



THE BEST DAY

POSSIBLE

A Quality of Life Framework for Seniors' Care in B.C.

May 2019



**BC Care
Providers**
ASSOCIATION

MESSAGE FROM THE CO-CHAIRS

On behalf of the BC Care Providers Association Quality Committee, we are pleased to introduce *The Best Day Possible: A Quality of Life Framework for Seniors Care in BC*. This framework is about supporting seniors so that they may enjoy the best possible quality of life, to stay as healthy and active as possible, and are able to participate in things that matter to them.

Formed in 2017, the Quality Committee set a goal to enhance the quality of life for seniors in British Columbia by shifting from a clinically-focused outlook, toward a broader view that supports the design and delivery of services for seniors.

Committee members include representatives of home care, assisted living, and long-term care organizations. Additionally, residents living in long-term care also provided insights from their personal experiences. The framework has resulted from the culmination of stakeholder input, professional experience of the committee, and evidence from a literature review.

The Best Day Possible puts forward a framework that service providers can use to improve quality of life for seniors needing care and support services.

We recognize there is great diversity in seniors in terms of life experience, cultural background, lifestyle and their health and well-being. Our goal is that this framework starts an ongoing dialogue throughout B.C. about achieving a high quality of life for seniors in need of care and services. What we are proposing is about changing our mindsets.

We invite your thoughts, opinions and feedback on improving the well-being and quality of life of seniors who require care and other supports.



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A NEW VISION

What does quality of life mean in seniors care? For most service providers, the answer to this question will depend upon not only the organizational culture of the individual long-term care, assisted living or home care operator, but the regulatory framework each must adhere to.

Seniors care is often viewed through a clinically-focused service design lens. In this environment, providers point to accreditation standards, their Resident Bill of Rights, and the fact they meet licensing and performance requirements as indications of quality.



In physical care-based environments, performance indicators focus on “functioning.” Clinical outcomes are constantly tracked and monitored. The aging experience often becomes medicalized. Front-line staff are expected to focus on tasks, rather than outcomes. Risk mitigation and demonstrating accountability for funds becomes the service provider’s quest.

However, none of these things truly provide quality of life. Clearly, a new vision is needed.

This framework proposes a broader definition of quality in seniors care that is not narrowly defined by physical care needs alone.

This “new vision” adopts a philosophy of care that promotes a holistic approach and champions de-institutionalized care models. These philosophies can form the foundation of organizational value statements that will help guide organizations in their efforts to address the needs of the whole person.

At a systemic level, this new vision can take several forms.

For example, performance indicators would support the goal of maintaining physical independence and would incorporate palliative care measures. Cognitive care, cultural awareness and quality of life considerations would be included in curriculum for all sector providers as well.

For people living in long-term care, this means increasing hours per resident day (HPRD) for recreation hours, and providing funding for improved physical environments. It could also mean expanding eligibility criteria for grants to allow funding for music programming, gardening or pastoral care.

For seniors receiving home care, it means increasing support hours to address social isolation and its effects.

As with any culture change, it will take time to realize this new vision. While there are already many bright spots in B.C. and around the country, it is hoped that this Quality of Life Framework will serve as a catalyst for a larger conversation across the continuing care sector.

ABOUT THE FRAMEWORK

With this framework, we set out a roadmap for defining and enhancing quality of life for seniors who require care and assistance in B.C.

Four overarching domains are discussed: **Supportive Environments, Meaningful Relationships, Fulfilling Activities, and Cultural Diversity**. Each Domain has specific dimensions and recommended actions to operationalize these areas in a care environment and includes a description as heard through the seniors' voice.

While care may be complex, we think that supporting the best quality of life does not need to be. A key objective for service providers must be to enable seniors to live their lives to their fullest potential and to enable them to have their best day possible, given their individual circumstances.

To support the intention that the framework will be utilized by B.C. policy makers, service providers and informal care givers, the framework concludes with *Continuing the Dialogue*, which questions to integrate these principles into planning, policy and practice.

An electronic version of the full framework document and the pocketbook are available at www.bccare.ca/qualityoflife.

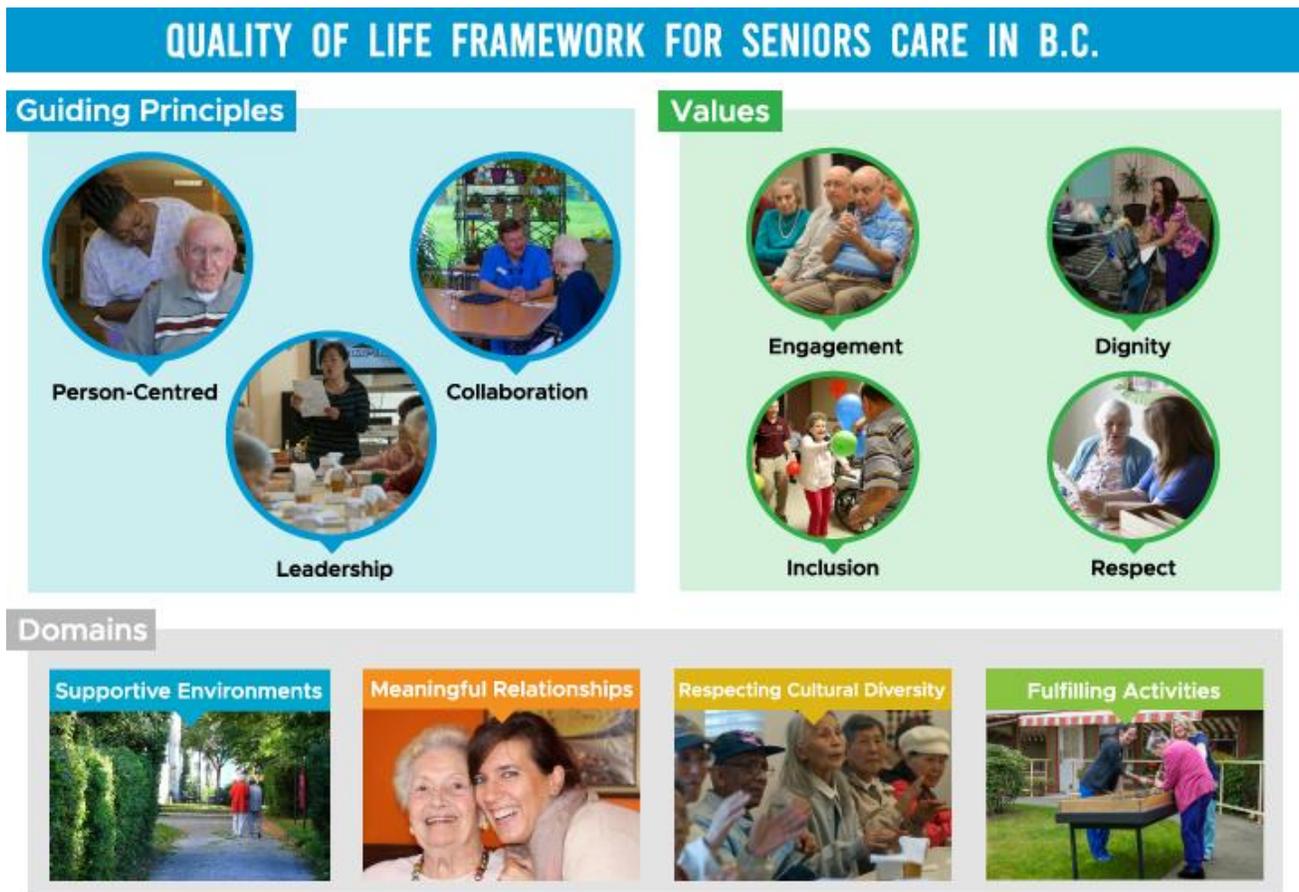


THE QUALITY OF LIFE FRAMEWORK

Purpose of the Quality of Life Framework

Enhancing quality of life for seniors in all care settings should be a key policy priority. The purpose of the Quality of Life Framework is to provide a common understanding, consistent language and practical interventions to improve and support the quality of life for seniors in all care settings. The framework is comprised of **guiding principles, values, domains, dimensions and actions.**

Guiding Principles



There are three key principles that guide this quality of life framework:

- Take a **person-centred** approach
- Use **collaboration**
- Show **leadership**

Person-centred: A person-centred philosophy enables and supports a person to achieve goals that are important to them and is responsive to a person’s individual abilities, preferences, and lifestyle. Person-centred care requires that caregivers have the capacity to engage with people with skill and creativity where they are treated with respect and dignity within the context of their own social world.

TIP: Allowing seniors to choose the day and time of their bath that suits their preference is an example of person-centred care improving quality of life.

Collaboration: Strong collaborative relationships create meaningful impact and drive innovation in developing quality of life as a central foundation to our work. Collaboration embodies ‘nothing about me without me’. In practice, this concept is actualized by seniors being integral players in developing solutions, along with strengthening relationships with community partners, collaborating across sectors with key local and national partners.

TIP: Facilitating dialogue between families and care providers on ways to improve family member experience is an example of collaboration.

Leadership: The way that care and supportive services are provided can have a profound impact on quality of life. Leaders in the system set the tone and culture of organizations and develop a shared purpose that gives meaning to the “why” we do things. People, families, organizations and communities all need purpose and it is the leader’s job to communicate that purpose. Excellent leadership is vital if services that really meet peoples’ needs are to be developed, delivered and improved.

TIP: Strong leaders can promote a culture where interactions and relationships are valued over the delivery of time-specific tasks.

Values That Underscore This Work

Four values that provide the foundation for enhancing quality of life for seniors include **engagement, respect, dignity and inclusion**.



Engagement is inviting the perspectives of the persons served in order to improve the daily living experience in care environments.

Respect is being aware of how specific (non-paternalistic and non-authoritarian) interactions can affect a senior’s quality of life.

Dignity is demonstrated by paying careful attention in the provision of care. Interactions occur with

consideration of the right to privacy, and by using a respectful tone, tactful language, and a gentle touch when handling.

Inclusion occurs when seniors are encouraged to participate, and they are able to decide when and in what manner.

Domains, Dimensions and Actions

Each of the four Domains have Dimensions and recommended Actions to operationalize these areas in a care environment. Dimensions includes a description as heard through the resident’s voice. It is important to recognize that there is a dynamic interaction among the dimensions.

DOMAINS OF QUALITY OF LIFE			
SUPPORTIVE ENVIRONMENTS	MEANINGFUL RELATIONSHIPS	FULFILLING ACTIVITIES	RESPECTING CULTURAL DIVERSITY
Supportive environments are the people, places and other factors in a senior’s life that support quality of life, including supportive physical and social environments. Also included within this domain is autonomy, where a senior’s opinions and diversity are valued and respected.	<p>Meaningful relationships are the bonds maintained with family, friends and the community.</p> <p>Social interaction keeps seniors physically and mentally healthy and happy.</p>	<p>Fulfilling activities are meaningful, enjoyable and feasible, whether they be socially, intellectually or spiritually based.</p> <p>Fulfilling activities also help to provide a sense of purpose.</p>	<p>Culture is a significant part of how an individual defines who they are. Respecting and valuing the things that make us unique as individuals that include habits, preference, beliefs, customs and traditions, our family background, upbringing and language. If culture is not acknowledged this can lead to social isolation and loneliness.</p>

DOMAIN: SUPPORTIVE ENVIRONMENTS		
DIMENSIONS	THE SENIOR'S VOICE	SUGGESTED ACTIONS
Neighborhoods & Community	<i>"I like being part of my community"</i>	<ul style="list-style-type: none"> • Smaller neighborhoods • Living in a "community of others" • Wayfinding measures/signage • Access to gardens and nature • Welcoming of family and friends • Access to the broader community
Freedom & Privacy	<i>"I am my own person"</i>	<ul style="list-style-type: none"> • Single rooms in long term care homes • Living at Risk • Accessible environment
Choices	<i>"What matters to me"</i>	<ul style="list-style-type: none"> • Choice of daily routines • Preferred foods and mealtimes • Personalized spaces
Adequately Prepared Workforce	<i>"Staff that know me"</i>	<ul style="list-style-type: none"> • Caregivers know the senior's personal story • Appropriate education standards for all workers in the sector • Knowledge about quality of life emphasis • Belief in the capabilities and importance of the elderly in our society • Cheerful manner; family-oriented
Safety & Security	<i>"Feeling cared about and cared for"</i>	<ul style="list-style-type: none"> • Freedom from harm • Safe and secure home • Comfort measures during illness and end of life
Food & Dining	<i>"Nourish me; nourish my soul"</i>	<ul style="list-style-type: none"> • High quality, freshly prepared food • Menus with favorites & cultural foods • Flexible mealtimes • Friends/family dining for occasion(s)

DOMAIN: MEANINGFUL RELATIONSHIPS		
DIMENSIONS	THE SENIOR'S VOICE	SUGGESTED ACTIONS
Human Connections & Touch	<i>"I need hugs"</i>	<ul style="list-style-type: none"> • Therapeutic approach to each client • Continuity of workers for care for stronger human connection • Match staff with similar cultural and/or language background (if possible). • Social history for every person is captured and shared with care partners • Respectful touch at the discretion of the client/resident • Address person by name, not endearments or diagnosis
Friends, Family & Visitors	<i>"This is my home" "I value relationships and connections"</i>	<ul style="list-style-type: none"> • Introduction of names before entering personal area/home • Promote independence yet support with daily routine • Involve family with improving connection and with gathering information about the individual when appropriate (i.e. dementia client) • Show respect when friends and family are in the individual's home/personal space. • Private & comfortable spaces • Access to coffee & tea & drinking water • Staff wear name tags • Greeting visitors upon arrival
Multi-generational Programs	<i>"A normal community has people of all ages"</i>	<ul style="list-style-type: none"> • Clients have choice in multi-generational programs • Options might include <ul style="list-style-type: none"> - School visitation programs - Children-friendly spaces - Dedicated space for family celebrations - Onsite children's daycare services
Personal Relationships & Intimacy	<i>"I am human"</i>	<ul style="list-style-type: none"> • Respect client wishes while providing care • Inform client and ask permission prior to providing personal care • Provide privacy during care, especially when living with others, or when others are present • Provide as consistent staff as possible • Opportunities in a community to form new relationships
Transportation	<i>"I need to get out occasionally"</i>	<ul style="list-style-type: none"> • Accessible bus or van with reasonable schedules • Support for going out, clothing according to both weather and occasion • Assistance with items needed for the outing, if required • Community outings • Visits to local, public amenities

		<ul style="list-style-type: none"> • Mobility
Pets, Birds & Plants	<i>"I love nature"</i>	<ul style="list-style-type: none"> • Homes adopt pets, birds & fish • Gardens and gardening • Pet visitation programs
Technology	<i>"Enhancing connections"</i>	<ul style="list-style-type: none"> • Skype visits • Robotic pets • Computer skills • Send documents or correspondence through email when available or requested by the individual • Assist the individual with charging electronic devices (i.e. cell phone, tablet) • Ensure individual has easy access to the devices
Friendships in the Home	<i>"I can make new friends"</i>	<ul style="list-style-type: none"> • Social events, formal and informal • Small group and 1:1 visits

DOMAIN: FULFILLING ACTIVITIES		
DIMENSIONS	THE SENIOR'S VOICE	SUGGESTED ACTIONS
Variety & Choice Respecting Individual Interests	<i>"I enjoy hobbies, and like to learn new ones"</i>	<ul style="list-style-type: none"> • Art work & appreciation • Accompanying individual on outdoor walks • Involving the individual in cooking, as able. • Music enjoyment • Spiritual & religious practices • Technology-oriented options • Community and outdoors • Plants and nature • Baking, cooking & household • Men's/Women's groups • Table games and active games • Seasonal events
Accessible & Recognizes the Uniqueness of Individuals	<i>"Invite me, include me"</i>	<ul style="list-style-type: none"> • Dementia friendly • Mobility friendly • End of life inclusive • Group and individual preferences respected • Evenings and weekends, 7 days a week • Intentional engagement with activities and care • Family inclusive activities • Free activities & events • Support for Adult Day Program attendance, if needed

DOMAIN: RESPECTING CULTURAL DIVERSITY		
DIMENSIONS	THE SENIOR'S VOICE	SUGGESTED ACTIONS
Food & Food Customs	<i>"My most basic comfort"</i>	<ul style="list-style-type: none"> • Ethnic foods & meals (culinary diversity) • Alternatives & choices • Celebrations with cuisine
Cultural Safety & Awareness	<i>"Life experiences affect me"</i>	<ul style="list-style-type: none"> • Develop a diversity plan • Celebrate cultural events & festivals • Learn about other cultures • Inclusive for LGBTQT2 persons • Component of staff education plan
History	<i>"My origins"</i>	<ul style="list-style-type: none"> • Knowledge of history involving trauma • Story-telling by elders
Visual Displays of Diversity	<i>"I feel at home in this home"</i>	<ul style="list-style-type: none"> • Art work and posters • Signage • Music selections • Decorations for festivities
Religious Practices	<i>"My faith is my strength"</i>	<ul style="list-style-type: none"> • Access to religious services • Multi-denominational homes • 1:1 Pastoral Care • Religious customs & traditions • Religion specific practices at EOL

MAKING THE BEST DAY POSSIBLE

Changing the social environment along with shifts in policy and programming will lead to greater quality of life. There are many recognized roadblocks to quality of life that we need less of. For operators and policy makers, there are alternative approaches that we need more of.

LESS OF...	MORE OF...
CLINICALLY-FOCUSED SERVICE DESIGN	NEW APPROACHES FOR QUALITY OF LIFE
<ul style="list-style-type: none"> • Social environment is hampered by limited funding, which has a direct impact on quality of life of residents 	<ul style="list-style-type: none"> • Increase HPRD for recreation hours • Introduce funding for music, gardening, and pastoral care • Expand eligibility for grants to include quality of life. • “I’d rather have a new TV”
<ul style="list-style-type: none"> • Heavy regulations with disproportional emphasis on risk mitigation 	<ul style="list-style-type: none"> • Increase capacity to deliver quality of life in the home • Change the approach of inspections • Reduce non-critical items to free up staff “time to care”
<ul style="list-style-type: none"> • Medicalization of aging and older adults 	<ul style="list-style-type: none"> • Change in philosophy to holistic and de-institutional care models.
<ul style="list-style-type: none"> • Performance indicators focused on clinical functioning 	<ul style="list-style-type: none"> • Performance indicators that support the goal to maintain physical independence as long as possible • Incorporate palliative approach to care goals in selection of performance indicators
<ul style="list-style-type: none"> • Task and personal care focus for Care Aide curriculum 	<ul style="list-style-type: none"> • Introduce cognitive care, cultural awareness and quality of life considerations in curriculum for all workers in the sector
<ul style="list-style-type: none"> • Physical environment improvements that are outstanding, or older homes 	<ul style="list-style-type: none"> • Physical environment improvements that have been done in new builds and renovations

CONTINUING THE DIALOGUE

BCCPA'S Quality Committee encourages feedback from users to continue a dialogue on this framework. Visit www.bccare.ca/qualityoflife to learn more and to engage the committee with your ideas and input.

As we explore new approaches for measuring quality of life for seniors who require care or assistance, we ask stakeholders to consider the following:

CAREGIVERS, SENIORS, AND OTHER STAKEHOLDERS

- Which dimensions of quality of life are most relevant?
- Are there other dimensions or activities that are not included here?

SENIORS CARE PROVIDERS

- What additional dimensions or actions could be included?
- What processes could be adapted to ensure as much freedom and choice for seniors as possible?
- How can organizations communicate the importance of quality of life in their policies and program offerings?

POLICYMAKERS AND GOVERNMENT

- How will quality of life be incorporated as an important component of care?
- How do regulatory requirements strike a balance between safety and risk management, and quality of life?
- How can the current quality of care indicators align with a broader quality of life goal?
- How can these domains and dimensions be used for measuring quality of life?
- Could future capital funds provide a "quality of life" stream?

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REFERENCES

In preparing this framework, committee members conducted a literature review and found numerous works that have application to seniors requiring long term or other types of supported care and assisted living. The most relevant sources that have informed this framework include:

1. The World Health Organization - provides a universal definition, domains and dimensions for quality of life.
2. The European Partnership for the well-being and dignity of older people (WeDo), which builds on the European Charter of the rights and responsibilities of older people in need of long-term care and assistance - provides specific areas of action for policy makers, service providers and professional and informal care-giver organizations.
3. Journal reports such as the JAMDA “Hearing the Voice of the Resident in Long Term Care” which provides a look at quality of life from the perspective of residents in long term care homes.
4. Local, in-progress research such as Carole Estabrooks TREC research project being conducted in BC and Alberta (University of Alberta), and her research on quality of life in Long Term Care.
5. Specific frameworks by other special interest groups, such as the MS International Federation - Quality of Life with MS chart, and BC Community Living, “Include Me” of quality of life framework.

A complete list of references is as follows:

Accreditation Canada. (2019). Qmentum Program Long-term care services.

<https://accreditation.ca/standards/>

Cohen L, Wimbush E, Myers F, Macdonald W, Frost H. Optimising Older People’s Quality of Life: an Outcomes Framework. Strategic Outcomes Model. Edinburgh: NHS Health Scotland; 2014. Retrieved from <http://www.healthscotland.scot/media/1159/optimising-older-people-quality-of-life-strategic-outcomes-model-08-14.pdf>

Community Living BC. (2017). What is Quality of Life? Retrieved from

<http://www.communitylivingbc.ca/projects/quality-of-life/what-is-quality-of-life/>

Cutler, D., Kelly, D. Silver, S., (2011). Creative Homes, How the Arts can contribute to quality of life in residential care. Retrieved from

<https://cdn.baringfoundation.org.uk/wp-content/uploads/2014/09/CreativeCareHomes.pdf>

Denominational Health Association. (2019). Our Vision. <https://www.denominationalhealth.ca/vision/>

Estabrooks, C., Quality of Care & Quality of Life in Residential LTC (2015) from Canadian Academy of Health Sciences Forum on Dementia, September 2015. Retrieved from

https://www.caahs-acss.ca/wp-content/uploads/2015/09/Estabrooks_CAHS-Dementia-Forum-presentation-Caregivers-Sep-13-2015.pdf

European Partnership for the Well-being and Dignity of Older People.(2010-12). European Quality Framework for long-term care services. Retrieved from

https://www.age-platform.eu/sites/default/files/EU_Quality_Framework_for_LTC-EN_0.pdf

Gopalakrishnan, N., Blane, D., Quality of Life in older ages. British Medical Bulletin, Volume 85, Issue 1, 1 March 2008, Pages 113-126, retrieved from

<https://doi.org/10.1093/bmb/ldn003>

Morris, J.N., Declercq, A., Hirdes, J.P., Finne-Soveri, H., Fries, B.E., et al (2018). Hearing the Voice of the Resident in Long-Term Care Facilities – An Internationally Based Approach to Assessing Quality of Life. *Journal of the American Medical Directors Association*, Volume 19 (2018), 207-215.
<http://dx.doi.org/10.1016/j.jamda.2017.08.010>

MS International Federation (2018). Seven Principles to improve quality of life. Retrieved from <https://www.msif.org/living-with-ms/what-influences-quality-of-life/seven-principles-to-improve-quality-of-life/>

Office of the Seniors Advocate British Columbia. (2017). Every Voice Counts: Office of the Seniors Advocate residential care survey results.
<https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2017/09/Provincial-Results-Final-HQ.pdf>

Province of British Columbia. (2009). Resident’s Bill of Rights.
<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/accountability/policy-and-standards>

World Health Organization. (2017). WHOQOL: Measuring Quality of Life. Retrieved from <http://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/index4.html>



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