



**Long-Term Care
Resident
Satisfaction Survey**

**Division-Level
Report, 2013**

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EXECUTIVE SUMMARY

Overall Satisfaction

- **Overall, LTC residents are well served.**
 - Satisfaction is strong, despite a slight softening from prior waves.
 - Scores across most survey measures are generally trending strong and stable.
- **High satisfaction scores are due, primarily, to strong performance on the key drivers of satisfaction.**
 - A “home-like” feel to the Centre is the strongest driver of satisfaction
 - Residents feel that their environment is comfortable; it helps them feel at home.
 - An opportunity to increase residents’ satisfaction with the environment relates to improving the décor in shared areas and the residents’ rooms.
 - Residents are satisfied with the Personal Support Workers (PSWs)
 - Satisfaction with PSWs is strong and is stable relative to prior waves.
 - High satisfaction is supported, primarily, by the fact that PSWs are perceived as friendly and competent.
 - Areas to improve in order to continue to increase satisfaction with the PSWs include ensuring that workers provide good quality personal care and that they are honest with the residents.
- **One key driver has been identified as an opportunity for improvement.**
 - Activities and engagement are the means by which residents engage with the centre and with each other. They involve communication, provision of services, and making sure residents feel *involved*.
 - Low scores are partly due to residents being less satisfied with their level of involvement in decisions relating to their care. Satisfaction in this area has declined since the prior wave.
 - Another area to improve is satisfaction with community outings, daily recreation activities and social programs.

High levels of satisfaction with residents’ communications with staff are a bright spot here and are key to increasing satisfaction with this area.

 - Another area of strength is the therapy programs provided (such as art therapy or music therapy).

1. BACKGROUND, OBJECTIVES AND METHODOLOGY

Background

The Long Term Care Resident Satisfaction Survey is conducted annually with residents of the Region of Peel's five Long Term Care (LTC) Centres and is designed to measure resident satisfaction. Results are used to improve LTC services across the centres.

Surveys are completed by residents when this is possible; however the majority of surveys are completed either with the assistance of family members or entirely by family members. These surveys have been conducted with LTC residents in the Region of Peel every year since 2008.

In analyzing survey results a combination of qualitative and quantitative methods were employed to identify data trends as well as strengths to maintain and opportunities for improvement.

Objectives

The objectives of the Region of Peel Long Term Care Division Study in 2013 are:

1. To conduct an in depth analysis of trends and findings across the five LTC centres for a divisional report;
2. To re-validate and adjust where necessary the drivers of satisfaction with Long Term Care Centres and Services, and to provide actionable recommendations;
3. To explore the impact of the problem resolution experience at LTC facilities; and
4. To track changes over time.

Method

Pencil and paper questionnaires were distributed by the Region of Peel to residents in the five LTC Centres: Davis Centre, Malton Village, Peel Manor, Sheridan Villa, and Tall Pines. Completed surveys were forwarded to R.A. Malatest & Associates, Ltd. for data entry, analysis and report preparation.

Some changes were made to survey content from the previous version from 2012. There were five main types of changes to the survey:

1. ***Overall satisfaction questions were added to allow respondents to provide an overall rating for their satisfaction with each individual service area***, such as

nursing care, care from Personal Support Workers (PSWs), and the home-like environment.

2. ***A new survey section was added related to problems experienced by residents.*** In previous years, there was a single question asking about satisfaction with response to complaints. This new section replaces the single question. In 2013, respondents were asked if they had experienced a problem in the past 3 months, the nature of the problem, and how satisfied they were with several aspects of the response to and resolution of the problem, as well as overall satisfaction with how the problem was addressed.
3. ***Many individual questions throughout the survey were reworded,*** so that each question only asks about one attribute and to make the questions more direct and/or specific.
4. ***The survey section asking about the variety of programs and services was expanded*** to gather specific satisfaction scores for individual programs. For instance, a single question about satisfaction with the variety of social and community activities was replaced with separate questions asking about daily recreation activities, community outings, social activities, and other categories of programs. Questions about therapeutic programs were also added in order to assess satisfaction with Physiotherapy and with other contracted services.
5. ***Some general, open-ended questions were removed.*** As many residents do not complete the survey independently, qualitative analysis is of more limited use. Some open-ended questions from various sections were either removed entirely or removed but replaced with a similar question in a different context.

Copies of both the 2011/12 survey and the 2013 survey can be found in the Appendix.

Response Rate

Survey completions are set out in the table below. It is not possible to calculate response rate as the surveys were distributed by Centre staff and it is not known how many surveys were initially distributed.

Figure 1

Long Term Care Facility	Total Completions	Independent Completions	Some Assistance	Minimal Participation
Davis Centre	39	1	18	17
Malton Village	67	7	21	37
Peel Manor	91	5	56	28
Sheridan Villa	99	2	45	52
Tall Pines	102	7	31	60
TOTAL LTC	396	22*	171*	194*

* 9 completed surveys did not identify the level of the resident's participation

Residents returned a total of 396 completed surveys. 22 surveys were completed by the residents themselves, 171 by the resident with some assistance, and 194 by a relative or friend (9 completed surveys did not identify the level of the resident’s participation).

Reporting of Results

The majority of survey questions used a 5-point response scale (“1” indicates “strongly disagree” and “5” indicates “strongly agree”). To maintain consistency with prior waves, scores were converted for reporting purposes from the 5-point to a 10-point scale. The 5-point scale was converted to the 10-point scale per the below:

Strongly Disagree					Strongly Agree					
1	2	3	4	5	6	7	8	9	10	
0	1	2	3	4	5	6	7	8	9	10

All reported data and scores are not weighted. Previous waves of this study did not employ weights and current results do not require them.

The driver analysis model for Resident Satisfaction was produced through multiple regression with correlation Opportunity Analysis supplementing the regression model to identify areas of strength and areas for improvement. Details of the analysis will be provided within the forthcoming Enterprise-Wide Analysis Plan, detailing the analyses performed and models used.

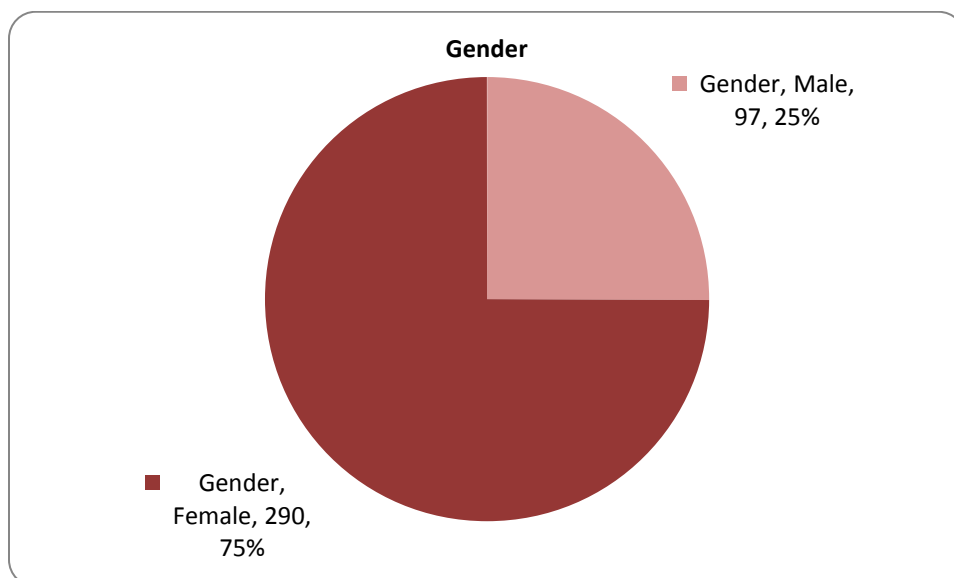
The charts and tables in this report will identify statistically significant differences between 2013 results and results obtained in 2012 or 2011, where direct comparison is possible. Single or double arrows indicate whether the result is significant compared to 2012 or 2011 (or both) as well as the direction of the trend. All statistical significance is calculated at a confidence level of 95% ($p < 0.05$).

2. WHO ARE OUR CLIENTS?

Gender

The majority of LTC residents who responded to the survey were female (75%). While this represents slightly more females than in 2012 (72%), this ratio is not significantly different from previous surveys.

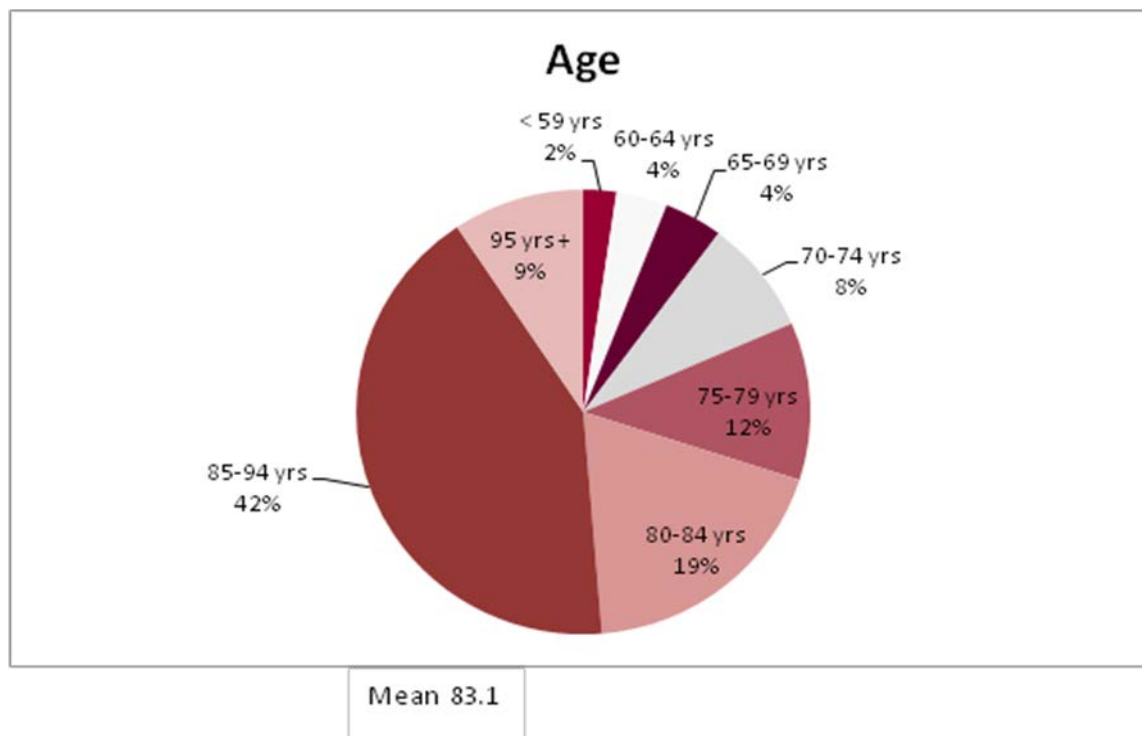
Figure 2



Age

Figure 3 shows that just over half of LTC residents who participated in the survey were over 85 years of age and 42% were between the ages of 85 and 94. Another fifth (19%) were between the ages of 80 and 84. The remaining 30% were under age 80, with 10% of residents aged 69 years or less. No statistically significant change in this pattern has been observed from 2008 to 2013.

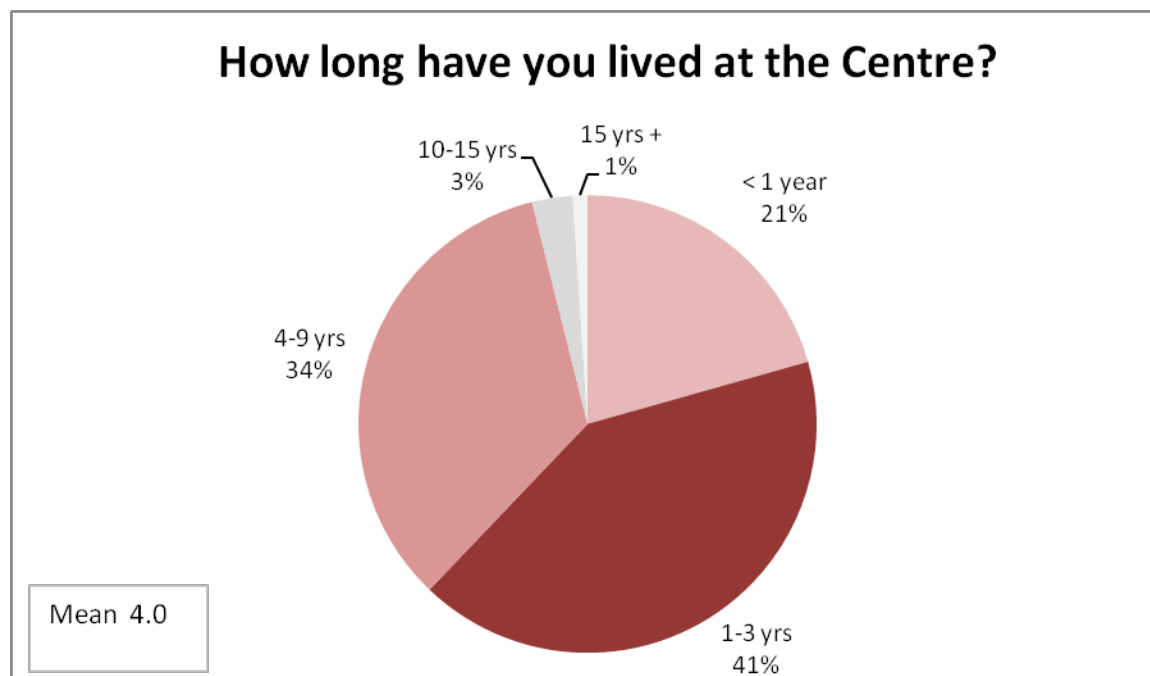
Figure 3



Length of Time at the Centre

Figure 4 shows that 21% of LTC residents have lived at the Centre for less than one year, and 42% have lived there for 1 to 3 years. 34% have lived at the Centre for 4 to 9 years. The remaining 4% have lived at the Centre 10 or more years. This pattern is also unchanged from prior waves.

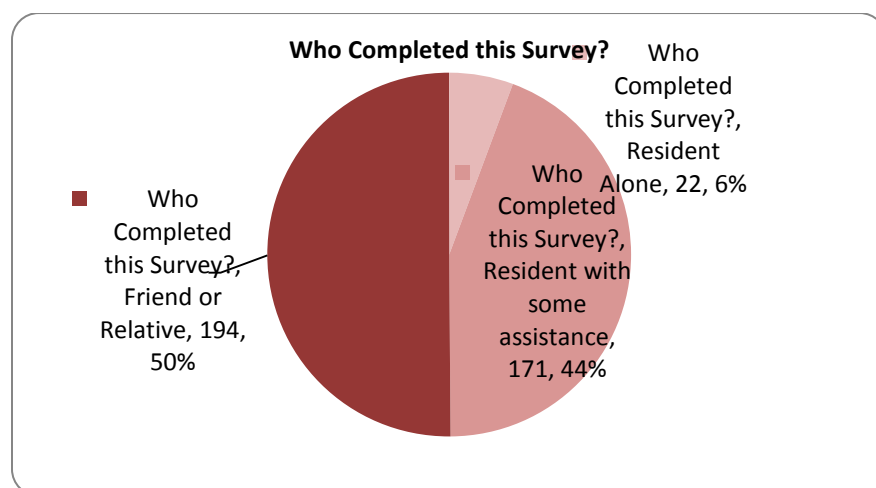
Figure 4



Level of Independence

Residents in Long Term Care facilities often lack the capacity to complete a survey independently. Some may have mental/cognitive impairments while others have physical impairments that may make completion of the survey difficult. To obtain feedback from a sample of all residents, respondents were allowed to have assistance in completing the survey, either minimal assistance in the form of reading questions and/or transcribing answers, or in cases where the resident was unable to respond, having the survey completed with minimal participation from the resident. In the latter case, the person completing the survey was asked to indicate the reason the resident was unable to complete the survey. Only half of the residents surveyed had substantial involvement in completing the survey, 6% of respondents answered the survey completely independently, and 44% answered independently with some assistance. These proportions are similar to previous years.

Figure 5



Of the 50% who were not able to answer independently, the most common reason given was Alzheimer's Disease or other dementia/memory loss (35% of comments). General lack of ability to function was next most common, followed by unspecified reasons, inability to write, and inability to communicate. At Malton Village and Sheridan Villa, a language barrier (no knowledge of English) was identified as a reason by a few participants.

Figure 6

Reason for Needing Assistance	% of comments
Alzheimer's / Dementia	35
General Lack of Function	22
Cannot Write	14
Cannot Communicate	10
Vision Impairment	7
Language Barrier (non-English)	5
Cannot Read	4
Hearing Impairment	2
Other	5
Not Specified	17

* Percentages total more than 100% due to responses including multiple reasons

3. OVERALL SERVICE MODEL

This section describes the Long Term Care satisfaction model, identifies key drivers of resident satisfaction, and examines overall satisfaction scores.

Drivers of Satisfaction

A “home-like” atmosphere, the activities offered, and the Personal Support Workers have the most influence on satisfaction with LTC.

The main body of the survey explores a number of factors that may contribute to overall satisfaction. Some of these are single, overall satisfaction questions while others are composite measures. Food quality is the only measure which was identical to the measure used in previous models. The service areas involved are:

- Nursing care (“Overall, I am satisfied with the nursing care”)
- Personal care (“Overall, I am satisfied with the Personal Support Workers”)
- Medical care (“Overall, I am satisfied with my doctor”)
- Quality of food (composite of three questions – see section D in appendices)
- Activities and Engagement (composite of 14 questions – questions addressing a variety of available services together with questions relating to avenues of communication [see sections D and F in appendices])
- A home-like environment (“On the scale from 1 to 5, how satisfied are you with the Centre in terms of... the home-like environment overall”)
- Problem Experience (“Overall, I am satisfied with how my problem was handled”)

Another section of the survey dealt with residents’ experiences with the admission process. As only a minority of residents arrived within the past year, this was not included in the overall model. However, opportunity analysis reveals some distinctive impacts that apply to new residents, which will be addressed later in the report.

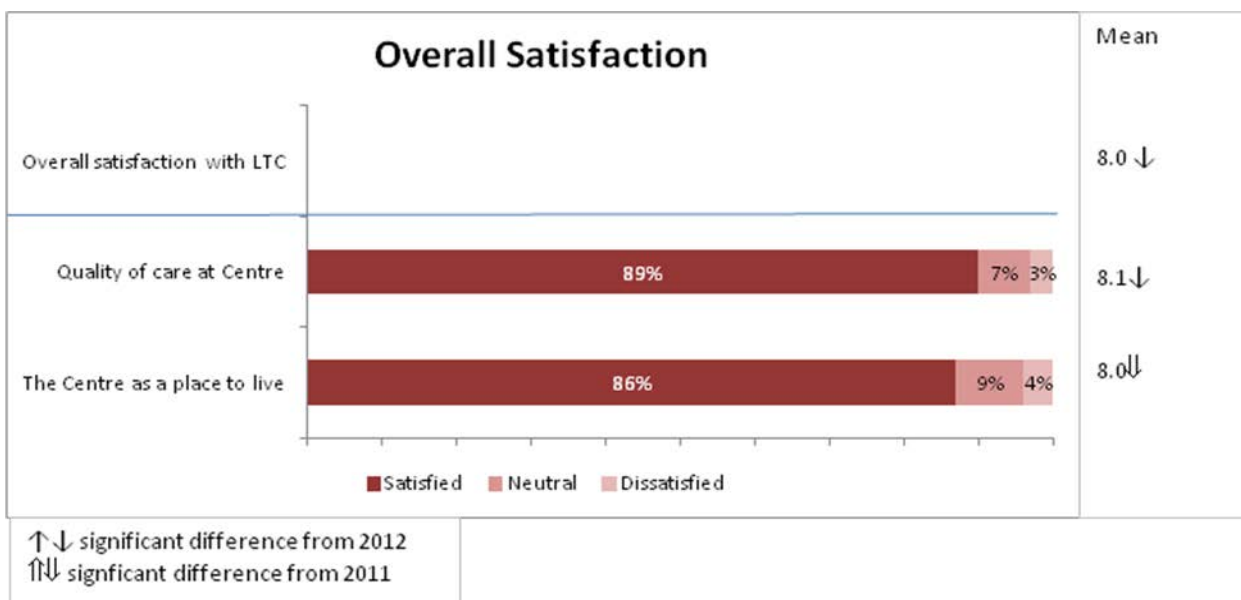
Overall Satisfaction

Overall Satisfaction for Long Term Care is at 8.0; a slight softening from 8.3 in 2012 and 2011.

In 2013, overall satisfaction is at 8.0, a small decline from 8.3 recorded both in 2012 and 2011. The decline from 2012 is marginally significant, while the decline from 2011 is not significant. Satisfaction scores for *the overall quality of care at the Centre* and *the Centre as a place to live* have both declined experienced declines relative to prior waves of tracking.

(Note that, Overall Satisfaction has been measured by taking the average of two questions: satisfaction with *the Centre as a place to live* and with *the overall quality of care you get at the Centre*.)

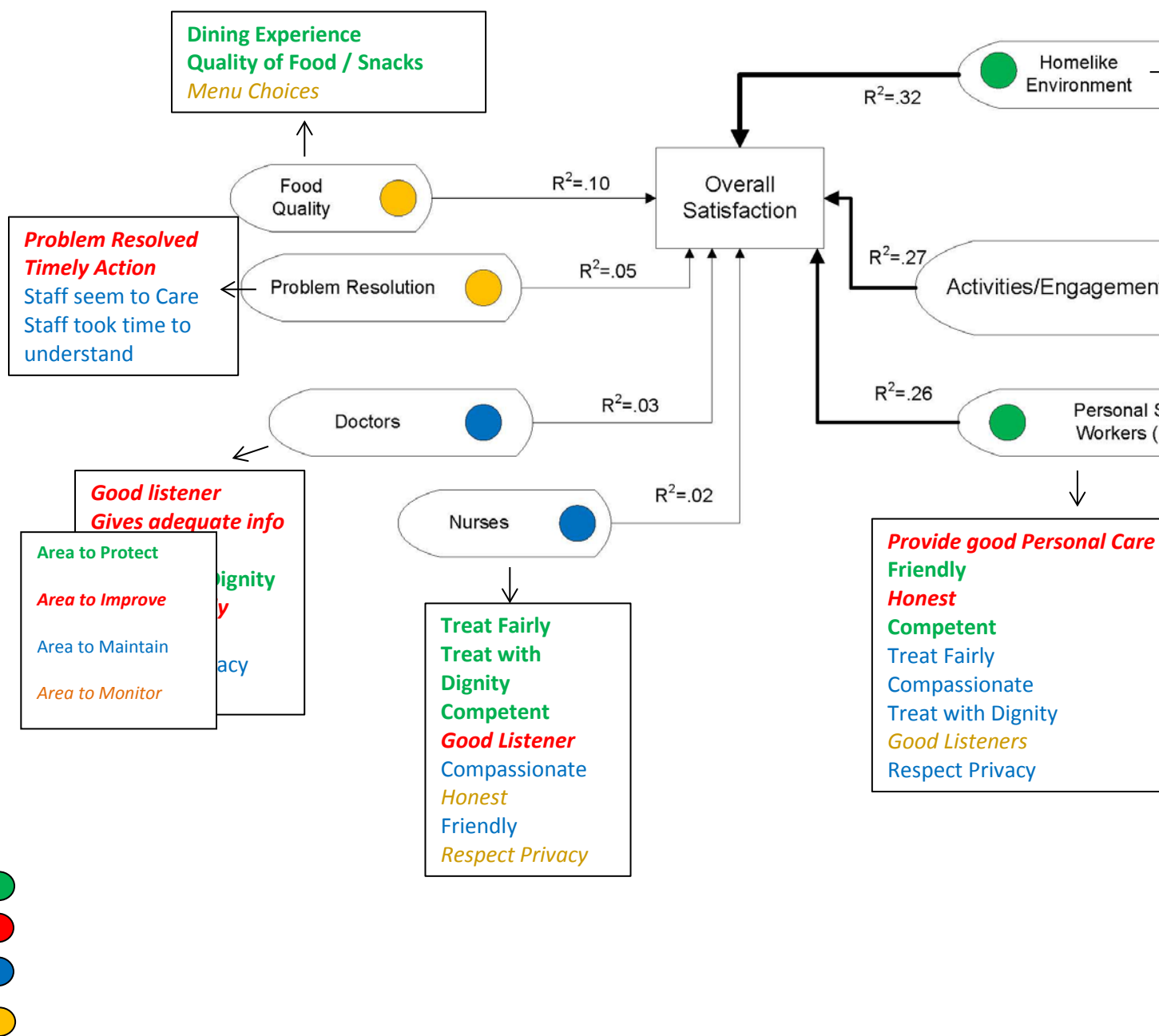
Figure 7



The LTC Service Model is shown in Figure 8. Thicker arrows indicate a more influential factor. ***The model as a whole accounts for 67% of the variance in overall satisfaction.*** Individual standardized regression coefficients have been noted for each component. Coloured circles indicate results from the Opportunity Analysis, described below. For the attributes listed in the adjacent boxes, text colour and font serves the same purpose. Refer to the legend that appears above the model. Quality of Food and Activities/Engagement components are listed in order of impact on overall satisfaction. Components belonging to other service areas are listed in order of impact on overall satisfaction with that service.

The most influential driver of LTC satisfaction is the Centre's Home-like Environment, an area of strength. The next two most influential are Activities/Engagement and Personal Support Workers. Activities/Engagement is an area to improve, while satisfaction with Personal Support Workers is stronger and thus an area to protect. Food Quality, Problem Resolution, Doctors, and Nurses all contribute to driving satisfaction, but are less influential.

Figure 8

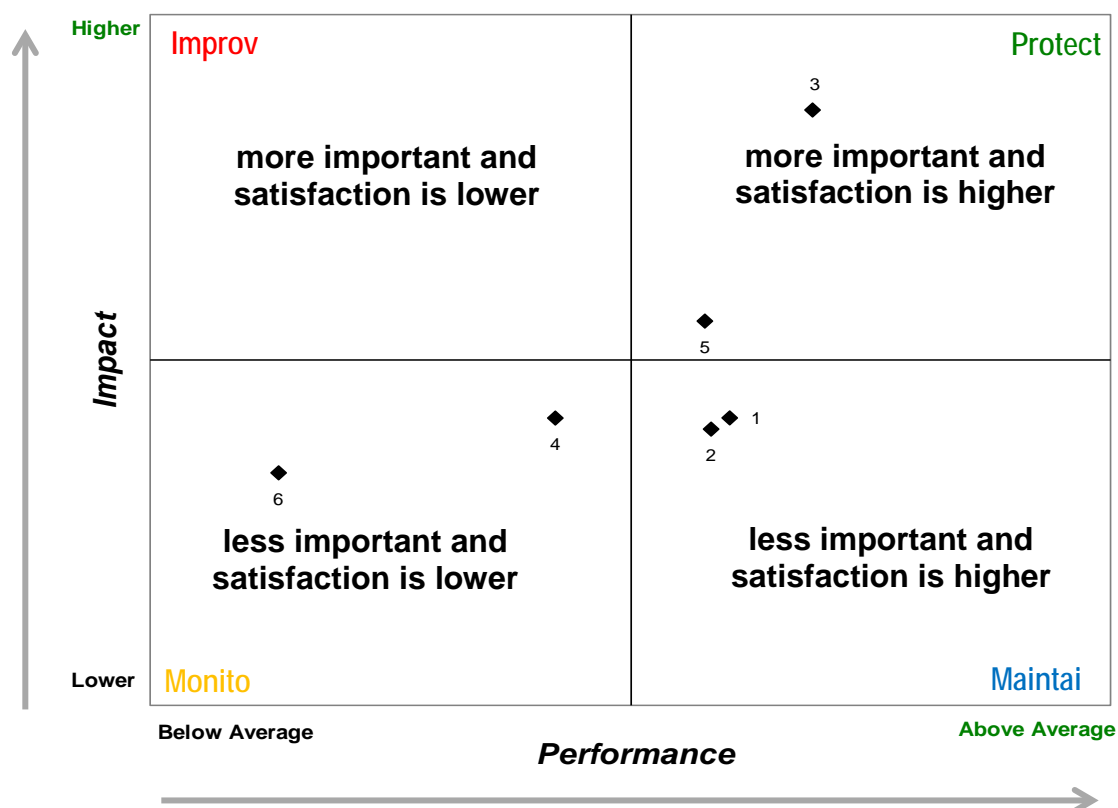


Opportunity Analysis

To prioritize specific aspects of the resident experience that have the most impact on their overall satisfaction with the long term care they receive, a technique called Opportunity Analysis was used. In this method, individual attributes are compared with the other attributes of a particular service area, in relation to their relative score and impact on satisfaction. The results are then plotted on a quadrant chart, like the one shown below. Items higher on the chart have more impact than those below, while items to the right have higher mean scores than items to the left.

This means that **any attribute found in the upper right quadrant of the chart represents an area to protect** – high impact and high performance relative to other attributes. By contrast, **anything in the upper left quadrant represents an area to improve** – high impact but lower performance relative to other attributes. The lower two quadrants include attributes that impact satisfaction but, relative to the attributes in the upper two quadrants, have less overall impact. Among these items, high performing attributes are to be maintained as they represent aspects of service with which residents are satisfied. Lower performing attributes are to be monitored to ensure that satisfaction does not continue to trend lower; continued declines could increase the relative impact of these attributes over time and begin to erode overall satisfaction.

Figure 9



4. ADMISSIONS PROCESS

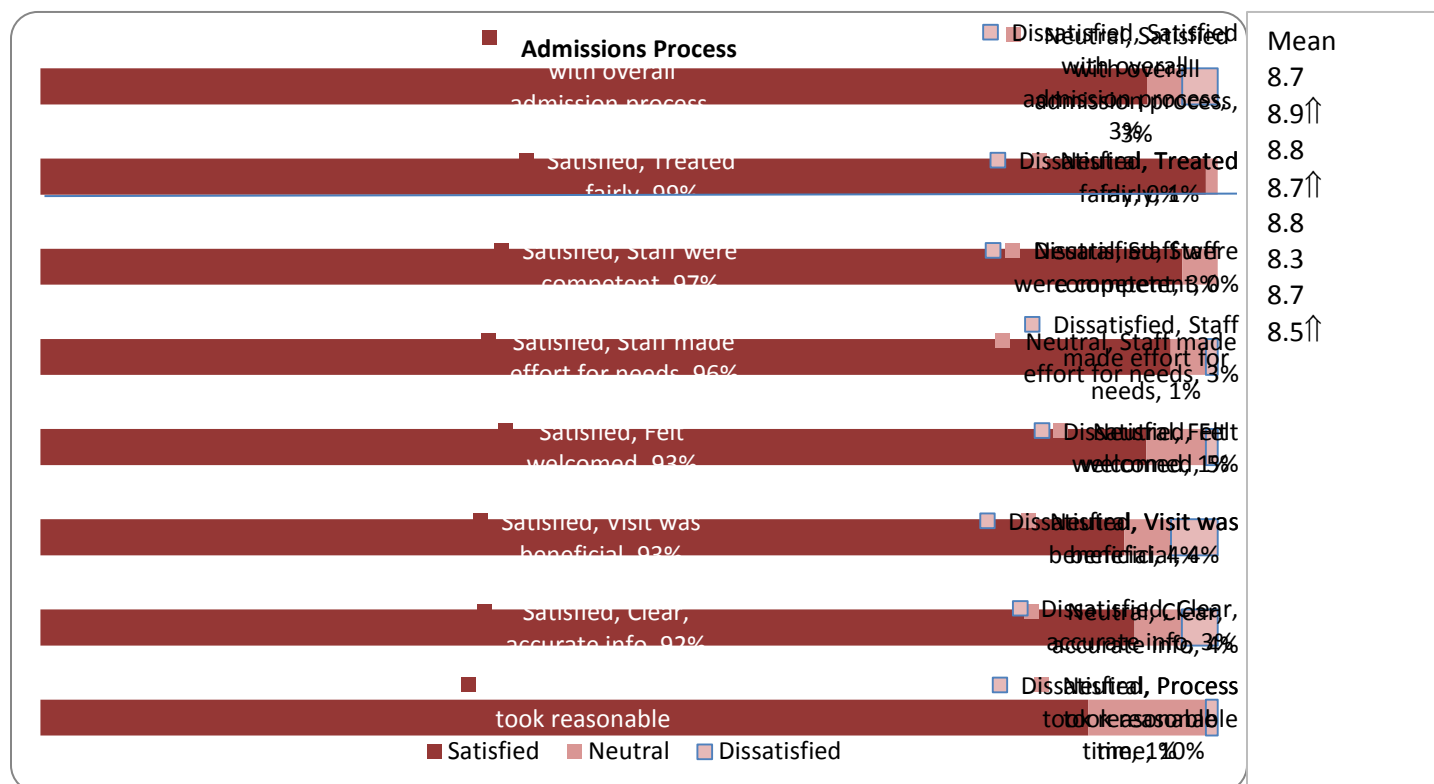
Satisfaction with the Admissions process is not a part of the above satisfaction model, as it only concerns first year residents of LTC facilities. Yet, as will be seen in Section 12, this admissions process is a key driver of satisfaction for the first year residents. As this is the first experience a new resident has with their Centre, it is explored first.

Satisfaction with the Admissions Process

The admissions process shows improvement over 2012 and 2011, with some scores significantly higher than in 2011.

Overall satisfaction with the admissions process was rated at a mean score of 8.7; a slight (but not significant) increase from the previous wave. **Relative to prior waves, satisfaction with the admission process has either remained steady or slightly improved since 2012.** In particular, scores for the *process taking a reasonable amount of time* improved from 8.2 in 2012 to 8.5 in 2013. When compared to the 2011 score of 7.9, this represents a statistically significant improvement. Other attributes that registered significant increases from 2011 are *being treated fairly* and *staff making an effort to meet the resident's needs*. The only attribute to decline was *the tour being beneficial*, which fell to 8.3 from 8.8, although this is not a significant difference.

Figure 10



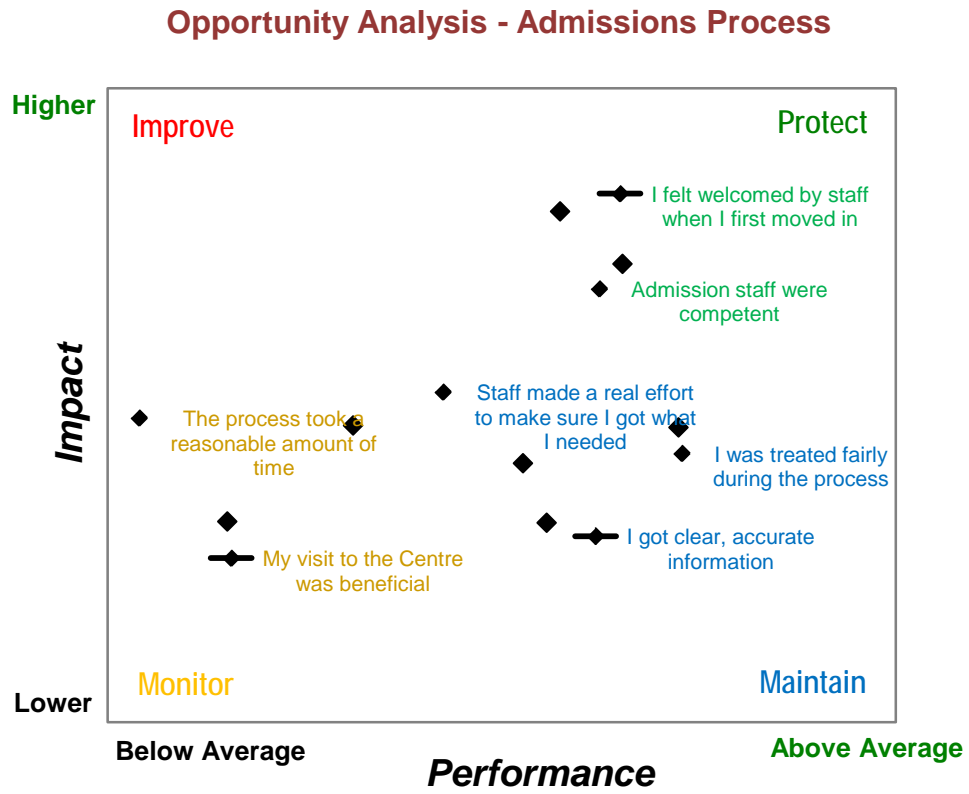
↑↓ significant difference from 2012
 ↑↓ significant difference from 2011

Opportunity Analysis

Increases in satisfaction with the Admissions Process are driven, primarily, by residents seeing staff as welcoming and competent.

Opportunity Analysis identifies two attributes as driving strong satisfaction scores for the admission process: feeling welcomed by staff and competence of staff. These areas represent strengths to protect, moving forward.

Figure 11



Choice of Centre

*Residents are more satisfied if their current home was their first choice.
Location remains the most common reason for choosing a Centre.*

New residents were also asked if the facility was their initial first choice. 71% replied that the centre was their first choice, a proportion roughly similar to previous waves. **Residents who indicated that the centre was their first choice gave significantly higher satisfaction ratings than those who said it was not their first choice** (8.6 vs. 7.6). While the pattern is similar, this is a larger difference than has been found in previous years.

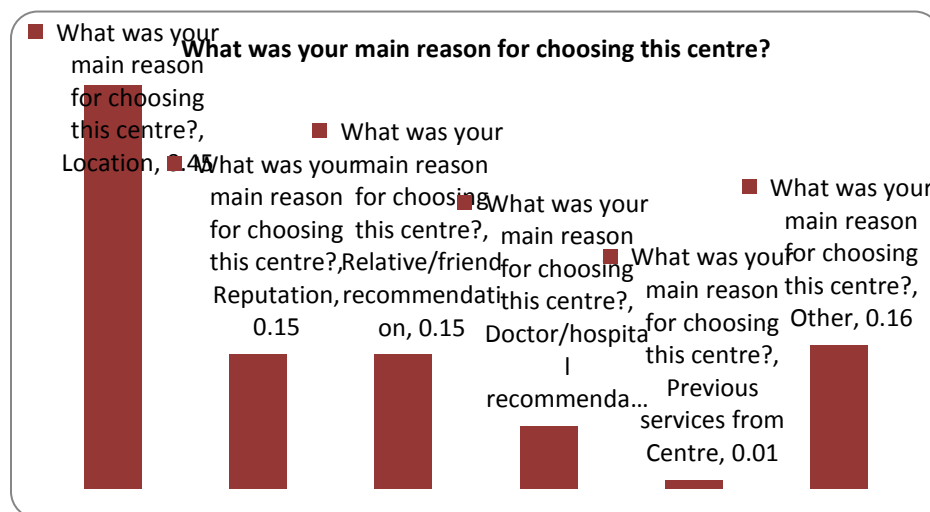
Figure 12

First Choice?	2011 (overall satisfaction)	2012 (overall satisfaction)	2013 (overall satisfaction)
Yes	8.6	8.4	8.6
No	8.1	7.9	7.6

Scores in **bold** reflect a statistically significant difference for first choice status

When asked why they chose this particular centre, location was the most frequently cited reason, followed by reputation and a recommendation from a relative or friend. Those residents selecting “other” identified reasons such as *taking a tour of the facility, having a spouse or relative living there, being the first available, or having no choice* (typically in the case of a crisis referral).

Figure 13



5. HOME-LIKE ENVIRONMENT

The next several sections will discuss each of the drivers of satisfaction that make up the satisfaction model. They are presented in order from most to least impact on satisfaction. Home-like environment is the strongest driver of overall satisfaction and is, therefore, discussed first.

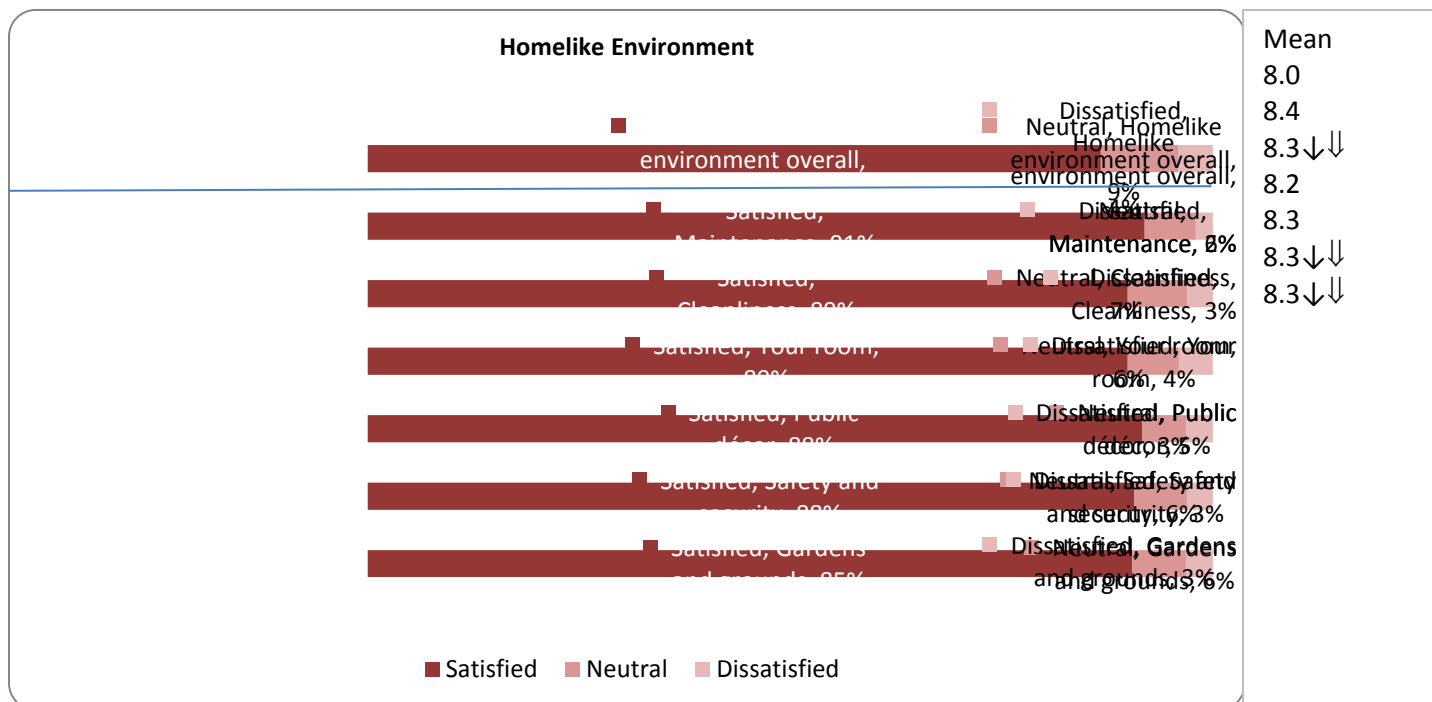
For some, a move to a Long Term Care facility can symbolize a loss of their own home. Therefore it would likely be important for residents to have a living environment that feels as “home-like” as possible. Many aspects of the living environment can play a role, from cleanliness to décor, to safety, to the resident’s room.

Satisfaction with the Environment at the Centre

The home-like qualities of the LTC facilities represent a key strength.

The mean overall satisfaction score for home-like environment is 8.0, a strong score. Scores for individual components of the environment range between 8.2 and 8.4; in other words, there is little absolute difference between the strongest and weakest scores. However, levels of **satisfaction with some aspects of the home-like environment have declined significantly since 2012 and 2011, including cleanliness, safety, and the gardens and outside grounds.** Action should be taken to address declining satisfaction to ensure that satisfaction scores do not continue to decline, moving forward.

Figure 14



↑↓ significant difference from 2012
 ↑↑ significant difference from 2011

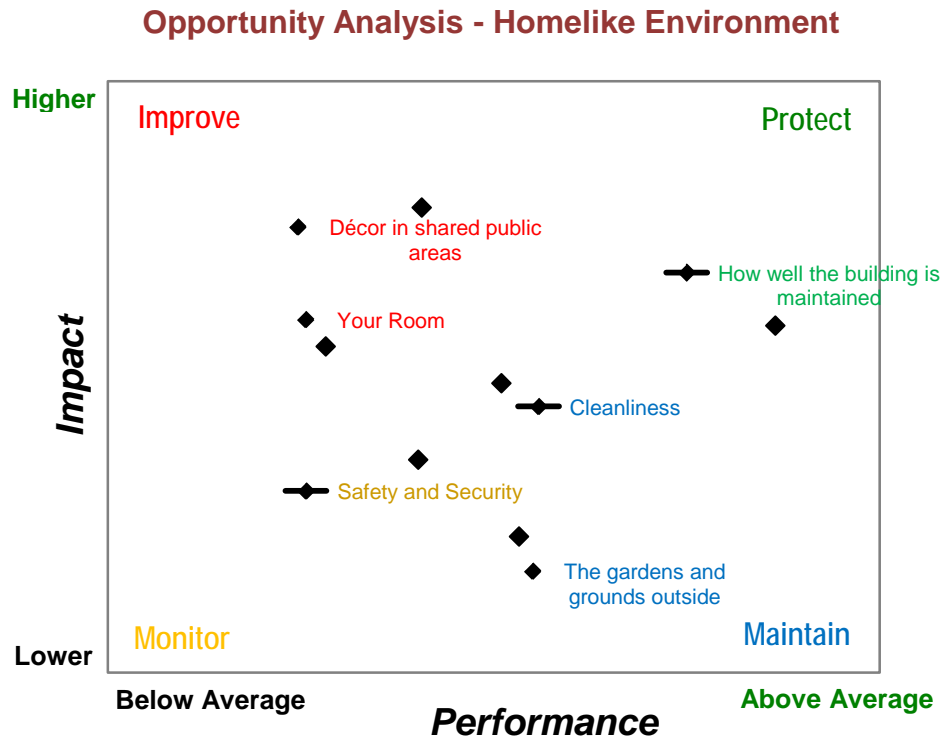
Opportunity Analysis

To continue to increase satisfaction, results suggest that key areas of focus should be on improving residents’ rooms and the décor in shared public areas – although declines in satisfaction with cleanliness, safety and gardens and outside grounds should be addressed moving forward.

Opportunity Analysis identifies the following as key areas to improve: décor in shared public areas and satisfaction with the resident’s room. Building maintenance is identified as an area of strength.

Although satisfaction with the *cleanliness, safety, and the gardens and outside grounds* have less impact on satisfaction with the home-like environment overall, declines in satisfaction for all three measures should be addressed to ensure they further declines do not begin to erode satisfaction with the overall Home-like Environment of the Centre.

Figure 15



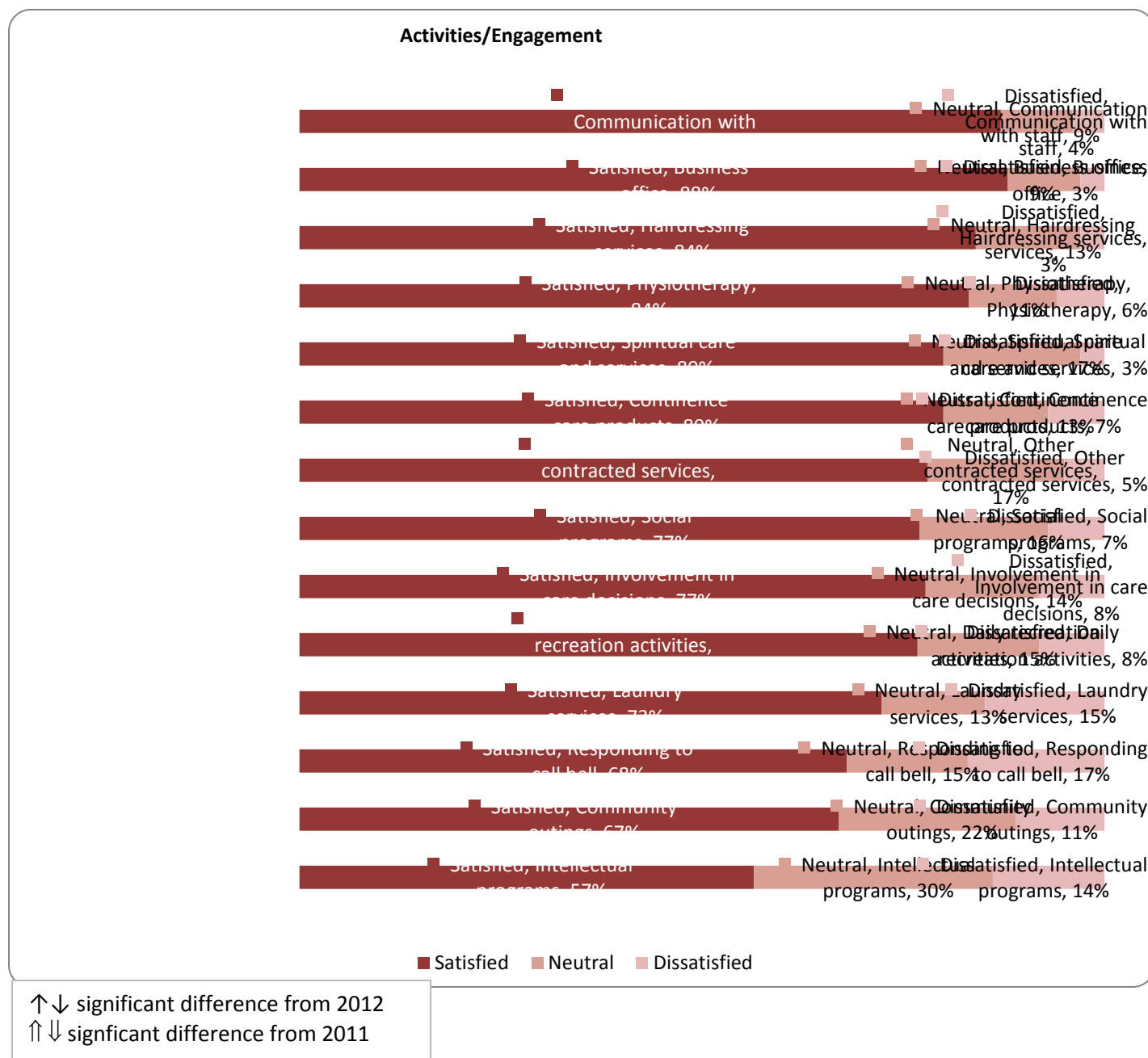
6. ACTIVITIES/ENGAGEMENT

The next strongest driver of satisfaction is “Activities/Engagement”. This collection of 14 measures represent many different aspects of life at an LTC facility, yet all represent ways in which residents engage with the centre and each other. These measures represent aspects of communication, resident involvement, and resident services. As discussed below, Activities/Engagement represents a key driver of satisfaction, and represents an area to improve, moving forward.

Satisfaction with Activities/Engagement

As shown in Figure 16, **satisfaction with the various aspects of life at LTC facilities is generally quite high**, particularly for the *business office, hairdressing services* and *communication with staff*. Somewhat lower satisfaction ratings are observed for *intellectual programs, community outings* and *responding to the call bell*. Note, too, that significant declines relative to the prior wave are observed for *involvement in care decisions* and *laundry services*.

Figure 16



Opportunity Analysis

Figure 17 on the following page shows the Opportunity Analysis conducted for Activities/Engagement. As indicated, two aspects of Activities/Engagement emerge as both key drivers of satisfaction and areas to protect, moving forward: *community between residents and staff* and *contracted services* (e.g., music therapy, art therapy).

The following aspects of Activities/Engagement are identified as areas to improve in order to further increase residents' satisfaction with Activities/Engagement overall: *residents' amount of*

involvement related to their own care, community outings, daily recreation activities, how quickly needs are responded to when you push the call bell, and social programs.

Communication and Engagement

Residents are satisfied with their communications with staff, but would like to be more involved in decisions involving their care

Communication with staff has the most impact on satisfaction with Activities/Engagement, and is identified as an area of strength. Despite this, **residents would like to feel more involved in decisions regarding their care. This measure, which has declined since 2012, is a key driver of satisfaction and an area to be improved.** Another area for improvement is *response to the call bell.*

Recreation and Community

Making sure that residents feel they are involved – with their care and with each other – is key to increasing overall satisfaction.

In previous waves, a single question was asked about satisfaction with recreation, lifestyle and social activities. This year, the single measure was replaced with several questions each of which addressed a different activity. **Scores are particularly low for community outings. Daily recreation activities and social activities are also areas to improve.** These activities also have something in common with the above measures of communication and engagement: they are ways for the resident to feel *involved*. **They want to feel involved in making decisions, involved with life at the centre and involved with their fellow residents.**

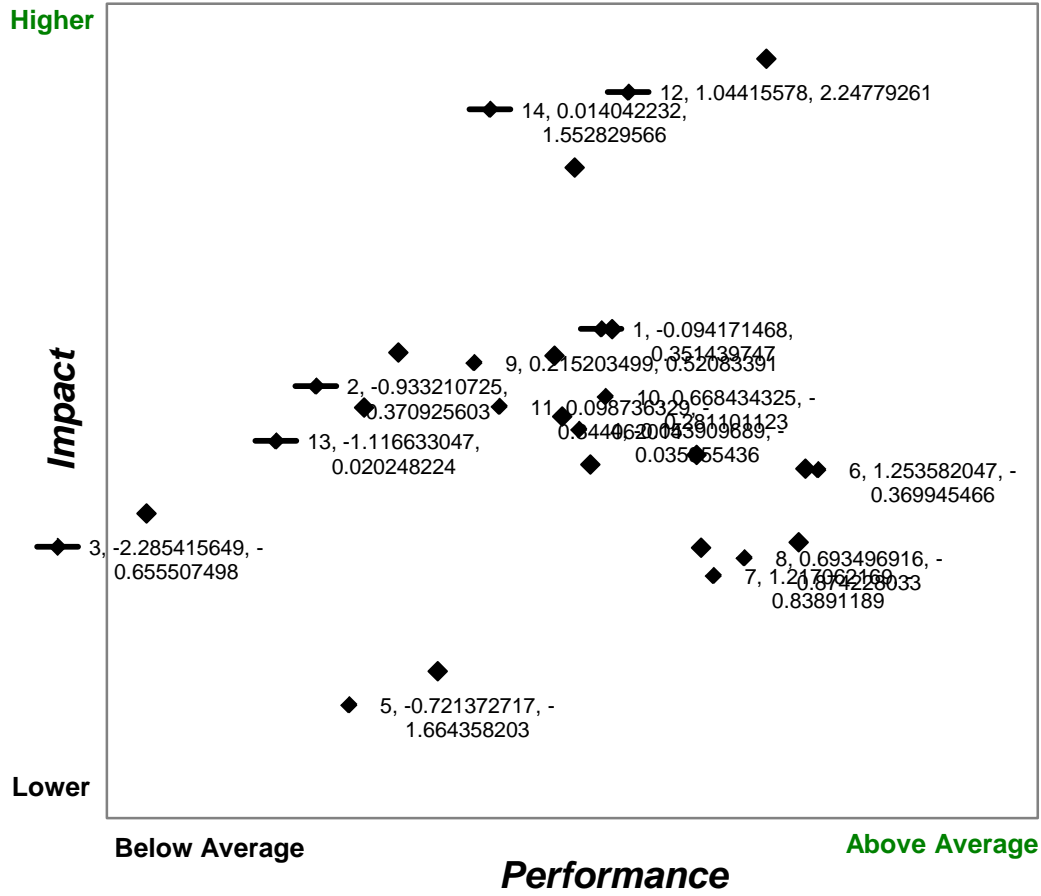
Other Services

In comparison with attributes of involvement, the services offered have somewhat less impact on resident satisfaction. The one exception is *contracted services*. These services, such as music therapy, art therapy or similar programs, have notable impact and relatively strong satisfaction scores. While *intellectual programs* (e.g., use of computers) do not have as much impact on satisfaction, this service scored lowest of all these activities and is one of the lowest satisfaction scores for any item on the survey (at 6.2). Furthermore, this attribute was very often deemed not applicable to the resident (62% of respondents rated this attribute as not applying to them).

The remaining services in this category are important, but somewhat less influential than the aspects of Activities/Engagement discussed above.

Figure 17

Opportunity Analysis – Activities/Engagement



1. Dai
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- Sen
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9. Oth
- Com
- Sen
10. Spi
- and
11. Com
- Pro
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- inv
- dec
- rela
- car

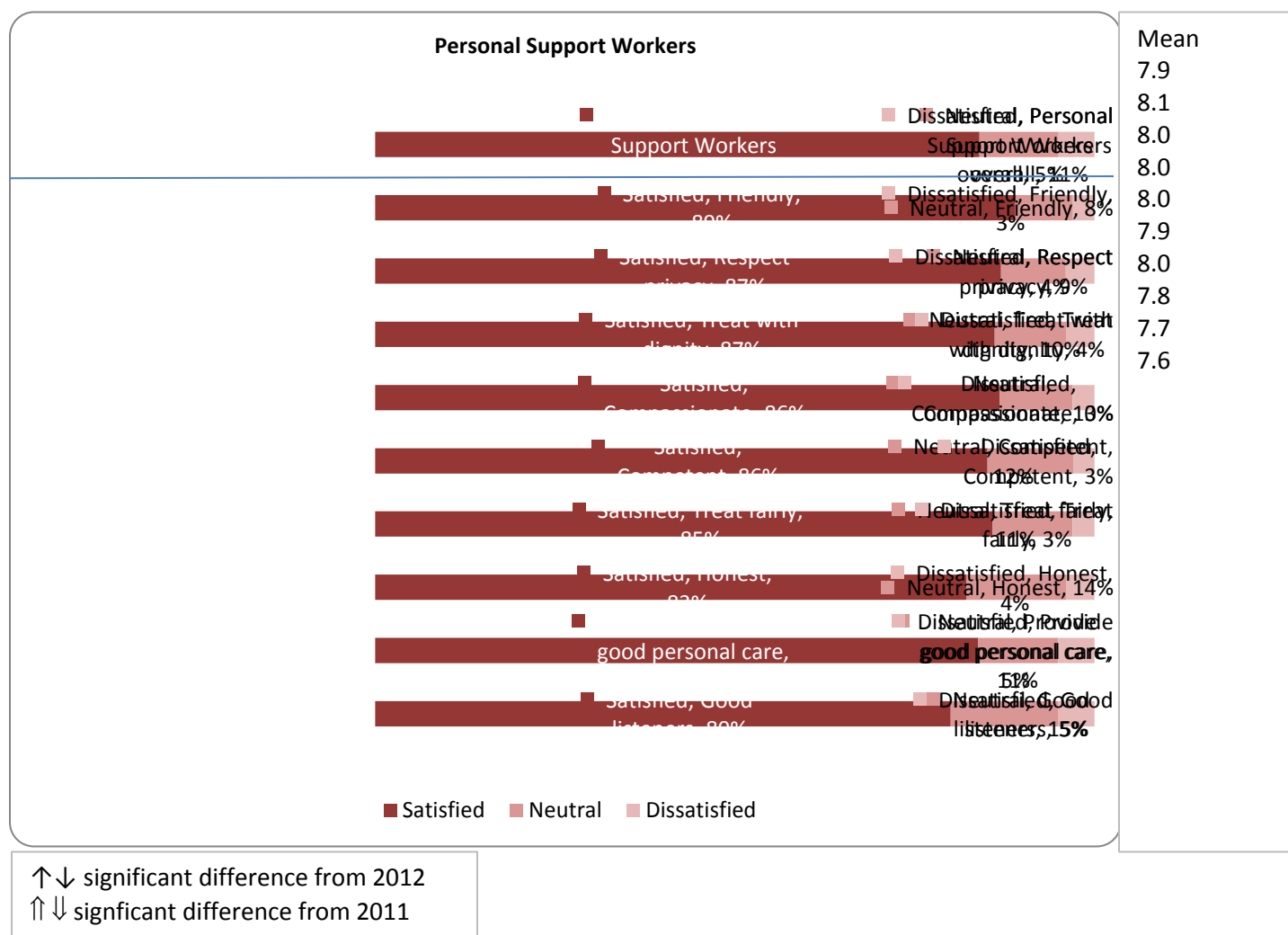
7. PERSONAL SUPPORT WORKERS

The third strongest key driver of LTC satisfaction is Personal Support Workers (PSWs).

Satisfaction with Personal Support Workers

As shown in Figure 18, satisfaction with the various aspects of PSWs ranges from 80% (for being *good listeners*) to 89% (for being *friendly*). No significant changes relative to the prior wave of tracking are observed.

Figure 18



Opportunity Analysis

LTC residents are satisfied with the friendliness and competence of PSWs but less satisfied with the personal care provided and perceived honesty.

Providing Care

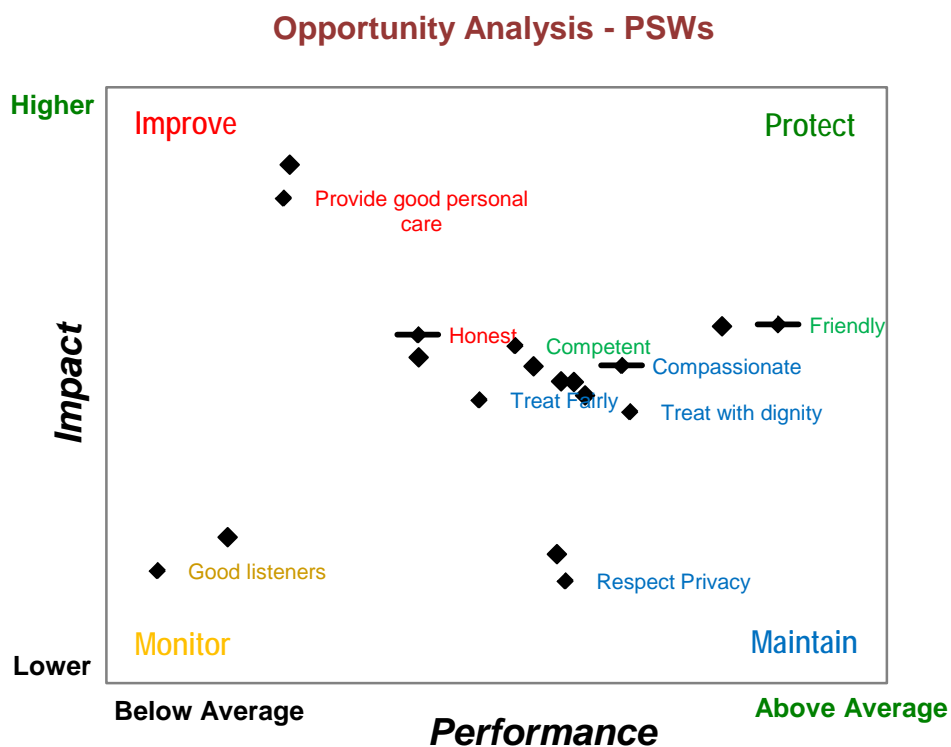
Newly added to this section of the survey in 2013 was a question asking if PSWs “provide good personal care”. **Results indicate that the quality of the personal care provided has, by far, the most impact on satisfaction with the PSWs. What stands out, however, is that this aspect of care received one of the lowest scores for PSW attributes (at 7.7).**

On a more positive note, PSW **competence shows up as an area of strength** in the analysis.

Attitudes

Friendliness of PSWs is acknowledged and valued by LTC residents. On the other side, honesty is an area to improve. Attributes related to PSWs are mostly unchanged since 2011.

Figure 19



8. QUALITY OF FOOD

From this point on, the remaining drivers have somewhat less impact on satisfaction than the drivers discussed in prior sections of this report. That being said, they are still important contributors to overall satisfaction with LTC services. The remaining drivers will continue to be addressed in order of their degree of impact on overall satisfaction (from most to least impactful). The most impactful of these other drivers is quality of food, defined as a composite of satisfaction with three items: *variety of menu choices*, *quality of food or snacks*, and the *overall dining experience*.

Satisfaction with Quality of Food

Scores for all attributes related to food quality are trending stable, with *food quality* and *dining atmosphere* softening only marginally (from 7.1 to 7.0). *Menu choice* slipped from 7.0 to 6.8.

Figure 20

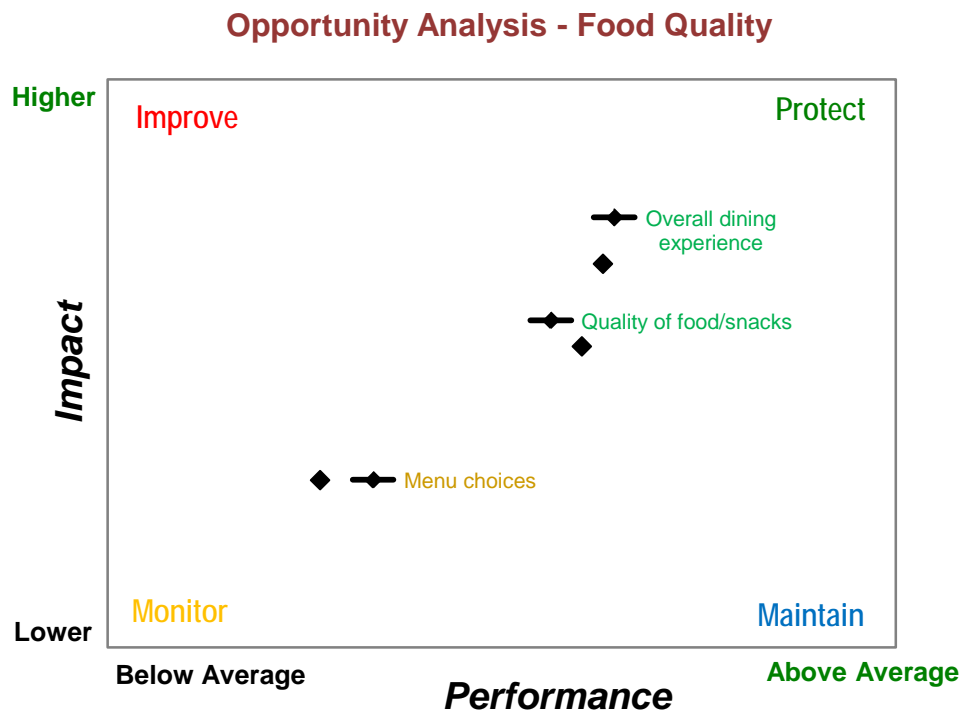


Opportunity Analysis

Menu choices are less influential on satisfaction than the overall dining experience or the actual food quality.

Having more *menu choices* has less impact on overall satisfaction than the *overall dining experience* or the *food itself*. It should be noted, however, that most residents did not fill out the survey on their own and, as will be seen in Section 13, *food quality* is ranked much lower by independent residents, with a very large gap in assessment of *menu choices*. The *overall dining experience* is slightly more influential than the *quality of the food or snacks*, but both are important.

Figure 21



9. PROBLEM RESOLUTION

A new survey section was added in 2013 exploring residents' satisfaction with the way problems are addressed, and the impact this process has on overall satisfaction. It is another modest driver of satisfaction with LTC services.

Nature of Problems Experienced

Residents identified a wide variety of problems, including issues related to personal care, medical care, and missing belongings.

Residents who experienced problems were also asked to describe the nature of the problem they experienced. **Of 396 Residents surveyed, 163 reported experiencing a problem in the past 3 months.** The nature of the problem experienced is diverse, spanning many categories of care. Most of the various types of problems are experienced at all facilities, although certain types of problems are slightly more common at some facilities than others. Across all facilities, the four most common areas of complaint relate to: *the personal care provided* (e.g., inadequate care from PSWs, resident not getting needed care, etc.); *medical or medication concerns* (16% of comments for each); *lost or missing articles* (especially laundry not being returned) (15%); and *communication problems with staff* (14%). Other issues include *disputes with other residents, comfort and amenities of the facility* (including the food), *comfort of the room, quality of the staff, and maintenance issues*. The most common complaint in that final category involved *removal of bed rails*.

Figure 22

Nature of Problem	% of comments*
Provision of Personal Care	16
Medical Concerns / Medication	16
Lost / Missing Items	15
Communication with Staff	14
Issues with Other Residents	12
Facility Amenities / Providing Quality	11
Comfort / Amenities of Room	10
Maintenance (incl. bed rails)	9
Attitude of Staff	9
Cleanliness	3
Other Problems / General Complaints	13

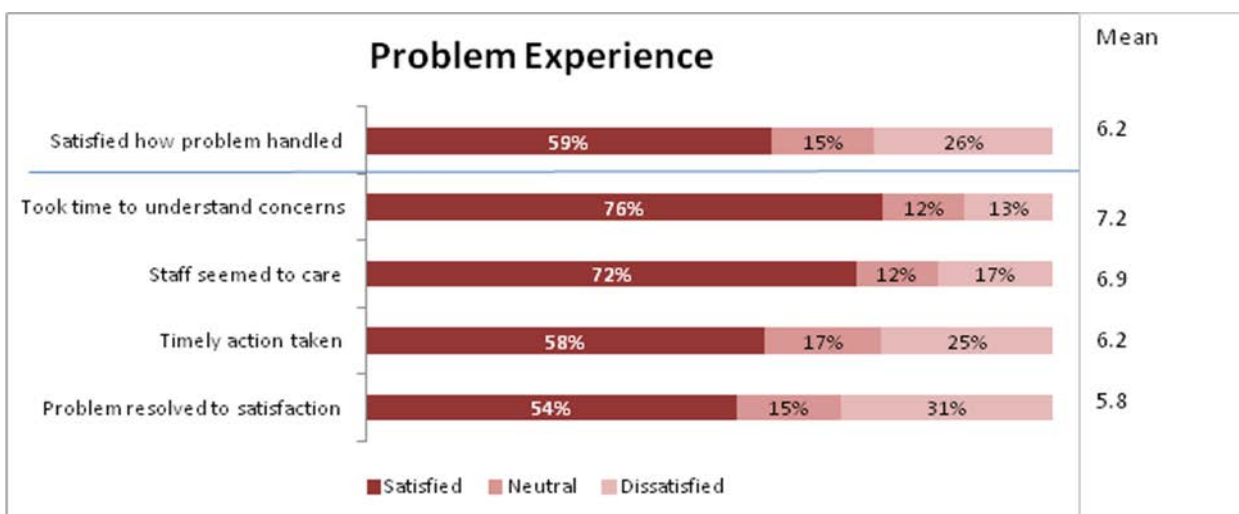
* Percentages total more than 100% due to instances of multiple problems

Satisfaction with Problem Experience

Among residents who experienced a problem, roughly 6 in 10 (59%) were satisfied with the way their problem was handled. Roughly 1 in 5 (26%) were dissatisfied with the handling of their problem.

In terms of the specific aspects of the problem resolution experience, roughly three quarters (76%) of those who had a problem indicated that *staff took the time to understand their concerns* and roughly 7 in 10 (72%) thought that staff seemed to *care about their problem*. Fewer than 60% of residents with problems were satisfied with the *timeliness of the response to their problem* (58%), and just over half (54%) of respondents agreed that their *problem had been resolved to their satisfaction*.

Figure 23



Importance of Handling Problems Well

When residents experience a problem, the way their problem is handled impacts their overall satisfaction with the Centre itself.

When residents have a problem, it is important to handle their problem well. Results show that satisfaction with the Centre overall among residents who had a problem is just as high as among residents who had never experienced a problem – provided their problem was handled well (i.e., mean satisfaction rating of 8.3 among those who had a problem that was handled well compared to 8.3 among those who did not experience any problems at all). Conversely, those whose problem was not handled well gave much a lower satisfaction overall score (7.9).

Figure 24

Problem Experience Status	LTC Satisfaction
No Problem	8.3
Handled Well	8.3
Neutral Handling	6.9
Handled Poorly	6.7
Total (all residents)	8.0

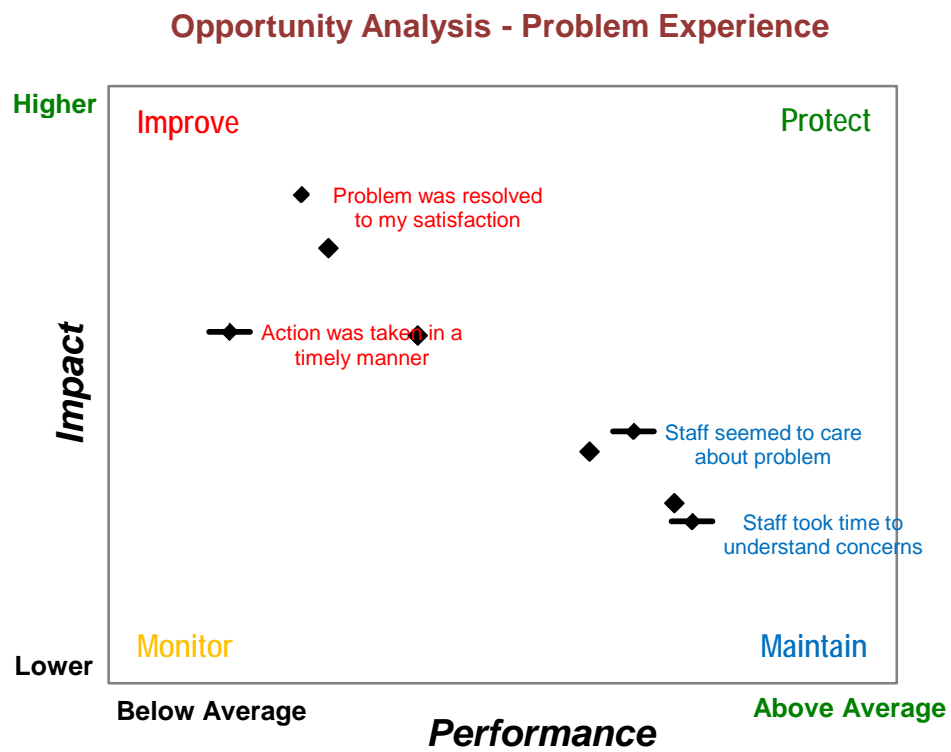
Scores in **bold** represent statistically significant differences in satisfaction scores

Opportunity Analysis

Improvements in effective and timely resolution are key actions to take in order to increase low problem resolution satisfaction scores.

The key drivers of problem resolution satisfaction are also identified as areas to improve. *Actually resolving the problem and acting in a timely manner* have the most impact on overall satisfaction with the problem resolution experience.

Figure 25



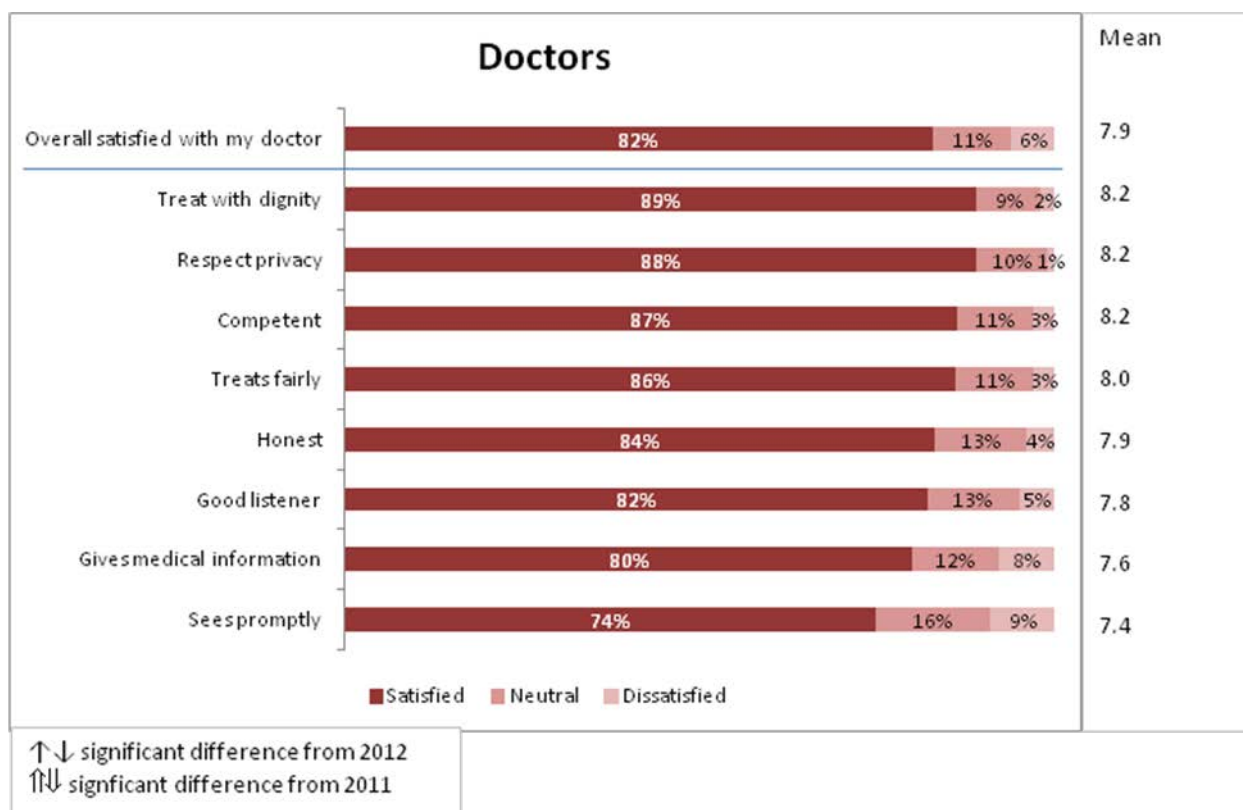
10. DOCTORS

Satisfaction with their doctor has less impact on residents' overall satisfaction than the drivers discussed in earlier sections of this report, yet satisfaction with doctors does have some impact and is addressed next.

Satisfaction with Doctors

Roughly 8 residents in 10 (82%) indicated that they are satisfied with their doctor, overall. Mean satisfaction ratings for the specific aspects of the service received from doctors range from 7.4 (*sees me promptly*) to 8.2 (*treats me with dignity*, *respects my privacy*, and *is competent*). While mean scores for many attributes have slightly declined since 2012, none of these declines is significant.

Figure 26

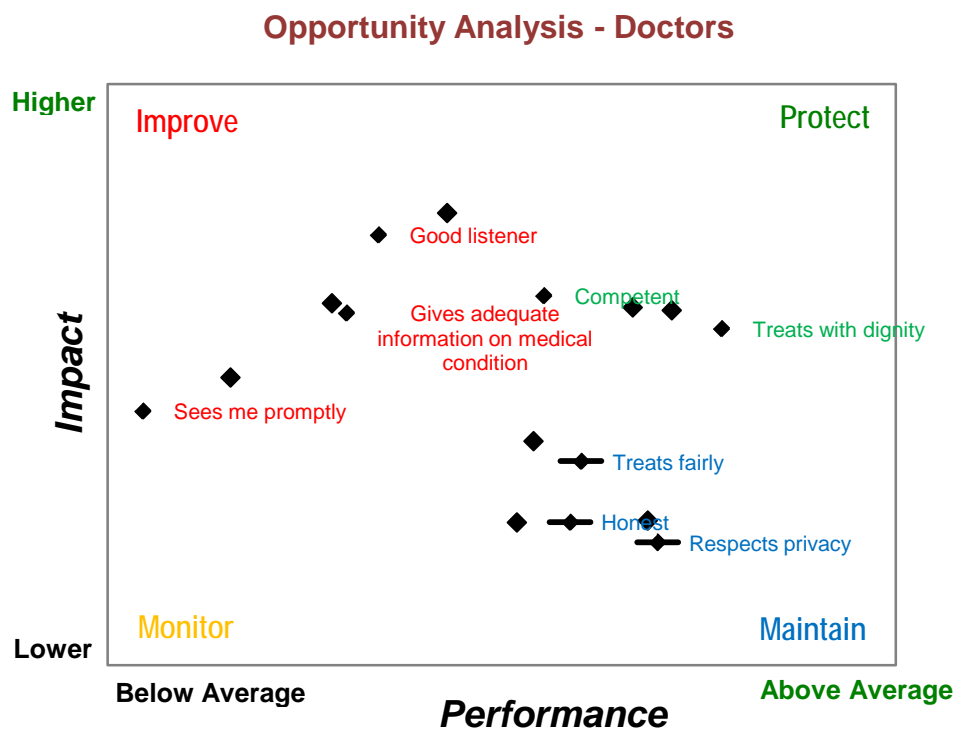


Opportunity Analysis

The strongest driver of satisfaction with doctors is that they be good listeners. Opportunity exists to improve ratings in this area.

The most influential driver of satisfaction with the doctors is that they be good listeners, and scores for this measure are low, relative to other aspects of doctors. Other areas for improvement include: providing adequate information about the patient's medical condition and – the lowest scoring attribute in this area – seeing the patient promptly. **Areas of strength are dignified treatment and competence.**

Figure 27



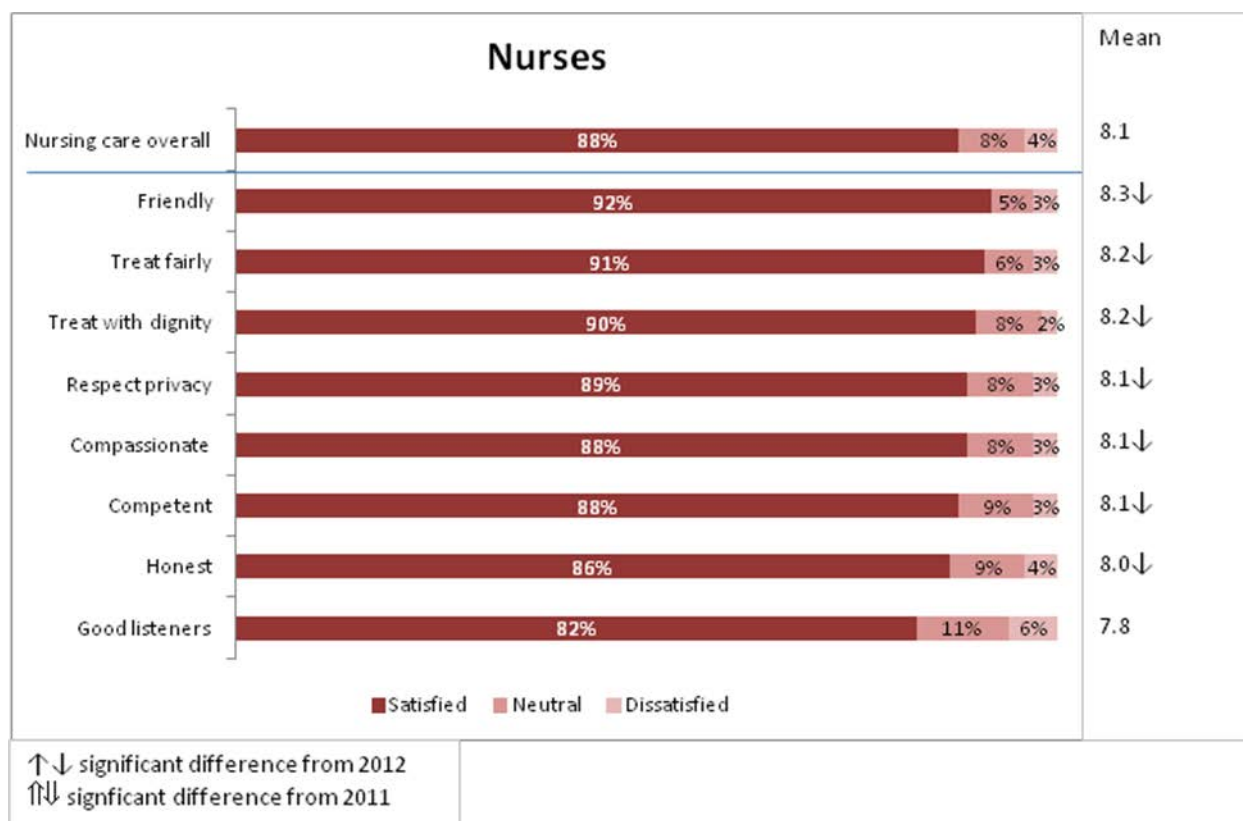
11. NURSES

Regression analysis identified nursing care as the driver with the least individual impact on the overall satisfaction with LTC services. This does not mean though that it is unimportant. All parts of the model are drivers of satisfaction.

Satisfaction with Nursing

Roughly 9 residents in 10 (88%) indicated that they are satisfied with the nursing care they receive. Mean satisfaction ratings for the specific aspects of nursing care received range from 7.8 (*good listeners*) to 8.3 (*are friendly*). Although these scores are high, it should be noted that ***all attributes relating to nursing care have declined since 2012***, most of them significantly.

Figure 28

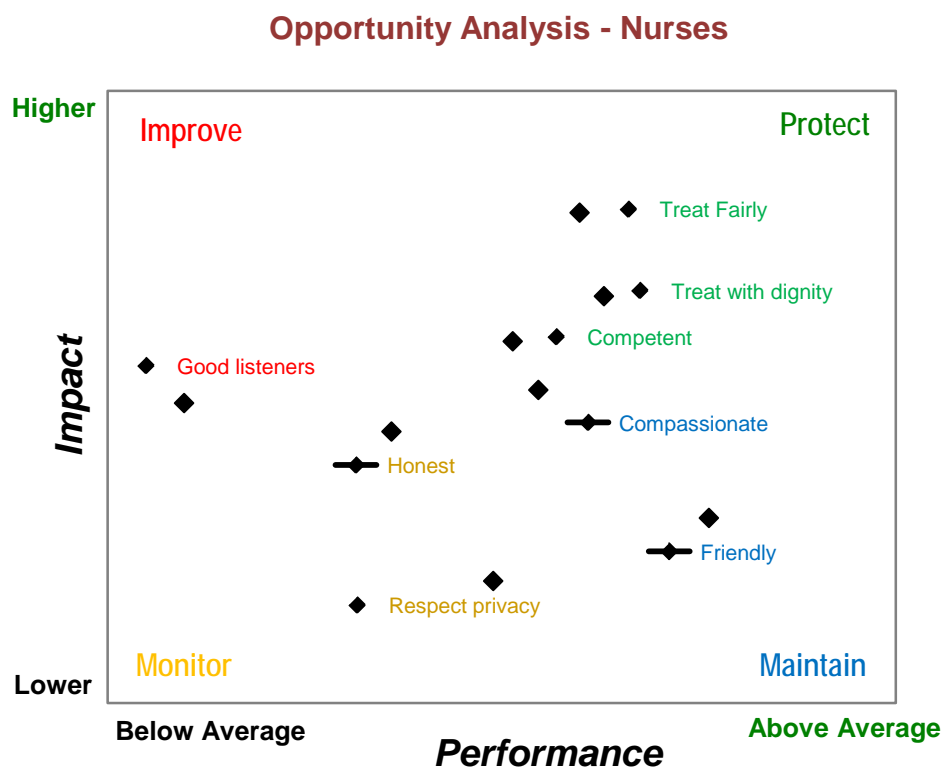


Opportunity Analysis

Residents give nurses comparatively good ratings, although these scores have declined since 2012

The most impactful aspects of nursing care are fair and dignified treatment, and residents are satisfied with these aspects of nursing care. The competence of nurses is also identified as an area to protect.

Figure 29



12. NEW RESIDENTS

Having addressed each driver of satisfaction, we now examine the experiences of specific sub-groups of residents. This section addresses the experiences of those who have been residents of LTC for less than one year.

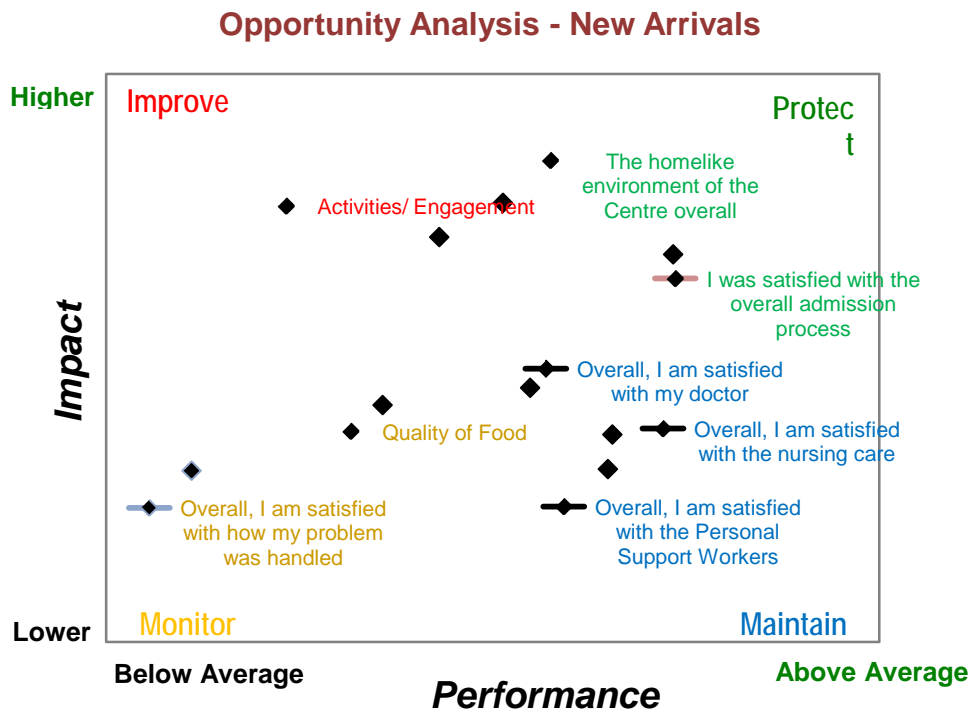
A Different Experience for New Arrivals: Opportunity Analysis

First year LTC residents are generally more satisfied than longer term residents, driven by positive impressions of the admissions process.

In a resident's first year at a LTC facility, the admission process itself is an important driver of satisfaction in addition to the other drivers. It is possible, too, that they may not value various aspects of life at the LTC Centre in the same way as residents who have been there for a longer period of time.

Figure 31 (next page) shows the quadrant analysis for those who have been residents for less than 1 year. While somewhat similar to the overall picture for all residents, satisfaction with the admissions process is an important additional driver of satisfaction. Some of the other drivers show differences both in relative performance and impact. In particular, **first year residents' satisfaction with PSWs and nurses have less impact on their overall satisfaction score compared to LTC residents as a whole.** While activities/engagement has a similar level of impact for new residents, the satisfaction score is below average for these residents, making this factor an area to improve for new arrivals. Home-like environment, important for everyone, is perhaps more impactful for new arrivals. Note, however, that satisfaction with the home-like environment is slightly lower among new residents.

Figure 30



13. LEVEL OF INDEPENDENCE

The majority of LTC residents were not able to complete a survey on their own and, as a result, many surveys were partially or mostly completed by someone else. This section compares results of surveys completed by residents independently to results of surveys completed with assistance from others.

Differences based on Participation

Residents answering on their own gave lower satisfaction scores.

As mentioned in Section 2, **only 6% of residents, representing 22 individuals, were able to complete the survey without some form of assistance**, with half of those sampled requiring a family member or other individual to complete the survey on their behalf. Results in prior waves indicate that residents completing the survey on their own generally give lower satisfaction scores, and this trend continues in the current wave. Due to the low number of fully independent residents, scores must be interpreted with caution, but in a few areas the differences are striking. Residents completing the survey themselves gave lower scores for overall satisfaction, food quality and activities/engagement, and also for some specific attributes related to PSWs, home-like environment and problem resolution.

Figure 31

Service Area	Independent	Assisted
Overall Satisfaction	7.0	8.1
Home-like Environment	7.4	8.0
Food Quality (average of 3 measures)	5.9	7.0
Activities/Engagement (average of 14 measures)	6.8	7.6
Nurses	7.9	8.2
Doctors	7.3	7.9
PSWs	7.2	8.0
Problem Resolution	4.5†	6.3
Admissions Process	*	8.7

Scores in **bold** represent statistically significant differences between independent and assisted respondents

† For independent residents, problem resolution n=10. Interpret with caution.

* For new arrivals who are also independent, n=5, too small to reliably report results.

The small sample size requires a very large difference to find statistical significance. These are a few of the attributes where the gap is sufficiently large to be significant. This does not represent all attributes showing a statistically significant difference. Many of the attributes related to PSWs are significantly lower for independent residents and **almost no attributes were ranked substantially higher by residents answering on their own.**

Figure 32

Selected Attributes	Independent	Assisted
Centre as a place to live	6.9	8.0
Overall quality of care	7.2	8.1
Involvement in Care Decisions	5.9	7.5
Safety and security	6.5	8.4
Menu choices	5.6	6.9
Other contracted services (therapies)	5.7	7.6
PSWs are friendly	7.1	8.1
PSWs are competent	6.8	8.0
PSWs treat me with dignity	6.9	8.0
Nurses treat me with dignity	7.4	8.3
Timely Action (Problem Resolution)	3.8*	6.4
Staff took time to understand concerns	5.0*	7.4

Scores in **bold** represent statistically significant differences between independent and assisted respondents

* For independent residents, problem resolution n=10. Interpret with caution

14. GENERAL IMPRESSIONS

In conclusion, this section shows how residents view their life at their Centre in a broad, general way. Does it meet their needs, would it still be their choice if they were to select a residence now, and does it meet their expectations?

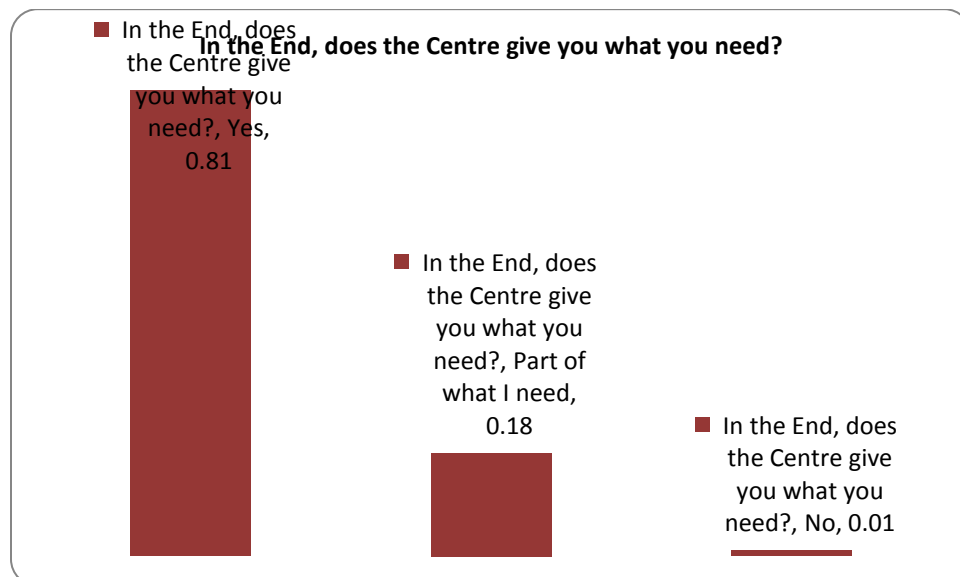
Summary Assessment Measures

Most residents report that their needs have been met and life at the Centre is better than they expected.

In addition to rating overall satisfaction and satisfaction with the various service areas, the survey also asked questions designed to assess residents' overall views of the centre. In particular, residents were asked if the centre gives them what they need and if they could choose again, would they choose this centre. In addition, residents were asked to compare their general experience of the centre to their initial expectations.

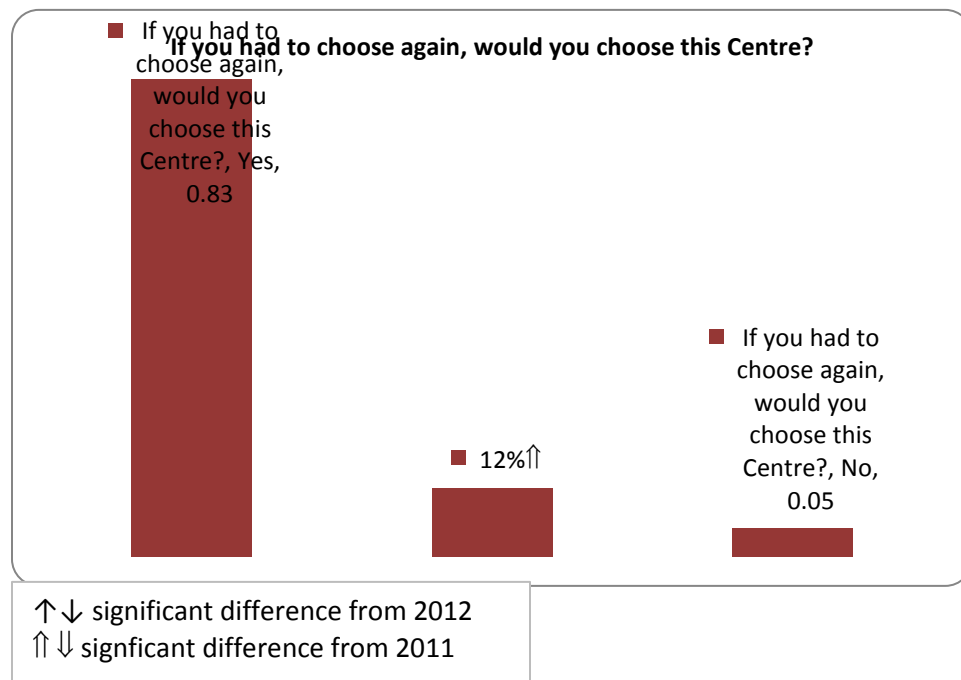
Just over 80% of residents indicated that they feel their centre provides what they need, and all but 1% getting at least part of what they need. These figures are trending stable relative to prior waves.

Figure 33



A very similar breakdown is seen for whether residents would choose the centre again. 83% would choose the centre again and only 5% would not. The data shows a significant increase relative to 2011 in the proportion of residents answering “maybe”.

Figure 34



In total, 72% of respondents report that the centre is better than they expected. This proportion is in line with prior waves. Note, however, that the proportion indicating that life is *much* better has declined significantly relative to prior waves.

Figure 35

