



Winnipeg Regional  
Health Authority  
*Caring for Health*

Office régional de la  
santé de Winnipeg  
*À l'écoute de notre santé*

# LTC Resident Survey

**2025 Volunteer Training Session**

*April 29 2025 & May 5 2025*

# Why Survey?

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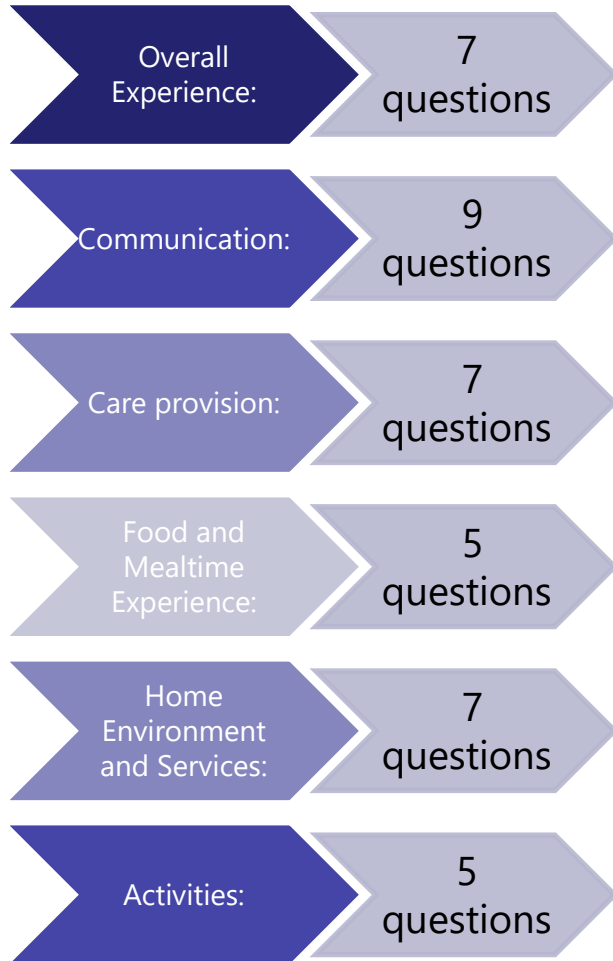
- Goal is to determine how persons living in long term care (LTC) homes experience day-to-day life
- All residents of LTC homes, who have the ability to respond to the survey, are eligible to participate. In addition, any family member of a resident is invited to participate and provide feedback on their experiences.
- Results – identify issues of concern and help the LTC homes to make adjustments and improve care experience

**Live May 6, 2025-June 30, 2025**



\*Permission received from Saskatchewan Health to use their survey tool

# LTC Resident & Family Experience Survey



- **General Satisfaction:**  
Rated on a 4 point scale: Agree, Neutral, Disagree, I choose not to answer
- **3 open-ended questions**
  - What can we do differently to make this home a better place to live?
  - What stands out as excellent at this home?
  - Additional Comments

# Promotional Materials

- Available in both official languages

## Poster

- Survey QR code
- Display in prominent locations
- Share at resident/family council

## Invitation for resident and family

- Send by mail/email
- Share at resident/family council
- Includes purpose of survey
- Confidentiality of responses
- Reminder not to disclose personal identifying information

## Survey tool available in hard copy

- At reception desk
- PCH will enter paper surveys

What has your experience been like in long term care?

**Tell us how we are doing.**

# Getting Started

- Ensure volunteer is wearing their name tag which is visible
- Meet with primary contact person at the PCH upon arrival at the site
- Receive package of information from the PCH- package should include hard copies of the survey, resident survey tracking sheet & completion guide, interviewer guide, Survey Response Options document, Volunteer Guide
- Review list of residents to be interviewed with the site contact
- Confirm with the site contact whether data entry will be required
- Review where the complaint process is posted in the facility and the process for communicating safety concerns expressed by the resident

# Resident Interviewer Guide

- Check in with the staff on the unit who know the resident best to ensure it is an appropriate time to interview the resident
- Introduce self to the resident
  - knock on door and ask permission to enter. Introduce yourself in a warm and friendly manner, and ask how they would like to be addressed.



# Resident Interviewer Guide

## Confidentiality

- Conduct interview in a private location
- Do not conduct interview with family member present unless there is a specific request from the resident
- Resident's responses must be kept confidential
- Keep resident lists and tracking tool are kept confidential and in a secure place (this includes completed surveys)
- All survey tools must be returned to the site contact at the end of each day. No survey materials are to leave the facility

## Consent

- Invite the resident to participate in the survey, confirm that they want to participate
- Use the script available in the Interviewer Guide
- If the resident is not interested, consider this a refusal and do not re-approach
- If the resident requests the interviewer return at a later time, re-approach up to 3 x, after which this is considered a refusal

# Resident Interviewer Guide

## The Interview

- Assess the environment- e.g., television, radio turned off
- Hearing aids and glasses are worn by the resident as appropriate
- Sit within close range (do not stand over the person)
- Be aware of personal space
- If there is difficulty with hearing, speak in a lower pitch (deeper) voice and ensure you are facing the resident
- Ask only one statement at a time. If the resident struggles with understanding the first time, read more slowly and clearly. Clarify statements as needed
- Give the person time to answer
- Length of interview- varies from resident to resident
  - If the person needs "a break" try to complete the survey within the next 24 hours, can be resumed up to 7 days after initiating it; otherwise, start again or consider it "partially complete"
- If you find the resident is having difficulty understanding the statements as the interview proceeds, you can assess the need to stop the interview. Provide this update to the site contact at the end of the day regarding the resident's ability to participate.

## Recording a response

- Residents are asked to select one of seven responses which best reflects their perspective of the statement
- You may repeat the statement up to 3 times. If there is no response, the resident says something that is not understood or the resident chooses not to respond use the code "unsure"
- Use clarification to assist in understanding the survey items e.g. "I am looking for responses that best apply to you"
- Use the Survey Response Choice document to display the choices to the resident
- Extensive comments from the resident: listen politely and refocus the conversation indicating a need to complete the survey which is about overall experience and specific concerns and complaints can be reported per facility complaint process or the resident can contact Client Relations.
- If repeated clarification is required for the resident to understand and respond to statements, consider pausing the interview. Discuss these situations with the primary contact for the site and re-evaluate if the resident is appropriate for the survey interview.



# Resident Interviewer Guide

## Protocols for disclosure

- Review protocols should the resident raise concerns about safety, security, or well-being of themselves or others
- Advising the resident that concerns raised related to safety will be discussed with others
  - safety concerns examples- person reports thoughts of suicide or self-harm, wanting to harm others, being a victim of abuse
- During the survey, should the resident voice general complaints/concerns explain the following:
- *(Insert name of site) has a complaint process which is posted (insert location). You may also contact WRHA Client Relations at 204-926-7825.*

## Script

- Survey is explained in brief, aligns with the invitation to participate in the survey
- Process around the formal complaint process

- Resident Survey **Tracking Sheet & Completion Guide**
- Survey is open to **all residents with cognitive capacity** to participate
- Each site to provide **summary of the outcome of the resident interviews** at the end of the survey process

[illegible]

# LTC Resident & Family Experience Survey Walkthrough

## Long Term Care Resident Experience Survey



Winnipeg Regional Health Authority  
Office régional de la santé de Winnipeg

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: [ Deer Lodge Health Centre ]

### 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	X						
Staff are professional, and able to provide excellent care		X					
Staff say hello to me and address me by my preferred name	X						
Staff respect my privacy	X						
Staff respect my cultural and spiritual values	X						
I feel safe here		X					
Staff respect my personal belongings			X				

### Long Term Care Resident Experience Survey

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PAPER VERSION FOR MANUAL ENTRY BY SITE

\*Adapted with permission granted by the Saskatchewan Ministry of Health

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## 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	X						
I have opportunities to discuss my care plan with nurses, doctors, and/or therapists		X					
I am involved in decisions about my care		X					
I am confident that information about my care is shared with staff members who need it		X					
Communication with staff about changes in my care needs is done promptly			X				
I know who to contact when I have concerns/questions						X	
I feel comfortable speaking to a staff member about a problem		X					
I feel confident that my care will not suffer as a result of having raised concerns	X						
If I raised a concern, I was contacted with regards to the outcome							X



## 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)	X						
Staff are willing to follow my preferences or suggestions about my care		X					
I have choices regarding my care (e.g. time to wake, what to wear, etc.)		X					
Staff help me with personal care when needed (e.g. assisting me to the washroom)		X					
I am well cared for 24 hours a day 7 days a week	X						
Staff offer treatment when I tell them I have pain		X					
Staff encourage me to do the things that I am able to do myself		X					



## 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		X					
There is a good variety of food and drinks offered to me		X					
The dining experience is pleasant				X			
I get enough to eat and drink	X						
The overall quality of the food & drinks is good		X					



## 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	X						
The home is quiet when it should be		X					
The temperature in the home is comfortable		X					
I can talk about personal issues with a staff member if I want to	X						
I can access spiritual services in the home							X
Staff help me to access other health professionals if needed (provide contact information or make appointments for dentist, chiropractor, massage therapists, PT/OT)	X						
The laundry services are good				X			



## Tracking Sheet - Resident Quality of Life Survey

Name of Personal Care Home: \_\_\_\_\_

Resident Survey ID #	Room#/bed #	Resident Initials	Date (s) Approached	D-Declined to Participate C-Completed PC-Partially Completed	Survey Entered Electronically (date)	Comments (include reason for partial completion or decline)
B101	105-2	CW	April 29 2025	PC		Partially completed, needs re-approach.
B102	108	GL				
B103	109-2	PP				
B104	111	GM				
B105	125	LW				
B106	130	RE				
B107	131-2	TT				
B108	132-1	UR				
B109	140-1	TE				
B110	201-1	TW				
B111	201-2	PR				
B112	204	WE				



### 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		X					
There are a variety of activities offered	X						
Recreation staff modify activities as needed so I can participate						X	
I can choose whether or not to participate in activities	X						
Staff support me to participate in activities that are meaningful to me	X						

### 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	X			



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.***

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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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The staff work very hard here and are good to me.

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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.***

*I wish we had less pasta to eat. I don't like pasta*

# Data Entry

- For resident interviews, it is recommended that interviewers use hard copy forms vs electronic to allow for return visit should the interview be interrupted
  - It is the site's responsibility to ensure responses recorded on hard copy are entered electronically
  - Each survey is entered separately
- If volunteers are assisting with data entry, the site must provide computer access
- Ensure resident tracking tool is completed
- Maintain paper records:
  - Hard copy of the survey should be kept until the site report is received
  - Tracking tool is retained until site reports are received

## Tracking Sheet - Resident Quality of Life Survey

Name of Personal Care Home: \_\_\_\_\_

Resident Survey ID #	Room#/bed #	Resident Initials	Date (s) Approached	D-Declined to Participate C-Completed PC-Partially Completed	Survey Entered Electronically (date)	Comments (include reason for partial completion or decline)
B101	105-2	CW	April 29 & 30 2025	<u>PC-C</u>	Apr 30/25	<del>Partially completed, needs re-approach.</del>
B102	108	GL	April 29 2025	C	Apr 30/25	
B103	109-2	PP	April 29 2025	D		
B104	111	GM	April 30/25			Please come back another day.
B105	125	LW	April 30/25			<u>Reapproach</u> another day.
B106	130	RE				
B107	131-2	TT				
B108	132-1	UR				
B109	140-1	TE				
B110	201-1	TW				
B111	201-2	PR				
B112	204	WE				

# Resources for Volunteers and PCH


- Checklist for use by the Volunteers and the PCH
  - Communication with site, residents and volunteers
  - Survey tools and process
  - Tips for interviews
  - Complaints process
  - Tracking sheet
  - Data Entry
  - Follow up on safety issues/disclosures
- Available on the volunteer website



# Feedback

- Provide feedback to the site contact as appropriate
- If there are any issues or concerns contact **Sandra Millote, WRHA Manager, Volunteer Services and Employee Events** at 204-583-1469 or **Joanne DiNicola WRHA LTC Manager of Initiatives** at 204-940-8572.
- A post survey process questionnaire will be distributed to the volunteers to assist us in planning for the next survey



A vibrant, abstract collage on a blue background with white polka dots and geometric patterns. The central focus is a white rectangular label with the word "QUESTIONS" written in a black, hand-drawn, sans-serif font. Surrounding this central label are several overlapping, rectangular sticky notes in various colors: yellow, light blue, light green, and light pink. Each sticky note has a large, black, hand-drawn question mark on it. The sticky notes are pinned to the background with small, colorful pushpins in shades of red, yellow, green, and blue. The overall composition is dynamic and playful, suggesting a theme of inquiry or brainstorming.

QUESTIONS