British Columbia* confirm that care providers will not be in contravention of provincial privacy legislation by releasing confidential family/frequent visitor contact information to a third party vendor for the proposed mail-out survey?
8. **Scheduling for Resident Interviews/Surveys** – We have been advised scheduling will be directed by the REL and some permissions to change interview dates may be allowed, but are at the sole determination of the REL. How will this be coordinated with Operators?

9. **“Conversational” Methodology** – Conversational interviews are being used to gather information for the purposes of this satisfaction survey. This would be considered an unacceptable practice if this were being conducted as research. Has the OSA confirmed with the academic community regarding the efficacy of using a “conversational” approach to gather data in this manner? If this is done in an interview format, shouldn’t everyone be asked the identified questions in order to ensure consistency? How has interviewer bias been taken into account?
10. **Liability** – Can you provide clarity as to whether the OSA will assume legal liability relating to any on-site injuries or incidents related to the volunteers it has directed to individual care homes?
11. **Independent Analysis** – The goal of the survey would be to ensure it meets the needs of the OSA while at the same time ensuring data gathering techniques are in line with best practices. Would the OSA be prepared to have the current satisfaction survey questions, methodology and support materials reviewed by an independent body linked to the Province’s major post-secondary institutions such as UBC or SFU?

Care providers fall under the jurisdiction of numerous regulatory bodies in British Columbia. We feel that one of our many responsibilities is to ensure that by providing information to one agency, we have not inadvertently broken our commitments or legal obligations.

Noting the accelerated timeline for this project, would it be possible to arrange a meeting with the OSA as soon as possible in order that we can support your overall efforts to conduct this quality improvement survey? In particular, we would like to understand the answers to the questions above in order to ensure we are addressing all of our regulatory requirements, legal responsibilities and risks as well as meeting ethical standards. Equally important is the responsibility we have to ensure seniors and the public in general that we are compliant with the *BC Residents Bill of Rights*.

Please feel free to contact me directly with any questions and/or concerns. I look forward to meeting with the OSA to discuss further at your earliest convenience.

Sincerely,



Daniel Fontaine
CEO, BCCPA

cc. Stephen Brown, Deputy Minister of Health
Dr. Darryl Plecas, Parliamentary Secretary to the Minister of Health