



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

EVERY VOICE COUNTS

LONG-TERM CARE
RESIDENT AND VISITOR
SURVEY RESULTS - 2023

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All of us want to live the entirety of our lives on our own terms. We want to get up in the morning when it suits us, eat the foods we like and determine for ourselves what we will do each day. Fortunately, most of us will be able to enjoy this personal autonomy throughout our adult life. For some of us, however, health issues as we age will impact our ability to completely care for ourselves. When assistance from others is required, many of us will have help come into our home, and if our needs are significant, we may find moving to a long-term care home is the most suitable option.

In British Columbia, people who live in long-term care come from every background and all reaches of the province. While differences in life experience and geography can be vast, residents share a desire for an existence that has meaning beyond receiving basic medical care. The ability to engage with others, have a purpose to their day, find moments of happiness, and enjoy the dignity that comes when opinions and contributions are welcomed, matter just as much to residents as receiving the proper medications and living in a safe environment.

Measuring how well we are meeting the overall needs of people living in long-term care is challenging. What makes one person happy might make another person miserable, and my idea of a good quality of life is different from the next person's. This is why it is so important to hear about the day-to-day experiences of people living in long-term care from people who are living it – the residents. Only by this process can we measure whether our policies, programming and interventions are achieving their goal – to provide the best possible life for the greatest number of people.

We also know that many residents in long-term care have a family member or close friend who is integral to their life. These are the spouses, children or close friends who visit regularly and are considered care partners. Understanding how family and friends perceive the quality of life their loved one enjoys is important. Allowing these frequent visitors to participate in the survey allows their voice to be heard and signals we value the role family and close friends play in the lives of long-term care residents.

Every five years, my office undertakes a comprehensive survey to ask all residents and their loved ones about their day-to-day experiences in long-term care. Through the effort of hundreds of trained volunteers, each resident has an opportunity to have their voice heard by answering a series of questions and their loved ones can answer a survey online, on paper or over the telephone. Taken together, these individual voices provide an overview of how well we are meeting the needs and expectations of long-term care residents and their loved ones.

This report, which highlights our latest survey, was completed with a backdrop of the COVID-19 pandemic and its impact on long-term care. Most residents who were surveyed were not living in long-term care during the first year of the pandemic when measures and consequences related to outbreaks were most severe. However, most have lived with COVID-19's residual effects and the unique responses and operational changes made by individual facilities as the pandemic receded. How much potential progress has been impeded by the pandemic

is difficult to quantify but it is likely one reason why, when we compare results from this survey to those five years ago, we find little has changed. Some areas are a little better, some a little worse, but overall, we still find a need for improvement that is significant in some areas.

The thousands of voices heard in this survey, both residents and the people who love them, tell stories of inspiration and sorrow, highlight examples of great compassion and shine a light on needs that go unmet. When viewed overall, the people living in long-term care and those who love them recognize we offer a care system for frail seniors that demonstrates strength and resilience but also has gaps and fault lines that grow bigger over time.

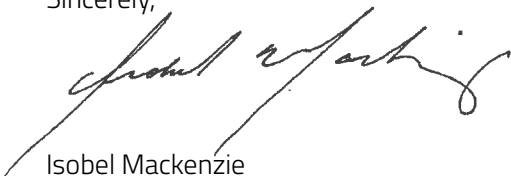
The scheduled life that congregate living presents continues to be a challenge to personal autonomy; a sense of purpose is lacking for many residents and despite living with other people around them all the time, some residents continue to experience isolation and loneliness. Many do not have other residents as close friends, they do not see themselves as having a lot in common with people around them and they do not find daily activities sufficiently meaningful.

Many residents and their families still feel there is not enough staff to help with daily tasks such as bathing or eating, which impacts the quality of life they want for themselves or their loved ones. Funded staffing levels increased 10% since the last survey and overall long-term care spending increased 45%, yet the overall level of support and engagement by staff remains similar to five years ago.

We continue to see high marks from residents and family members for the staff of long-term care in terms of their compassion and skill, along with the observation they need more time and consistency of schedules to allow greater engagement with residents. Overall, most residents feel safe and secure, what is lacking are activities that elevate life where comfort, joy and meaning are daily experiences.

There are many aspects of our system that work well. In particular, the skills and compassion of those who work in long-term care and the love and devotion of family members. British Columbians care deeply about seniors in long-term care as evidenced by the hundreds who volunteered to ensure the voice of residents was heard. This is a strong foundation upon which we can build a better quality of life for all residents and I am optimistic this will be achieved.

Sincerely,



Isobel Mackenzie
Seniors Advocate
Province of British Columbia

ACKNOWLEDGEMENTS

The 2023 survey of long-term care residents in British Columbia was a complex undertaking. It required recruiting hundreds of volunteers to be trained and deployed to almost 300 long-term care homes in all parts of the province to interview almost 28,000 long-term care residents.

The challenge of surveying thousands of long-term care residents over the last 18 months was amplified by the health and safety concerns related to the COVID-19 pandemic. Notwithstanding this, British Columbians again stepped up in spectacular fashion to interview thousands of seniors living in long-term care about their experiences. Volunteers came from across British Columbia from varied backgrounds, experiences and linguistic abilities bound by a common desire to help make life better for people who live in long-term care. Close to 500 British Columbians volunteered and contributed 20,000 hours to engage with and interview thousands of residents at almost 300 publicly subsidized long-term care homes in B.C.

I would like to take this opportunity to recognize many people who helped make this study possible. First, thank you to the Consultation Group comprised of representatives from long-term care homes, non-profit organizations, health care unions, Ministry of Health, health authority and OSA staff, resident and family councils, and the BC Office of Patient Centred Measurement (OPCM). This team of valued experts helped ensure the survey itself would gather accurate results and ensured the process was smooth for all involved.

The leaders, operators, site champions and staff at each long-term care home were vital to helping the surveying take place on the ground and assisting the volunteers and residents whenever possible. In addition, the care homes were instrumental in helping the project team engage with family members and most frequent visitors who also had important feedback captured in the survey.

The core project team, led by Lena Cuthbertson and Jessica Kleissen and supported by several regional engagement leads and project staff from the OPCM, as well as the research team at R.A. Malatest and Associates, did an outstanding job managing the process, engaging all the stakeholders, recruiting and supporting the volunteers, overseeing data collection, reporting and maintaining momentum. I would also like to acknowledge staff at the OSA for their involvement throughout the process, compiling the data into the final report and making it available to the public, residents, families and stakeholders.

Most importantly, I would like to thank the residents living in long-term care and their family members and visitors for providing the information vital to this study. Thank you for taking the time to provide your insights in the quality of care with the aim of ensuring we have the data to inform what areas to celebrate and what areas need improvement so British Columbians in long-term care are able to live with dignity and enjoy a high quality of life.

EXECUTIVE SUMMARY

The Office of the Seniors Advocate (OSA) undertook the first province-wide survey of seniors living in long-term care and their frequent visitors in 2016/17. The OSA committed to repeating the study in five years to compare the results over time, highlight changes and assess the status of the most critical elements of care. With a one-year delay imposed by pandemic restrictions, this 2022/23 survey delivers on the commitment made six years ago and has used the same methodology and survey instrument as previously to ensure consistent comparability of results.

The survey was administered in 297 publicly subsidized long-term care homes across British Columbia from Spring 2022 to Summer 2023. Over 20,000 residents were invited to participate and almost 11,000 completed the survey with the support of 500 trained volunteers. The survey instrument applied is the standard interRAI Self-Reported Quality of Life Survey for Long-Term Care Facilities used across multiple jurisdictions. In addition to residents, family members or people identified as the most frequent visitor for the resident, were invited to participate with a similar survey designed to measure their perception and opinions on the quality of life their loved one enjoys in long-term care.

Overall, the results of the 2022/23 survey are very similar to the 2016/17 survey. In the time between the surveys, there has been significant investment in long-term care in B.C. in part as a response to the challenges presented by the COVID-19 pandemic. As with the previous survey, many residents expressed relative satisfaction with many aspects of their experience living in long-term care, however many also stated they have concerns with autonomy, achieving meaningful engagement with others, bathing as frequently as they wish and getting sufficient help, particularly at mealtimes.

The report captures responses from 10,872 residents and 7,880 frequent visitors, most of whom are family members.

OVERALL SATISFACTION

- Just over half of residents (54%) rated the overall quality of the care and services received in the home as 'excellent' or 'very good'
- 40% of residents would prefer not to live in the care home, yet 72% would recommend the care home to others 'always' or 'most of the time'
- 68% of frequent visitors rated the care home 8 or higher (10 was the highest possible score) as the best place to meet their resident's needs

HOME-LIKE ENVIRONMENT

- Almost half of residents (48%) feel their care home 'sometimes', 'rarely' or 'never' feels like home
- 8 out of 10 residents said the care home smells good 'always' or 'most of the time' and most residents (88%) told us they 'sometimes', 'rarely' or 'never' are bothered by noise
- The majority of frequent visitors (94%) gave high marks for the cleanliness of the care home

- 61% of residents told us they can easily go outdoors, while nearly 40% of residents said they only 'sometimes', 'rarely' or 'never' do
- 8 out of 10 residents told us they can fix up their room with personal belongings 'always' or 'most of the time'
- As a measure of cultural safety, residents were asked if the care home supports them in practicing their culture; 36% reported this happens only 'sometimes', 'rarely' or 'never'; and 33% residents said their culture was only 'sometimes', 'rarely' or 'never' visible in the care home

FOOD AND MEALS

- 68% of residents reported they enjoy mealtimes 'always' or 'most of the time', while 33% residents said they only 'sometimes', 'rarely' or 'never' enjoyed mealtimes
- 61% of residents like the taste of their food 'always' or 'most of the time', but 64% of residents only 'sometimes', 'rarely' or 'never' get their favorite foods
- Less than half of residents (43%) reported they can eat when they want 'always' or 'most of the time'
- 6 out of 10 residents get enough variety in their meals 'always' or 'most of the time' and 65% enjoy their food at the right temperature 'always' or 'most of the time'
- 33% of residents report that they only 'sometimes', 'rarely' or 'never' get help to eat when needed

DAILY DECISION MAKING

- One-third of residents only 'sometimes', 'rarely' or 'never' get to decide when to get up
- Almost 80% of residents told us they decide when to go to bed 'always' or 'most of the time'
- 81% of residents decide how to spend their time, however, just over half of residents felt they could go out on the spur of the moment 'always' or 'most of the time'
- 68% of residents told us they control who comes in their room 'always' or 'most of the time'
- About 60% of residents and 80% of frequent visitors report they/their loved one only 'sometimes', 'rarely' or 'never' bathes or showers as often as they want; this rating showed no improvement from 2017
- 77% of residents responded 'always' or 'most of the time' when asked if their care is personalized as a part of measuring cultural safety, and 67% said they could refuse treatment, medicine, tests or referrals 'always' or 'most of the time'
- Just over 80% of residents report they decide which clothes to wear 'always' or 'most of the time', however, only 45% of frequent visitors agreed with this assessment

PRIVACY

- Approximately 8 out of 10 residents reported they can be alone if they wish 'always' or 'most of the time'
- 85% of residents felt their privacy was respected during care 'always' or 'most of the time'
- 87% of frequent visitors are able to find a private place when visiting the resident

SAFETY AND SECURITY

- 29% of residents only 'sometimes', 'rarely' or 'never' get help right away if needed although 79% report they could get the services they need 'always' or 'most of the time'
- 88% of residents feel safe when they are alone 'almost' or 'most of the time' and 80% felt their possessions were safe 'always' or 'most of the time'
- One-third of frequent visitors (33%) have seen their family member/friend or another resident behave aggressively to other residents or staff
- When residents behave aggressively, 8 out of 10 frequent visitors reported that staff handled the situation appropriately 'always' or 'most of the time'
- One-third of frequent visitors (34%) only 'sometimes', 'rarely' or 'never' felt comfortable asking staff if they have washed/cleaned their hands before providing care compared to 54% of frequent visitors in 2017

RESPECT

- 77% of residents reported staff pay attention to residents 'always' or 'most of the time' compared to 83% of frequent visitors
- Almost 80% of residents felt they could express their opinions 'always' or 'most of the time', compared to 74% in 2017
- There were slightly more residents who felt staff respected their likes/dislikes 'almost' or 'most of the time', up from 78% in 2017 to 81% in 2023
- 87% of residents reported they trust staff to take good care of them and staff treat them like a whole person 'always' or 'most of the time'; frequent visitors (89%) also highly trusted staff to take good care of their loved ones
- 33% of residents reported feeling they could only 'sometimes', 'rarely' or 'never' refuse treatment, medicine, tests, or medical referrals
- 77% of residents believe the care they receive reflects their needs, meaning that it is personalized 'always' or 'most of the time'

The 2023 survey added four new questions to gauge our understanding of cultural safety in the long-term care setting, specifically, questions about respect, about being treated fairly/unfairly due to culture, race or sexual orientation, and about treating the resident as a whole person. These questions were developed by the OPCM Indigenous Advisory Committee.¹

- 95% of residents reported they have never been treated unfairly by staff due to their race or cultural background and 97% reported they have never been treated unfairly due to their sexual orientation (or gender identity)
- 89% of frequent visitors reported the resident has never been treated unfairly due to race or cultural background and 96% reported the resident has never been treated unfairly due to their sexual orientation (or gender identity)

¹ Morgan, J. et al. Fire Agreements: Decolonization and Indigenization of British Columbia's Indigenous Patient-Centred Measurement Advisory Committee's Terms of References. 2023.

- 67% of residents reported their culture (traditional art or other signs of welcoming) is visible in the care home 'always' or 'most of the time' and 64% reported staff 'always' or 'most of the time' support them to practice their culture in the care home (such as traditional medicines, traditional wellness activities)
- Only 29% of residents who self-identified their ethnicity as First Nations, Métis or Inuit reported that an Indigenous Patient Liaison visits them in the care home where they live; of those who received visits, 65% reported that they 'always' or 'most of the time' felt supported by the Indigenous Patient Liaison

STAFF RESPONSIVENESS

- Only 57% of residents believe staff act on their suggestions 'always' or 'most of the time'
- Only 67% of residents and 60% of frequent visitors believe staff have enough time for residents 'always' or 'most of the time'
- 78% of residents reported that staff 'always' or 'most of the time' explain what they are doing when providing care and staff try to relieve physical discomfort (79%) 'always' or 'most of the time'
- Just over a quarter of residents believe that services are only 'sometimes', 'rarely' or 'never' delivered when residents want

STAFF-RESIDENT BONDING

- Two-thirds of residents reported that care staff only 'sometimes', 'rarely' or 'never' knew the story of their life
- Just over 50% of residents said staff only 'sometimes', 'rarely' or 'never' make time for a friendly conversation or asked how to meet their needs
- 50% of residents reported they only 'sometimes', 'rarely' or 'never' had the same care aide most weekdays

COMMUNICATION

- 87% of frequent visitors reported they trust the information received from care home staff 'always' or 'most of the time' and 95% of frequent visitors reported they are treated with respect by care home staff 'always' or 'most of the time'
- Just over one-third (37%) of residents feel they only 'sometimes', 'rarely' or 'never' get enough information about what is happening in the care home or know who to speak with (about the care home)
- 82% of frequent visitors told us they receive enough information from the care home 'always' or 'most of the time'
- Less than half (45%) of frequent visitors felt staff encouraged them to ask questions only 'sometimes', 'rarely' or 'never'
- One-third of frequent visitors said staff only 'sometimes', 'rarely' or 'never' keep them up to date
- Approximately three quarters of frequent visitors reported they are consulted when the resident's care needs or health status change 'always' or 'most of time', although this drops to 66% when asked about medication changes

RESIDENT AND FAMILY COUNCILS

- 36% of frequent visitors were not aware of a resident and family council in the care home
- For people who were aware of the council, 21% reported they attended meetings 'always' or 'most of the time'

ACTIVITIES

- Almost two-thirds of residents only 'sometimes', 'rarely' or 'never' find enjoyable things to do on evenings and weekends, or find opportunities to explore new skills or interests
- 61% of residents only 'sometimes', 'rarely' or 'never' participated in meaningful activities and 53% of residents can 'sometimes', 'rarely' or 'never' find like-minded residents to spend time with; there were slight differences compared to 2017 (64% and 55% respectively)
- About 60% of residents told us they can participate in religious activities 'always' or 'most of the time', unchanged from 2017

PERSONAL RELATIONSHIPS

- Two-thirds of residents (66%) feel they only 'sometimes', 'rarely' or 'never' have another resident who is a close friend or can find people to do things with while frequent visitors felt the situation was worse with the resident only 'sometimes', 'rarely' or 'never' having another resident as a close friend 85% of the time
- More than 80% of residents have people who ask them for help or advice only 'sometimes', 'rarely' or 'never'
- Just over half of residents (52%) told us they only 'sometimes', 'rarely' or 'never' feel it is easy to make friends in their care home
- Frequent visitors felt it was much harder for residents to form friendships with 74% of frequent visitors reporting the resident is able to make friends only 'sometimes', 'rarely' or 'never'
- 8 out of 10 residents told us they are treated with respect by other residents 'always' or 'most of the time'

VISITING EXPERIENCE

- Most residents (87%) told us family and friends can visit when they choose 'always' or 'most of the time' and 79% told us there are comfortable places in the home to visit 'always' or 'most of the time' with family and friends
- When frequent visitors visit their loved one, 21% report they take them for walks or exercise, 18% report taking them out for appointments and/or social outings, and 16% report being able to help with grooming, such as hair combing, shaving and nail care
- 20% of frequent visitors 'sometimes', 'rarely' or 'never' trust staff will assist the resident when they are not there
- 72% of frequent visitors reported they visit in person 'once a week' or 'several times a week' and 69% visit virtually 'once' or 'several times per week'
- Almost all frequent visitors (97%) agree every resident has the right to identify an essential visitor who can visit even when public health orders restrict other visitation

RECOMMENDATIONS

The people who are best able to advise us on how we can improve the quality of life for people living in long-term care is the person living in long-term care and the people who love them. Through this survey, we heard from almost 11,000 residents and close to 8,000 of their loved ones. Their voices have drawn the roadmap for improving long-term care. There is a strong message from residents and their loved ones that as a system of clinicians, administrators, policy makers and funders, we must focus on what matters for the resident, what brings meaning to them and create a culture within our long-term care system that looks at quality of life as the goal.

As we look to the future and a goal of improving the quality of life in long-term care, we must:

1. **INCREASE STAFFING LEVELS IN ALL CARE FACILITIES TO THE NATIONALLY RECOMMENDED 4.1 HOURS OF DIRECT CARE PER RESIDENT PER DAY.** When we continue to see more than half of residents unable to bathe as frequently as they want, and over a third unable to reliably get help to eat their meals, we must recognize that despite significant funding increases in the past five years, staffing levels are not sufficient to meet the needs of many residents. While British Columbia was a leader in setting a standard of 3.36 hours per resident per day of care, that reflected a different era of long-term care. The new reality of single room design, increased care needs, and rising expectations require us to recognize the new standard established at the national level is now the goal.
2. **INCREASE FLEXIBILITY OF SCHEDULING.** A continued theme is the loss of autonomy a person experiences when they are not able to get up in the morning, eat meals when they want and are subjected to the more structured, scheduled living environment in congregate care. While it is challenging to respond to unscheduled needs, with more staff and increased creativity with how staff are deployed, we can achieve a better balance meeting both individual and operational needs.
3. **INCREASE SOCIAL CONNECTIONS FOR RESIDENTS BY CREATING MORE MEANINGFUL ACTIVITIES TO IMPROVE RESIDENT ENGAGEMENT.** The clinical assessment data show a wide range of physical and cognitive abilities of residents within B.C.'s long-term care homes. This is further validated by the survey results from both residents and their frequent visitors which speaks to needing a wider variety and number of activities at each long-term care home to meet the varied desires and abilities of residents.
4. **IMPROVE FOOD AND MEALTIME EXPERIENCE TO MEET RESIDENT'S PREFERENCES, INCLUDING NUTRITIONAL AND CULTURALLY-SPECIFIC DIETARY NEEDS.** The resident and family impressions/opinions of the experience of food and mealtimes remains an issue. Concerns about the selection, taste

and temperature of food and timing of meals were consistently voiced. We also must ensure residents who need help to eat receive that assistance from care home staff.

5. **IMPLEMENT COMPULSORY PROFESSIONAL EDUCATION FOR ALL CARE HOME STAFF IN CULTURAL SAFETY AND EMOTIONAL HEALTH AND WELL-BEING OF RESIDENTS.** We must ensure care staff are provided with professional education on how to meet the emotional health and well-being of residents and the importance of making space for them to engage in their cultural practices in a safe and supportive environment.
6. **ALLOW ALL RESIDENTS (OR SUBSTITUTE DECISION MAKER, IF APPROPRIATE) TO NAME THEIR “ESSENTIAL VISITOR”.** One hallmark of personal autonomy is the right to determine who you want to spend your time with. Residents in long-term care surrender many aspects of this as they adapt to communal living. The one vestige of personal autonomy they can retain, however, is the right to say “this person is essential to me and my care”. Despite the experience of visitor restrictions in long-term care, we still do not allow residents of long-term care in B.C. to designate their own “essential visitor”. That ultimate decision rests with the care home operator – and this must change.
7. **WORK CLOSELY WITH THE NEWLY-ESTABLISHED INDEPENDENT LONG-TERM CARE COUNCILS ASSOCIATION OF BRITISH COLUMBIA (ILTCCABC) TO RAISE AWARENESS AND INCREASE THE FUNCTION OF RESIDENT AND FAMILY COUNCILS AT ALL LONG-TERM CARE FACILITIES IN B.C.** Every resident living in a licensed long-term care home and their family has the right to participate in a council. Recent changes to regulations have increased the strength of these councils and funding support for the Independent Long-Term Care Councils Association of BC has created an opportunity to fully realize the potential of a well-supported network of resident and family councils across the province. Currently, 36% of frequent visitors are unaware their care home has a family council. This tells us there is much work needed that requires the support of health authorities and care home operators in addition to the Ministry of Health to ensure family councils are created and functioning for each long-term care home.
8. **IMPROVE THE ACCESSIBILITY AND AVAILABILITY OF COMMUNITY-BASED SERVICES, IN PARTICULAR HOME SUPPORT, TO ENSURE SENIORS ARE NOT REQUIRED TO SEEK LONG-TERM CARE UNLESS THEIR CARE NEEDS CANNOT BE MET IN THE COMMUNITY.** Most seniors want to remain at home for as long as they can, however, some seniors admitted to long-term care could potentially have been cared for at home if the proper supports were in place. In fact, 40% of residents who answered the survey told us they do not want to live in their care home. We also know that over 60% of newly-admitted long-term care residents had no home support prior to their admission. We must remove financial and other barriers that are preventing seniors from seeking home support in the community to ensure their placement in long-term care comes after all other options have been exhausted.

ABOUT LONG-TERM CARE IN B.C.

There are over 28,000 seniors who live in publicly subsidized long-term care in British Columbia, or about 3% of the seniors' population. Long-term care services are provided to clients with complex care needs who can no longer live safely in their own homes and need 24-hour professional nursing supervision and care. Although long-term care is available for the entire adult population who require ongoing complex care, in B.C., 95% of long-term care residents are seniors aged 65 or older.

Long-term care is regulated and licensed under the Community Care and Assisted Living Act (CCALA) or the Hospital Act and must follow the Residential Care regulations. In B.C., there is both publicly subsidized and private pay long-term care and both must be licensed. The province subsidizes 297 long-term care homes² that are owned and operated by a health authority, a not-for-profit society, or a for-profit company. An estimated 90% of long-term care residents in B.C. live in a publicly subsidized facility, although an estimated 10% of these residents are in a private pay bed located in the subsidized facility.

Publicly subsidized long-term care residents are assessed at admission (move-in) and regularly throughout their residency. These assessments (interRAI RAI-MDS 2.0) are completed by trained clinicians and include cognition (memory and judgement) and ability to independently perform activities of daily living (ADLs), such as bathing and dressing. Data from these assessments are used to develop care plans and provide an overall picture of the health care needs of the individual resident or group of residents. Here is what we know about the general long-term care resident population based on the latest assessments in 2022/23:

ABOUT THE RESIDENTS

- Average age is 83 (53% are 85 years or older and 6% are younger than 65 years)
- 63% are female
- 25% are married
- Average length of stay is 824 days
- Median length of stay is 481 days
- 32% are dependent in activities of daily living (ADL 5+)
- 63% have dementia (mild to severe)
- 28% have severe cognitive impairment (includes severe dementia, CPS 4+)
- 53% use a wheelchair
- 11% of residents receive physical therapy, 30% receive recreation therapy and 6% receive occupational therapy
- 48% of residents have low social engagement
- 28% of residents are taking antipsychotics without a diagnosis of psychosis
- 23% of residents are diagnosed with depression while 51% of residents are taking antidepressant medication
- 76% of residents are usually or always incontinent
- 13% of residents experienced a fall within the last 30 days
- 10% of residents have been admitted to hospital or visited emergency room in last 90 days

² These are care homes that primarily focus on seniors 65 and over

If we look at trends over time and compare the long-term care resident today to seven years ago, we see some subtle shifts and continued patterns. For example:

- The proportion of residents aged 85 years or older decreased 6%, while the proportion of residents younger than 65 years increased 8%
- The average and median length of stay (days) increased 3% and 5% respectively
- The proportion of residents dependent in activities of daily living (ADL5+) increased 7% while the proportion of residents with severe cognitive impairment (CPS4+) decreased 7%
- The proportion of residents with Alzheimer's/dementia, those who had a fall in the last 30 days or those with low social engagement remain unchanged
- The proportion of residents diagnosed with depression decreased 4% while the proportion of residents taking antidepressant drugs increased 6%
- The proportion of residents taking antipsychotic drugs without diagnosis increased 12%
- The proportion of residents receiving physical and occupational therapy decreased 8% and 25% respectively while the proportion of residents receiving recreation therapy increased 3%
- The proportion of residents admitted to hospital or visited emergency room in last 90 days decreased by 17%
- The proportion of residents with incontinence increased by 6%

MEASURING QUALITY OF CARE IN LONG-TERM CARE

In B.C., there are a number of mechanisms in place to support and monitor the health, safety and quality of care for people receiving long-term care services including legislation, regulations, policies, guidelines, licensing, inspections and complaints processes. Health authorities are expected to use performance data³ to measure and monitor improvements in quality of care and health outcomes for home and community care clients (including long-term care).

The Canadian Institute for Health Information (CIHI) collects standard information from publicly subsidized long-term care facilities in B.C. on key indicators from the interRAI-MDS 2.0 assessment instrument. Each year the OSA publishes the Long-Term Care and Assisted Living Directory⁴ a centralized resource for seniors, caregivers and the public, seeking information about individual publicly subsidized care homes and assisted living residences in B.C. The directory includes a wide range of information including care quality indicators.

³ BC Ministry of Health. Home and Community Care Policy Manual. 2023.

⁴ Office of the Seniors Advocate. Long-Term Care and Assisted Living Directory 2022 Summary Report. 2022.



Many publicly subsidized long-term care home operators choose to seek voluntary accreditation by Accreditation Canada or CARF. This is an ongoing audit process that assesses an organization's compliance with a wide range of quality standards with the aim of ongoing quality improvement.

Additionally, all licensed long-term care facilities in B.C. are subject to the Residents' Bill of Rights which outlines and promotes the fundamental rights of adults who live in long-term care facilities licensed under the Community Care and Assisted Living Act or Hospital Act. The Residents' Bill of Rights is grouped into four main themes: commitment to care; rights to health, safety and dignity; rights to participation and freedom of expression; and rights to transparency and accountability.⁵ Operators are expected to uphold the rights of residents outlined in the Bill as part of their commitment to quality care. (See Appendix 4)

While all these aspects of supporting, measuring and monitoring a variety of inputs that impact the quality of life for residents in long-term care are important, they need to be balanced against the input of the people for whom we are providing long-term care services, the resident. The results of two province-wide surveys of long-term care residents tell us that our current plethora of policies, regulations and reporting are not enough to ensure that we are providing the best quality of life possible for residents.

⁵ BC Ministry of Health. Home and Community Care Policy Manual – Residents Bill of Rights. 2023.

LONG-TERM CARE RESIDENT AND FREQUENT VISITOR SURVEY

In Spring 2022, the OSA again partnered with the BC Office of Patient-Centred Measurement (OPCM) to launch the second province-wide survey of the experiences of residents living in British Columbia's 297 publicly subsidized long-term care homes. The purpose of the survey was to hear directly from people who live in long-term care about their day-to-day experiences. We know the vital role family play in the life of many residents and the survey also includes observations from family members or close friends on their perceptions of the quality of life their loved one is enjoying in long-term care.

The underlying principle of the survey is “every voice counts” and the process is designed to allow all residents an opportunity to participate. One-to-one personal interviews were conducted by trained volunteers who are independent from the facility to ensure barriers to participation are reduced and the widest possible range of residents are empowered to participate. Between Spring 2022 and Summer 2023, over 20,000 residents were approached to participate in the survey across the province and we were able to complete almost 11,000 interviews.

The results of this survey demonstrate how the quality of care and services in long-term care measure up from the perspective of residents and frequent visitors to our 2017 baseline results in terms of ensuring the needs of residents and family members are being met within B.C.'s publicly subsidized long-term care sector.

THE SURVEY

The resident and frequent visitor survey questionnaire uses the interRAI Self-Reported Quality of Life Survey for Long-Term Care Facilities and the interRAI Family Quality of Life for Long-Term Care Facilities⁶ as the core survey instruments. These surveys have been used in other jurisdictions in Canada and internationally and are endorsed by the Canadian Institute for Health Information (CIHI). Additional survey questions relevant to B.C. were included with the survey tool and tested with a representative sample of the care home population.

The resident survey includes a total of 83 questions across 10 dimensions such as food and meals, privacy, safety and security, a home-like environment, personal autonomy, staff responsiveness and a new dimension, cultural safety. Residents who participated in the survey were invited to elaborate on their response for any question or add additional comments or stories and these were transcribed during the data collection interview. The frequent visitor survey includes a total of 104 questions in 10 dimensions similar to the resident survey with an opportunity to share a final comment. Both resident and frequent visitor respondents are asked to rate their satisfaction or agreement on a five-point scale ranging from ‘excellent’ to ‘poor’, or ‘always’ to ‘never’.

⁶ interRAI. Instruments overview. 2023.



The 2022/23 survey cycle provided the opportunity to introduce new topics of interest. The interRAI core survey, while highly structured to ensure validity of results, allows for minor modification through the addition or removal of a small number of questions. Input from an expert Consultation Group that included family member participation identified a number of question items no longer relevant that were removed, and additional, new B.C. customized questions relevant to residents and frequent visitors were included based on a review of the literature and environmental scan and ultimately endorsed by the Consultation Group.

The Long-Term Care Resident survey was translated into eight alternate languages: German, Italian, Polish, Korean, Punjabi, Farsi, Cantonese and Mandarin. There were 48 bilingual volunteers who were recruited and trained to conduct surveys in English and in one (or more) of the eight alternate languages.

LIMITATIONS

Residents of long-term care may have a wide variety of cognitive and physical limitations. The survey was designed to be as inclusive as possible, however, some residents were unable to participate, or met exclusion criteria defined for the survey. These criteria ranged from the resident being too ill; declining to participate; being in palliative care; deeming to be a risk to the interviewer or the resident having passed away during the survey data collection period or being unable to reliably answer a sufficient number of questions.

The care home was responsible for providing the name(s) and contact information for the frequent visitors. Keeping these lists current can be challenging. To reduce the administrative burden on care homes, this survey allowed for email addresses to substitute for postal addresses – this appeared to have a greater limiting impact on responses than had been anticipated when compared to the 2016/17 survey that required only postal addresses.

Frequent visitor results include the valid responses from all completed surveys, regardless if more than one frequent visitor per resident completed a survey.

See Appendix 1 for more details about the survey methodology.

WHO RESPONDED

The total population of residents approached for an interview was 21,629. The number of completed surveys for residents was 10,872 for a response rate of 50%. There were 20% (4,298) of residents who declined to participate and 30% (6,459) who consented to participate but were not able to complete the survey.

The total number of frequent visitors invited to participate in the survey was 28,007.⁷ The number of completed surveys for frequent visitors was 7,880, for a response rate of 28%.

ABOUT THE RESIDENT RESPONDENTS

The following are demographics of the residents who responded to our survey:

- Average age is 84 (50% are 85 years or older and 7% are younger than 65 years)
- 62% are female
- 72% do not have a spouse, 20% have a spouse living at home, 8% have a spouse in care
- 95% identify as heterosexual and 5% identify as gay or lesbian, bisexual or other
- 84% self-identified as White, 5% as Chinese and 3% as First Nations or Métis
- English (88%) and Chinese⁸ (6%) were the two most prevalent language categories
- 70% self-rated their general health status and mental or emotional status as 'very good' or 'good'
- 40% have lived in the care home more than 2 years, 24% for 1 to 2 years and 36% for less than 1 year⁹
- 21% are dependent in activities of daily living (ADL 5+)
- 49% have dementia (mild to severe)
- 9% have severe cognitive impairment (includes severe dementia, CPS 4+)
- 52% use a wheelchair
- 12% receive physical therapy, 32% receive recreational therapy, and 6% receive occupational therapy
- 29% have low social engagement
- 12% of residents experienced a fall within the last 30 days
- 53% receive depression medication
- 25% take antipsychotics without a diagnosis of psychosis
- 68% have incontinence
- 9% of residents have been admitted to hospital or visited emergency room in the last 90 days

⁷ Eligible FV survey invitation. Excludes undeliverable mail, bounce back emails, incorrect phone numbers, and FVs of residents who passed away before the conclusion of the survey cycle.

⁸ Cantonese, Mandarin, and other Chinese language.

⁹ Based on resident respondent move in-date and end date of surveying.

FREQUENT VISITORS

Frequent visitor respondents included adult children, spouses, family members, friends or any other person who was deemed by them to be important by the resident. Respondents were people who regularly visit their resident in the care home in person or virtually. We asked questions to help us understand who was answering the frequent visitor survey and we learned the following:

- 41% are between 61 to 70 years and 28% are over 70 years of age
- 72% are female
- 64% identified as the residents' daughter/daughter-in-law, followed by spouse (16%) and friend (12%)
- 53% identified as the designated visitor, 31% identified as the essential visitor
- 46% visit in person several times a week, 26% visit once a week and 12% visit 2-3 times a month
- 47% visit virtually several times a week, 22% virtually once a week
- 50% live about or less than a 15 minute drive from the care home

VOLUNTEER SURVEYORS

Volunteers came from many communities across British Columbia to visit residents, listen to their stories, and learn what it's like in long-term care while conducting interviews with residents. Language barriers can impact everything in our daily lives; this can be especially true for seniors living in long-term care whose first language is not English. Surveyors who were proficient in reading, writing and speaking one (or more) alternate language were recruited to conduct interviews in both English and an alternate language.

Here are some facts about the volunteers:

- Over 500¹⁰ volunteers were recruited and trained by the OPCM to become structured interviewers across the province
- 468 volunteers conducted in-person interviews with residents
- 7 volunteers conducted phone interviews with frequent visitors
- 20,000 hours were contributed by volunteers
 - 214 volunteers met commitment of 40 hours or more
 - 27 volunteers provided 40 plus hours
 - 18 volunteers provided 120 plus hours
 - 8 volunteers provided over 200 plus hours
- 48 bilingual volunteers available to conduct interviews in eight alternative languages
- 40 bilingual volunteers who conducted interviews in one of eight languages, contributing 3,000 hours
 - 22 volunteers conducted Cantonese or Mandarin interviews, contributing 2,100 hours
 - 8 volunteers conducted German, Italian, Farsi, Korean or Punjabi interviews, contributing 900 hours

¹⁰ Some volunteers completed training but were not able to survey in a care home due to personal reasons or no available shift in their local area

REFLECTIONS FROM OUR VOLUNTEER SURVEYORS

"As an ageing senior myself, I have a keen interest in issues related to ageing adults. Over these past several weeks, I have enjoyed my many encounters with the residents. I look forward each day to meeting and conversing with each unique and interesting person. I always come away from our encounters having learned something about their experiences, both before coming into care as well as in their current circumstances.

When I first joined the project, I was surprised to learn what it is like to work in today's digital world where the trainers and coordinators are scattered throughout the province. There were also adjustments as I became acclimatized to the environment of the care home itself. Once I became more comfortable, I found all the staff were most welcoming and very helpful in making connections with the residents. I received great feedback from [residents] about the value of the project – and even how people appreciated the opportunity to talk with someone new.

From my experiences, I would say to fellow and future volunteers that the sooner you establish relationships with the people who are directly involved with the residents, the smoother your path to the residents will be. Creating mutual trust facilitates connections.

The most important thing to remember about being with the residents is the need to listen with patience. This is a fundamental quality in any encounter with a resident.

My hope for this project is that all the concerns that were expressed by residents in our surveys will result in appropriate policy changes that will impact those both in existing residences and in the planning and realization of future programs for seniors in care."

– VOLUNTEER SURVEYOR

...Learning about each resident is part of what I love about this volunteer role. Residents come from every walk of life, I've interviewed a musician, a barber, a logger – learned about their favourite foods, where they grew up, and captured a lot of valuable feedback on their current living situation. I love that we're asking, even though their circumstances can sometimes make their replies difficult to understand. This is the meaning of true patient-centred care.....

– VOLUNTEER SURVEYOR

I want to share something heartwarming today! I was having a wonderful conversation with a delightful Mandarin-speaking resident, and at the end of our interview, she asked me to come back and join her for tea next week! While I politely declined, it was endearing and absolutely made my day. I realized, during our interview, that we share the same hometown in China. Because she speaks only Mandarin, she has been unable to communicate with everyone around her at the care home and felt isolated for a long time. However, when we chatted, she was extremely witty and open to sharing her experiences. It was certainly a special visit and meaningful interview!

– VOLUNTEER SURVEYOR



OVERALL SATISFACTION

We asked residents and frequent visitors questions about the overall quality of the care home. These questions asked for an overall rating of the care home, whether the resident wants to live in the care home and whether they would recommend the care home. In addition, we asked whether the care home meets the needs of the resident and whether the care home is well managed.

1. OVERALL QUALITY OF CARE AND SERVICES RATING IN THIS CARE HOME

		EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
RESIDENT	2023	16%	38%	34%	11%	2%
	2017	15%	35%	35%	12%	3%
FREQUENT VISITOR	2023	34%	36%	18%	9%	3%
	2017	28%	39%	22%	9%	2%

2. WOULD RECOMMEND THIS CARE HOME TO OTHERS

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	37%	35%	15%	5%	8%
	2017	43%	34%	13%	4%	6%
FREQUENT VISITOR	2023	51%	29%	12%	4%	4%
	2017	57%	27%	10%	3%	3%

3. WANT TO LIVE IN THIS CARE HOME

		YES	NO
RESIDENT	2023	60%	40%
	2017	61%	39%
FREQUENT VISITOR	2023	61%	39%
	2017	68%	32%

4. HOME IS THE BEST PLACE TO MEET FAMILY MEMBER OR FRIEND'S NEEDS (0 – WORST, 10 – BEST)

		10	8 TO 9	5 TO 7	2 TO 4	0 TO 1
FREQUENT VISITOR	2023	28%	40%	24%	6%	2%

5. HOME IS WELL MANAGED

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	39%	41%	14%	5%	2%



6. FV WANTS FAMILY MEMBER OR FRIEND TO LIVE IN THIS CARE HOME			
		YES	NO
FREQUENT VISITOR	2023	90%	10%
	2017	91%	9%

OBSERVATIONS

The overall satisfaction rating by residents is similar to our 2017 results, showing differences in opinions between the resident and the frequent visitor. While just over half of residents (54%) rate their care home as ‘excellent’ (16%) or ‘very good’ (38%), 72% of residents would recommend the care home to others ‘always’ (37%) or ‘most of the time’ (35%). However, we see differences in ratings from frequent visitors.

Frequent visitors, often family members, were likely involved in selecting the care home for their loved one. They may, therefore, be more critical of the overall quality of care than residents as they are well-positioned to observe the environment and care provided and the routines and continuity of the staff who work there. Frequent visitors rated the quality of the care home more positively than residents, giving ratings of ‘excellent’ (34%) compared to residents (16%); and 80% would recommend the care home to others ‘always’ (51%) or ‘most of the time’ (29%). This difference in rating was also observed in the previous survey.

A concerning finding remains unchanged compared to 2017: 40% of residents told us they do not want to live in their care home. This sentiment was also reflected by 39% of frequent visitors who agreed their loved one does not want to live there. However, only 10% of frequent visitors reported they do not want their loved one to live in the care home.

Long-term care is a communal living environment, so to a certain extent a resident’s experiences will be shaped by their ability to adapt. To what extent the dissatisfaction is about a particular care home versus a dislike of communal living in general is difficult to know for certain. What we do know is that just under half of residents living in long-term care do not want to be there and reinforces the need for strong home and community care system that can support seniors to age in home for as long as possible.

CARE HOME ENVIRONMENT

A welcoming home environment is an important aspect of quality of life for residents. However, this can mean different things for each resident or frequent visitor and can include factors such as the ability for the resident to personalize their space and whether a positive meal experience is provided. This set of questions is designed to measure the residents' and frequent visitors' sense of a home-like environment, including the meal experience provided by the care home.

HOME-LIKE ENVIRONMENT

7. CARE HOME FEELS LIKE HOME						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	20%	33%	20%	11%	17%
	2017	24%	33%	18%	8%	16%
FREQUENT VISITOR	2023	24%	38%	21%	9%	8%
	2017	30%	38%	17%	8%	7%

8. CARE HOME SMELLS GOOD						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	38%	44%	12%	3%	2%
FREQUENT VISITOR	2023	40%	43%	11%	4%	1%
	2017	35%	47%	12%	5%	1%

9. CARE HOME IS CLEAN						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	59%	35%	5%	1%	0%
	2017	54%	39%	6%	1%	0%

10. CAN EASILY GO OUTDOORS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	31%	30%	15%	11%	13%
	2017	34%	29%	16%	9%	13%
FREQUENT VISITOR	2023	23%	24%	20%	13%	20%
	2017	25%	23%	18%	13%	21%

11. BOTHERED BY NOISE

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	5%	8%	26%	25%	37%
	2017	4%	8%	25%	24%	38%

12. CAN FIX UP ROOM WITH PERSONAL BELONGINGS SO IT LOOKS AND FEELS LIKE HOME

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	44%	36%	12%	4%	5%
FREQUENT VISITOR	2023	59%	25%	10%	4%	3%

13. CULTURE (TRADITIONAL ART OR LANGUAGE OR OTHER SIGNS OF WELCOMING) IS VISIBLE IN THE CARE HOME

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	32%	35%	16%	8%	9%

14. STAFF SUPPORT RESIDENT PRACTICING OWN CULTURE (SUCH AS TRADITIONAL MEDICINES, TRADITIONAL WELLNESS ACTIVITIES)

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	30%	34%	17%	8%	11%
FREQUENT VISITOR	2023	33%	27%	16%	12%	12%

FOOD AND MEALS

15. ENJOY MEALTIMES

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	23%	45%	23%	7%	3%
	2017	25%	42%	22%	8%	4%
FREQUENT VISITOR	2023	17%	44%	25%	10%	3%
	2017	18%	48%	24%	9%	2%

16. LIKES TASTE OF THE FOOD

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	18%	43%	25%	9%	4%

17. GET FAVOURITE FOODS

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	9%	26%	33%	17%	14%
	2017	11%	29%	33%	16%	11%
FREQUENT VISITOR	2023	7%	29%	36%	20%	8%
	2017	7%	29%	37%	20%	8%

18. CAN EAT WHEN WANT

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	14%	29%	20%	17%	20%
	2017	16%	32%	21%	14%	17%
FREQUENT VISITOR	2023	13%	31%	27%	17%	13%
	2017	14%	33%	24%	16%	13%

19. ENOUGH VARIETY IN MEALS

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	16%	44%	22%	12%	6%
	2017	18%	41%	23%	11%	6%
FREQUENT VISITOR	2023	21%	40%	24%	12%	4%
	2017	22%	45%	20%	10%	3%

20. FOOD IS THE RIGHT TEMPERATURE

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	20%	45%	21%	9%	5%
	2017	23%	45%	21%	8%	4%

21. GET HELP TO EAT WHEN NEEDED

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	31%	35%	23%	5%	5%
	2017	30%	32%	20%	7%	11%

OBSERVATIONS

There continue to be many ways to improve the experience of 'home' for residents and their visitors. The findings from this survey indicate that opportunities should be prioritized to support residents to safely go outdoors, practice their culture and personalize spaces. As a measure of cultural safety, 36% of residents reported only 'sometimes', 'rarely' or 'never' does the care home support them in practicing their culture; 33% of residents said their culture was only 'sometimes', 'rarely' or 'never' visible in the care home. One resident explained, "I went to visit my sister. When I came back, staff acted like I did something wrong. It bothers them when we eat our traditional food."

Mealtimes can be a highlight of the day for residents, but disappointing dining experiences can measurably impact a resident's quality of life. The care home can help contribute to mealtime experiences by ensuring meals accommodate food preferences, food and beverages are served at the right temperature and supporting residents who need assistance with eating and drinking at a pace that meets their needs.

In 2022/23, the resident and family experience with food and mealtimes remains an issue. One-third of residents state they do not enjoy the food served. Concerns about the taste of food, selection, timing of meals, as well as temperature of food were consistently voiced. Residents often do not get the assistance needed to eat.

Concerns related to food and meals in long-term care is one of the most frequent issues the OSA hears about from residents and family members. One resident explained, "I would like to be served amazing food, so I look forward to it [every day]. Meals are the most important activity of the day."

Nearly 60% of residents told us they only 'sometimes', 'rarely' or 'never' eat when they want and this has increased compared to five years ago (52%). Most concerning are the one-third of residents (33%) who report they 'sometimes', 'rarely' or 'never' get the help they need to eat; this was a slight improvement compared to 2017 (38%).

The OSA's Long-Term Care and Assisted Living Directory reports on the actual food costs for residents in care homes and is calculated as a per bed per day cost.¹¹ In 2021/22, the average actual food cost ranged from \$6.05 to \$21.64 per resident per day with an average of \$9.29 in publicly subsidized long-term care in B.C.¹² As food and labour costs increase, more pressure will be felt on the budget for meals. It will be important that a consistent approach is taken across the province to ensure designated food budgets are equitable and spending minimums enforced.

¹¹ The cost of preparing and serving the food is not included.

¹² Figures have been updated from the published version due to changes from Interior Health Authority.

PERSONAL CONTROL (AUTONOMY)

Autonomy refers to a person's right to make decisions, choices and the ability to direct one's own life. It is important we understand older adults perceived autonomy in long-term care as studies have shown it can increase their quality of life and satisfaction and is associated with improved health and well-being.¹³ The ability to do what we want, when we want, is important to everyone regardless of age or where we live. However, regulated care home settings are guided by policies, regulations and resource allocation decisions made by people other than the residents and their families. A balance needs to be struck to ensure standards are met while honouring the desire for personal control over one's life by the people who call long-term care home.

DAILY DECISION MAKING

22. DECIDE WHEN TO GET UP						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	32%	34%	13%	10%	11%
	2017	31%	33%	13%	10%	14%
FREQUENT VISITOR	2023	17%	39%	21%	11%	12%
	2017	15%	40%	19%	12%	13%

23. DECIDE WHEN TO GO TO BED						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	41%	37%	10%	6%	5%
	2017	42%	35%	11%	5%	7%
FREQUENT VISITOR	2023	20%	39%	19%	11%	11%
	2017	20%	41%	17%	11%	11%

24. DECIDE HOW TO SPEND MY TIME						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	37%	44%	13%	4%	2%
	2017	34%	46%	14%	4%	2%
FREQUENT VISITOR	2023	26%	43%	16%	8%	8%
	2017	26%	47%	13%	7%	7%

¹³ Moilanen, T. et al. Older people's perceived autonomy in residential care: An integrative review. Nursing Ethics. May, 2021.

25. CAN GO OUT ON SPUR OF MOMENT

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	21%	31%	17%	14%	18%
	2017	23%	29%	17%	14%	18%
FREQUENT VISITOR	2023	13%	28%	19%	15%	25%
	2017	15%	28%	16%	15%	25%

26. CONTROL WHO COMES IN OWN ROOM

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	31%	37%	14%	9%	9%
	2017	30%	35%	15%	9%	12%
FREQUENT VISITOR	2023	14%	29%	17%	15%	26%
	2017	13%	28%	14%	16%	29%

27. BATHE OR SHOWER AS OFTEN AS WANT

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	17%	22%	12%	17%	32%
	2017	15%	22%	12%	13%	37%
FREQUENT VISITOR	2023	7%	14%	16%	21%	44%
	2017	6%	12%	13%	21%	48%

28. DECIDE WHICH CLOTHES TO WEAR

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	51%	31%	10%	5%	4%
	2017	52%	28%	11%	5%	4%
FREQUENT VISITOR	2023	18%	27%	22%	14%	19%
	2017	20%	28%	21%	14%	18%

29. BELIEVES CARE IS PERSONALIZED

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	32%	45%	15%	5%	3%
FREQUENT VISITOR	2023	31%	45%	17%	6%	2%

30. RESIDENT FEELS THEY COULD REFUSE TREATMENT, MEDICINE, TESTS OR REFERRALS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	34%	33%	16%	8%	9%

PRIVACY

31. CAN BE ALONE WHEN WISH						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	34%	44%	14%	5%	3%
	2017	28%	39%	24%	5%	3%
FREQUENT VISITOR	2023	55%	29%	9%	4%	3%
	2017	36%	42%	13%	5%	5%

32. PRIVACY IS RESPECTED DURING CARE						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	40%	45%	11%	3%	2%
	2017	36%	42%	16%	4%	2%
FREQUENT VISITOR	2023	59%	33%	6%	1%	0%
	2017	54%	40%	5%	1%	0%

33. PRIVATE PLACES ARE AVAILABLE WHEN VISITING						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	63%	24%	8%	3%	2%
	2017	59%	27%	8%	4%	2%

OBSERVATIONS

Overall, residents would like more opportunity to make decisions in their daily lives – often related to the types of activities people take for granted outside of a long-term care home setting. For example, 21% of residents shared they only ‘sometimes’, ‘rarely’ or ‘never’ get to decide when they go to bed and when they get up in the morning (34%). There is little room for spontaneity in plans to go out and 32% of residents feel they only ‘sometimes’, ‘rarely’ or ‘never’ have control as to who comes and goes in their personal space. While just over 80% of residents reported they ‘always’ or ‘most of the time’ decide which clothes to wear, 20% of residents would like more choice in deciding what to wear.



Bathing access is a key issue that surfaced many times as an area for improvement. For the most part, residents (61%) and frequent visitors (81%) report they/their loved one ‘sometimes’, ‘rarely’ or ‘never’ bathe or shower as often as they want and would like more frequent opportunities to bathe at a time that is acceptable to them. In B.C., bath and shower frequency and availability in long-term care are not defined in regulation. Operators must ensure resident hygiene, and while residents and frequent visitors can request more frequent baths or showers, we often hear from frequent visitors that these requests are usually not fulfilled due to insufficient staffing and the time required for these activities.

49%

OF RESIDENTS TOLD US THEY ‘RARELY’ OR ‘NEVER’ GET A BATH OR SHOWER AS OFTEN AS THEY WANT.

Residents (85%) and frequent visitors (92%) feel their/their loved one’s privacy is respected ‘always’ or ‘most of the time’, stating they can be alone if they wish to enjoy some solitude (78% and 84%) and have access to private spaces for visits (87% and 86%).

Environment design is critical when it comes to privacy, which is best achieved when a resident has a private or single room. Under the Community Care and Assisted Living Act, residents are required to have single rooms, but some care homes were built prior to this standard and may have rooms with two or more residents. In B.C., 77% of residents live in a single room.¹⁴ While there are more residents living in single rooms compared to five years ago, there are 23% of residents who continue to live in shared double or multi-bed rooms. Over time, the number of residents living in single rooms is expected to improve as new homes are built or redeveloped.

¹⁴ Office of the Seniors Advocate. Monitoring Seniors Services Report. 2022.

FEELING SAFE AND RESPECTED

Having a sense of physical and emotional safety in one's own home is important, whether that is in a private home or congregate living. In long-term care, safety and security apply not only to residents themselves, but also to their possessions which may be in a shared space.

A resident can be well cared for in terms of their basic daily needs. However, ensuring the whole person is cared for requires that staff respect each resident as a unique individual with their own history, specific needs and acknowledge they are entitled to be involved in the decisions affecting their life. Recognizing and respecting the whole person is as important to a good quality of life as providing good clinical care. Every senior has the right to be treated with dignity - respecting the resident's values, expressed needs, concerns and preferences. This set of questions was designed to measure these themes.

SAFETY AND SECURITY

34. GET SERVICES NEEDED						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	32%	47%	15%	4%	2%
	2017	32%	48%	15%	4%	2%
FREQUENT VISITOR	2023	35%	48%	13%	3%	1%
	2017	36%	51%	11%	2%	0%

35. IF NEEDED CAN GET HELP RIGHT AWAY						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	28%	43%	19%	7%	3%
	2017	31%	42%	18%	6%	2%
FREQUENT VISITOR	2023	29%	45%	18%	6%	1%
	2017	28%	46%	19%	6%	1%

36. FEEL SAFE ALONE						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	51%	37%	8%	3%	2%
	2017	52%	36%	8%	2%	2%
FREQUENT VISITOR	2023	59%	33%	6%	2%	1%
	2017	42%	47%	9%	1%	1%

37. FEEL POSSESSIONS ARE SAFE						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	42%	38%	11%	5%	4%
	2017	38%	39%	12%	6%	5%
FREQUENT VISITOR	2023	35%	43%	14%	5%	3%
	2017	30%	47%	13%	6%	4%

38. SOMETIMES RESIDENTS DO THINGS LIKE YELL, PUSH, OR HIT STAFF OR OTHER RESIDENTS. HAVE YOU SEEN YOUR FAMILY MEMBER/FRIEND OR ANOTHER RESIDENT BEHAVE IN THIS WAY?						
		YES		NO		
FREQUENT VISITOR	2023	33%		67%		
	2017	46%		54%		

39. WHEN RESIDENTS DO THE THINGS DESCRIBED ABOVE, STAFF HANDLE THE SITUATION IN A WAY THAT IS APPROPRIATE						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	51%	34%	13%	2%	1%
	2017	52%	36%	10%	1%	0%

40. FV IS COMFORTABLE ASKING STAFF IF THEY HAVE WASHED/CLEANED HANDS BEFORE PROVIDING CARE						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	45%	21%	11%	10%	13%
	2017	30%	16%	10%	N/A	44%

BEING RESPECTED

41. STAFF PAY ATTENTION TO RESIDENTS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	30%	47%	17%	5%	2%
	2017	30%	47%	18%	4%	2%
FREQUENT VISITOR	2023	42%	41%	14%	3%	1%
	2017	39%	48%	12%	1%	0%

42. CAN EXPRESS OPINIONS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	39%	39%	13%	5%	4%
	2017	39%	35%	15%	6%	5%
FREQUENT VISITOR	2023	51%	26%	12%	5%	6%
	2017	53%	30%	9%	4%	4%

43. TREATED WITH RESPECT BY STAFF						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	46%	41%	10%	2%	1%
	2017	48%	38%	10%	2%	1%
FREQUENT VISITOR	2023	59%	34%	6%	1%	0%
	2017	61%	33%	5%	1%	0%

44. STAFF RESPECT LIKES/DISLIKES OF RESIDENTS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	35%	46%	14%	3%	2%
	2017	32%	46%	17%	4%	2%

45. RESIDENT TRUSTS STAFF TO TAKE GOOD CARE OF THEM						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	50%	37%	9%	2%	1%
FREQUENT VISITOR	2023	52%	37%	9%	2%	1%

46. STAFF TREAT RESIDENT LIKE A WHOLE PERSON. THEY CONSIDER PHYSICAL, EMOTIONAL, MENTAL AND SPIRITUAL NEEDS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	41%	41%	12%	4%	2%
FREQUENT VISITOR	2023	26%	42%	18%	9%	5%

47. RESIDENT TREATED UNFAIRLY BY STAFF DUE TO RACE OR CULTURAL BACKGROUND						
		YES		NO		
RESIDENT	2023	5%		95%		
FREQUENT VISITOR	2023	12%		89%		

48. RESIDENT TREATED UNFAIRLY BY STAFF DUE TO SEXUAL ORIENTATION (OR GENDER IDENTITY)			
		YES	NO
RESIDENT	2023	3%	97%
FREQUENT VISITOR	2023	4%	96%

49. FV TRUSTS THE INFORMATION RECEIVED FROM STAFF						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	54%	33%	10%	2%	1%

50. FAMILY MEMBER OR FRIEND HAS SUFFERED PERSONAL INJURY OR HARM FROM A MEDICAL ERROR OR MISTAKE					
		NOT AT ALL	PARTLY	QUITE A BIT	COMPLETELY
FREQUENT VISITOR	2023	85%	10%	2%	3%

51. STAFF TREAT FV WITH RESPECT						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	74%	21%	4%	1%	0%

52. STAFF TRY TO ADDRESS FV CONCERNS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	58%	30%	10%	2%	1%
	2017	54%	34%	10%	2%	0%

OBSERVATIONS

A feeling of safety for residents includes being able to get the services they need in a timely manner, in a way that feels safe to them. Although most residents feel they can access the services they need, close to 21% of residents feel services are 'sometimes', 'rarely' or 'never' available when needed. Feedback shows residents feel their belongings are generally secure. However, almost one-quarter of residents and frequent visitors expressed concerns regarding missing clothing, jewelry, cash or other objects. One resident explained, "[This] should be a safe place. [I] had \$100 go missing from [my] walker. Also missing bathroom items at times. [It] shook my trust."

Respect has many dimensions for different individuals. In 2023, we added nine new questions to increase our understanding of cultural safety in the long-term care setting developed by the OPCM's Indigenous Advisory



Committee.¹⁵ The cultural safety module addressed 5 broad domains with individual items that asked about:

- respect,
- being treated fairly/unfairly due to one's culture and sexual orientation,
- access to Indigenous Liaison supports,
- visibility of one's culture in the care home,
- ability to practice one's culture in the care home (such as availability of traditional foods and medicines and traditional wellness activities), and
- being treated as a whole person (not only their age, illness or other medical condition).

Including these questions showed us most residents feel they can express their opinions and are acknowledged, and their likes and dislikes are respected. We also learned just over 10% of residents do not trust staff to take good care of them and 20% feel staff do not treat them like a whole person.

While most residents and frequent visitors (95% and 89%) did not experience unfair treatment on the basis of race or cultural background, there were some who did not have that same experience. One in ten frequent visitors felt the resident they visit had been treated unfairly due to race or cultural background and 4% felt this way related to their sexual orientation or gender identity.

Generally, most residents and visitors feel respected in B.C. care homes. However, many opportunities remain to ensure all who enter a care home are treated with dignity and as a whole person. Further actions to secure and keep track of belongings, awareness of the importance of supporting residents to express likes and dislikes, and have their needs met the way they request are needed. The potential for discrimination would be reduced if staff awareness of the importance of residents engaging in their cultural practices was increased within care homes.

¹⁵ Morgan, J. et al. Fire Agreements: Decolonization and Indigenization of British Columbia's Indigenous Patient-Centred Measurement Advisory Committee's Terms of References. 2023.

RELATIONSHIPS WITH STAFF

A resident's relationship with staff is an important aspect of care. Ensuring there are meaningful relationships between residents and staff is critical for residents who may experience isolation following their move into a care home.¹⁶ This set of questions was designed to measure residents' and frequent visitors' perceptions of responsiveness of staff in meeting residents' needs and the personal relationships and social bonding that may develop.

STAFF RESPONSIVENESS

53. STAFF RESPOND QUICKLY						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	25%	49%	19%	5%	2%
	2017	28%	44%	21%	5%	2%
FREQUENT VISITOR	2023	26%	51%	18%	4%	1%
	2017	29%	51%	16%	4%	1%

54. CARE HELPS RESIDENTS LIVE LIFE AS WANTED						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	28%	46%	15%	6%	5%
	2017	29%	45%	15%	6%	5%
FREQUENT VISITOR	2023	26%	46%	18%	7%	4%
	2017	31%	46%	15%	5%	3%

55. STAFF ACT ON RESIDENT SUGGESTIONS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	18%	39%	29%	10%	5%
	2017	17%	36%	32%	9%	6%
FREQUENT VISITOR	2023	20%	43%	27%	6%	4%
	2017	21%	45%	25%	6%	3%

56. STAFF KNOW WHAT THEY ARE DOING						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	36%	47%	14%	3%	1%
	2017	37%	46%	13%	3%	1%
FREQUENT VISITOR	2023	45%	43%	11%	2%	0%
	2017	43%	45%	10%	1%	0%

¹⁶ Compton, R.S. et al. Understanding the Needs of Older Adults Living in Long-Term Care Homes: Quality of Life and Relationship-Centered Care. 2022.

57. STAFF HAVE ENOUGH TIME FOR RESIDENTS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	22%	45%	22%	8%	3%
	2017	23%	43%	21%	9%	4%
FREQUENT VISITOR	2023	17%	43%	25%	12%	3%
	2017	15%	46%	25%	11%	3%

58. GET HELP TO TOILET WHEN NEEDED						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	40%	37%	15%	5%	3%
	2017	42%	33%	14%	5%	6%

59. TELL STAFF WHEN NOT HAPPY ABOUT SOMETHING						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	30%	30%	19%	10%	11%
	2017	26%	28%	22%	11%	13%

60. PROBLEM GETS SOLVED WHEN TELL STAFF NOT HAPPY						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	22%	41%	25%	9%	4%
	2017	21%	39%	27%	9%	4%

61. STAFF EXPLAINS WHAT THEY ARE DOING WHEN GIVING CARE						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	37%	41%	14%	6%	3%
	2017	34%	37%	18%	6%	5%

62. STAFF TRIES TO RELIEVE PHYSICAL DISCOMFORT						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	37%	42%	14%	4%	3%
	2017	35%	40%	16%	5%	4%

63. SERVICES DELIVERED WHEN RESIDENT WANTS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	27%	47%	18%	5%	3%

64. CAN GET HEALTH SERVICES NEEDED						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	38%	42%	13%	4%	2%
	2017	37%	42%	14%	5%	2%
FREQUENT VISITOR	2023	46%	38%	12%	3%	1%
	2017	49%	39%	10%	2%	0%

STAFF-RESIDENT BONDING

65. STAFF KNOWS LIFE STORY OF RESIDENT						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	10%	25%	27%	19%	21%
	2017	10%	23%	27%	18%	22%
FREQUENT VISITOR	2023	12%	37%	35%	13%	3%
	2017	11%	38%	34%	13%	4%

66. STAFF MAKE TIME FOR FRIENDLY CONVERSATION WITH RESIDENT						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	17%	31%	30%	14%	7%
	2017	17%	29%	32%	14%	9%
FREQUENT VISITOR	2023	24%	37%	29%	8%	1%
	2017	25%	41%	26%	7%	1%

67. STAFF ASK HOW TO MEET RESIDENT NEEDS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	17%	32%	25%	15%	11%
	2017	17%	31%	27%	13%	13%

68. RESIDENTS HAVE A STAFF MEMBER THEY CONSIDER A FRIEND						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	23%	33%	23%	10%	12%
	2017	26%	32%	22%	9%	11%
FREQUENT VISITOR	2023	21%	32%	29%	11%	7%
	2017	25%	37%	25%	9%	5%

69. HAVE SPECIAL RELATIONSHIP WITH STAFF						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	15%	22%	20%	16%	27%
	2017	15%	22%	20%	15%	28%
FREQUENT VISITOR	2023	16%	26%	33%	15%	10%
	2017	18%	29%	30%	14%	8%

70. STAFF TRIES TO UNDERSTAND FEELINGS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	19%	39%	24%	11%	8%
	2017	18%	38%	26%	10%	8%

71. HAVE SAME CARE AIDE MOST WEEKDAYS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	12%	38%	24%	17%	9%
	2017	13%	38%	24%	16%	9%
FREQUENT VISITOR	2023	7%	43%	36%	12%	3%
	2017	9%	44%	31%	12%	4%

OBSERVATIONS

Overall, we found the ability of staff to respond quickly and appropriately to a resident's needs has either remained the same or slightly improved compared to 2017. When looking at the results, it is important to keep in mind that while this trend is reassuring, there are some residents who do not feel they are receiving care appropriate to their needs and preferences. For example, 21% of residents told us that staff do not consistently try to relieve their physical discomfort and 44% feel staff do not act on their suggestions.



Approximately 40% of residents continue to feel they are not being heard consistently and over 20% of residents report a lack of explanation from care staff about care activities. Timing of services according to resident preference remains a concern. Both residents and frequent visitors feel that staff do not have enough time to spend with residents. For example, nearly 1 in 4 residents report they only 'sometimes', 'rarely' or 'never' get help to the toilet when needed.

While many residents and frequent visitors positively endorse staff responsiveness, comments shared by residents and frequent visitors noted that staff simply do not have enough time to be responsive to resident needs. One frequent visitor explained, "Staff-to-resident ratio absolutely needs to be increased. I have great respect for the carers, but their workload doesn't permit time for spending enough quality [one-to-one] time with each resident. My mum is bedridden and needs it." Nearly 3 out of 10 residents felt staff generally do not respond quickly or have time for them. It is worth noting that frequent visitors had a better perception of staff responsiveness than residents, with visitors responding more positively.

1 IN 4 RESIDENTS 'RARELY OR NEVER' HAVE THE SAME CARE AIDE MOST WEEKDAYS

Challenges were identified with staff-resident bonding. Most concerns related to staff not knowing the resident's background, not having time for friendly conversation and a lack of consistency of care providers. Only one-third of residents believe that staff knew about their life story and less than half responded that staff had time for friendly conversations. A further issue raised in comments by residents was the high rate of staff turnover which made developing relationships even more challenging.

The results have not significantly improved since the last survey. This indicates an ongoing opportunity for quality improvement to find ways to reduce the barriers that allow staff the time to respond to resident needs more quickly and the time to form closer relationships with residents.

COMMUNICATION WITH RESIDENTS AND FAMILY

Effective communication between residents, frequent visitors and staff is important for both the resident and family members to feel heard, respected and to be kept informed. This can range from receiving information about what is happening in the care home, knowing who to talk to, being kept informed about the resident's care, being involved with care decisions and opportunities to be involved in resident and family councils to improve care experiences for all residents. This set of questions was designed to measure the resident and frequent visitors' perception of their experience with communication in the care home.

COMMUNICATION

72. RESIDENT GETS ENOUGH INFORMATION ABOUT WHAT IS HAPPENING IN CARE HOME						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	24%	40%	19%	12%	6%

73. RESIDENT KNOWS WHO TO TALK WITH ABOUT WHAT IS HAPPENING IN CARE HOME						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	30%	36%	16%	9%	8%

74. FVS RECEIVE ENOUGH INFORMATION						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	45%	37%	12%	5%	2%

75. FVS GET ENOUGH INFORMATION ABOUT WHAT IS HAPPENING IN THE CARE HOME BY ... (CHECK ALL THAT APPLY)		FREQUENT VISITOR				
		2023				
EMAIL(S) FROM THE CARE HOME		45%				
LETTERS SENT BY MAIL (CANADA POST) FROM THE CARE HOME		6%				
AUTOMATED PHONE CALLS (ROBO-CALLS) FROM THE CARE HOME		1%				
PERSONAL PHONE CALLS OR MESSAGES FROM THE CARE HOME		30%				
ANY OF THE ABOVE FROM MY FAMILY MEMBER OR FRIEND		4%				
I LOOK FOR INFORMATION POSTED ON THE CARE HOME WEBSITE		4%				
I LOOK FOR INFORMATION ON THE CARE HOME'S SOCIAL MEDIA (FACEBOOK, TWITTER, INSTAGRAM, ETC.)		1%				
OTHER		7%				
I DO NOT GET INFORMATION ABOUT WHAT IS HAPPENING IN THE CARE HOME		2%				

76. INFORMATION FVS RECEIVE GIVES PEACE OF MIND ABOUT CARE						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	40%	39%	15%	5%	1%

77. FVS KNOW WHO TO CONTACT FOR INFORMATION						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	53%	32%	10%	4%	2%
	2017	57%	32%	9%	3%	1%

78. STAFF ENCOURAGE FVS TO ASK QUESTIONS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	31%	24%	21%	15%	9%

79. STAFF EXPLAIN THINGS TO FVS IN A WAY THEY CAN UNDERSTAND						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	50%	33%	12%	3%	2%

80. STAFF KEEP FV UP TO DATE						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	33%	33%	19%	10%	4%
	2017	44%	35%	13%	6%	2%

81. STAFF GIVE ME ENOUGH INFORMATION ABOUT ... (CHECK ALL THAT APPLY)		FREQUENT VISITOR				
		2023				
ANY CONCERNS OR ISSUES WITH MY FAMILY MEMBER OR FRIEND		24%				
ANYTHING THAT HAS CHANGED FOR MY FAMILY MEMBER OR FRIEND		20%				
MY FAMILY MEMBER OR FRIEND'S PHYSICAL HEALTH ISSUES		21%				
MY FAMILY MEMBER OR FRIEND'S EMOTIONAL HEALTH STATUS OR MOOD		15%				
A STORY OR ANECDOTE ABOUT MY FAMILY MEMBER OR FRIEND		9%				
HOW MY FAMILY MEMBER OR FRIEND HAS BEEN SPENDING THEIR TIME/ ACTIVITIES		12%				

82. FV IS INVOLVED AS MUCH AS THEY WANT IN CARE DECISIONS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	53%	31%	11%	4%	1%
	2017	58%	30%	8%	3%	1%

83. FVS HAVE INFORMATION THEY NEED ABOUT FAMILY MEMBER OR FRIEND'S HEALTH STATUS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	37%	39%	16%	6%	2%

84. PARTICIPATES IN CARE DECISIONS ABOUT FAMILY MEMBER OR FRIEND						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	50%	30%	15%	4%	2%

85. FV IS CONSULTED WHEN CARE NEEDS OR HEALTH STATUS CHANGES						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	46%	29%	15%	6%	4%
	2017	49%	27%	12%	7%	5%

86. FV IS CONSULTED WHEN MEDICATIONS CHANGE						
		YES		YES		
FREQUENT VISITOR	2023	68%		32%		
	2017	65%		35%		

RESIDENT AND FAMILY COUNCILS

87. FV INFORMED ABOUT THE FAMILY COUNCIL (CHECK ALL THAT APPLY)		FREQUENT VISITOR	
		2023	2017
YES, BY A STAFF MEMBER		43%	56%
YES, BY A FAMILY MEMBER OF ANOTHER RESIDENT		4%	5%
YES, I SAW A POSTER OR BROCHURE		17%	20%
NO, I AM NOT AWARE OF A FAMILY COUNCIL		36%	26%

88. IF AWARE, FV ATTENDS FAMILY COUNCIL						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	11%	10%	16%	16%	47%
	2017	21%	11%	15%	15%	38%



OBSERVATIONS

Effective communication with both residents and staff continues to be an area with room for improvement. This was the first time we asked residents about whether or not they receive enough information about what is happening in the care home and if they knew who to talk to; only two-thirds responded positively.

Although frequent visitors generally know who to contact for information and feel they are kept up to date by staff, positive responses to the questions have declined since 2017. Some frequent visitors report they do not have enough information (19%) or know who to contact (16%), and that staff do not explain things in ways they can understand (17%), particularly with respect to changes in their loved one's condition. However, most frequent visitors (75%) feel they are consulted when there is a significant change in care needs.

Undoubtedly, the COVID-19 pandemic brought new challenges for communication with frequent visitors, however, many care homes were able to embrace new technologies and continue to make inroads in effective communication. For this reason, it was surprising to learn that less than half of frequent visitors report email as a means of communication with the care home.

In 2022, the provincial government strengthened the CCALA to encourage all long-term care homes to have active resident and family councils. The new regulations strengthen the support and oversight of family councils and set the expectation for the operators to meet at least twice each year with residents and their families to hear their insights and concerns.

There were 36% of frequent visitors who were not aware about family councils compared to 26% in 2017. Overall attendance by frequent visitors in resident and family councils has dropped significantly since 2017 from 32% to 21% attending consistently. While the government has moved to strengthen the support and oversight of resident and family councils, it will be up to individual care homes, their residents and visitors to increase engagement to ensure they are active, inclusive and relevant to resident's daily lives. Further support and communication from the councils is needed in order to ensure all stakeholders are aware they can participate.

SOCIAL CONNECTIONS

Engaging with other people in conversations and activities is an important part of mental and emotional health. It can be challenging for people living in long-term care as they have moved from their own home and community and may have lost some of their previous social connections. Social interactions may also be challenging due to concerns such as dementia, hearing and vision loss or mobility limitations impeding attendance at group activities. It is important to consider what residents find meaningful in the activities offered, to what extent they can find friends amongst the other residents and how meaningful the relationships are between themselves and care home staff. These are all factors that will contribute to a good quality of life.

ACTIVITIES

89. ENJOYABLE THINGS TO DO ON WEEKENDS IN THIS CARE HOME						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	11%	26%	26%	20%	17%
	2017	11%	25%	28%	18%	18%
FREQUENT VISITOR	2023	9%	27%	34%	20%	9%
	2017	10%	29%	31%	20%	10%

90. ENJOYABLE THINGS TO DO IN EVENING IN THIS CARE HOME						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	10%	24%	26%	21%	19%
	2017	11%	23%	28%	20%	18%
FREQUENT VISITOR	2023	7%	21%	31%	28%	14%
	2017	7%	20%	31%	28%	14%

91. PARTICIPATED IN MEANINGFUL ACTIVITIES IN PAST WEEK						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	13%	26%	25%	15%	21%
	2017	12%	24%	28%	16%	20%
FREQUENT VISITOR	2023	11%	24%	33%	20%	12%
	2017	12%	25%	31%	19%	13%

92. CAN PARTICIPATE IN RELIGIOUS ACTIVITIES

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	28%	28%	19%	9%	16%
	2017	32%	25%	20%	8%	15%
FREQUENT VISITOR	2023	35%	25%	20%	9%	12%
	2017	40%	26%	16%	7%	11%

93. CAN SPEND TIME WITH LIKE-MINDED RESIDENTS

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	18%	30%	26%	15%	12%
	2017	18%	27%	28%	15%	12%
FREQUENT VISITOR	2023	22%	29%	28%	14%	7%
	2017	24%	32%	24%	13%	7%

94. CAN EXPLORE NEW SKILLS/INTERESTS

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	12%	23%	26%	19%	21%
	2017	13%	20%	27%	19%	21%
FREQUENT VISITOR	2023	13%	20%	32%	21%	15%
	2017	14%	22%	29%	21%	14%

PERSONAL RELATIONSHIPS

95. ANOTHER RESIDENT IS CLOSE FRIEND

		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	15%	19%	19%	16%	31%
	2017	15%	18%	21%	16%	30%
FREQUENT VISITOR	2023	6%	9%	21%	23%	41%
	2017	6%	12%	21%	24%	37%

96. PEOPLE TO DO THINGS WITH						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	10%	20%	26%	19%	25%
	2017	10%	17%	28%	19%	26%
FREQUENT VISITOR	2023	5%	12%	30%	27%	26%
	2017	5%	12%	30%	28%	25%

97. PEOPLE ASK RESIDENT FOR HELP/ADVICE						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	6%	12%	31%	20%	31%
	2017	6%	11%	33%	21%	30%
FREQUENT VISITOR	2023	2%	3%	20%	28%	47%
	2017	2%	3%	21%	28%	46%

98. HAVE OPPORTUNITIES FOR AFFECTION/ROMANCE						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	5%	7%	13%	18%	57%
	2017	7%	8%	14%	15%	57%
FREQUENT VISITOR	2023	3%	5%	14%	20%	58%
	2017	3%	7%	15%	21%	54%

99. EASY TO MAKE FRIENDS IN CARE HOME						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	16%	33%	25%	15%	12%
	2017	18%	32%	25%	15%	11%
FREQUENT VISITOR	2023	7%	18%	29%	26%	19%
	2017	8%	22%	29%	24%	16%

100. TREATED WITH RESPECT BY OTHER RESIDENTS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	33%	47%	14%	3%	3%
	2017	34%	43%	16%	4%	3%

VISITING EXPERIENCE

101. FAMILY/FRIENDS CAN VISIT WHEN THEY CHOOSE						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	55%	32%	8%	3%	2%
	2017	66%	24%	6%	2%	2%
FREQUENT VISITOR	2023	68%	26%	3%	1%	1%

102. COMFORTABLE PLACES TO VISIT WITH FAMILY AND FRIENDS						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
RESIDENT	2023	44%	35%	12%	5%	3%
FREQUENT VISITOR	2023	51%	31%	12%	5%	2%

103. WHEN I VISIT WITH MY FAMILY MEMBER OR FRIEND, I ASSIST WITH ... (CHECK ALL THAT APPLY)		FREQUENT VISITOR
		2023
PERSONAL CARE, SUCH AS HELP TO THE TOILET, BATHING, AND DRESSING		7%
GROOMING, SUCH AS HAIR COMBING, SHAVING, NAIL CARE		16%
MEALTIMES, SUCH AS HELPING WITH EATING OR ENCOURAGING MY LOVED ONE TO EAT		15%
TAKING MY FAMILY MEMBER/FRIEND FOR WALKS OR DOING EXERCISE WITH THEM		21%
READING TO MY FAMILY MEMBER/FRIEND AND/OR HELPING THEM KEEP UP WITH CURRENT EVENTS		15%
TAKING MY FAMILY MEMBER/FRIEND OUT FOR APPOINTMENTS AND/OR SOCIAL OUTINGS		18%
OTHER		8%

104. FV TRUSTS STAFF WILL ASSIST FAMILY MEMBER OR FRIEND WHEN FV IS NOT ABLE TO BE THERE						
		ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER
FREQUENT VISITOR	2023	48%	32%	14%	4%	2%

105. DURING PERIODS OF VISIT RESTRICTIONS IMPOSED DURING THE PANDEMIC (CHECK ALL THAT APPLY)		FREQUENT VISITOR
		2023
I WAS A DESIGNATED VISITOR		53%
I WAS NOT A DESIGNATED VISITOR		5%
I WAS AN ESSENTIAL VISITOR		31%
I WAS NOT AN ESSENTIAL VISITOR		3%
MY FAMILY MEMBER/FRIEND DID NOT HAVE AN ESSENTIAL VISITOR DESIGNATION		8%

106. FV BELIEVES EVERY RESIDENT LIVING IN A BC CARE HOME HAS THE RIGHT TO IDENTIFY AN ESSENTIAL VISITOR WHO CAN VISIT EVEN WHEN PUBLIC HEALTH ORDERS RESTRICT OTHER VISITATION			
		YES	NO
FREQUENT VISITOR	2023	97%	3%

107. HOW OFTEN DO YOU VISIT YOUR FAMILY MEMBER OR FRIEND IN PERSON IN THIS CARE HOME?						
		SEVERAL TIMES A WEEK	ONCE A WEEK	2-3 TIMES A MONTH	ONCE A MONTH	A FEW TIMES A YEAR
FREQUENT VISITOR	2023	46%	26%	12%	7%	9%
	2017	N/A	N/A	N/A	N/A	N/A

108. HOW FAR DO YOU LIVE FROM THE CARE HOME?		FREQUENT VISITOR	
		2023	2017
ABOUT OR LESS THAN A 15 MINUTE DRIVE		50%	N/A
ABOUT A 30 MINUTE DRIVE		23%	N/A
ABOUT A 45 MINUTE DRIVE		8%	N/A
ABOUT A 1 HOUR DRIVE		5%	N/A
ABOUT A 1.5 HOUR DRIVE		3%	N/A
ABOUT A 2 HOUR DRIVE		1%	N/A
MORE THAN A 2 HOUR DRIVE		12%	N/A

109. HOW OFTEN DO YOU VISIT YOUR FAMILY MEMBER OR FRIEND IN THIS CARE HOME VIRTUALLY?		FREQUENT VISITOR
		2023
SEVERAL TIMES A WEEK		47%
ONCE A WEEK		22%
2-3 TIMES A MONTH		10%
ONCE A MONTH		7%
A FEW TIMES A YEAR		15%



OBSERVATIONS

There is a consistent theme of isolation that was also prevalent in the previous survey. The inability of a significant portion of the long-term care population to develop meaningful relationships within the care home and to participate in activities that are meaningful to them speaks to a need to re-examine how we create our neighborhoods within care homes.

Two-thirds of residents told us they had trouble finding enjoyable things to do during evenings and weekends, opportunities to explore new skills and interests or participate in meaningful activities. Frequent visitors generally agreed with this finding. Residents in care homes can often spend their time sitting alone or watching television.

Personal relationships were also found to be a challenging area with 66% of residents who reported they 'sometimes', 'rarely' or 'never' have a close friend or felt it was easy to make friends (52%). This area was also the least endorsed item by frequent visitors who gave lower ratings than their residents. In addition, just over half of residents (53%) reported feeling they 'sometimes', 'rarely' or 'never' find like-minded residents to spend time with and about 44% are not able to participate consistently in religious activities. This reflects just how important staff and family visitors are to residents' emotional well-being and the importance of finding ways to make activities meaningful and relevant to the resident's interests, keeping in mind that these may differ from person to person.

There were many challenges with visiting during the COVID-19 pandemic; visitor restrictions were first implemented in March 2020 and were not fully lifted until April 2023.¹⁷ Visitation remains an important topic in the long-term care sector and pandemic experiences may reflect resident or frequent visitor responses to questions about this topic. An overwhelming majority of frequent visitors (97%) agree that every resident has the right to identify an essential visitor who can visit even when public health orders restrict other visitation.

¹⁷Volunteers were required to take a rapid antigen test within 24 hours of shift and wear a mask.

CONCLUSION AND RECOMMENDATIONS

When the Office of the Seniors Advocate undertook the first survey in 2016/17, it recommended repeating the process in five years to monitor whether services for seniors in long-term care were improving. At the time, we could not have known the significant challenges long-term care would face related to COVID-19 and the efforts made to help keep vulnerable seniors safe. The pandemic was an incredibly difficult time for everyone, particularly for seniors in long-term care with families and loved ones kept apart.

One of the outcomes of the pandemic was the significant spotlight put on long-term care homes across the country. People who had never seen the inside of a long-term care home were exposed to the realities of life for many seniors and most were not comfortable with what they saw. This increased awareness resulted in many changes and investment by provinces and the federal government with the aim of improving the quality of long-term care.

Over the past five years, the Province increased funding for long-term care by 45%. Some of this funding is related to the pandemic but much of it is to provide longer-lasting benefits, specifically increasing staffing. Unfortunately, this additional investment has not yet translated into measurable differences in the quality of life experienced by most residents, partly due to changing goals in the amount of daily care seniors need for appropriate care. New federal standards now recognize evidence that supports 4.1 hours of care per resident per day versus the current B.C. standard of 3.36 hours. Additionally, some of the issues related to feeling isolated cannot be solved by increased funding alone – a shift in the culture of how long-term care services are delivered is required.

The roadmap for improvement has been drafted. If we listen to the residents of long-term care and the people who love them, we can create a better quality of life for more people.

RECOMMENDATIONS

The following recommendations provide the actions necessary to address the issues of priority that residents and their family identified.

As we look to the future and a goal of improving the quality of life in long-term care, we must:

- 1. INCREASE STAFFING LEVELS IN ALL CARE FACILITIES TO THE NATIONALLY RECOMMENDED 4.1 HOURS OF DIRECT CARE PER RESIDENT PER DAY.** When we continue to see more than half of residents unable to bathe as frequently as they want, and over a third unable to reliably get help to eat their meals, we must recognize that despite significant funding increases in the past five years, staffing levels are not sufficient to meet the needs of many residents. While British Columbia was a leader in setting a standard of 3.36 hours per resident per day of care, that reflected a different era of long-term care. The new reality of single room design, increased care needs, and rising expectations require us to recognize the new standard established at the national level is now the goal.

2. **INCREASE FLEXIBILITY OF SCHEDULING.** A continued theme is the loss of autonomy a person experiences when they are not able to get up in the morning, eat meals when they want and are subjected to the more structured, scheduled living environment in congregate care. While it is challenging to respond to unscheduled needs, with more staff and increased creativity with how staff are deployed, we can achieve a better balance meeting both individual and operational needs.
3. **INCREASE SOCIAL CONNECTIONS FOR RESIDENTS BY CREATING MORE MEANINGFUL ACTIVITIES TO IMPROVE RESIDENT ENGAGEMENT.** The clinical assessment data show a wide range of physical and cognitive abilities of residents within B.C.'s long-term care homes. This is further validated by the survey results from both residents and their frequent visitors which speaks to needing a wider variety and number of activities at each long-term care home to meet the varied desires and abilities of residents.
4. **IMPROVE FOOD AND MEALTIME EXPERIENCE TO MEET RESIDENT'S PREFERENCES, INCLUDING NUTRITIONAL AND CULTURALLY-SPECIFIC DIETARY NEEDS.** The resident and family impressions/opinions of the experience of food and mealtimes remains an issue. Concerns about the selection, taste and temperature of food and timing of meals were consistently voiced. We also must ensure residents who need help to eat receive that assistance from care home staff.
5. **IMPLEMENT COMPULSORY PROFESSIONAL EDUCATION FOR ALL CARE HOME STAFF IN CULTURAL SAFETY AND EMOTIONAL HEALTH AND WELL-BEING OF RESIDENTS.** We must ensure care staff are provided with professional education on how to meet the emotional health and well-being of residents and the importance of making space for them to engage in their cultural practices in a safe and supportive environment.
6. **ALLOW ALL RESIDENTS (OR SUBSTITUTE DECISION MAKER, IF APPROPRIATE) TO NAME THEIR "ESSENTIAL VISITOR".** One hallmark of personal autonomy is the right to determine who you want to spend your time with. Residents in long-term care surrender many aspects of this as they adapt to communal living. The one vestige of personal autonomy they can retain, however, is the right to say "this person is essential to me and my care". Despite the experience of visitor restrictions in long-term care, we still do not allow residents of long-term care in B.C. to designate their own "essential visitor". That ultimate decision rests with the care home operator – and this must change.

7. WORK CLOSELY WITH THE NEWLY-ESTABLISHED INDEPENDENT LONG-TERM CARE COUNCILS ASSOCIATION OF BRITISH COLUMBIA (ILTCCABC) TO RAISE AWARENESS AND INCREASE THE FUNCTION OF RESIDENT AND FAMILY COUNCILS AT ALL LONG-TERM CARE FACILITIES IN B.C.

Every resident living in a licensed long-term care home and their family has the right to participate in a council. Recent changes to regulations have increased the strength of these councils and funding support for the Independent Long-Term Care Councils Association of BC has created an opportunity to fully realize the potential of a well-supported network of resident and family councils across the province. Currently, 36% of frequent visitors are unaware their care home has a family council. This tells us there is much work needed that requires the support of health authorities and care home operators in addition to the Ministry of Health to ensure family councils are created and functioning for each long-term care home.

8. IMPROVE THE ACCESSIBILITY AND AVAILABILITY OF COMMUNITY-BASED SERVICES, IN PARTICULAR HOME SUPPORT, TO ENSURE SENIORS ARE NOT REQUIRED TO SEEK LONG-TERM CARE UNLESS THEIR CARE NEEDS CANNOT BE MET IN THE COMMUNITY.

Most seniors want to remain at home for as long as they can, however, some seniors admitted to long-term care could potentially have been cared for at home if the proper supports were in place. In fact, 40% of residents who answered the survey told us they do not want to live in their care home. We also know that over 60% of newly-admitted long-term care residents had no home support prior to their admission. We must remove financial and other barriers that are preventing seniors from seeking home support in the community to ensure their placement in long-term care comes after all other options have been exhausted.

While the spotlight on long-term care shifted as the pandemic receded, there remains a very deep commitment on the part of British Columbians to ensure frail, vulnerable seniors enjoy the best life possible. This was evident when over 500 people volunteered their time to deliver this survey, thousands of family members and friends participated in answering questions, and governments continued to focus on long-term care not just with increased funding but strengthening regulations and investing in resident and family councils. It is hoped that we will continue our commitment to a better life for people living in long-term care, listen to what residents and their loved ones have told us, act on it, and begin to see measurable improvements in their quality of life.

APPENDIX 1 - SURVEY METHODOLOGY

In Spring 2022, the OSA, in partnership with the BC Office of Patient-Centred Measurement (OPCM), conducted the second province-wide cycle of a survey to measure the experiences of residents living in 297 publicly subsidized long-term care homes and their most frequent visitors. The purpose of the survey is to hear directly from people who live in long-term care about their day-to-day experiences. The OSA's recommendations arising from the 2016/17 survey included a commitment to repeating the survey in five years to assess change over time from the resident and frequent visitor perspective. Due to the COVID-19 pandemic, the second cycle of the survey was delayed to 2022.

The objectives of the second cycle of the survey built on those from the 2016/17 survey:

- To invite every resident living in publicly subsidized long-term care to provide feedback about their experience of life in long-term care
- To include every publicly subsidized long-term care home
- To survey the frequent visitor(s) of residents about their perceptions of their loved one's care and their own experiences with the care home
- To publicly report the survey results
- New for 2022, to show change over time from 2016/17 results

There were over 28,000 residents who live in 297 publicly subsidized long-term care homes in the province. The total population of residents that were approached for an interview was 21,629. The number of completed surveys for residents was 10,872 for a response rate of 50%. There were 20% (4,298) of residents who declined to participate and 30% (6,459) who consented to participate but were not able to complete the survey.

The total number of frequent visitors invited to participate in the survey was 28,007.¹⁸ The number of completed surveys for frequent visitors was 7,880, for a response rate of 28%.

SURVEY INSTRUMENT

In the 2022/23 cycle, the interRAI Self-Reported Quality of Life Survey Long-Term Care Facilities and the interRAI Family Quality of Life Long-Term Care Facilities served as the core instruments for the resident and frequent visitor surveys. These surveys have been used in other jurisdictions in Canada and internationally and are a part of the Health Related Quality of Life (HRQoL) interRAI family of assessment instruments adopted in nine Canadian provinces/territories and supported nationally by reporting systems managed by the Canadian Institute for Health Information (CIHI). The use of the interRAI survey instruments are protected by the terms of an interRAI license with Providence Health Care as the legal agent for the province.

The OPCM and OSA engaged an expert Consultation Group to inform a gap analysis and to identify new and emerging themes for B.C. custom questions for 2022/23 (see Appendix 3 for Consultation Group membership). New questions for 2022/23 related to new and emerging issues including the experience of the COVID-19 pandemic were added to the survey instrument.

¹⁸ Eligible FV survey invitation. Excludes undeliverable mail, bounce back emails, incorrect phone numbers and FVs of residents who passed away before the conclusion of the survey cycle.

The resident survey includes a total of 83 questions in 10 dimensions such as food and meals, privacy, safety and security, a home-like environment, personal autonomy, staff responsiveness and new dimensions developed for the 2022/23 cycle, including cultural safety, home-like environment, visits with family and friends and feeling informed. Residents who participated in the survey were invited to elaborate on their response for any question or to add additional comments or stories at any time throughout the semi-structured interview and these were transcribed during data collection. The frequent visitor survey includes a total of 104 questions in 10 dimensions similar to the resident survey with an opportunity to share a final comment. Both resident and frequent visitor respondents are asked to rate their satisfaction or agreement on a five-point scale ranging from 'excellent' to 'poor', or 'always' to 'never'.

The Long-Term Care Resident survey was translated into eight alternate languages: German, Italian, Polish, Korean, Punjabi, Farsi, Cantonese, and Mandarin. The frequent visitor survey was available in Traditional and Simplified Chinese, German, Italian and Punjabi.

The survey responses were collected in accordance with the B.C. Freedom of Information and Protection of Privacy Act; privacy impact assessments were conducted and reviewed by the provincial Health Information, Privacy and Security Operations Council (HIPSOC). All respondents were informed that completion of surveys is voluntary and were provided with a promise of confidentiality to all who choose to respond. R.A. Malatest & Associates, an independent research company on contract with the OPCM, received completed surveys and collated the results on behalf of the Office of the Seniors Advocate. A unique identifier (Survey ID) was assigned to each resident. Volunteers completed a participation status (Final Interview Status) section on each survey that included the unique identifier; in this way the name of the resident was masked.



SURVEY ID

FINAL INTERVIEW STATUS

- | | | |
|--|---|--|
| <input type="radio"/> Participated in survey interview | <input type="radio"/> Unable to answer first 2 sections | <input type="radio"/> Language barrier |
| <input type="radio"/> Refused to participate | <input type="radio"/> Could not locate after 3 attempts | <input type="radio"/> Palliative care |
| <input type="radio"/> Risk to interview (e.g., aggression as deemed by facility staff) | <input type="radio"/> Unresponsive after 3 attempts | <input type="radio"/> Deceased |
| | <input type="radio"/> Too ill to survey | <input type="radio"/> Discharged |
| | <input type="radio"/> On IPAC precautions | |

SURVEY IMPLEMENTATION

Volunteers were recruited and trained to conduct face-to-face structured interviews with residents; criminal record checks in accordance with the province's vulnerable sector requirements were conducted on each volunteer surveyor applicant. All questions were read aloud with surveyors pointing to visual analogue response boards that included response scales for all questions. Each response to each question was recorded by the surveyor. Each resident eligible to participate was approached by surveyors up to three times for consent to participate. If a resident agreed to participate, a script explaining confidentiality of responses was read to

the resident and the resident was asked for consent to participate. There were 48 bilingual surveyors who were recruited and trained to conduct surveys in English and in one (or more) of the eight alternate languages.

ELIGIBILITY CRITERIA

Although the survey was designed to be as inclusive as possible, some residents were unable to participate for the reasons listed below.

Residents were **NOT APPROACHED** to participate in the survey if:

- deemed by the Care Home Champion or onsite delegate to be a risk/danger to the interviewer if approached
- receiving palliative care and the Care Home Champion or onsite delegate recommended exclusion
- residing on a Special Care Unit or in a temporary or respite bed
- passed away during the onsite survey data collection period
- had been discharged immediately prior to the onsite survey data collection period

Residents were **APPROACHED BUT DID NOT PARTICIPATE** in the survey if:

- unresponsive (after three attempts made)
- too ill to participate (after three attempts made)
- deemed too confused or too anxious/nervous when approached to participate in the survey (after 3 attempts made)
- could not be located by interviewers during onsite interview times (after three attempts to locate made)
- declined to participate (not approached again)
- consented to participate, however determined to be unable to answer first two sections of survey: Food and Privacy (not approached again)
- did not speak one of the translated languages of the survey instrument available (not approached again)

After all resident interviews in each care home concluded, an invitation to complete the B.C. version of the interRAI Family Quality of Life Survey for Long-Term Care Facilities online was sent to those identified by the care home as frequent visitors. A second letter or email was sent approximately two weeks after the first mailing as a reminder. Frequent visitors had 90 days to complete the survey, either by mailing it back (for those who requested a paper version) or by completing it online. A small number of frequent visitors requested a phone interview; these were conducted by volunteer surveyors specifically trained to conduct the survey by phone and to enter the results into the online survey platform.

Due to significant delays in receiving frequent visitor data from approximately 30 care homes, a decision was made to shorten the length of time the survey was in the field from 90 days to 30 days in the final two months of the survey data collection period, to ensure inclusion in the provincial reporting of results.

Most respondents completed the survey online, using the URL and unique identifier provided in their email message or letter; the option to request the option to complete the survey via a phone interview was also outlined in the invitation. Some residents living in long-term care homes do not have visitors or no visitor(s) could be identified by the care home for some residents. In other cases, multiple visitors were associated with a given resident.

SURVEY ENGAGEMENT AND PROMOTION

To increase awareness of the survey, the OPCM and OSA employed multiple communications strategies. On May 10, 2022, the BC Seniors Advocate issued a news release announcing the launch of the second provincial survey of the experiences of residents living in publicly subsidized long-term care.¹⁹ A dedicated website was created for the survey (<https://surveybcseniors.org/>) that included general information about the survey, volunteer recruitment information and training materials, updates when the survey was in the field and testimonials from volunteers. The OPCM also communicated directly with all 297 publicly subsidized long-term care homes about the logistics and implementation of the survey, including resident inclusion and exclusion criteria. Each care home was asked to identify a Care Home Champion to support OPCM communications and to welcome the volunteer surveyors into the care home. Notification in accordance with B.C.'s Freedom of Information and Protection of Privacy Act was provided via posters to every Care Home Champion. Regional Engagement Leads were recruited for each health authority by Providence Health Care on behalf of the OPCM with responsibility to screen, recruit, train and deploy volunteer surveyors. The survey and volunteer recruitment was promoted on social media, and communicated through stakeholder e-blasts and community newspapers across B.C.

LIMITATIONS

Residents of long-term care may have a wide variety of cognitive and physical limitations. The survey was designed to be as inclusive as possible, however, some residents were unable to participate, or met the exclusion criteria for the survey. These criteria (see above) ranged from the resident being too ill; declining to participate; being in palliative care; deeming to be a risk to the interviewer; or the resident having passed away during the survey data collection period.

Frequent visitors were contacted by email or letter to participate in the online survey from information provided by the care home. However, some residents (15% based on the information provided by care homes) did not have a regular visitor(s) or no visitor(s) could be identified. In some cases, multiple visitors were associated with a given resident. While there are many advantages to using online surveys (e.g., low cost, quicker access to data, ability to access via a computer/mobile), they can have drawbacks, including potential respondents who delete the email or email filters that block the sender. Efforts were made to work with Care Home Champions to advise frequent visitors the timing of when to expect the OSA survey invitation emails and the subject line. Frequent visitor results include valid responses from all completed surveys, regardless of whether more than one visitor per resident completed the survey.

¹⁹ Office of the Seniors Advocate. B.C. Seniors Advocate invites British Columbians to participate in the second landmark survey of people in residential care. News Release. May10, 2022.

APPENDIX 2 - BC OFFICE OF PATIENT CENTRED MEASUREMENT

In British Columbia, measurement of patient experiences and patient outcomes is a provincial strategic objective, giving the people who use our healthcare services in B.C. a voice in evaluating the quality and safety of their care and our progress towards providing care that is patient-centred.

With an aim to enhance public accountability and support the continuous improvement of patient experiences and outcomes, the BC Office of Patient Centred Measurement has coordinated province-wide surveys across sectors, including Inpatient Acute Care, Emergency Department Care, Cancer Care, Mental Health and Substance Use Care, and Surgical Care since 2003. An additional focus on understanding patient experiences when their providers and/or locations of care change has been prompted by the results of our survey work in B.C. since 2003.

B.C.'s provincially-coordinated, scientifically rigorous measurement strategy, spearheaded by the BC Patient-Centred Measurement Steering Committee, builds on more than 20 years of engagement with patients, families, clinicians, leaders, policy makers, researchers and community stakeholder groups all working together to continuously improve patient-centred measurement in B.C. This includes survey selection and development, data collection (quantitative and qualitative), reporting and action based on feedback from B.C.'s patients and families.

The BC Office of Patient-Centred Measurement is a provincial resource located on the territories of the Musqueam, Squamish and Tsleil-Waututh Nations. With this acknowledgment, we thank the Indigenous peoples who continue to live on and care for these lands and those with whom our team has the privilege to work in partnership within the beautiful province of British Columbia.

To learn more visit: www.bcpm.ca

APPENDIX 3 - CONSULTATION GROUP

NAME	TITLE	ORGANIZATION
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NAME	TITLE	ORGANIZATION
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WENDY CALHOUN	DIRECTOR OF OPERATIONS	KAIGO SENIOR LIVING GROUP
NOORI SHAHKAR	ADMINISTRATOR	LYNN VALLEY CARE CENTRE
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HEATHER MCINTOSH	DIRECTOR OF CARE	BRADDAN AND POINT GREY
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MICHELLE SORDAL	EXECUTIVE COUNCILLOR, PENSIONS AND SENIORS HEALTH	BC NURSES' UNION
HANIF KARIM	EDUCATOR/HUMAN RIGHTS, EQUITY & HEALTH POLICY OFFICER	BC NURSES' UNION
MIRIAM SOBRINO	DIRECTOR, COMMUNICATIONS	BC HEALTH SCIENCES ASSOCIATION
COURTNEY DIECKBRADER	SENIORS PROGRAMMING SPECIALIST	QMUNITY
QUEENIE CHO	CEO	S.U.C.C.E.S.S.

APPENDIX 4 - RESIDENTS' BILL OF RIGHTS



RESIDENTS' BILL OF RIGHTS

Commitment to care

1. An adult person in care has the right to a care plan developed:
 - (a) specifically for him or her, and
 - (b) on the basis of his or her unique abilities, physical, social and emotional needs, and cultural and spiritual preferences.

Rights to health, safety and dignity

2. An adult person in care has the right to the protection and promotion of his or her health, safety and dignity, including a right to all of the following:
 - (a) to be treated in a manner, and to live in an environment, that promotes his or her health, safety and dignity;
 - (b) to be protected from abuse and neglect;
 - (c) to have his or her lifestyle and choices respected and supported, and to pursue social, cultural, religious, spiritual and other interests;
 - (d) to have his or her personal privacy respected, including in relation to his or her records, bedroom, belongings and storage spaces;
 - (e) to receive visitors and to communicate with visitors in private;
 - (f) to keep and display personal possessions, pictures and furnishings in his or her bedroom.

Rights to participation and freedom of expression

3. An adult person in care has the right to participate in his or her own care and to freely express his or her views, including a right to all of the following:
 - (a) to participate in the development and implementation of his or her care plan;
 - (b) to establish and participate in a resident or family council to represent the interests of persons in care;
 - (c) to have his or her family or representative participate on a resident or family council on their own behalf;
 - (d) to have access to a fair and effective process to express concerns, make complaints or resolve disputes within the facility;
 - (e) to be informed as to how to make a complaint to an authority outside the facility;
 - (f) to have his or her family or representative exercise the rights under this clause on his or her behalf.

Rights to transparency and accountability

4. An adult person in care has the right to transparency and accountability, including a right to all of the following:
 - (a) to have ready access to copies of all laws, rules and policies affecting a service provided to him or her;
 - (b) to have ready access to a copy of the most recent routine inspection record made under the Act;
 - (c) to be informed in advance of all charges, fees and other amounts that he or she must pay for accommodation and services received through the facility;
 - (d) if any part of the cost of accommodation or services is prepaid, to receive at the time of prepayment a written statement setting out the terms and conditions under which a refund may be made;
 - (e) to have his or her family or representative informed of the matters described in this clause.

Scope of rights

5. The rights set out in clauses 2, 3 and 4 are subject to:
 - (a) what is reasonably practical given the physical, mental and emotional circumstances of the person in care;
 - (b) the need to protect and promote the health or safety of the person in care or another person in care, and
 - (c) the rights of other persons in care.

These rights are posted pursuant to section 7 (1)(c.1)(ii) of the *Community Care and Assisted Living Act*

APPENDIX 5 - SOURCES

DATA SOURCES

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