



Long-Term Care Resident Satisfaction Survey

**Division-Level
Report, 2014**

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EXECUTIVE SUMMARY

Overall satisfaction with Long Term Care for 2014 is strong, and has increased slightly from the prior wave of tracking. This year's mean Overall Satisfaction score is 8.2, up from 8.0 in 2013.

Scores for many key service areas are stable or slightly improved since 2013, with significant improvement seen in satisfaction with nursing care and in several of the activities or engagement opportunities offered. In addition, many scores which softened in the prior wave have returned to prior levels or have registered slight improvements.

Strong overall satisfaction among clients is due, at least in part, to strong scores in service areas influential to satisfaction. This year, all of the most influential aspects of the Long Term Care experience are performing well relative to other, less influential, service areas.

In particular, **Activities/Engagement** (identified in 2013 as an area to improve) has seen improvement in many of the specific aspects associated with this area. As a result, this area is now identified as an area of relative strength, to be proactively maintained. In this category, influential and strong performing attributes include:

- Effective communication with staff (stable since 2013)
- Recreation activities (improved since 2013)
- Social programs (improved since 2013)

Priorities to continue improving satisfaction with **Activities/Engagement** include:

- Residents feeling involved in their care decisions (slightly improved since 2013)
- Ensuring a quick response to the call bell (stable since 2013)
- Community outings (improved since 2013)

Other influential aspects of LTC care include the **Homelike Environment of the Centre, Nurses, and care from Personal Support Workers**, all areas seeing relatively strong performance, to be proactively maintained.

- Homelike Environment
 - Scores for all attributes are stable or have slightly improved relative to 2013. A key strength to maintain is residents' perception of their rooms. While all scores in this area are strong, there is opportunity to further improve these scores, through improvements to the décor in shared public areas of facilities.
- Nurses
 - Overall satisfaction with nursing care has improved, due in part to improved perception that nurses treat the residents fairly (a key influence on satisfaction). The other influential aspects of nursing care show slight improvements, including the perceptions that nurses treat residents with dignity, and that the nurses are competent. While satisfaction with competence has increased slightly there is room for further improvement in this area to continue improving satisfaction with nursing care.

- Personal Support Workers
 - Overall, satisfaction with the care from Personal Support Workers is stable and an area to maintain proactively. Residents feel they are treated with dignity by Personal Support Workers. This is an area of strength for Proactive Maintenance. While scores remain strong, there are opportunities to improve resident satisfaction with this service area. To improve in this area, particular areas of focus include perceptions that Personal Support Workers are competent, provide good personal care, are honest with residents, and are good listeners.

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 2014 are:

1. To conduct an in depth analysis of trends and findings across the five LTC Centres in order to produce a divisional report;
2. To revalidate 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. This occurred from April 14 – May 27, 2014 (note that the data collection period in 2013 was from May 8 – July 2, 2013). Completed surveys were forwarded to R.A. Malatest & Associates, Ltd. for data entry, analysis and report preparation.

Very few changes were made to survey content from the previous 2013 version. The few changes that were made occurred in the section relating to the activities and services provided by the facilities:

1. ***One question was removed (satisfaction with other contracted services) as it covered too many possible services which are not directly under the control of LTC.***

2. **One new question was added related to satisfaction with exercise programs.**
3. **To other questions in this section, additional examples of types of services were included to aid resident comprehension.** In the previous version of the survey, some questions generated a large number of “does not apply to me” responses which suggested that residents could not identify the service to which the question referred. For example, for intellectual services, “computers” was changed to “trivia, reminiscing, current events”. Another example is changing “business office” to “office/reception” in order to clarify the service involved.

A copy of the 2014 survey and the changes made from 2013 can be found in the Appendices.

Response Rate

Survey completions are set out in the table below. It is not possible to calculate a 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	45	2	34	9
Malton Village	58	7	22	27
Peel Manor	64	4	34	19
Sheridan Villa	87	2	36	46
Tall Pines	109	3	60	45
TOTAL LTC	363	18*	186*	146*

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

Residents returned a total of 363 completed surveys. 18 surveys were completed by the residents themselves, 186 by the resident with some assistance, and 146 by a relative or friend (13 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”/“very dissatisfied” and “5” indicates “strongly agree”/“very satisfied”). 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		
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 as the proportion of the total sample coming from each facility is not excessively divergent from each centre's proportion of all LTC residents.

The overall service model for Resident Satisfaction was produced through multiple regression supplemented with Prioritizing Opportunities. Prioritizing Opportunities uses correlation to identify areas to maintain and areas to improve. This analysis was also conducted in 2013.

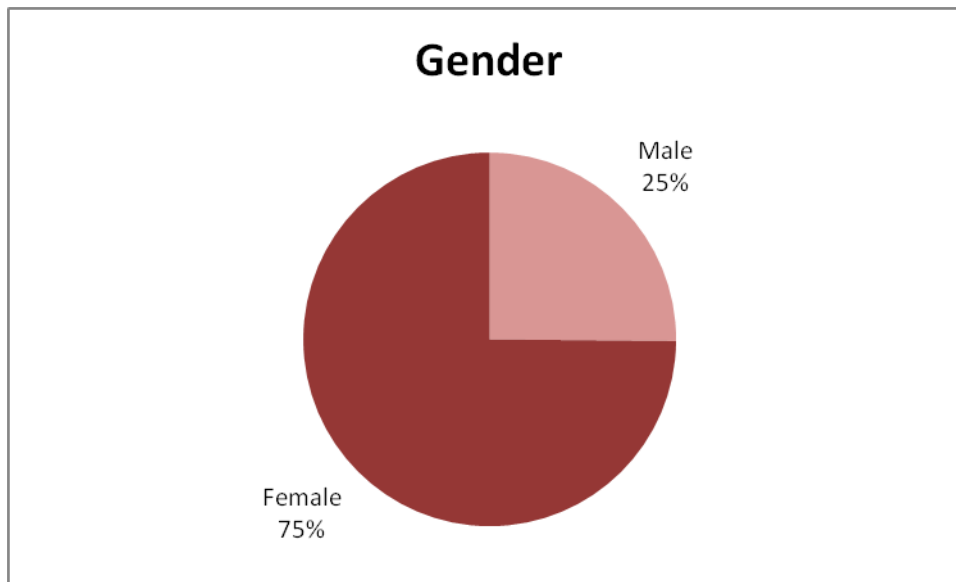
The charts and tables in this report identify statistically significant differences between 2014 results and results obtained in prior waves, where direct comparison is possible. Single or double arrows indicate whether the result is significant compared to 2013 or 2012 (or both), as well as the direction of the trend. Any results showing significant differences compared to 2011 are identified with a dotted arrow. 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%). This is the same ratio as seen in 2013, and is not significantly different from prior waves of tracking.

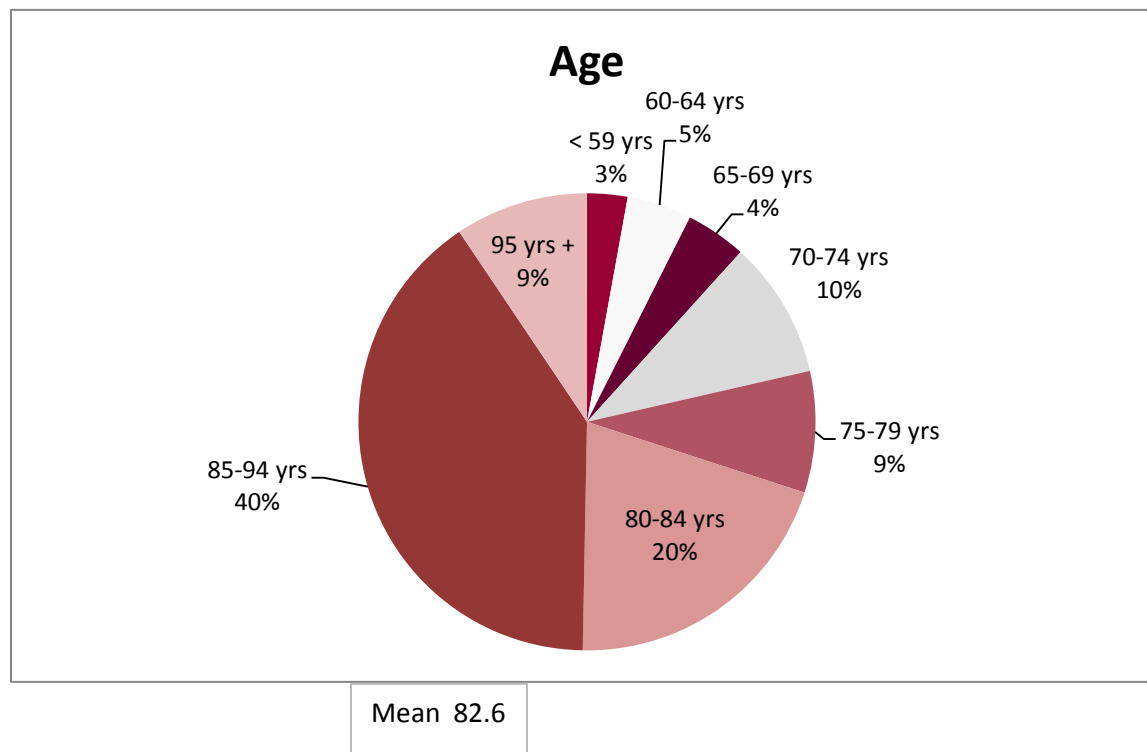
Figure 2



Age

Figure 3 shows that just under half (49%) of LTC residents who participated in the survey were over 85 years of age and 40% were between the ages of 85 and 94. Another fifth (20%) were between the ages of 80 and 84. The remaining 31% were under age 80, with 12% of residents aged 69 years or less. No statistically significant change in this pattern has been observed from 2008 to 2014.

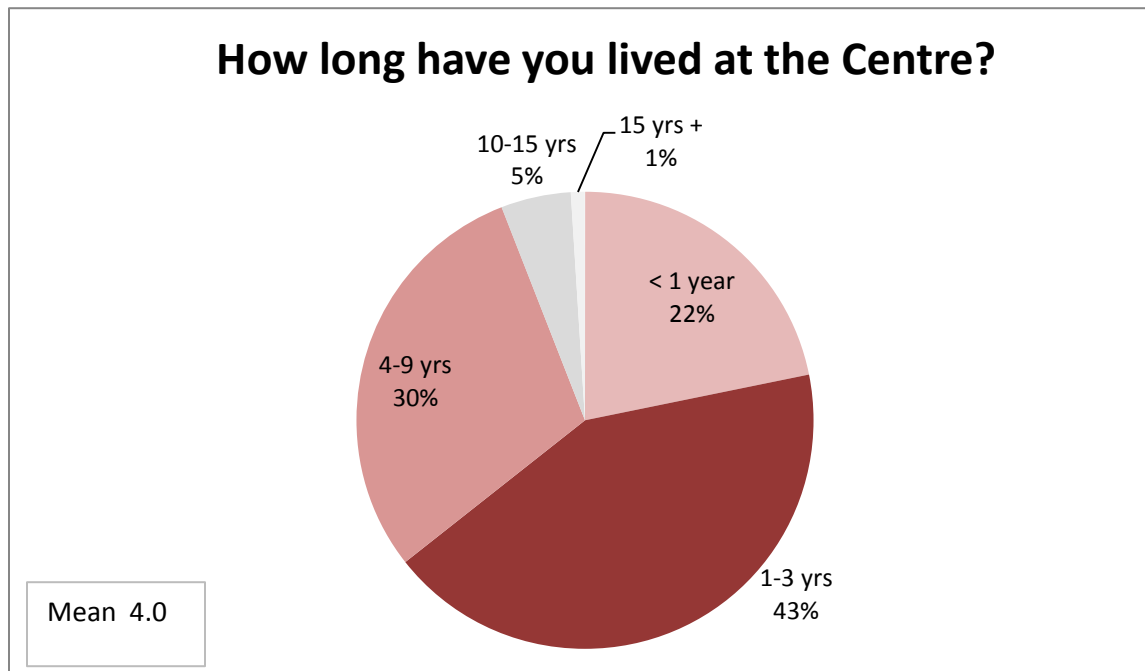
Figure 3



Length of Time at the Centre

Figure 4 shows that 22% of LTC residents have lived at the Centre for less than one year, and 43% have lived there for 1 to 3 years. A total of 30% have lived at the Centre for 4 to 9 years. The remaining 6% have lived at the Centre 10 years or longer. This general pattern is also unchanged from prior waves.

Figure 4

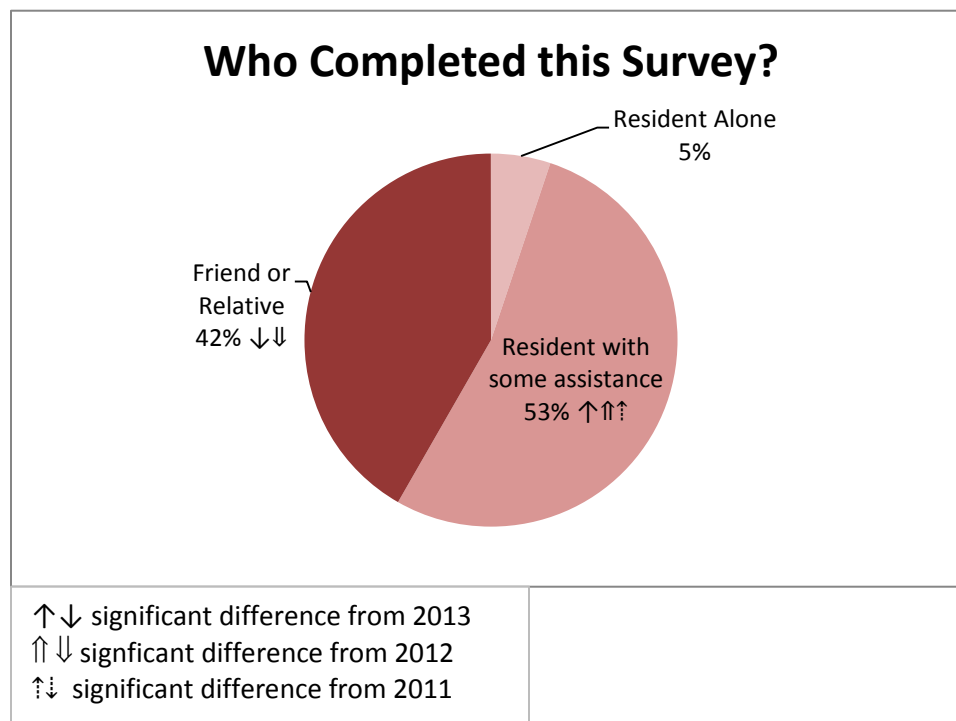


Level of Independence

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. In some cases, assistance was minimal (e.g., assistance with reading questions and/or transcribing answers), while in other cases, where the resident was unable to respond, the survey was completed on the resident's behalf (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.

In 2014, a majority of the residents surveyed had substantial involvement in completing the survey: 5% of respondents answered the survey completely independently; 53% answered independently with some assistance; and 42% of respondents were minimally involved. This represents a significant increase (versus every wave since 2011) in the proportion of residents answering with some assistance, and fewer surveys completed by family or a friend compared to 2013 and 2012.

Figure 5



Of the 42% who were not able to answer independently, the most common reason given was Alzheimer's Disease or other dementia/memory loss (36% of comments). General lack of ability to function was the next most common reason, followed by inability to write, and inability to communicate. A language barrier (no knowledge of English) was identified as a reason by a few participants. 23% of comments did not specify the reason that assistance was required.

Although there were fewer residents unable to complete the survey than in 2013, the reasons cited for that inability are very similar to the prior wave.

Figure 6

Reason for Needing Assistance	% of comments*
Alzheimer's / Dementia	36
General Lack of Function	23
Cannot Write	12
Cannot Communicate	11
Cannot Read	5
Language Barrier (non-English)	5
Visual Impairment	3
Hearing Impairment	1
Other	6
Not Specified	23

* 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 the service areas that influence resident satisfaction, and examines Overall Satisfaction scores.

Influences on Satisfaction

The following have the most influence on residents' satisfaction with LTC: the opportunities available for activities and engagement; the "homelike" atmosphere; the Nurses; and the Personal Support Workers.

The main body of the survey explores a number of service areas that influence, to a greater or lesser degree, residents' overall satisfaction with LTC. Some of these are single, overall satisfaction questions while others are composite measures. The service areas assessed are:

- Nurses ("Overall, I am satisfied with the nursing care")
- Personal Support Workers ("Overall, I am satisfied with the Personal Support Workers")
- Doctors ("Overall, I am satisfied with my doctor")
- Food Quality (composite of three questions – see section D in appendix A)
- Activities/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 appendix A])
- Homelike 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 was satisfied with the way my problem was handled")

Another section of the survey dealt with residents' experiences with the Admissions Process. As only a minority (22%) of residents arrived within the past year, Admissions Process ("I was satisfied with the overall admissions process") was not included in the overall model. However, for those recently arrived residents, there are some distinctive impacts that apply, which will be addressed later in the report.

These measures were also tracked in 2013. The only differences for 2014 are that some questions within the Activities/Engagement composite were changed (see Section 5 and Appendix B for details) and Problem Experience was excluded from the regression model. In 2014, Problem Experience was excluded from the regression model due to the small proportion (26%) of residents who reported experiencing a problem. A model using multiple regression, such as the LTC service model, only includes respondents that have valid results for every component included in the model. Therefore a model that included Problem Experience would not include any results from the majority of residents who did not report a problem. Although Problem Experience was excluded from the regression model for this reason, it was included in Prioritizing Opportunities, which is calculated differently, and can include the results of residents who did not answer all sections. As Problem Experience can be a potential experience for any resident, it was important to include it as a potentially influential service area in Prioritizing Opportunities. Admissions Process was not included in the overall Prioritizing Opportunities as

it would only apply to a particular subset of residents (i.e. those residents arriving within the past year).

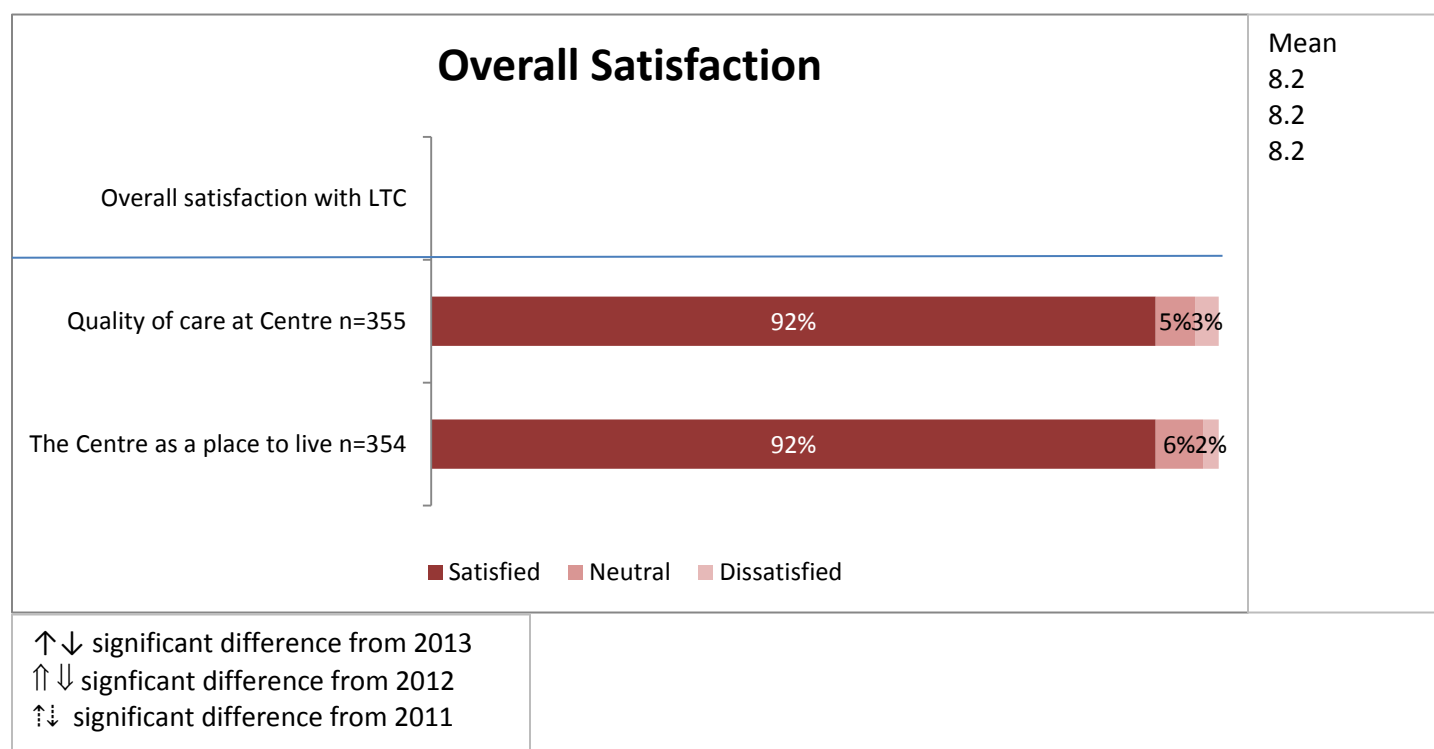
Overall Satisfaction

Overall Satisfaction for Long Term Care has increased slightly from 2013 (to 8.2 from 8.0).

In 2014, Overall Satisfaction is at 8.2, a slight improvement from 8.0 recorded in 2013 and very close to the scores reported in 2012 and 2011 (8.3 both years). This increase from the previous year is not significant, although scores have recovered from the slight decline experienced in 2013. Satisfaction scores for *the overall quality of care at the Centre* and *the Centre as a place to live* have both increased slightly relative to 2013 and are no longer significantly different from prior waves of tracking.

(Note that Overall Satisfaction represents 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

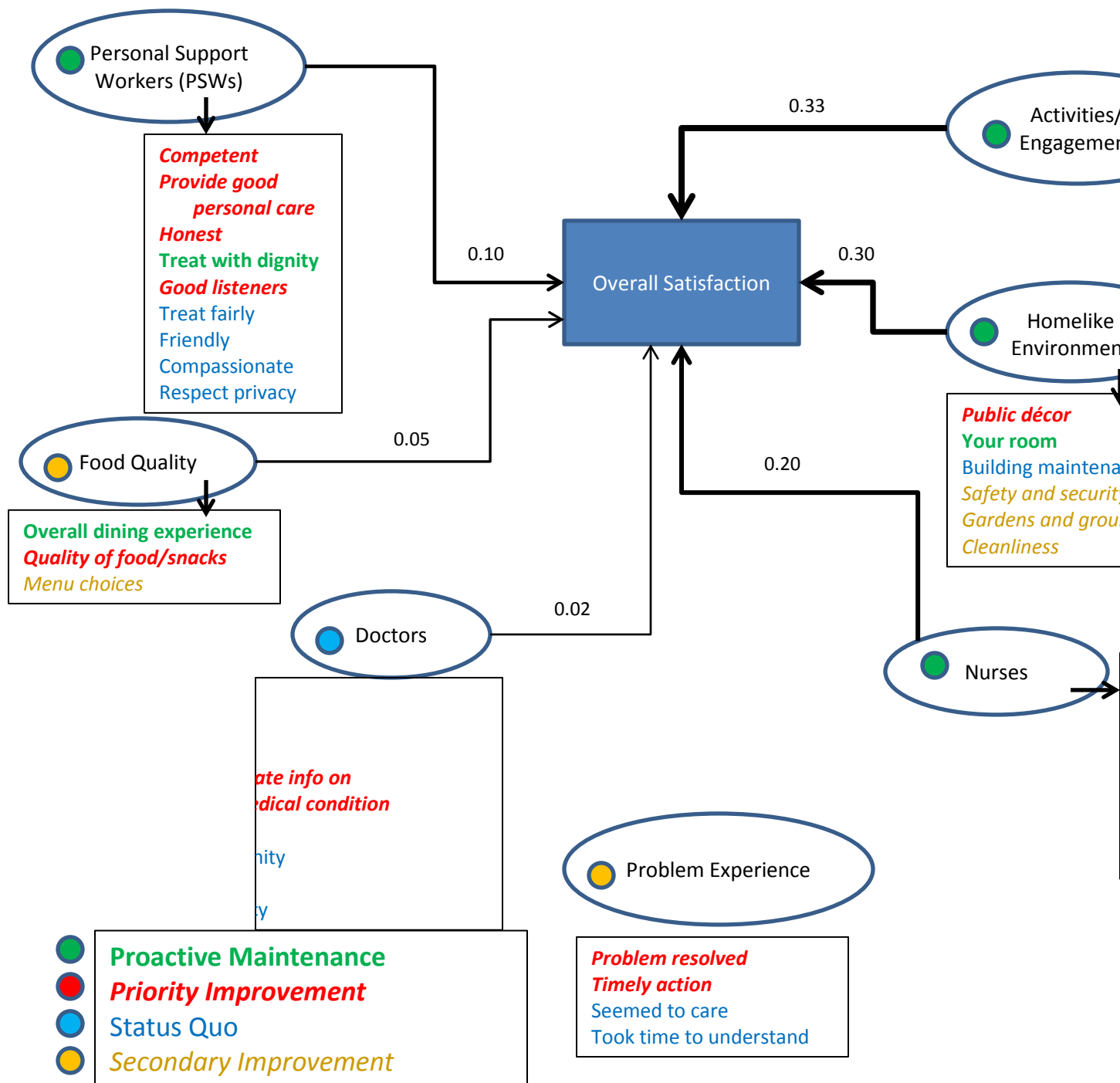


The LTC Service Model is shown in Figure 8. Thicker arrows indicate that the service area is more influential. **The model as a whole accounts for 64% of the variance in Overall Satisfaction**, close to the percentage accounted for by the 2013 model (67%). Individual standardized regression coefficients have been noted for each service area. Coloured circles

indicate the relative influence of each service area on residents' satisfaction with LTC as per the legend at the bottom of the model (also see Prioritizing Opportunities, below). For the attributes of each service area (listed in the adjacent boxes), text colour and font style serves the same purpose. Food Quality and Activities/Engagement attributes are listed in order of impact on Overall Satisfaction. Attributes belonging to other service areas are listed in order of their impact on overall satisfaction with that service.

The service area with the most influence on LTC satisfaction is the availability of opportunities for Activities and Engagement at the Centre; an area of strength to proactively maintain. The next most influential are the Homelike Environment, Nurses, and Personal Support Workers. All of these influential service areas are areas for Proactive Maintenance as well. Food Quality, Problem Experience, and Doctors all contribute to Overall Satisfaction, but are less influential. Because a minority of residents experienced problems, Problem Experience was not included in the regression model. It is presented here as it was included when Prioritizing Opportunities (for the reasons described above) and still contributes to Overall Satisfaction among those who have experienced a problem. See section 11 for more details regarding Problem Experience.

Figure 8



Prioritizing Opportunities

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 Prioritizing Opportunities was used.

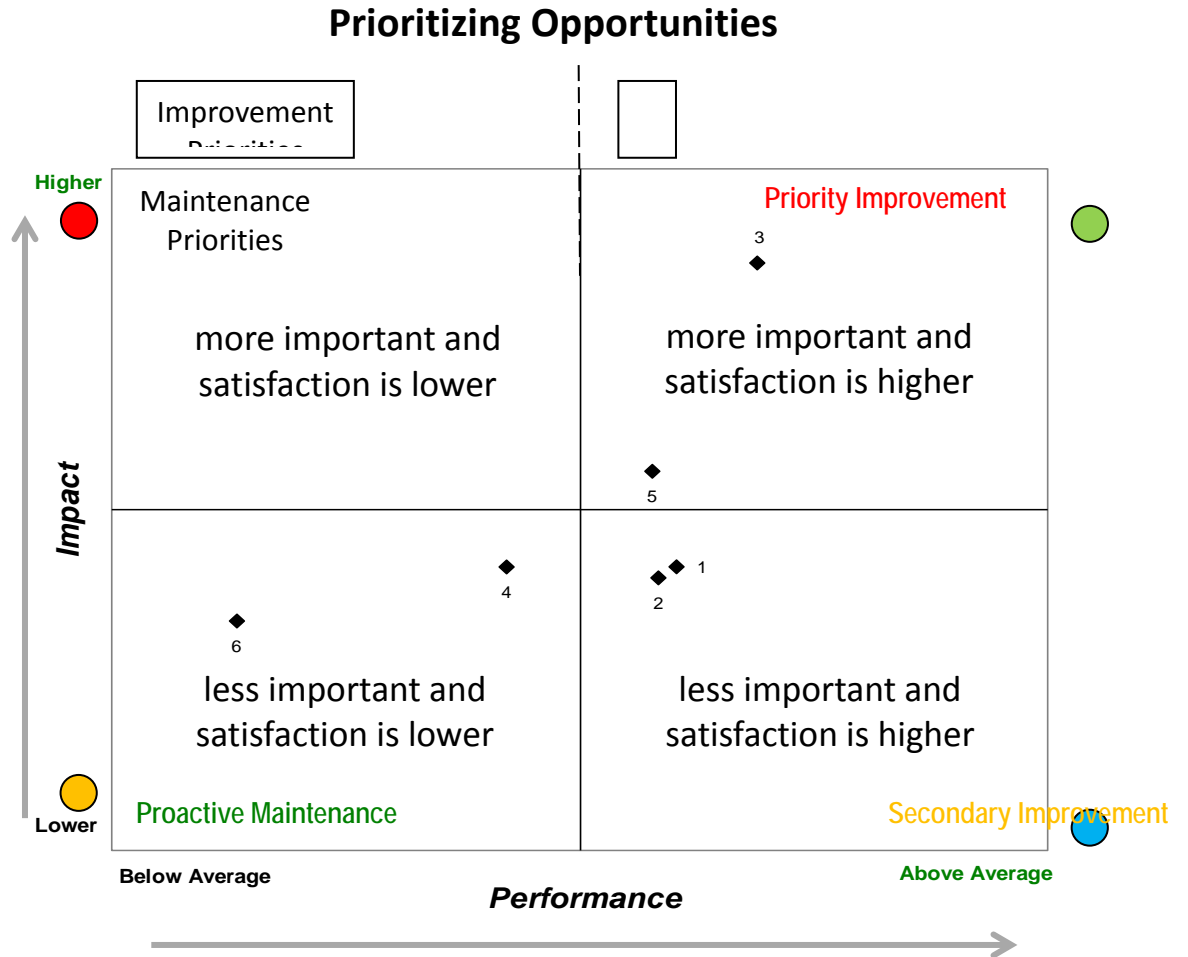
Prioritizing Opportunities compares the mean scores of several attributes as well as their correlation with an overall dependent variable, such as Overall Satisfaction or satisfaction with a service area. When the correlation and performance scores are plotted against one another, both the relative performance and correlation to satisfaction are displayed on a quadrant chart like the one shown in Figure 9.

Attributes located in the top right quadrant of the Prioritizing Opportunities chart represent areas of Proactive Maintenance; they are areas of strength that are performing well and have high impact on satisfaction. **These are areas where current practices should be improved if possible but, at minimum, proactively maintained.** Attributes in the bottom right quadrant are also performing relatively well but have a weaker correlation with satisfaction than other attributes. These are areas where the Status Quo should be maintained. Items on the left side of the graph have lower performance scores relative to others and represent areas for improvement. **Those in the upper left quadrant have a greater relative impact on satisfaction and should be considered areas for Priority Improvement.** Items in the bottom left quadrant are relatively less influential on satisfaction and are areas for Secondary Improvement. Note that this does not mean that these areas should be considered unimportant. They should be considered for improvement as well but are secondary in importance relative to Priority Improvement areas. These areas should be monitored moving forward to ensure that satisfaction does not decline and begin to erode overall satisfaction (either for a service area or for Overall Satisfaction). Further, if no effort is made to improve these areas their relative importance may increase over time.

It should be noted that the ability to improve a score depends on the absolute level of that score. Extremely high scores have minimal room to improve. However, few scores tracked in this study are so high that there is no room for improvement.

(Note that in 2013, this analysis was referred to using different terms, but the interpretation of the analysis remains the same.)

Figure 9



4. ADMISSIONS PROCESS

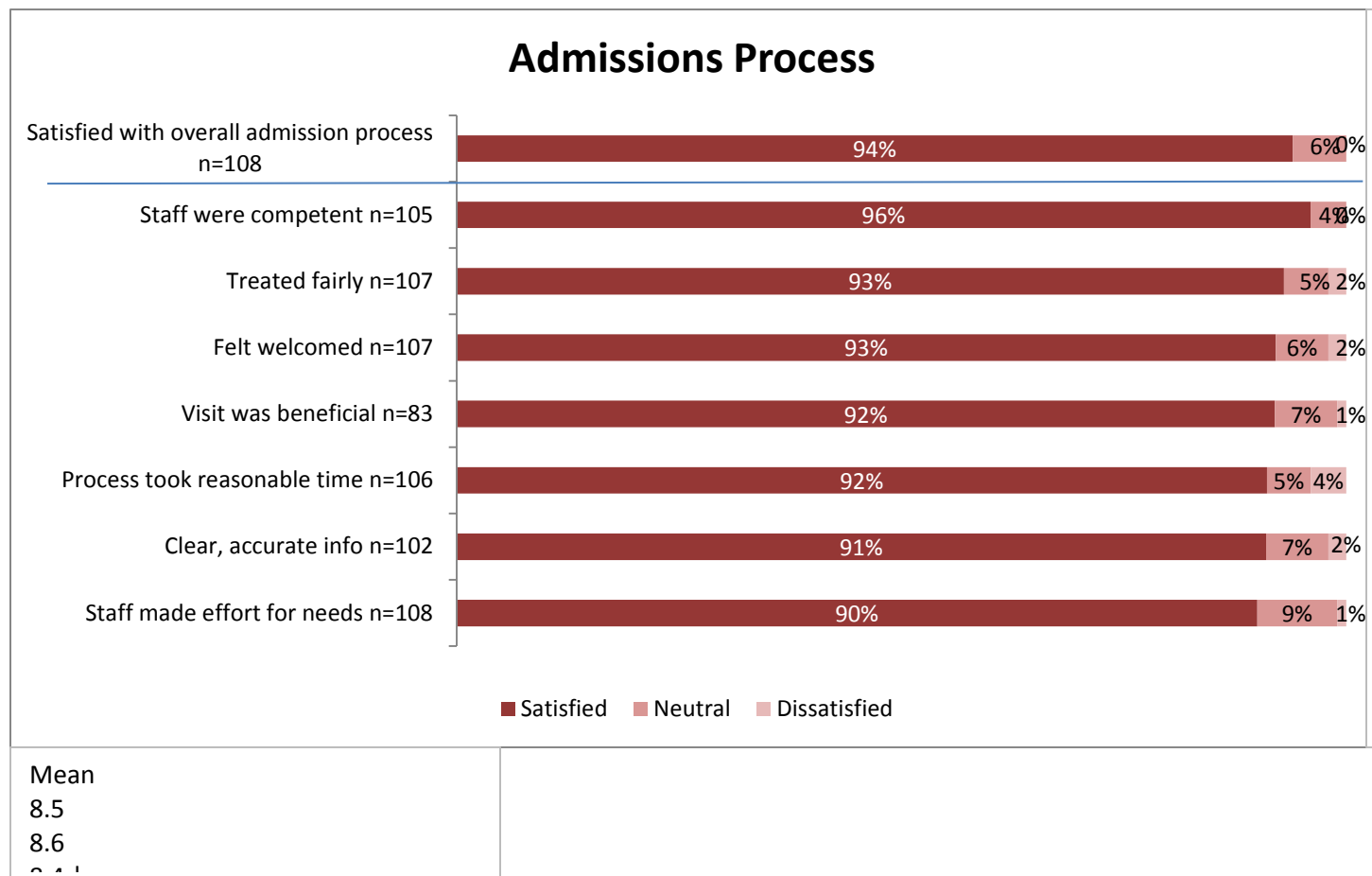
Satisfaction with the Admissions Process is not included in the satisfaction model described in the prior section because it only concerns first year residents of LTC facilities (and the satisfaction model is intended to represent all residents). As the Admissions Process is the first experience a new resident has with their Centre, it is explored first.

Satisfaction with Admissions Process



Overall satisfaction with the Admissions Process has declined slightly (but not significantly) relative to 2013 (from a mean score of 8.7 to 8.5). Relative to prior waves, satisfaction with the various aspects of the Admissions Process has either remained steady or has slightly declined since 2013. In particular, the score for *being treated fairly* declined from 8.9 in 2013 to 8.4 in 2014. Most other attributes registered non-significant decreases from 2013 but all remain in line with scores from prior waves.

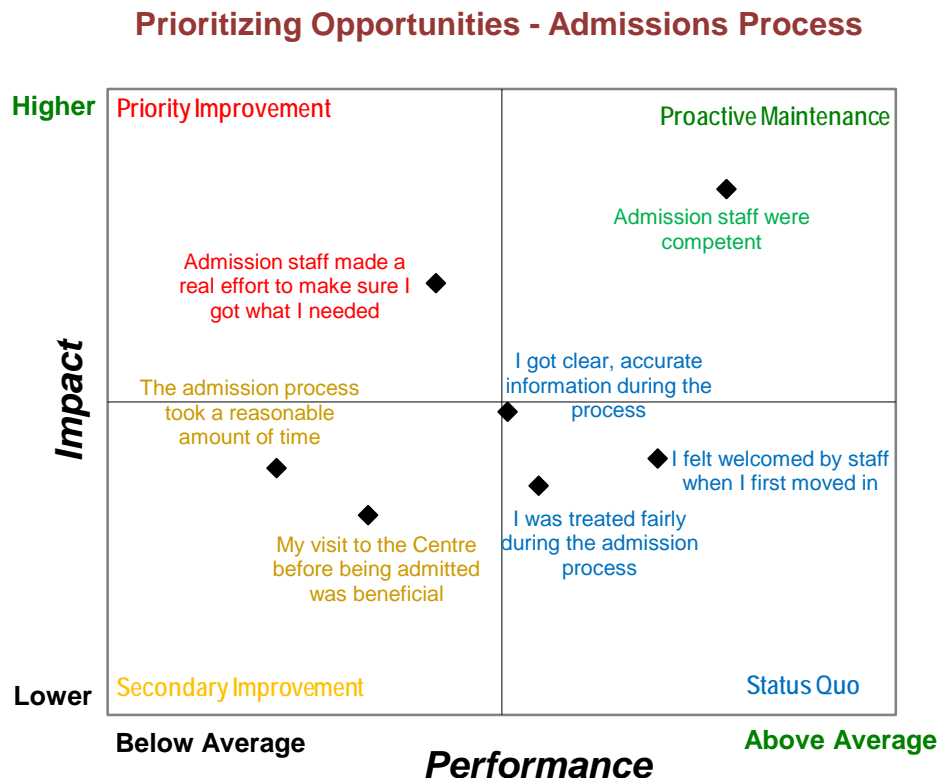
Figure 10



Prioritizing Opportunities

Prioritizing Opportunities identified competence of staff as a key driver of satisfaction with the Admissions Process. With a relatively strong score (8.6), this is an area for Proactive Maintenance. On the other hand, ensuring that staff are perceived to be *making an effort to meet a prospective resident's needs* is a priority area to improve, moving forward.

Figure 11



Choice of Centre

↑↓ significant difference from 2013
 ↑↑↓ significant difference from 2012
 ↑↓ significant difference from 2011

New residents were also asked if the facility was their initial first choice. 67% replied that the centre was their first choice; a proportion similar to previous waves. **Residents who indicated that the centre was their first choice continue to give higher Overall Satisfaction ratings than those who said it was not their first choice** (8.4 vs. 7.6). While the difference is not as large as in 2013 and, as a result, no longer statistically significant, the pattern remains similar to previous waves.

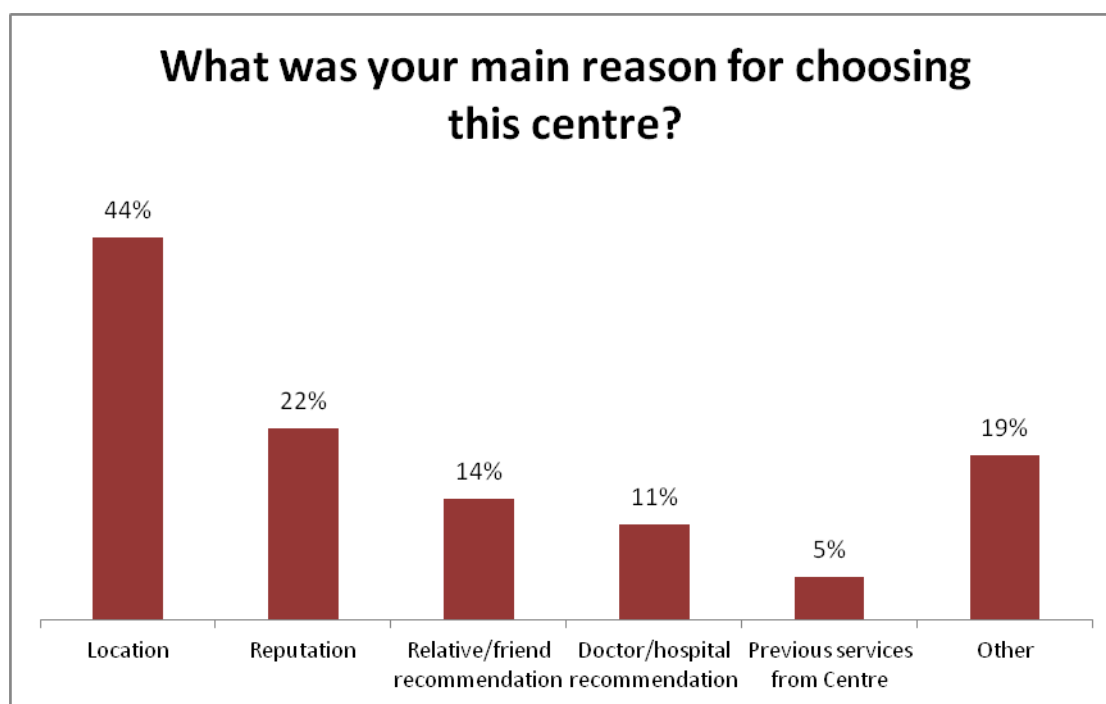
Figure 12

First Choice?	2011 (Overall Satisfaction)	2012 (Overall Satisfaction)	2013 (Overall Satisfaction)	2014 (Overall Satisfaction)
Yes	8.6	8.4	8.6	8.4
No	8.1	7.9	7.6	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, friend, or from a hospital*. Those residents selecting “other” identified reasons such as *being the first available, or having no choice* (such as in the case of a referral from CCAC), in addition to other miscellaneous reasons. It should be noted that in some instances, despite being asked to select one main reason for choosing the centre, some residents selected multiple reasons. For this reason, the sum of all percentages may be greater than 100%.

Figure 13



Some respondents selected multiple reasons, therefore total equals greater than 100% and certain reasons may be over-represented.

5. ACTIVITIES/ENGAGEMENT

The next several sections will discuss each of the service areas included in the satisfaction model. They are presented in order from most to least impact on Satisfaction. Activities/Engagement is the service area that has the strongest impact on Overall Satisfaction and is, therefore, discussed first.

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 is a service area with substantial impact on Satisfaction, and represents an area of Proactive Maintenance, moving forward.

Satisfaction with Activities/Engagement

As shown in Figure 14 (on page 26), **satisfaction with these various aspects of life at LTC facilities is generally quite high**, particularly for *office/reception, communication with staff, and spiritual services*. Somewhat lower satisfaction ratings are observed for *laundry services, physiotherapy and responding to the call bell*. Note, too, that satisfaction with *physiotherapy* has declined significantly relative to the prior wave. It should be noted that, in 2013, the funding and delivery model for physiotherapy services was changed. As a result, fewer residents are receiving physiotherapy. Indeed, a significantly larger proportion of respondents identified this service as not applying to them and, among those who did receive the service a significant decline in satisfaction (7.7 to 7.2) was observed which may be attributable to program changes.

Many services in this section have seen significant increases since 2013, with some dramatic improvements. Significant increases were observed for *office/reception, continence care products, recreation activities, social programs, intellectual programs and community outings*. The improvement for *intellectual programs* is particularly dramatic, increasing from a mean score of 6.2 – one of the lowest scores for any attribute – in 2013, to a mean of 7.4 in 2014. It must be noted however, that the wording of the questions for all of the attributes that registered a significant increase (with the exception of *continence care products*) was slightly modified from the 2013 survey, with the intention being to provide a better description of the service. See below for a summary of the changes that were made. Full details of the changes can be found in Appendix B.

Changes to Activity-Related Questions

In the 2014 survey, changes were made to the attributes included in the Activities/ Engagement section of the survey. For example, the 2013 question relating to satisfaction with *other contracted services* (such as art therapy or music therapy) was removed from the 2014 survey because it was deemed too broad (i.e., covering many different types of programs) and not particularly actionable (i.e., these programs are not provided directly by the Region). In addition, a new question was added regarding satisfaction with *exercise programs*.

While all the other attributes from the 2013 survey were included, wording changes were made to several of these attributes. For example, the way in which the service/activity was referenced was changed for three questions:

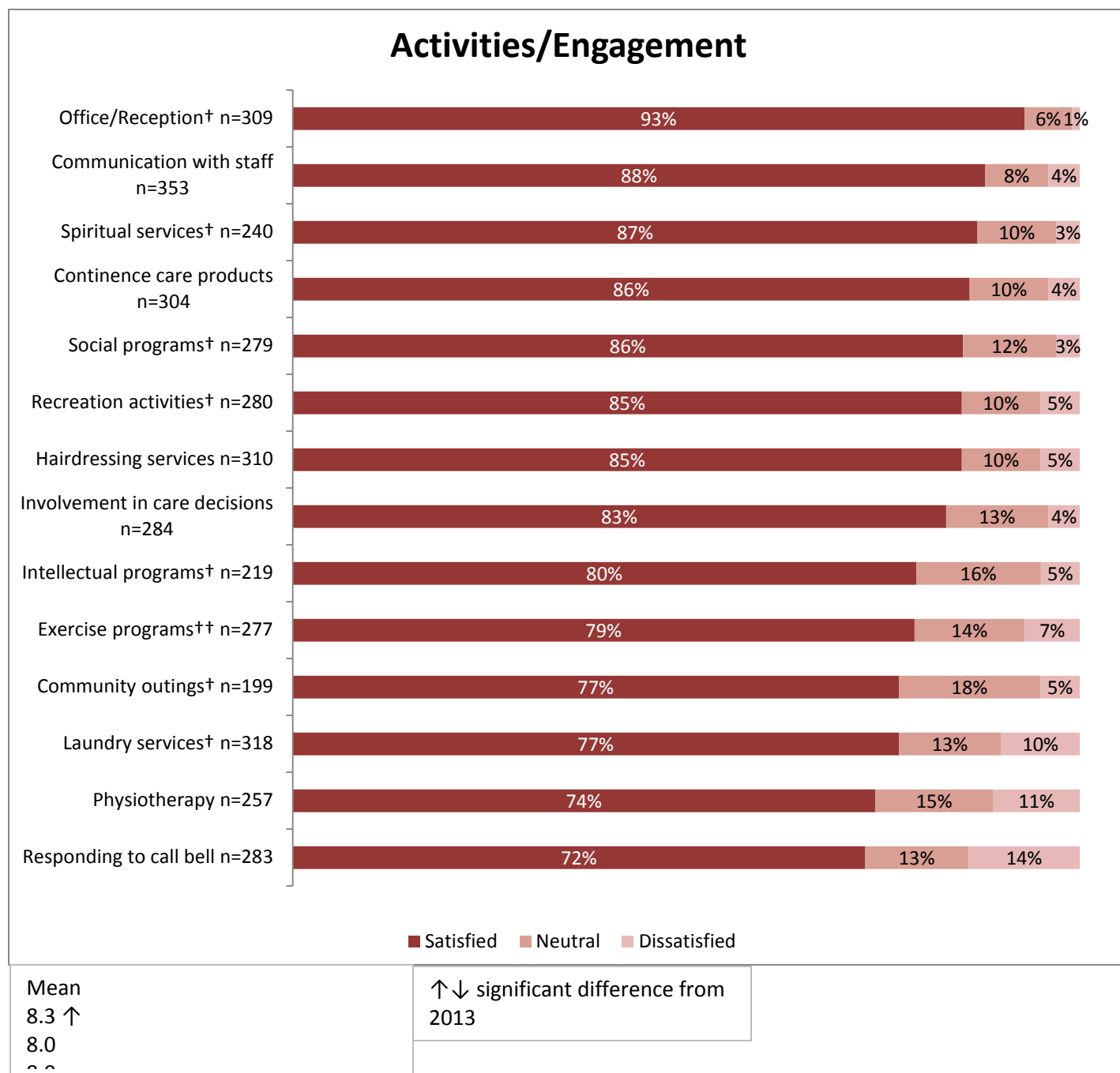
- “Business office” changed to “office/reception”
- “Spiritual care and services” changed to “spiritual services”
- “Daily recreation and lifestyle activities” changed to “recreation activities”

In addition, many of the descriptions of the services/activities were changed to be more accurate and clear. For example, in 2013 *intellectual programs* was described as “computers”. In 2014, this description was changed to “trivia, reminiscing, current events”. The descriptions following the names of each of the following services/activities were similarly changed in 2014:

- Recreation activities (called “daily recreation and lifestyle activities” in 2013)
- Community outings
- Intellectual programs
- Social programs
- Spiritual services (called “spiritual care and services” in 2013)
- Laundry services

All wording changes from 2013 are detailed in Appendix B. As noted above, there were significant increases in satisfaction scores involving many of these rephrased services/activities. As a result, the differences observed for these questions must be interpreted with caution.

Figure 14



Prioritizing Opportunities

Figure 15 on page 28 shows results of Prioritizing Opportunities conducted for Activities/Engagement. As indicated, three aspects of Activities/Engagement emerge as influential on satisfaction and are areas for **Proactive Maintenance**, moving forward: *communication between residents and staff*, *recreation activities* and *social programs*. The latter two had been areas to improve in 2013, and have both improved significantly since then.

The following aspects of Activities/Engagement are identified as areas of **Priority Improvement** in order to further increase residents' overall satisfaction: *residents' amount of involvement related to their own care, how quickly needs are responded to when you push the call bell, and community outings*. Note however that *community outings*, while still an area for Priority Improvement, has shown a significant increase in satisfaction since 2013. The other areas for Priority Improvement show no significant change from 2013, though the decline seen last year for *residents' involvement related to their own care* has not continued and shows a slight, non-significant, increase.

Communication and Engagement

† Wording change from 2013
 †† New question in 2014

Communication with staff has the most impact on satisfaction with Activities/Engagement, and is identified as an area to be ***maintained proactively***. Despite this, ***residents would like to feel more involved in decisions regarding their care, and would appreciate a more timely response to the call bell.***

Scores for the attributes related to communication have, for the most part, held steady since 2013. However, it should be noted that *involvement in decisions* – a measure that declined from 2012 to 2013 – has increased slightly and is now stable relative to prior waves.

Recreation and Community

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

With a significant improvement in scores for recreation activities and social programs, these areas – formerly priorities for improvement – are now areas to be proactively maintained. Satisfaction with community outings has also increased significantly, although this is still an area for continued Priority Improvement. These activities also have something in common with the above measures of communication and engagement: they are ways for the resident to feel *involved*.

As noted above, the examples of recreation activities, social programs, and community outings in the survey were updated for this wave to more accurately reflect the nature of the applicable programs. While there was an increase in satisfaction for these attributes, it is not possible to separate the effect of the change in wording from changes to the programs themselves and, therefore, these increases should be interpreted with caution.

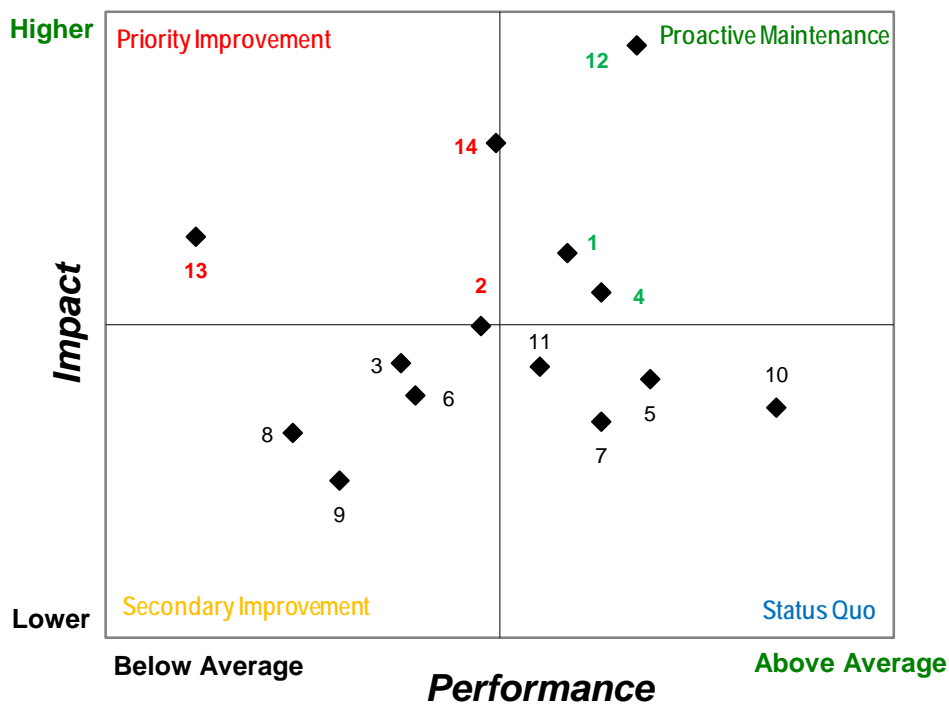
Other Services

In comparison with the attributes discussed above, the other services offered have somewhat less impact on resident satisfaction. While *intellectual programs* (e.g., *trivia*, *reminiscing*, *current events*) do not have as much impact on satisfaction, and remains an area for Secondary Improvement, this service area is notable for its dramatic improvement compared to 2013. While still not one of the most influential attributes, *intellectual programs* have slightly more influence on satisfaction than in 2013. Furthermore, this attribute was often deemed not applicable to residents in the previous wave; in the current wave, more residents identified these programs as relevant to them (40% of respondents in 2014 rated this attribute as not applying to them compared to 62% in 2013). This was another attribute where question wording was changed since 2013, therefore results should again be interpreted with caution.

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

Figure 15

Prioritizing Opportunities - Activities/Engagement



Making sure that residents feel they are involved – with their care and with each other – is key to increasing satisfaction. Improvements seen in these areas may have contributed to the rebound in Overall Satisfaction scores.

6. HOMELIKE ENVIRONMENT

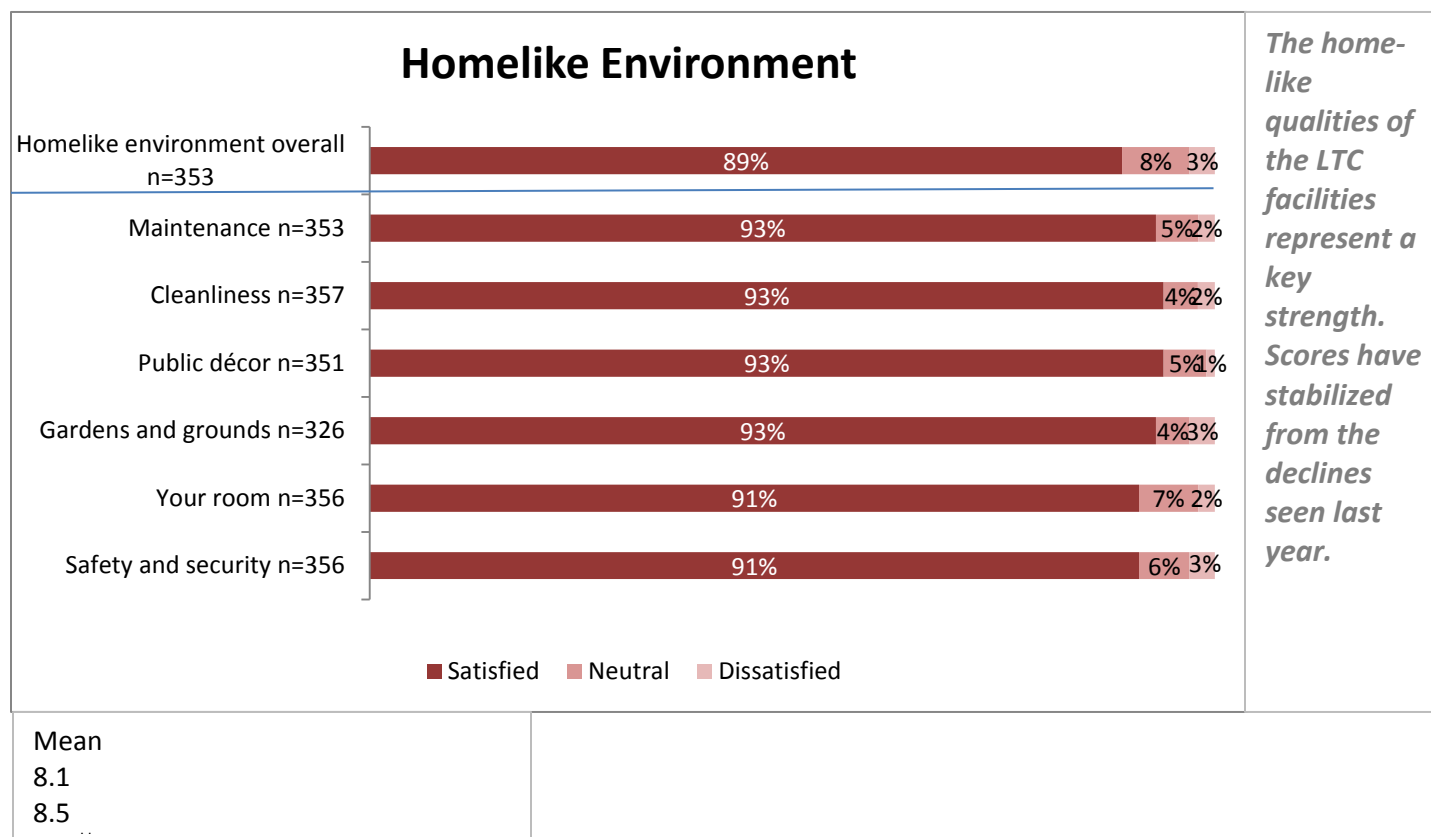
The next most influential service area is the homelike environment of the facility. For some, a move to a Long Term Care facility can symbolize a loss of their own home, making it important for residents to live in an environment that feels as “home-like” as possible. Many aspects of the living environment can play a role, from cleanliness, to décor, to safety, to the resident’s room.

Satisfaction with the Environment at the Centre

1. Recreation Activities
2. *Community Outings*
3. Intellectual Programs
4. Social Programs
5. Spiritual Services
6. Exercise Programs
7. Hairdressing Services
8. Physiotherapy
9. Laundry Services
10. Office/Reception
11. Continence care Products
12. Communication between you and staff
13. *How quickly needs are responded to when you push call bell*
14. *Amount of involvement in decisions related to your care*

The mean overall satisfaction score for Homelike Environment (8.1) showed no significant increase from 2013 (8.0). Scores for individual attributes of Homelike Environment range between 8.3 and 8.5; in other words, there is little absolute difference between the strongest and weakest scores. ***Satisfaction with most aspects of Homelike Environment has remained stable or has slightly increased since 2013.*** *Cleanliness*, despite a small increase since 2013, remains significantly lower than 2012 or 2011. Similarly, residents’ satisfaction with *safety and security* is significantly lower than in 2011, but not significantly different from 2012 or 2013. While these scores have not yet returned to earlier levels, the declines seen last year have not continued and, in some cases, have begun to reverse.

Figure 16



The homelike qualities of the LTC facilities represent a key strength. Scores have stabilized from the declines seen last year.

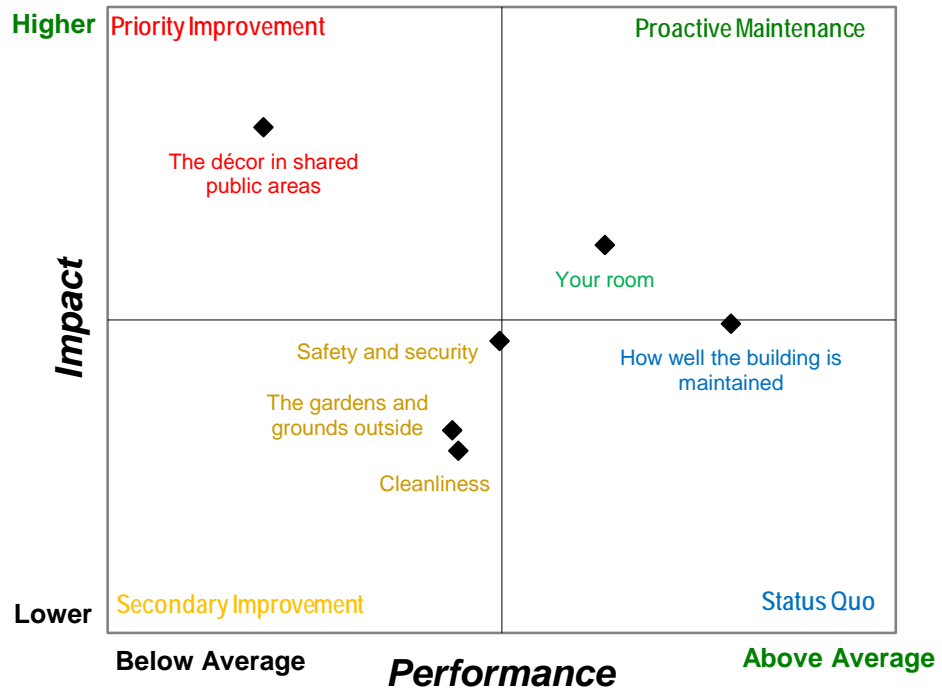
Prioritizing Opportunities

- ↑↓ significant difference from 2013
- ↑↓ significant difference from 2012
- ↑↓ significant difference from 2011

Prioritizing Opportunities identifies the décor in shared public areas as an area for Priority Improvement. Satisfaction with the resident's room, previously an area to improve, has seen an improvement relative to other attributes and now represents an area for Proactive Maintenance. It is important to note that satisfaction scores for the *Homelike Environment* of the centres are tightly clustered; in other words, the mean scores for some attributes identified as areas to improve may not be much different from the mean scores for attributes identified as areas to maintain. Therefore the results from Prioritizing Opportunities should be interpreted with caution.

Figure 17

Prioritizing Opportunities - Homelike Environment



7. NURSES

Although nursing care was not identified as an influential service area in 2013, it has a greater impact on residents' levels of satisfaction in the current wave and now represents an influential area. It is also the only overall satisfaction measure to show a significant increase compared to 2013.

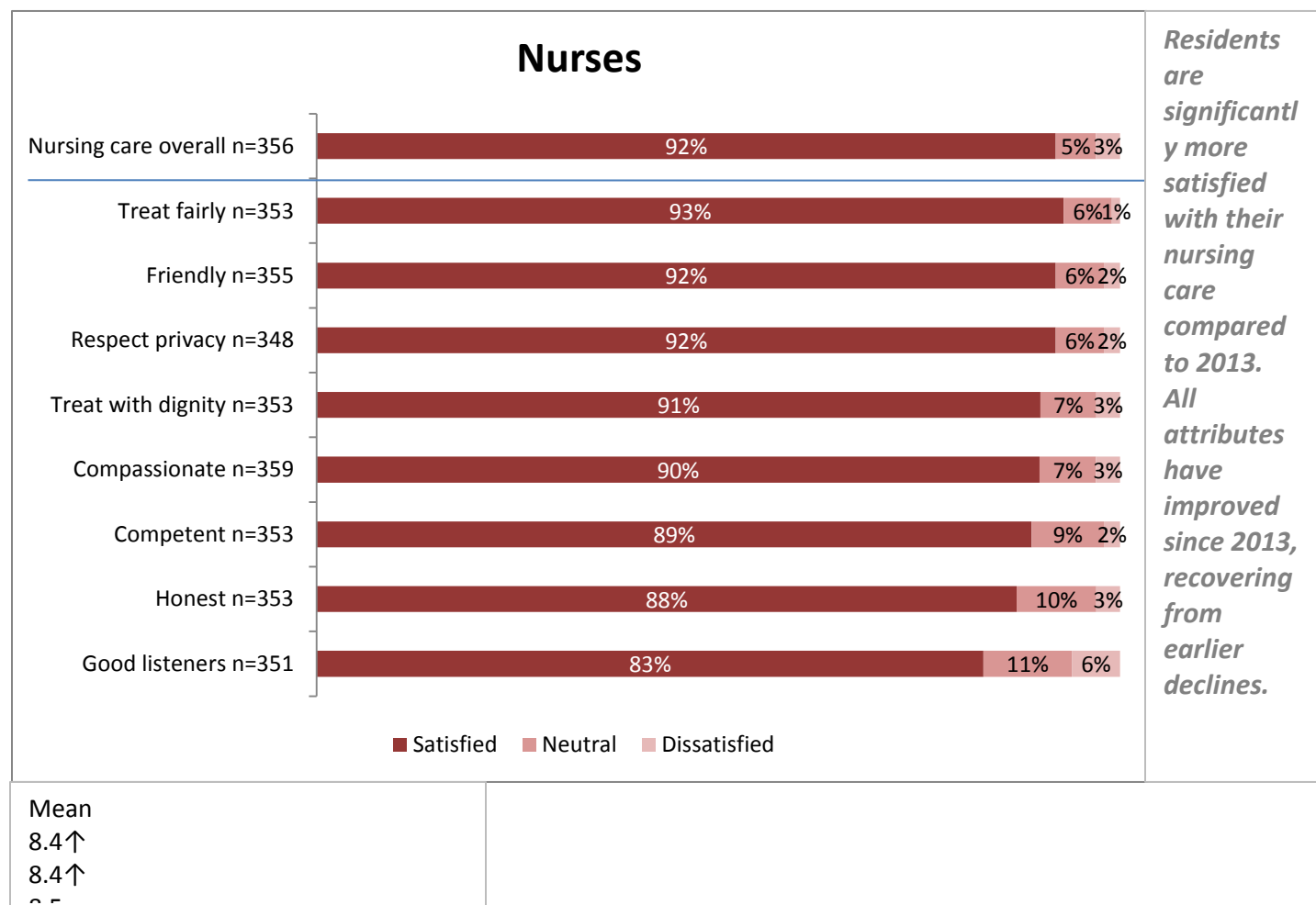
Satisfaction with Nursing

To continue to increase satisfaction, results suggest that the décor in shared public areas is a priority area to improve.

The vast majority (92%) of residents indicated that they were satisfied with the nursing care they received. The mean satisfaction score for overall nursing care has significantly increased since 2013 (when the overall satisfaction question was introduced), from 8.1 to 8.4. Satisfaction ratings for the specific aspects of nursing care range from 7.9 (*good listeners*) to 8.5 (*friendly*). All attributes relating to nursing care have improved since 2013, recovering from a decline the previous year. In addition to overall satisfaction with nursing, satisfaction scores for *fair treatment* and *respect for privacy* have also increased significantly since 2013.

In the past year, the Region of Peel has been introducing new training for nurses at LTC facilities. Although much of this training was meant to improve clinical skills, it may be the case that LTC's increased focus on training and resident care contributed to an increase in residents' overall satisfaction with the nursing care they receive.

Figure 18



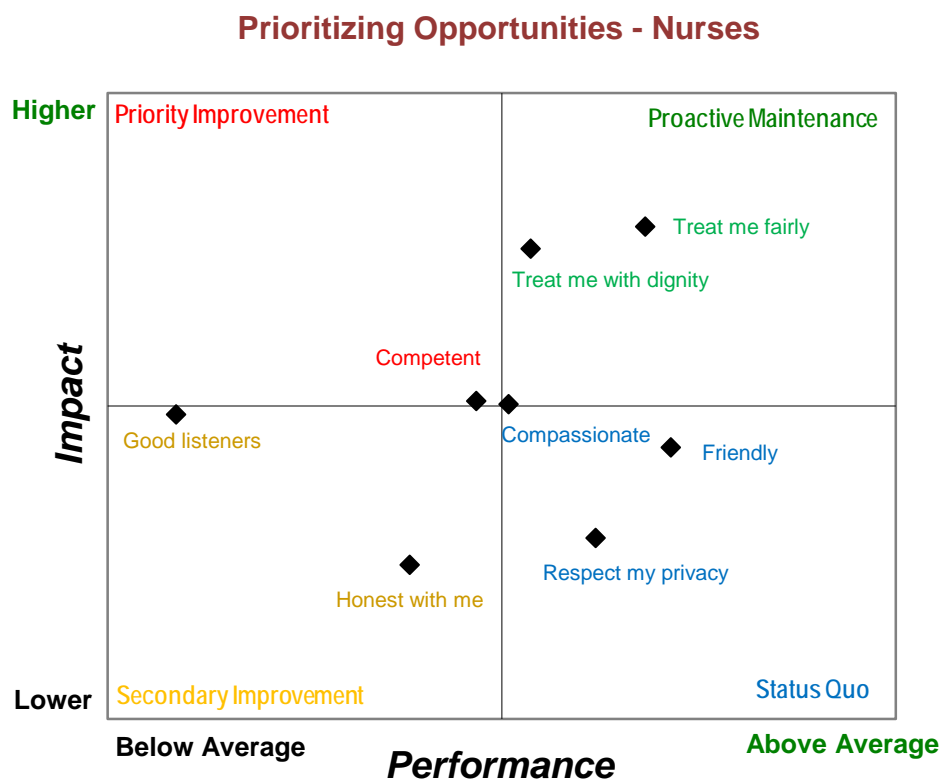
Prioritizing Opportunities

- ↑↓ significant difference from 2013
- ↑↓ significant difference from 2012
- ↑↓ significant difference from 2011

The most impactful aspects of nursing care are receiving fair and dignified treatment, and residents are satisfied with these aspects of nursing care. As mentioned above, the impression that the nurses *treat residents fairly* is an aspect of nursing care that has shown a significant increase from already high levels. As *fair treatment* has a strong influence on overall satisfaction with nursing care, some of the increase in overall satisfaction is attributable to improved perceptions of receiving *fair treatment*. The *competence of nurses* is identified as an area of Priority Improvement. This may be a puzzling result, in light of the recent focus on training for clinical skills. However, it is important to note that all satisfaction scores for nursing care are high and closely grouped, so this does not necessarily mean residents are dissatisfied

with the competence of nurses, but only that some other attributes receive slightly higher scores. In fact, the mean score for *competence* has slightly improved since 2013, as have scores for other attributes.

Figure 19



8. PERSONAL SUPPORT WORKERS

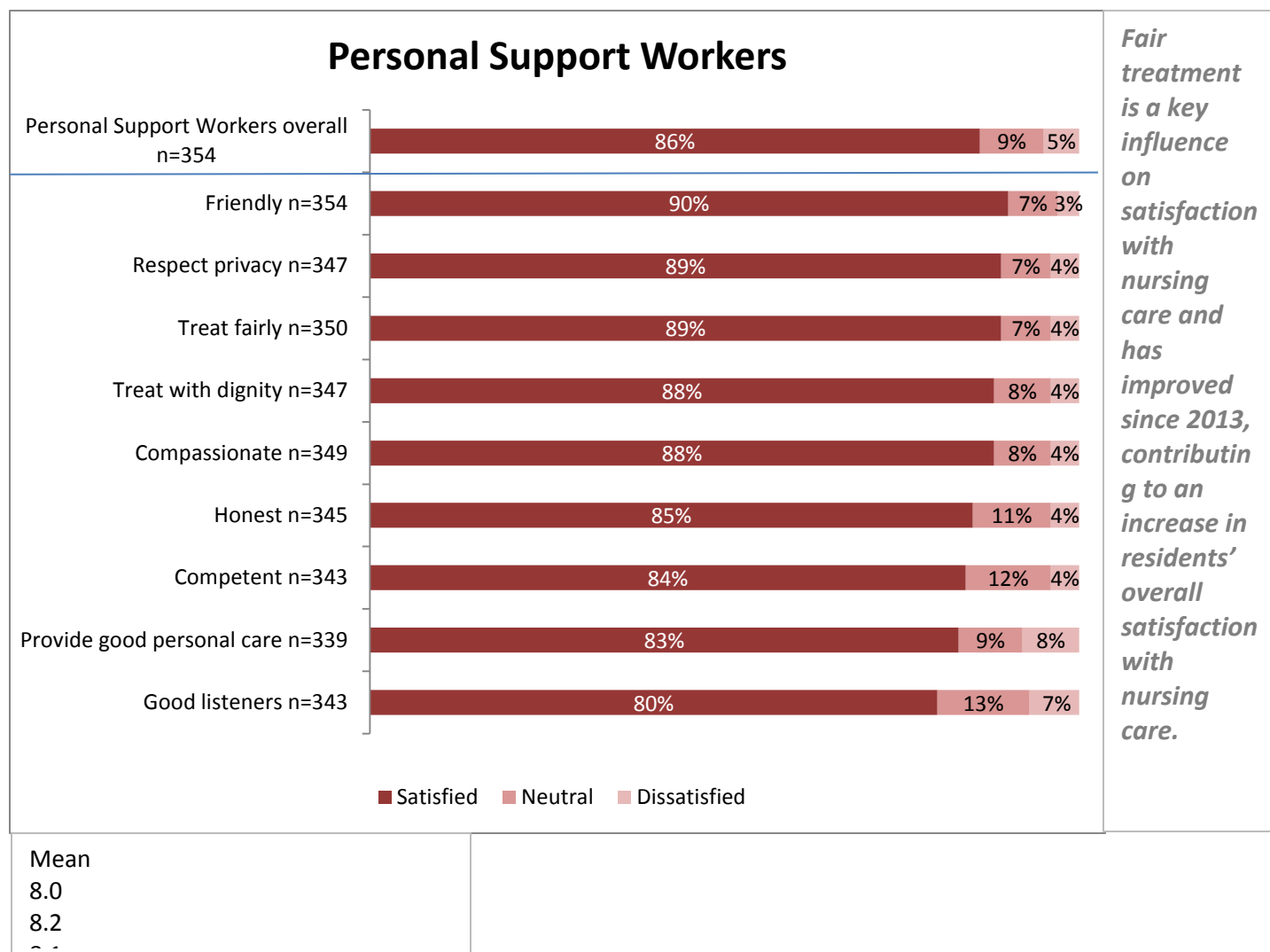
The fourth most influential service area for LTC Satisfaction is satisfaction with the Personal Support Workers (PSWs).

Satisfaction with Personal Support Workers

Overall satisfaction with PSWs shows no significant change since 2013 (8.0 in 2014 compared with 7.9 in 2013). Like the other service areas discussed, the PSWs represent an area of strength to be proactively maintained, moving forward.

As shown in Figure 20, 86% of residents were satisfied with their PSWs. Mean satisfaction scores for the various aspects of PSW care are, like several other service areas, tightly grouped, ranging from 7.6 (for being *good listeners*) to 8.2 (for being *friendly*). No significant changes in the mean satisfaction scores relative to the prior waves of research were observed.

Figure 20



Prioritizing Opportunities

- ↑↓ significant difference from 2013
- ↑↓ significant difference from 2012
- ↑↓ significant difference from 2011

Providing Care

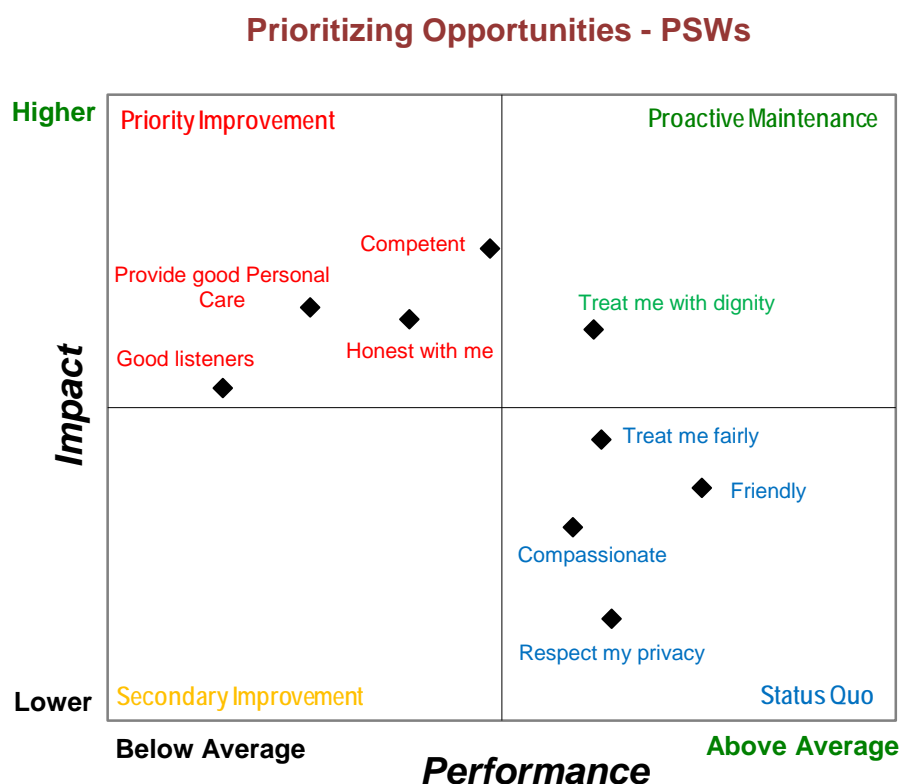
Results indicate that the competence of PSWs and the quality of the personal care provided have the most impact on satisfaction with the PSWs. Both of these attributes

received lower scores relative to the other aspects of PSW care and are priority areas to improve, going forward.

Attitudes

Receiving dignified treatment from the PSWs is valued by LTC residents, and is an area for Proactive Maintenance. On the other hand, honesty and being a good listener are areas for Priority Improvement. Ratings on attributes related to PSWs have remained consistent since 2011. While there are changes in the relative impact of the attributes compared to the previous year, it is important to note that, when prioritizing opportunities, the analysis is based on comparing the impact of attributes *relative to each other* on satisfaction (in this case, satisfaction with PSWs). When all scores are tightly grouped, as is the case for this service area, both in terms of mean satisfaction scores and in terms of relative impact on satisfaction, small changes in scores can have a noticeable effect on the ordering of attributes.

Figure 21



9. FOOD QUALITY

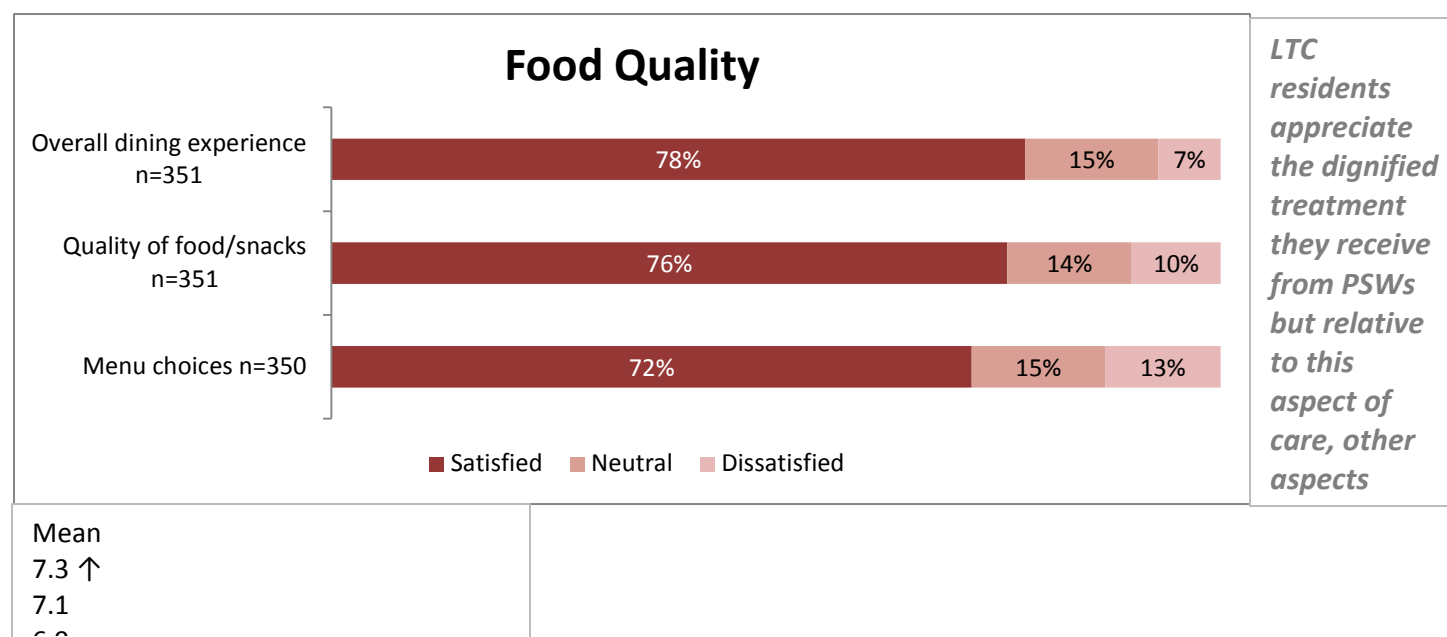
From this point on, the remaining service areas have somewhat less impact on satisfaction than the areas discussed in prior sections of this report. That being said, they are still important contributors to Overall Satisfaction with LTC services. The most influential of these other service areas is Food Quality, 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 Food Quality

Taken together as a composite, satisfaction with Food Quality is low relative to other areas, though not as influential, and represents an area for Secondary Improvement.

Scores for all attributes related to Food Quality are trending slightly upward, with a significant improvement in overall dining experience, (from 7.0 in 2013 to 7.3 in 2014) with *quality of food/snacks* and *menu choice* showing smaller improvements (from 7.0 to 7.1 and 6.8 to 6.9 respectively).

Figure 22

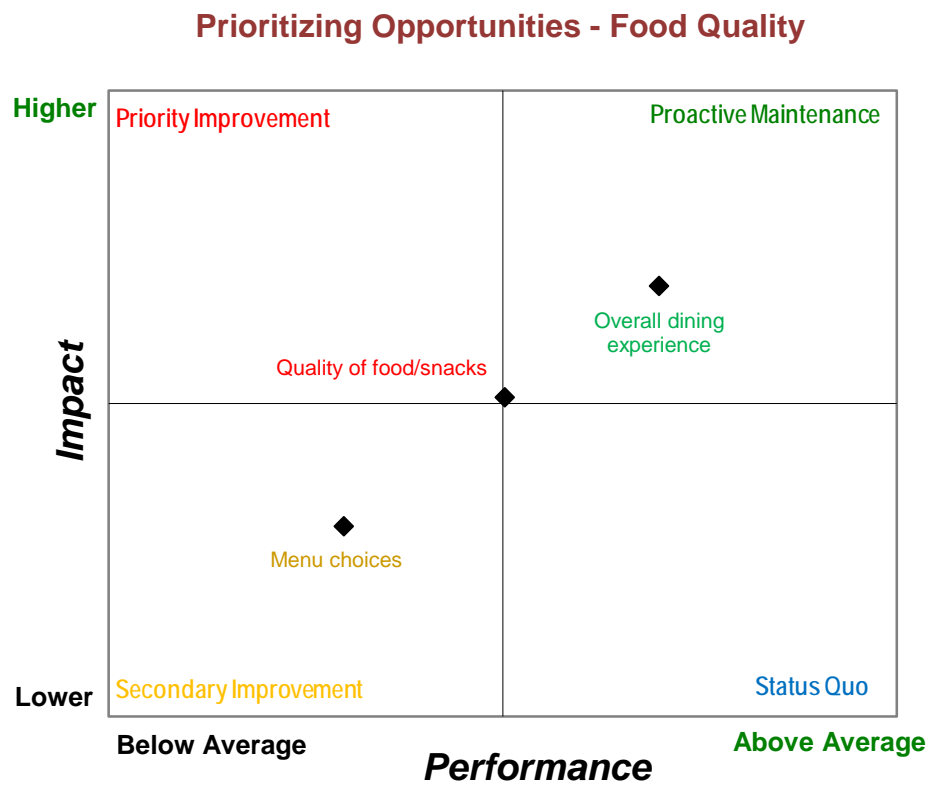


Prioritizing Opportunities

↑↓ significant difference from 2013
 ↑↓ significant difference from 2012
 ↑↓ significant difference from 2011

Having more *menu choices* has less impact on Overall Satisfaction than the *overall dining experience* or the *food itself*. The *overall dining experience* is slightly more influential than the *quality of the food or snacks*, but both are important. The dining experience is an area for Proactive Maintenance, while *quality of food or snacks* is identified as a Priority Improvement.

Figure 23



10. DOCTORS

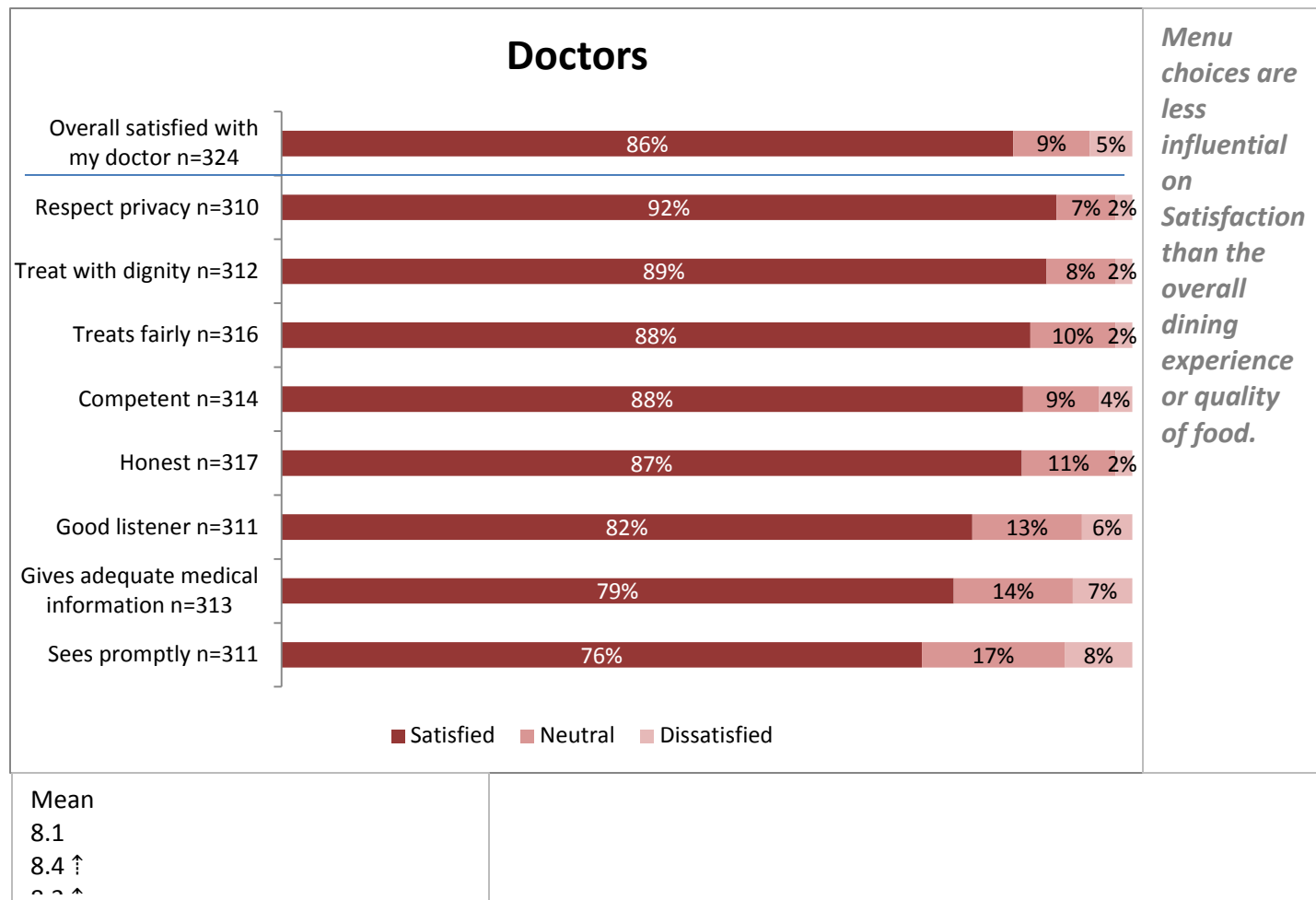
Satisfaction with their doctor has less impact on residents' Overall Satisfaction than the service areas discussed in earlier sections of this report, yet satisfaction with Doctors does have some influence on Overall Satisfaction.

Satisfaction with Doctors

Most residents (86%) indicated that they are satisfied with their doctor, overall. The mean satisfaction score for Doctors has increased slightly (8.1) compared to 2013 (7.9), although this increase is not significant.

As it relates to Overall Satisfaction, satisfaction with Doctors is an area to maintain the Status Quo, with a relatively higher score and lower impact compared to other service areas. Mean satisfaction ratings for the specific aspects of the service received from Doctors range from 7.5 (*sees me promptly*) to 8.4 (*respects my privacy*). Mean scores for attributes in these areas have either remained stable or slightly increased since 2013. However, mean scores for many attributes have increased significantly relative to 2011.

Figure 24

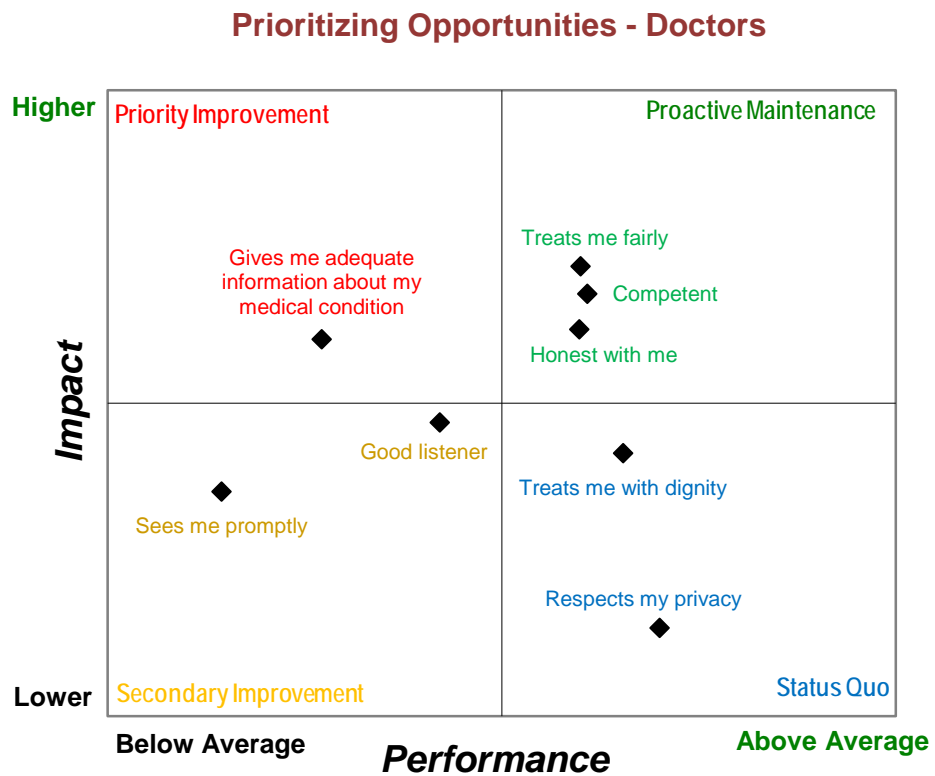


Prioritizing Opportunities

↑↓ significant difference from 2013
 ↑↓ significant difference from 2012
 ↑↓ significant difference from 2011

The most influential attributes related to satisfaction with Doctors are honesty, fair treatment and competence. These attributes also received relatively high satisfaction scores from residents, making them areas of Proactive Maintenance. **An area for Priority Improvement is providing adequate information on the resident's medical condition.**

Figure 25



11. PROBLEM EXPERIENCE

The attributes most influential on satisfaction with Doctors are fair treatment and competence, both of which are areas of strength.

Of 363 Residents surveyed, 95 reported experiencing a problem in the past 3 months which they brought to the attention of staff. This is a substantially lower proportion of respondents (26%) than in 2013 (41%). This may indicate that LTC staff are ensuring that the needs of residents are being met before a problem can develop.

In 2013, residents' satisfaction with the way problems are addressed was included in the overall satisfaction model. As a result of having a smaller proportion of residents experiencing problems this year, Problem Experience was not included in the regression model which applies to all residents. However, it was included in Prioritizing Opportunities and, as in 2013, had a modest influence on Overall Satisfaction with LTC services. Despite the lower incidence of problems that required resolution, satisfaction with this process has softened. Problem Experience is an area for Secondary Improvement.

Nature of Problems Experienced

In 2014, fewer residents reported experiencing a recent problem than in 2013.

Residents who experienced problems were also asked to describe the nature of the problem they experienced. The problems residents did experience were of a diverse nature, spanning many categories of care. The two most common areas of complaint related to: *medical or medication concerns* (23% of comments); and *communication problems with staff* (23%). Other issues include *delayed or lack of response by staff*, *maintenance issues*, *comfort and amenities of the facility (including the food)*, *quality of personal care provided (e.g. attending to personal care needs)*, and *attitude of the staff*. While still an issue for a few residents, *lost or missing items*, *disputes with other residents*, and *comfort of the room* were mentioned less frequently. Lost or missing items had been one of the more common categories of problem experienced last year.

Figure 26

Nature of Problem	% of comments*
Medical Concerns / Medication	23
Communication with Staff	23
Delayed / No Response from Staff	16
Maintenance Issues	15
Facility Amenities / Providing Quality	15
Personal Care Provided	14

Attitude of Staff	12
Comfort / Amenities of Room	9
Lost / Missing Items	9
Issues with Other Residents	9
Cleanliness	5
Safety / Security	5
Other Problems / General Complaints	5

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

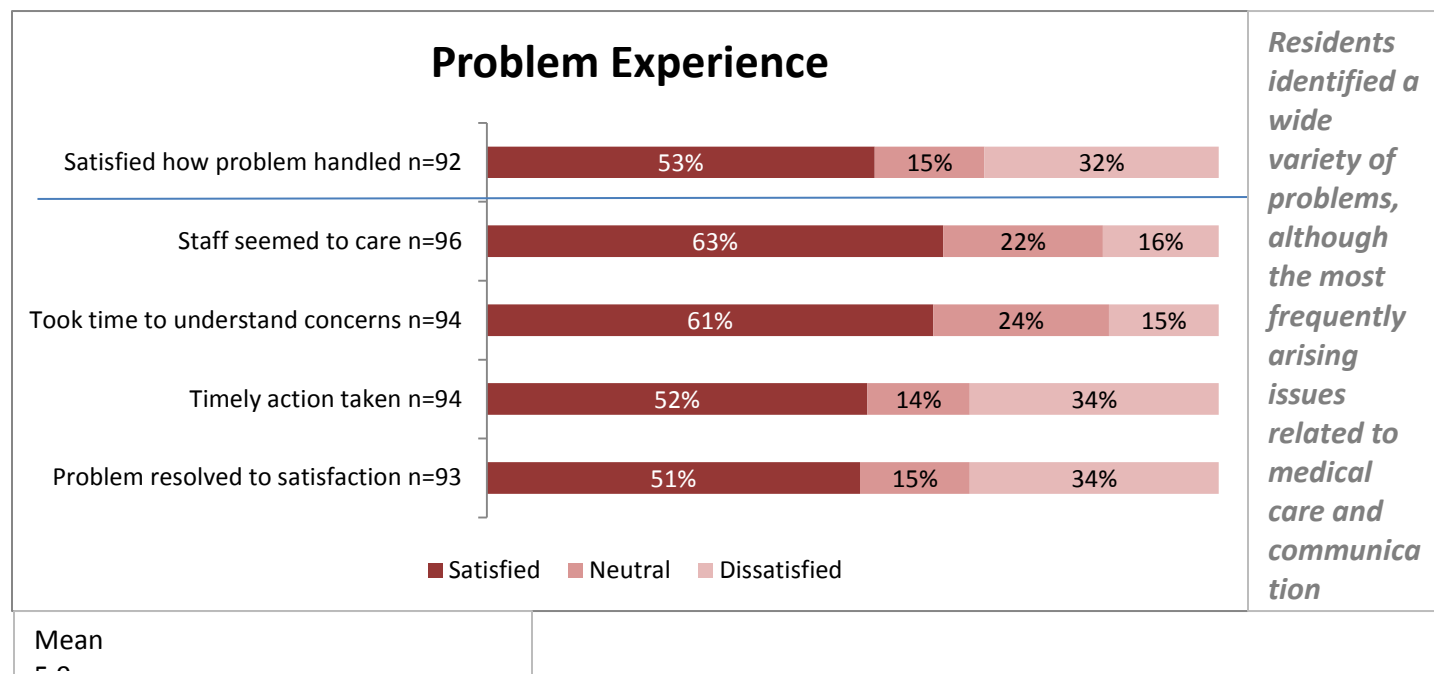
Satisfaction with Problem Experience

Among residents who experienced a problem, only **a little more than half (53%) were satisfied with the way their problem was handled**. Roughly one third (32%) were dissatisfied with the handling of their problem. **Satisfaction with the handling of problems has decreased slightly since 2013**, though the difference is not significant.

In terms of the specific aspects of the Problem Resolution experience, 63% of those who had a problem indicated that *staff took the time to understand their concerns* and a similar proportion (61%) thought that staff seemed to *care about their problem*. Roughly half the residents who indicated they had a problem in the last 3 months were satisfied with the *timeliness of the response to their problem* (52%). A similar proportion of these residents indicated that their *problem had been resolved to their satisfaction* (51%).

Compared to 2013, satisfaction with Problem Experience has softened for all aspects of the experience, although none of the mean scores are statistically different from the previous wave.

Figure 27



Importance of Handling Problems Well

↑↓ significant difference from 2013

Results show that satisfaction with the Centre overall among residents who had a problem is almost 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 8.4 among those who did not experience any problems at all, or were not sure if they had). Conversely, those whose problem was not handled well gave much a lower Overall Satisfaction score (6.7).

Figure 28

Problem Experience Status	LTC Satisfaction
No Problem	8.4
Handled Well	8.3
Neutral Handling	7.5
Handled Poorly	6.7
Total (all residents)	8.2

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

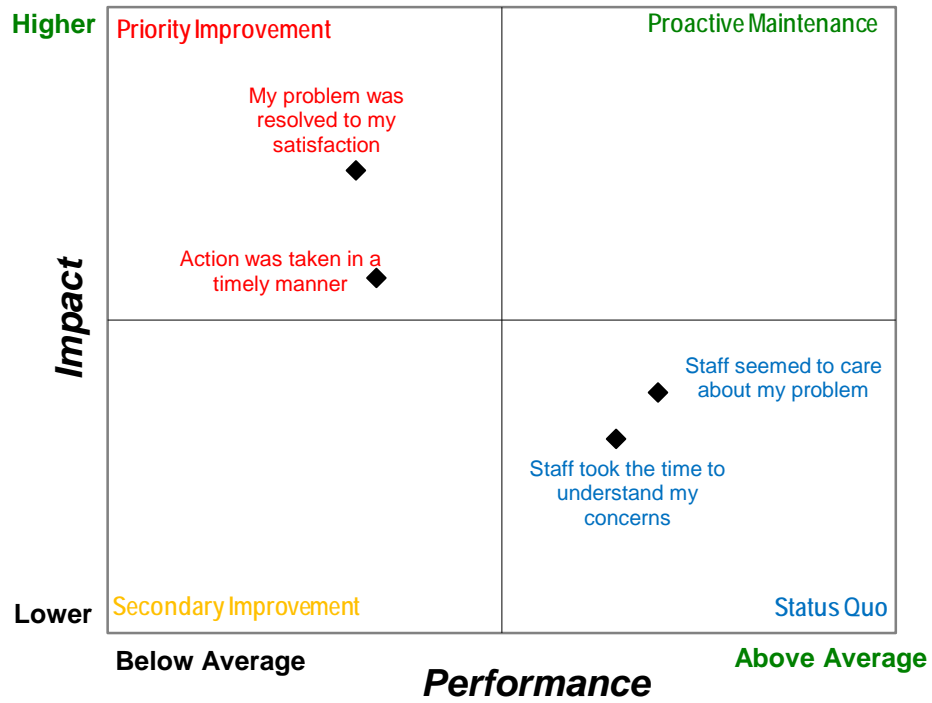
Prioritizing Opportunities

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

The most influential aspects of satisfaction with Problem Experience are both identified as areas for Priority Improvement. Actually resolving the problem and acting in a timely manner have the most impact on overall satisfaction with the problem resolution experience.

Figure 29

Prioritizing Opportunities - Problem Experience



12. NEW RESIDENTS

Having addressed each service area, 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.

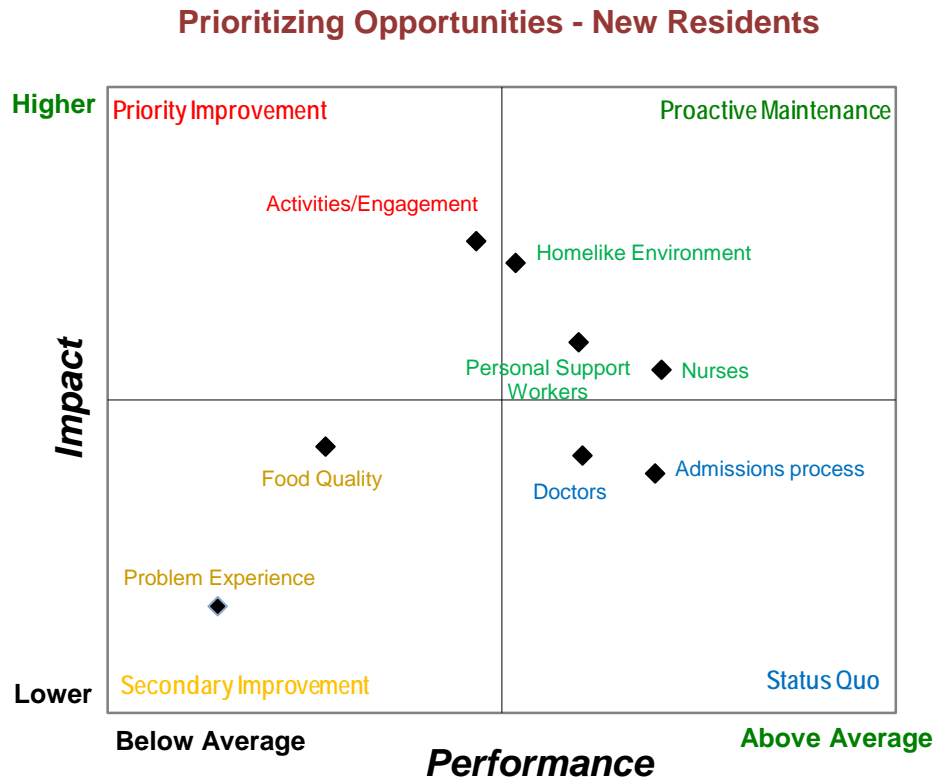
New Arrivals: A Different Experience?

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

Results from 2013 indicated that Admissions Process was an influential service area for new residents (i.e., residents entering care within the past year). ***In the current wave, however, while satisfaction with the Admissions Process remains high, the relative impact on Overall Satisfaction is lower.***

Figure 30 (next page) shows Prioritizing Opportunities for those who had become residents within the past year. The results of this analysis are similar to the results from all residents. ***Satisfaction with the Admissions Process is only a secondary influence on Satisfaction, an area for maintaining the Status Quo, and seems to be less influential than in the previous wave. There are few differences in the relative impact on Satisfaction for the other service areas.*** Satisfaction with Doctors was slightly more impactful, while Problem Experience had somewhat less impact, but – as these are among the less influential service areas – this difference is not of great importance. Some of the service areas do show differences in relative performance. In particular, the satisfaction score for Activities/Engagement is below average for new residents, making this a Priority Improvement for new arrivals. However, this is primarily the result of adding Admissions Process as one of the service areas in the comparison, which has one of the highest mean scores among the service areas.

Figure 30



13. LEVEL OF INDEPENDENCE

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

Differences based on Participation

First year LTC residents do not differ from other residents in satisfaction scores, or in the relative importance of aspects of LTC experience.

As mentioned in Section 2, **only 5% of residents, representing 18 individuals, were able to complete the survey without any assistance.** A total of 42% of those sampled required a family member or other individual to complete the survey on their behalf. Results in prior waves, particularly 2013, indicated that residents completing the survey on their own generally give lower satisfaction scores.

This year, while the trend continues in some areas, **Overall Satisfaction, and some other measures, show dramatic increases for independent residents, to the point where independent residents are more satisfied with the facility.** Due to the low number of fully independent residents, each individual score has more effect on the mean scores than it would for a larger sample and, as such, results should be interpreted with an appropriate amount of caution. While satisfaction with Food Quality and care from PSW's are still rated lower by independent residents, these are not statistically significant differences, and other areas show no difference in scores between more and less independent individuals. Furthermore, the Overall Satisfaction score is slightly higher for independent residents, and is a significantly higher score than in 2013.

Figure 31

Service Area	2013		2014	
	Independent	Assisted	Independent	Assisted
Overall Satisfaction	7.0	8.1	8.6↑	8.2
Homelike Environment	7.4	8.0	7.9	8.1
Food Quality (average of 3 measures)	5.9	7.0	6.2	7.1
Activities/Engagement (average of 14 measures)	6.8	7.6	7.7	7.7
Nurses	7.9	8.2	8.4	8.4
Doctors	7.3	7.9	7.9	8.1
PSWs	7.2	8.0	7.1	8.0
Problem Experience	4.5	6.3	*	5.6
Admissions Process	*	8.7	*	8.4

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

↑ Represents statistically significant increase from 2013 score

* For independent residents, n < 10, too small to reliably report results.

As mentioned above, a few attributes received higher ratings in 2014 by independent residents than from those who had some form of assistance. However none of these differences reached statistical significance. All attributes received lower scores from independent residents in 2013. Note that, despite the small sample size, four attributes – including both of the measures that combine to create the Overall Satisfaction score (*Centre as a place to live* and *overall quality of care*) – registered statistically significant increases from 2013 scores for independent residents. The attributes that received higher ratings from independent residents in 2014 are shown in the table below.

Figure 32

Attribute	Independent	Assisted
Centre as a place to live	8.5↑	8.1
Overall quality of care	8.4↑	8.2
Communication between you and the staff	8.5	7.9
Responding to call bell	7.7	6.9
Spiritual services	8.2↑	8.0
Laundry services	8.1↑	7.2
Office/reception	8.6	8.3
Community outings	7.9	7.6↑
Exercise programs	7.5	7.4
Décor in shared areas	8.5	8.3
Your room	8.6	8.4
Friendly nurses	8.7	8.5

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

↑ Represents statistically significant increase from 2013 score

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?

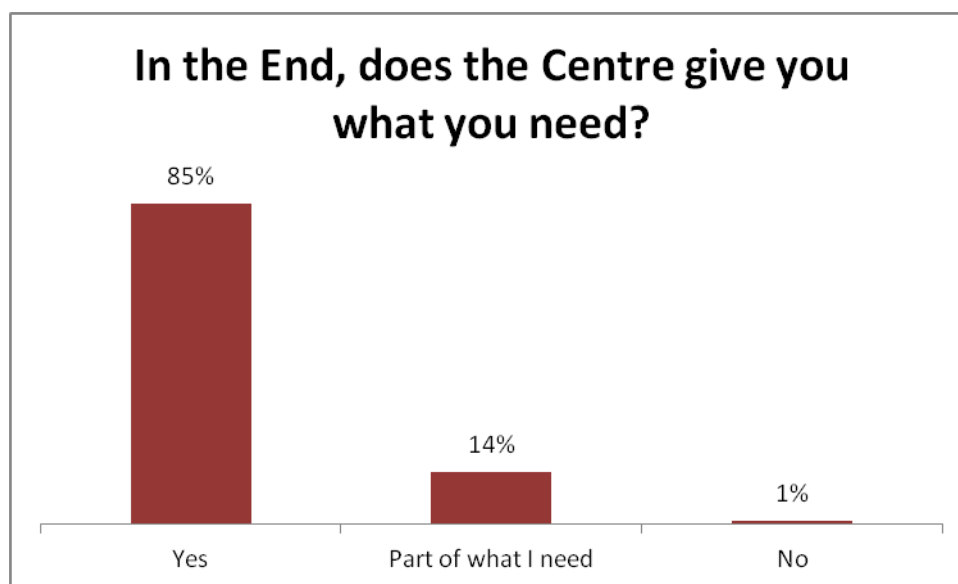
Summary Assessment Measures

Residents answering on their own gave satisfaction scores substantially higher than in 2013.

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 select this centre. In addition, residents were asked to compare their general experience of the centre to their initial expectations.

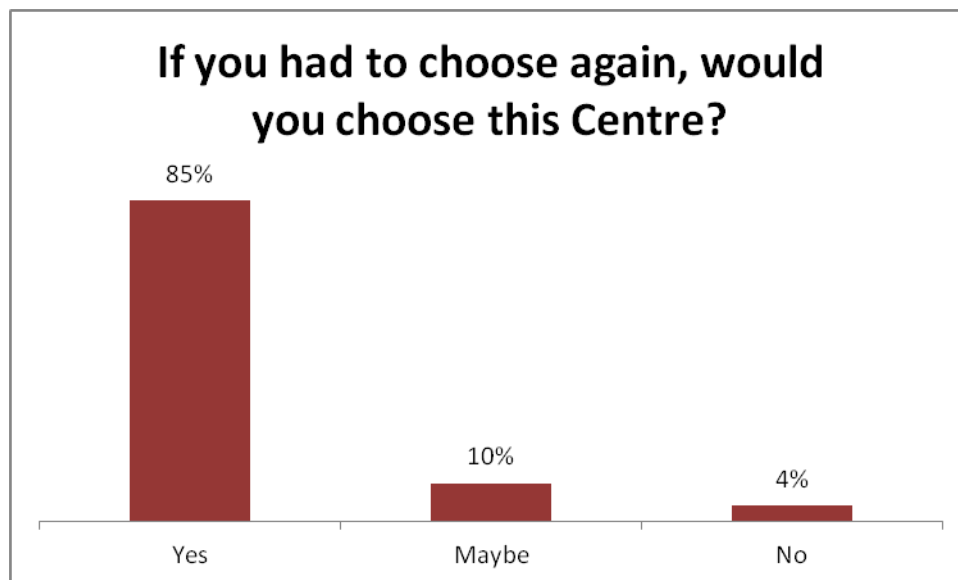
Approximately 85% of residents indicated that they feel their centre provides what they need, and all but 1% reported that they get at least part of what they need. These figures are trending generally stable relative to prior waves and slightly higher than 2013.

Figure 33



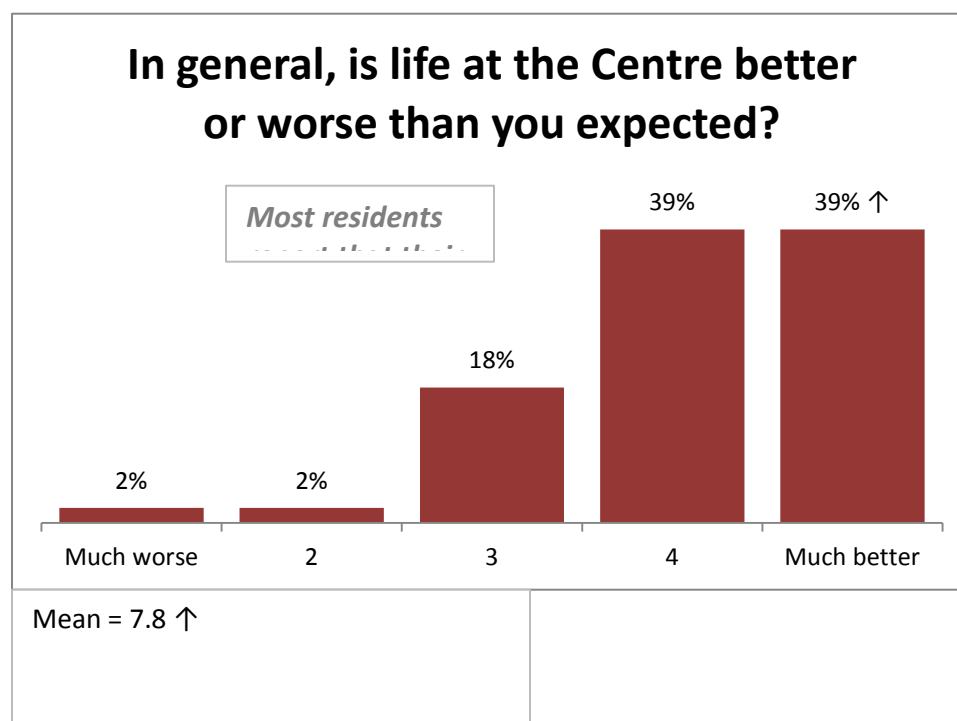
A very similar result is observed for whether residents would choose the centre again. A total of 85% claimed that they would choose the centre again and only 4% indicated that they would not. These results are similar to those seen in previous waves.

Figure 34



In total, 78% of respondents reported that the centre is better than they expected. This proportion is in line with prior waves, and slightly higher than the previous year. Note, however, that the proportion indicating that life is *much* better has increased significantly relative to 2013.

Figure 35



15. RECOMMENDATIONS

As seen throughout this report, Overall Satisfaction with Long Term Care Centres remains strong. To maintain if not improve these high ratings, the following actions are recommended:

- Explore ways to make residents feel more involved in decision-making regarding their care. This was also recommended in 2013. In addition, attempts should be made to respond more rapidly to resident call bells. If this is not possible, attempts should be made to manage residents' expectations around the length of time it takes to respond (e.g., communications that help residents understand the ongoing work conducted by staff which impacts their ability to respond promptly).
- Explore avenues for continuing to increase satisfaction with community outings, such as informal meetings and/or discussions with residents (to the extent they are able) and/or their families to identify the types and/or frequency of outings that generate the most interest. In addition, this same sort of exchange would be useful to identify the particular recreation activities and social programs preferred by residents, to ensure recent improvements in recreation activities and social programs are maintained. This may also be helpful in making residents feel more involved in decision-making, also addressing the first recommendation.
- Explore ways to improve the décor in shared areas. Note that although scores remain strong, this was identified as area for Priority Improvement in 2013 and continues to be an issue this wave. The continuing importance of this area underscores the need to address residents' concerns. Again, informal meetings and/or discussions with residents could be used to help identify the specific aspects of the décor that residents' would like to see improve, and would further provide the sense that residents are feeling involved. It might be that only a small change in décor could be sufficient to improve satisfaction in this area.
- Continue to provide additional training for nurses to ensure that residents' perceptions of nurses' competence do not decline relative to other aspects of care. Again, it is important to note that scores are not currently declining and have in fact improved slightly over last year. However, competence has been newly identified as an area for Priority Improvement this year, meaning residents are not quite as satisfied with competence as they are with other aspects of nursing care.
- Explore additional training to improve the perceived competence and quality of personal care provided by PSWs and investigate reasons for residents' skepticism regarding the honesty and listening skills of PSWs. Recommendations relating to quality of personal care and perceptions of honesty were also identified in 2013.

Appendix A: 2014 Region of Peel Long Term Care Resident Survey

SECTION A. NURSES

1. Please indicate how much you agree or disagree with the following statements. When answering questions in this section, please think about the nurses who assist you.

Nurses give you your medication, take your blood pressure and assist you with pain management.

<i>Please circle the appropriate number</i>	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Does Not Apply to Me
Nurses...						
a) Are compassionate	1	2	3	4	5	N/A
b) Are honest with me	1	2	3	4	5	N/A
c) Are friendly	1	2	3	4	5	N/A
d) Treat me fairly	1	2	3	4	5	N/A
e) Respect my privacy	1	2	3	4	5	N/A
f) Are competent	1	2	3	4	5	N/A
g) Are good listeners	1	2	3	4	5	N/A
h) Treat me with dignity	1	2	3	4	5	N/A
i) Overall, I am satisfied with the nursing care	1	2	3	4	5	N/A

SECTION B. PERSONAL SUPPORT WORKERS

2. Please indicate how much you agree or disagree with the following statements.

When answering these questions, please think about the personal support workers who assist you in getting dressed, brushing your teeth and helping you in the bath.

<i>Please circle the appropriate number</i>	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Does Not Apply to Me
Personal Support Workers...						
a) Are compassionate	1	2	3	4	5	N/A
b) Are honest with me	1	2	3	4	5	N/A
c) Are friendly	1	2	3	4	5	N/A
d) Treat me fairly	1	2	3	4	5	N/A
e) Respect my privacy	1	2	3	4	5	N/A
f) Are competent	1	2	3	4	5	N/A
g) Are good listeners	1	2	3	4	5	N/A
h) Treat me with dignity	1	2	3	4	5	N/A
j) Provide good Personal Care (e.g., tooth brushing, bathing, dressing)	1	2	3	4	5	N/A
k) Overall, I am satisfied with the Personal Support Workers	1	2	3	4	5	N/A

SECTION C. DOCTORS

3. Please indicate how much you agree or disagree with the following statements.

When answering these questions, please think about the Doctors who care for you.

<i>Please circle the appropriate number</i>	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Does Not Apply to Me
My doctor...						
a) Is honest with me	1	2	3	4	5	N/A
b) Treats me fairly	1	2	3	4	5	N/A
c) Respects my privacy	1	2	3	4	5	N/A
d) Is competent	1	2	3	4	5	N/A
e) Treats me with dignity	1	2	3	4	5	N/A
f) Is a good listener	1	2	3	4	5	N/A
g) Sees me promptly	1	2	3	4	5	N/A
h) Gives me adequate information about my medical condition	1	2	3	4	5	N/A
l) Overall, I am satisfied with my doctor	1	2	3	4	5	N/A

SECTION D. SATISFACTION WITH VARIOUS PRODUCTS AND SERVICES

4. On a scale from 1 to 5, how satisfied are you with the...?

<i>Please circle the appropriate number</i>	Very Dissatisfied	Dissatisfied	Neither Satisfied or Dissatisfied	Satisfied	Very Satisfied	Doesn't Apply to Me
a) Menu choices	1	2	3	4	5	N/A
b) Quality of-food/snacks	1	2	3	4	5	N/A
c) Overall dining experience (service, atmosphere)	1	2	3	4	5	N/A
d) Recreation activities (bingo, cards, games)	1	2	3	4	5	N/A
e) Community outings (shopping, lunches out, day trips)	1	2	3	4	5	N/A
f) Intellectual programs (trivia, reminiscing, current events)	1	2	3	4	5	N/A
g) Social programs (special events, resident socials, parties)	1	2	3	4	5	N/A
h) Spiritual services (church, bible study)	1	2	3	4	5	N/A
i) Exercise programs	1	2	3	4	5	N/A
j) Hairdressing	1	2	3	4	5	N/A
k) Physiotherapy	1	2	3	4	5	N/A
l) Laundry services (i.e., timeliness)	1	2	3	4	5	N/A
m) Office/Reception	1	2	3	4	5	N/A
n) Continence care products	1	2	3	4	5	N/A

SECTION E. HOMELIKE ENVIRONMENT

5. On the scale from 1 to 5, how satisfied are you with the Centre in terms of...?

<i>Please circle the appropriate number</i>	Very Dissatisfied	Dissatisfied	Neither Satisfied or Dissatisfied	Satisfied	Very Satisfied	Doesn't Apply to Me
a) Cleanliness	1	2	3	4	5	N/A
b) Safety and security	1	2	3	4	5	N/A
c) How well the building is maintained	1	2	3	4	5	N/A
d) The gardens and grounds outside	1	2	3	4	5	N/A
e) The décor in shared public areas	1	2	3	4	5	N/A
f) Your room	1	2	3	4	5	N/A
g) The homelike environment of the Centre overall	1	2	3	4	5	N/A

SECTION F. OVERALL ASSESSMENT

6. Thinking about the Centre in general, how satisfied are you with...?

<i>Please circle the appropriate number</i>	Very Dissatisfied	Dissatisfied	Neither Satisfied or Dissatisfied	Satisfied	Very Satisfied	Doesn't Apply to Me
a) The Centre as a place to live	1	2	3	4	5	N/A
b) The overall quality of care you get at the Centre	1	2	3	4	5	N/A
c) The communication between you and the staff	1	2	3	4	5	N/A
d) How quickly your needs are responded to when you push the call bell in your room	1	2	3	4	5	N/A
e) The amount of involvement you have in decisions related to your care (e.g. at annual care conferences)	1	2	3	4	5	N/A

7. In the end does the Centre give you what you need?

- Yes
- I get part of what I need
- No

8. In general, thinking about life in the Centre, would you say it is better or worse than you expected it to be when you first came?

(Please circle the appropriate number where 1= Much Worse and 5 = Much Better)

Much Worse 1 2 3 4 5 Much Better

9. If you had to choose again, would you choose this Centre as a place to live? (Please (✓) check one box)

- Yes
- Maybe
- No
- Don't Know

SECTION G. PROBLEM RESOLUTION

10. In the past three months, have you advised any of the staff about a problem or a concern at the Centre?

- Yes (Please go to next question) 11.
- No (Please skip to Section H on page 10) 12.
- Don't know (Please skip to Section H on page 10) 13.

11. Please describe this problem or concern in the spaces provided below.

12. Thinking about that problem or concern, on a scale from 1 to 5, how much do you agree or disagree with the following statements?

<i>Please circle the appropriate number</i>	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Does Not Apply to Me
a) Staff took the time to understand my concerns	1	2	3	4	5	N/A
b) Staff seemed to care about my problem	1	2	3	4	5	N/A
c) Action was taken in a timely manner	1	2	3	4	5	N/A
d) My problem was resolved to my satisfaction	1	2	3	4	5	N/A
e) Overall, I am satisfied with how my problem was handled	1	2	3	4	5	N/A

SECTION H. ARE YOU NEW TO this Long Term Care Home?
YOUR ADMISSION EXPERIENCE

13. Did you become a resident of this centre in the past 12 months (after March 2013)?
(Please (√) check one box)

Yes (Please go to next question) 14.

No (Please skip to Section I on page 12) 15.

14. When you or your family member started looking for a home, was this centre your first choice?

Yes 15.

No 16.

Don't know 17.

15. What was your main reason for choosing this centre? (Please (√) check one box)

Location

Reputation

Doctor's or hospital's recommendation

Relative's or friend's recommendation

Previously received services from this centre

Other (Please specify) _____

16. Please indicate how much you agree or disagree with the following statements about the admission process.

<i>Please circle the appropriate number</i>	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Doesn't Apply to Me
a) My visit to the Centre before being admitted was beneficial	1	2	3	4	5	N/A
b) I felt welcomed by staff when I first moved in	1	2	3	4	5	N/A
c) I got clear, accurate information during the admission process	1	2	3	4	5	N/A
d) I was treated fairly during the admission process	1	2	3	4	5	N/A
e) Admission staff made a real effort to make sure I got what I needed	1	2	3	4	5	N/A
f) Admission staff were competent	1	2	3	4	5	N/A
g) The admission process took a reasonable amount of time	1	2	3	4	5	N/A
h) I was satisfied with the overall admission process	1	2	3	4	5	N/A

SECTION I. ABOUT YOU (The Resident)

17. Are you:

- Male Female

18. Please indicate your age:

- 59 yrs or less 60-64 yrs 65-69 yrs 70-74 yrs
 75-79 yrs 80-84 yrs 85-94 yrs 95 yrs and older

19. How long have you lived at the Centre?

- Less than 1 year 1-3 years 4-9 years 10-15 years
 More than 15 years

20. Who completed this survey? (Please (√) check one box)

- Self (resident alone)
 Self with some assistance (volunteer or family member reads questions and/or writes down the resident's responses)

Or/

- Family, Relative, Friend (minimal consultation with resident) (**See below**)

If you completed the survey on the resident's behalf, please state the reason for your assistance. This information will assist us in tailoring our future survey process to best meet the needs of our residents and their families:

Thank-you for completing this survey.

Your feedback will assist us to provide quality service that meets your needs.

Appendix B: Wording Changes to Section D of Long Term Care Survey for 2014.

Question from 2013	Changed to...
d) Daily recreation and lifestyle activities	d) Recreation activities (bingo, cards, games)
e) Community outings	e) Community outings (shopping, lunches, day trips)
f) Intellectual programs (e.g. computers)	f) Intellectual programs (trivia, reminiscing, current events)
g) Social programs (e.g. resident socials)	g) Social programs (special events, resident socials, parties)
h) Laundry services	l) Laundry services (i.e., timeliness)
i) Business office (e.g. reception)	m) Office/reception
l) Other contracted services (e.g. music, art therapies)	n/a [removed from survey]
m) Spiritual care and services	h) Spiritual services (church, bible study)
n/a [not asked in 2013]	i) Exercise programs