# Long Term Care Family\* Experience Survey

The Winnipeg Regional Health Authority and long term care home operators are collecting feedback from residents and their families and using it to improve care experiences. The survey includes sections to evaluate communication with care staff, food and meal-time services, the home environment, activities and overall satisfaction with the care experience.

Please note this survey is intended to collect general themes about your personal care home care experience. It is not designed to gather specific complaints regarding the care of a resident. To report specific resident care concerns, please follow the official complaints process for your home.

This survey is filled out anonymously and responses are kept confidential. Your participation is entirely voluntary. By completing the survey, you consent for this information to be shared with the WRHA, the long term care home operator and members of the care team.

Adapted with permission granted by the Saskatchewan Ministry of Health.

\**Family is defined as any person who provides social, physical, psychological, emotional, spiritual and cultural support as deemed important by the Resident This may include family members, close friends or other caregivers as identified by the resident.*

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Overall experience

Please rate your personal experience with this home using the following statements:

 (Abbreviations: N/A: Not applicable)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Always | Usually | Sometimes | Rarely | Never | Unsure | N/A |
| Staff treat me with respect |  |  |  |  |  |  |  |
| Staff are professional, and able to provide excellent care |  |  |  |  |  |  |  |
| Staff say hello to my family member and address them by their preferred name |  |  |  |  |  |  |  |
| Staff respect my family member's privacy |  |  |  |  |  |  |  |
| Staff respect my family member's cultural and spiritual values |  |  |  |  |  |  |  |
| I feel safe here |  |  |  |  |  |  |  |
| Staff respect my family member's personal belongings |  |  |  |  |  |  |  |

## Communication

Please rate your personal experience with this home using the following statements:

(Abbreviations: N/A: Not applicable)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Always | Usually | Sometimes | Rarely | Never | Unsure | N/A |
| I feel listened to |  |  |  |  |  |  |  |
| I have opportunities to discuss my family member's care plan with nurses, doctors, and/or therapists |  |  |  |  |  |  |  |
| I am involved in decisions about my family member's care |  |  |  |  |  |  |  |
| I am confident that information about my family member's care is shared with staff members who need it |  |  |  |  |  |  |  |
| Communication with staff about changes in my family member's care needs is done promptly |  |  |  |  |  |  |  |
| I know who to contact when I have concerns/ questions |  |  |  |  |  |  |  |
| I feel comfortable speaking to a staff member about a problem |  |  |  |  |  |  |  |
| I feel confident that my family member's care will not suffer as a result of having raised concerns |  |  |  |  |  |  |  |
| If I raised a concern, I was contacted with regards to the outcome |  |  |  |  |  |  |  |

## Care Provision

Please rate your personal experience with this home using the following statements:

(Abbreviations: N/A: Not applicable)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Always | Usually | Sometimes | Rarely | Never | Unsure | N/A |
| Care staff are available when my family member needs them (e.g. care aides, nurses, doctors, therapists) |  |  |  |  |  |  |  |
| Staff are willing to follow my family member's preferences or suggestions about their care. |  |  |  |  |  |  |  |
| My family member has choices regarding their care (e.g. time to wake, what to wear, etc.) |  |  |  |  |  |  |  |
| Staff support my family member with personal care when needed (e.g. assisting to the washroom). |  |  |  |  |  |  |  |
| My family member is well cared for 24 hours a day 7 days a week |  |  |  |  |  |  |  |
| Staff offer treatment when my family member tells them they have pain |  |  |  |  |  |  |  |
| Staff encourage my family member to do the things that they can do for themselves. |  |  |  |  |  |  |  |

## Food and Meal-Time Experience

Please rate your personal experience with this home using the following statements:

(Abbreviations: N/A: Not applicable)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Always | Usually | Sometimes | Rarely | Never | Unsure | N/A |
| My family member receives the help they need to eat and drink throughout the day. |  |  |  |  |  |  |  |
| There is a good variety of food and drinks offered to my family member. |  |  |  |  |  |  |  |
| The dining experience is pleasant |  |  |  |  |  |  |  |
| My family member gets enough to eat and drink. |  |  |  |  |  |  |  |
| The overall quality of the food & drinks is good |  |  |  |  |  |  |  |

## Home Environment and Services

Please rate your personal experience with this home using the following statements:

(Abbreviations: N/A: Not applicable)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Always | Usually | Sometimes | Rarely | Never | Unsure | N/A |
| The home is kept clean |  |  |  |  |  |  |  |
| The home is quiet when it should be |  |  |  |  |  |  |  |
| The temperature in the home is comfortable |  |  |  |  |  |  |  |
| My family member can talk about personal issues with a staff member if they want to. |  |  |  |  |  |  |  |
| My family member can access spiritual services in the home. |  |  |  |  |  |  |  |
| Staff help my family member to access other health professionals if needed (provide contact information or make appointments for dentist, chiropractor, massage therapists, PT/OT). |  |  |  |  |  |  |  |
| The laundry services are good |  |  |  |  |  |  |  |

## Activities Experience

Please rate your personal experience with this home using the following statements:

(Abbreviations: N/A: Not applicable) \*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Always | Usually | Sometimes | Rarely | Never | Unsure | N/A |
| My family member likes the activities provided in this home. |  |  |  |  |  |  |  |
| My family member is offered a variety of activities. |  |  |  |  |  |  |  |
| Recreation staff modify activities as needed so my family member can participate |  |  |  |  |  |  |  |
| My family member can choose whether or not to participate in activities. |  |  |  |  |  |  |  |
| Staff support my family member to participate in activities that are meaningful to them. |  |  |  |  |  |  |  |

## General Satisfaction

Please rate your agreement with the following statement:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Agree | Neutral | Disagree | I choose not to answer |
| Overall this is a good place to live |  |  |  |  |

## If you do not agree that this home is a good place to live, what can we do differently to make this home a better place to live? A reminder, do not disclose personal information (i.e. names, addresses, phone numbers etc.) or personal health information (i.e. illnesses, treatments, medical conditions etc.) that could identify a you, whether you are a resident or a family member.

***Note: Each Long Term Care home has a posted process for complaint resolution. If a problem is encountered, it is always best to speak to the person or people directly related to/affected by the issue. Concerns/complaints can be expressed to any member of the staff by the resident or family.  Specific complaints cannot be addressed through this anonymous form.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## This home wants to provide excellent service and care. We want to highlight and celebrate excellence. What stands out as excellent at this home?

***Note: A reminder, do not disclose personal information (i.e. names, addresses, phone numbers etc.) or personal health information (i.e. illnesses, treatments, medical conditions etc.) that could identify you, whether you are a resident or a family member.***

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## Additional Comments:

***A reminder, do not disclose personal information (i.e. names, addresses, phone numbers etc.) or personal health information (i.e. illnesses, treatments, medical conditions etc.) that could identify a you, whether you are a resident or a family member****.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_