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.

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 me and address me by my preferred name |  |  |  |  |  |  |  |
| Staff respect my privacy |  |  |  |  |  |  |  |
| Staff respect my cultural and spiritual values |  |  |  |  |  |  |  |
| I feel safe here |  |  |  |  |  |  |  |
| Staff respect my 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 care plan with nurses, doctors, and/or therapists |  |  |  |  |  |  |  |
| I am involved in decisions about my care |  |  |  |  |  |  |  |
| I am confident that information about my care is shared with staff members who need it |  |  |  |  |  |  |  |
| Communication with staff about changes in my 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 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 I need them (e.g. care aides, nurses, doctors, therapists) |  |  |  |  |  |  |  |
| Staff are willing to follow my preferences or suggestions about my care |  |  |  |  |  |  |  |
| I have choices regarding my care (e.g. time to wake, what to wear, etc.) |  |  |  |  |  |  |  |
| Staff help me with personal care when needed (e.g. assisting me to the washroom) |  |  |  |  |  |  |  |
| I am well cared for 24 hours a day 7 days a week |  |  |  |  |  |  |  |
| Staff offer treatment when I tell them I have pain |  |  |  |  |  |  |  |
| Staff encourage me to do the things that I am able to do myself |  |  |  |  |  |  |  |

## 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 |
| I receive the help I need to eat and drink throughout the day |  |  |  |  |  |  |  |
| There is a good variety of food and drinks offered to me |  |  |  |  |  |  |  |
| The dining experience is pleasant |  |  |  |  |  |  |  |
| I get 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 |  |  |  |  |  |  |  |
| I can talk about personal issues with a staff member if I want to |  |  |  |  |  |  |  |
| I can access spiritual services in the home |  |  |  |  |  |  |  |
| Staff help me 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 |
| I like the activities provided in this home |  |  |  |  |  |  |  |
| There are a variety of activities offered |  |  |  |  |  |  |  |
| Recreation staff modify activities as needed so I can participate |  |  |  |  |  |  |  |
| I can choose whether or not to participate in activities |  |  |  |  |  |  |  |
| Staff support me to participate in activities that are meaningful to me |  |  |  |  |  |  |  |

## 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.***

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

## 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****.*

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