Rural Health Centres Long Term Care Family Experience Survey Results 2021



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Background

Long Term Care at Western Health

Long Term Care (LTC) provides quality institutionally based programs and services within three LTC homes, four Protective Community Residences and four Rural Health Centers. LTC staff work collaboratively with other branches of Western Health in the planning, delivery, and monitoring of LTC programs and services. An interdisciplinary, collaborative model of care is important for delivery of quality LTC programing. Nursing, Social Work, Physiotherapy, Occupational Therapy, Behavior Management, Physicians, Pharmacy, Therapeutic Recreation, and Spiritual Care are all integral parts of the interdisciplinary team within LTC programs and services. In 2020/2021, LTC developed a new Regional LTC Quality Improvement Team composed of residents, family members, clinical staff, and support staff from various LTC sites in the region. As part of Western Health's commitment to quality improvement for residents and their families, it is important to measure resident and family experience. The Quality Improvement Team reviewed and provided input on modifications to the LTC Resident and Family Experience Surveys. The Team, and LTC sites, will use the survey results to guide quality improvement initiatives.

Impact of COVID-19 Pandemic

The World Health Organization declared COVID-19 a global pandemic on March 11, 2021, the world faced profound economic and social impacts. Within Western Health, 2020/2021 was an exception year in many ways. The effects and implications of the pandemic affected all sites, services, and programs throughout the year. LTC residents, families and staff were impacted by many changes in staffing and safety protocols, resident and visitor screening practises, personal protective equipment, program delivery, and visitor restrictions.

Survey Instrument

The validated Consumer Assessment of Healthcare Providers and Systems (CAHPS) Nursing Home Survey: Resident Instrument, developed by Alberta Health Services, was utilized as the basis for the survey administered to LTC residents throughout the Western region. Based on experiences using this survey within Western Health in 2010 and administering a modified version in 2013 and 2015/16, this survey tool was modified in collaboration with the Regional LTC Quality Improvement Team. Questions were modified to fit with current language and terminology for services and providers, to ask about additional services and providers, as well as to help assess the impact of the COVID-19 pandemic on resident experience. This modified tool (Appendix A) was used to evaluate resident experiences and administered electronically through the Get Feedback online survey platform.

Method

Western Health promoted the LTC Family Experience Survey broadly on the organization's website and social media pages throughout the administration period of May 3 to June 25, 2021. The LTC facilities contacted residents' family members through mail or email to share a letter outlining the survey and provide the paper copy and/or electronic link. Each facility identified an individual who was available to administer the survey in-person or over the telephone. Posters were also displayed within the facility. Print copies of the surveys and return boxes were available at the visitor screening booth or LTC check-in areas. Completed print format surveys were transcribed into the Get Feedback platform by staff, students, and/or nurses on ease-back.

Sample

All resident family members were given the opportunity to complete the survey. Across the Western Health region, 342 participants completed the survey. Survey data was combined for Dr. Charles LeGrow Health Centre (LHC), Calder Health Centre (CHC), Bonne Bay Health Centre (BBHC), and Rufus Guinchard Health Centre (RGHC). For the four Rural Health Centres combined, 80 family members completed the survey.

Privacy, Confidentiality, and Data Security

Privacy and confidentiality were achieved as the residents names were not reported on the surveys. The electronic survey reports are stored in a password-protected account on the Get Feedback online platform. Any information that could potentially identify the family members or resident was deleted. All downloaded data was stored on a password protected computer in the Monaghan Hall office used by Quality staff.

Data Analysis

Survey data was entered directly into Get Feedback by the respondent or transcribed into the platform from paper copies of the survey. Reports were developed and analyzed in this survey platform. Descriptive statistics were calculated to obtain a general perspective of family members' experiences with LTC services at Western Health. The not applicable and I don't know/I am unsure responses were removed from calculations to provide a more accurate representation of the measures. Comments were compiled based on common themes. Statistics were also filtered for each site or grouping of sites where the sample provided sufficient data to assist in quality improvement initiatives. Comparisons to the 2016 results must consider that the 2021 family members are not the same individuals whose loved ones were residing in LTC in 2016. The following report provides survey results for the four Rural Health Centres.

Results

Demographics

A total of 80 surveys were completed by family members of residents in the four Rural Health Centres. This is a significant increase in sample size from the 14 family members who participated in the 2016 survey. In total, 13% of the respondents were from LHC, 23% from CHC, 44% from BBHC, and 21% from RGHC.

Respondents were asked several questions to gain a more thorough understanding of the demographics of the family members being surveyed and their loved ones living in long term care, including relation to the resident, if the resident was discharged from the facility or was deceased, how long the resident lived there, and if they expected their family member to live in a long term care home permanently. When asked their relationship to the resident, 7% reported that the resident was their spouse or partner, 46% reported their parent, 7% reported their mother-in-law or father-in-law, 3% reported their grandparent, 14% reported their aunt or uncle, 13% reported their sibling, 8% reported their child, 1% reported their friend, and 1% reported other. In comparison, in 2016, 78.6% reported that the resident was their parent, 7.1% reported their sibling, and 14.3% reported the resident was their child. This shows some changes in family member composition, with an increase in spouses/partners, son and daughter in-laws, and siblings completing the survey, as well as a decrease in children, parents, and siblings completing the survey. Just over 57% of respondents indicated that the resident lived in long term care for 12 months or longer, 7.1% reported 6 months to almost 12 months, 7.1% reported 3 months to almost 6 months, and 28.6% reported 1 month to almost 3 months.

Although efforts were taken to reduce the potential that a family member or next of kin received a survey after the resident had died, three respondents indicated that the resident was deceased. Of these, two chose to discontinue the survey and one reported based on the residents last six months in the LTC home. The majority (78%) of the respondents indicated that the resident lived in LTC for twelve months or longer, 12% reported six months to almost twelve months, 4% reported three months to almost six months, 4% reported one month to almost three months, and 1% reported less one month. Of the respondents, 93% reported that they expected the resident to live in a LTC home permanently.

Respondents were also asked to indicate whether they were the individual who had the most experience with the resident's care and 61% reported yes, 31% reported no, and 8% did not know. Other questions were asked about finances, power of attorney, and substitute decision maker (See Table 1). The majority of the respondents (62%) were the

resident's substitute decision maker and 33% of respondents reported that they had power of attorney.

Table 1. Family Member Involvement and Role

Question	Yes (%)	No (%)	Don't know (%)
In the last six months, did you help your family with managing finances, such as paying bills or filling out insurance claims?	44	56	N/A
Do you have power of attorney for your family member?	33	45	22
Are you your family member's substitute decision maker (next of kin)?	62	27	11

To gain a more thorough understanding of the demographics of the LTC families, respondents were asked about their age, gender identity, race or ethnicity, and educational background. Of the 72 respondents who reported their age, 1% were 85-94, 10% were 75-84, 40% were 65-74, and 33% were 55-64 and 13% were 45-54, and 3% were 35-44. Of the respondents, 72% were female and 28% were male. All of the respondents (100%) identified as white/Caucasian. Of the respondents, 40% had completed grade school or some high school, 29% completed high school, 10% completed post-secondary technical school, 4% completed some university or college, 7% reported that they completed a college diploma, and 10% completed a university degree. When asked about support with survey completion, 13% of the respondents had assistance, with the most common assistance being 'recorded the answers I gave' (78%) and 'read the questions to me' (33%).

Visitation and Activities

Family members were asked questions about virtual visits, designation as essential visitors, and in-person visits during the past six months.

Family members were asked if the visitor restrictions implemented during the previous six months had changed their in-person contact with their family member in LTC. Of the respondents, 20% reported a significant decrease, 46% reported some decrease, 20% reported no change, 10% reported some increase, and 4% reported a significant increase.

Family members were asked if, over the last six months, they were designated as an essential visitor or support person for their family member. Of the respondents, 63% reported yes and 37% reported no. Those designated as essential visitors or support persons were asked about how many times they visited the resident in the past six months.

Of the respondents, the majority (67%) reported more than 20 times, 24% reported 11-20 times, 2% reported 6-10 times, and 7% reported 2-5 times.

Family members were asked about frequency, purpose, and satisfaction with virtual visits, which were defined as talking on the phone or having video calls (Face Time, Google Duo, etc.). Of the respondents, 73% reporting having virtual visits and 27% reported they did not have virtual visits. Of those who had virtual visits, 31% reported daily visits, 25% reported several times per week, 20% reported weekly, 10% reported having visits several times per month, and 14% monthly or less. Of those who had virtual visits, 76% reported that they had virtual visits because they could not visit in-person due to restrictions, 33% had virtual visits to have additional contact with their family member between their inperson visits, and 11% of respondents reported that they had virtual visits because they live too far away for in-person visits. When asked if they had enough virtual visits to meet their family member's needs, 87% of respondents reported yes and 13% reported no.

Family members also provided comments on their experiences with visitor restrictions and visiting during the past six months. The main theme throughout the comments was family members' want for increased visitation. This included the number of approved in-person visitors and the length and frequency of the in-person visits. Another common suggestion for change made by family members was that visitors should be able to come and go throughout the day.

While family members were not asked quantitative questions about the activities available to their loved ones, the need to increase activities for residents was a common theme in the comments family members provided, with specific comments about weekends and singing. Family members expressed that residents needed more activities, more time in the common area, and more one-on-one time with staff.

The survey results highlighted the importance of supporting visitors to be present as much as feasible and safe. The results of the survey also indicate opportunities for improvement in the availability of activities for residents.

Resident Care

Several questions were asked about health care in terms of the respondents' perspective and experiences over the past six months (See Figure 1). Respondents were asked how often they felt that there was enough nursing staff in the LTC home and, of the respondents, 19% reported always, 32% reported usually, 23% reported sometimes, and 25% reported never. When asked if their family member received all of the health care services and treatments they needed over the past six months, 97% of respondents reported usually or always. When asked if their satisfaction with their family member's access to programs and

services had changed because of the pandemic, 82% of respondents reported no change, 13% reported decreased satisfaction, and 5% reported increase satisfaction. When asked if their satisfaction with their family member's access to the health care staff had changed because of the pandemic, 89% or respondents reported no change, 3% reported decreased satisfaction, and 8% reported increased satisfaction.

The majority of the respondents reported that they had always or usually seen the health care team treat the resident with kindness (91%) and that they always or usually felt that the health care staff really cared about the resident (86%). These are both increase from the 2016 results, in which 79% reported nursing staff were kind and 78% reported nursing staff really cared.

Respondents were asked how often the resident looked and smelled clean in the last six months and 91% reported usually or always. This is a significant increase from 71% reported in 2016. Family members were also asked if they had ever seen the LTC home staff fail to protect any resident's privacy while the resident was dressing, showering, bathing, or in a public area and 100% of respondents reported no.

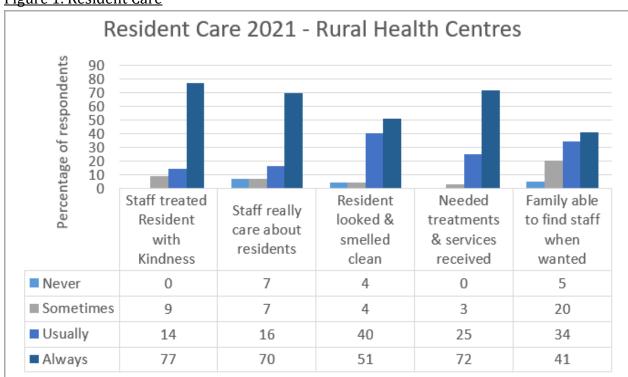


Figure 1. Resident Care

Respondents were asked about their satisfaction with the care provided to their family member by specific services or providers. Overall, the majority of respondents were usually or always satisfied with each of the services or providers. Results for those respondents whose family members availed of the services are outlined in Table 2.

<u>Table 2. Family Member Satisfaction with Services/Providers (percent of respondents)</u>

	Never (%)	Sometimes (%)	Usually (%)	Always (%)
Nursing staff	0	1	21	69
Doctor/Nurse Practitioner	0	12	16	72
Occupational Therapy	7	12	17	64
Physiotherapy	5	11	25	58
Recreation Therapy	0	12	16	71
Social Work	6	15	21	57
Spiritual Care	2	18	22	58

Respondents were also asked in their satisfaction with their family member's overall care changed because of the pandemic. Of the respondents, 88% reported no change, 5% reported a decrease in satisfaction, and 7% reported an increase in satisfaction.

Respondents were asked if in the last six months, they saw any resident behave in a way that made it hard for LTC staff to provide care such as yelling, pushing, or hitting. Of the 61% who reported seeing this happen, 52% reported that the staff always or usually handled this situation in a way that they felt was appropriate. This was a decrease from 2016, when 100% of respondents reported that the nurses and aides always or usually handled this situation in a way that they felt was appropriate. When asked if they had ever seen any health care staff be rude to their loved one or any other resident, 81% reported never, 17% reported sometimes, and 2% reported usually. This is an increase from 79% who reported no in 2016.

Respondents were asked if they helped with the care of the resident when they visited and 67% reported yes, while 17% reported that they felt the long term care home staff expected them to help. This is an decrease from 2016, when 100% reported yes and 21% reported that they felt staff expected them to help.

Family members were also asked questions about whether they helped residents with specific aspects of their care over the past six months and if this was because they chose to help or if it was because the staff either did not help or made the resident wait too long. When asked if they had helped the resident with eating, 34% reported that they did not help, 66% reported that they chose to help on their own, and no on (0%) reported that they helped because staff did not help or made the resident wait too long. When asked if they had helped the resident with drinking, 27% reported that they did not help, 73% reported

that they chose to help on their own, and no one (0%) reported that they helped because staff did not help or made the resident wait too long. Respondents were also asked if they helped the resident with toileting and 77% reported that they did not help, 20% reported that they chose to help on their own, and 3% reported that they helped because staff did not help or made the resident wait too long. As shown in Table 3, in comparison to the 2016 results, there was decrease in overall help with care and help with toileting, while there was an increase in family members helping with eating and drinking. There was also a significant overall decrease in family members reporting that they helped because staff did not or made the resident wait too long.

Table 3. Help with Care (%)

	Helped with care (general) (%)		care (general) eating		Helped with drinking (%)		Helped with toileting (%)	
	2016	2021	2016	2021	2016	2021	2016	2021
Helped with care (total)	100	67	57	66	57	73	29	23
Helped because staff made resident wait too long	n/a	n/a	25	0	25	0	25	3

A common theme in family members' comments was that the LTC home was understaffed. Most comments focused on nursing care, with two comments specifically about staffing in the mornings; however, the need for additional recreation staff and replacement of recreation staff when they are off was also noted.

Family members provided comments regarding the overall care their loved ones received in LTC. The common theme throughout the comments was that the majority of family members were very happy with the care provided and felt that staff were caring and provided excellent care for their loved ones.

Some family members did indicate concerns with the care received. Negative comments were most often prefaced with 'at times or sometimes', as opposed to an overall negative experience of care. Those who raised concerns about care expressed that staff needed to check on residents more frequently, help with toileting more frequently, and respond to buzzers more quickly.

Resident Health and Wellness

Respondents were asked about the health and wellness of their family member residing in the LTC home. The majority (58%) reported that their family member has serious memory problems because of Alzheimer's disease, dementia, stroke, accident, or something else. Family members were asked how often the resident was able to make decisions about his

or her own daily life, such as when to get up, what clothes to wear, and which activities to do. The majority of the respondents (61%) were able to make decisions at least some of the time. Overall, 39% reported never, 25% reported sometimes, 13% reported usually, and 23% reported always.

Family members were asked to indicate how they would rate their family member's overall mood or emotional wellbeing. Of the respondents, 11% reported excellent, 26% reported very good, 46% reported good, 15% reported fair, and 1% reported poor. Family members were also asked to indicate how their family member's mood had changed because of the pandemic. Of the respondents, 60% reported no change, 26% reported a little worse, 10% reported significantly worse, 1% reported a little better, and 3% reported significantly better.

Environment

Respondents were asked to report on various aspects of the environment based on the last six months (See Figure 2). When respondents were asked how often the residents' room looked and smelled clean, 91% report usually or always, while 98% reported that the public areas looked and smelled clean. Respondents were also asked if their satisfaction with the cleanliness of the facility changed because of the pandemic and 85% of respondents reported no change, no one (0%) reported decreased satisfaction, and 15% reported increased satisfaction.

The majority of the respondents (78%) reported that the noise level around the residents' room was acceptable to them. Privacy is also an important aspect of long term care. When respondents were asked how often they were able to find places to talk to the resident in private, 93% reported usually or always. Responses were evenly split regarding whether or not their family members had a private room, with 50% having shared a room with another person at the LTC home within the last six months and 50% have a private room.

A common theme in family members' comments about the LTC environment was that the home provided a family atmosphere. Family members commonly noted that the home was clean and comfortable. The only negative comments provided about the environment were regarding the noise caused by other residents, including residents' televisions and residents calling out.

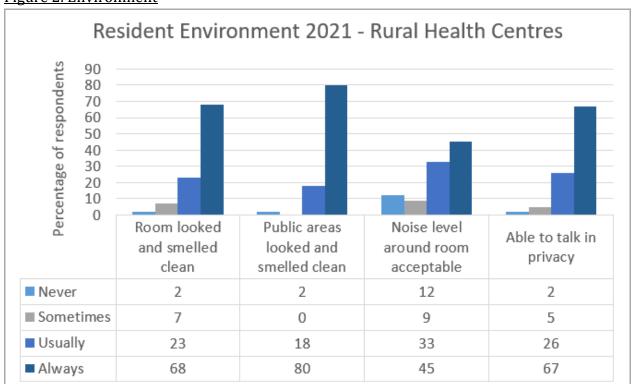


Figure 2. Environment

Residents' Personal Belongings

Questions were asked related to personal belongings over the last six months. When asked how often residents' personal medical belongings (e.g., dentures, hearing aids, eye glasses) were clean and in good condition, 2% reported never, 10% reported sometimes, 25% reported usually, and 62% reported always. When asked how often residents' personal medical belongings were damaged or lost, 74% of respondents reported never, 23% reported sometimes, no one (0%) reported usually, and 4% reported always. When asked how often clothes that were cleaned by LTC's laundry services were damaged or lost, of those who used the service, 56% reported never, 34% reported sometimes, no one (0%) reported usually, and 10% reported always.

Very few comments were provided by family members regarding residents' personal belongings. Please refer to the regional report for common themes.

Residents' Meals

Family members were asked about their satisfaction with various aspects of the meals provided to their family member at the LTC home. The majority of the respondents were usually or always satisfied with the visual appeal (83%), taste (86%), temperature (88%), and mealtime experience (92%). When asked if their satisfaction with the meals provided to their family member had changed because of the pandemic, 92% of respondents

reported no change, 2% reported decreased satisfaction, and 6% reported increased satisfaction. When asked if their satisfaction with their family member's mealtime experience (how meals are served) had changed because of the pandemic, 93% of respondents reported no change, 2% reported decreased satisfaction, and 5% reported increased satisfaction.

Access, Communication, and Family Involvement

Respondents were asked several questions about overall care and communication with the health care team in the last six months. Of those who reported that they had tried to find health care staff, 76% reported they could usually or always find one when they wanted one, which is a slight increase from 75% in 2016. When asked if their satisfaction with their access to the health care staff had changed because of the pandemic, 95% of respondents reported no change, no one (0%) reported decreased satisfaction, and 5% reported increased satisfaction. The significant majority (95%) of the respondents reported that the health care team always or usually treated them with courtesy and respect.

Questions about obtaining information were asked in relation to the last six months. Of the respondents, 92% reported that they usually or always received the information they needed about their family member, an increase from approximately 82% in 2016. When asked if things were explained in a way that was easy for them to understand, 97% reported usually or always. When asked if they were discouraged from asking questions about their family member, 82% of respondents reported never, 12% reported sometimes, 4% reported usually, and 1% reported always. Respondents were asked if they got all of the information they wanted about payments or expenses. Of the 61% of respondents who asked for this information, 90% usually or always got all the information they wanted.

When respondents were asked if they were ever unhappy with the care the resident received, 15% of respondents reported yes and 85% reported no. Of those who reported having concerns, 73% reported that they spoke to long term care home staff about this concern and 51% were usually or always satisfied with the way the staff handled these problems, 3% were sometimes satisfied, and 13% were never satisfied. Only 14% of respondents reported that they stopped themselves from talking to any long term care home staff about their concerns because they thought staff would take it out on the resident. This remained the same as in 2016 and supports that family members feel open and safe to bring forward concerns.

Family members were asked about their involvement in care and experience with case conferences. Of the respondents, 89% reported being involved in decisions about the residents' care over the last six months, a decrease from 93% in 2016. Of those who were involved in decisions, 86% reported being usually or always involved as much as they

wanted to be, an increase from 79% in 2016. Respondents were asked about whether they had been part of a care conference over the last 12 months, either in person by telephone or by videoconference. Of the respondents, 48% reported yes, 6% reported no because they chose not to attend, 30% reported no because they were not given the opportunity, and 16% reported that they did not know or were unsure.

Very limited comments were provided by family members regarding communication. Please refer to the regional report for common themes.

Overall

When asked to rate the LTC home, on average, respondents rated the home at 8.45 (range 0-10; 0 being the worst possible and 10 being the best possible). When family members were asked to rate the overall care their family member received at the LTC home, the respondents rated overall care at 8.82 (range 0-10; 0 being the worst possible and 10 being the best possible). This is an increase from 8.07 in 2016. When asked if they would recommend this LTC home to someone needing long term care, 72% of the respondents reported definitely yes, 24% reported probably yes, 3% reported probably no, and 1% reported definitely no.

Respondents were also asked if they felt that the protocols and restriction put in place during the pandemic have worked to keep their family member safe from getting COVID-19. Of the respondents, 74% reported definitely yes, 25% reported probably yes, 1% reported probably no, and no one (0%) reported definitely no.

As there were minimal comments regarding some aspects of residents' care and experience, please refer to the regional report for additional common themes.

Strengths and Opportunities for Improvement

Overall results indicate that Western Health's Rural LTC services have many strengths, including kindness and respectfulness of the health care staff and the involvement of family members in decision making. Respondents also reported being satisfied with the overall care of their family member and their own treatment by staff. Other overall strengths of the physical environment include cleanliness, noise level, and privacy, as well as quality of the meals provided.

Also admirable is that the Rural Health Centres have responded to the pandemic without any significant negative impact on family members' experience and satisfaction. When asked about the impact of the pandemic on their satisfaction with various aspects of their experience and their family member' care, the majority of residents reported no change in

their satisfaction with their access to health care staff, the residents' access to programs and treatment, and overall care, among other factors.

The survey identified the following areas for the Rural LTC homes to explore for opportunities for improvement:

- Variety and frequency of recreation activities, with consideration for weekends and singing
- Staffing levels;
- Responses to resident behaviours such as yelling, pushing or hitting;
- Frequency of resident checks and help with toileting;
- Effectiveness of problem solving strategies and communication with families when concerns arise; and
- Protection against loss or damage of residents' clothing;

The survey results also suggest that LTC leadership support families to be present and much as feasible and safe, as well as consider advocating for the designation of an essential visitor for every resident at all times.

Appendix A

Western Health Family Experience Survey 2021

Long Term Care Family Experience Survey

This survey is part of our efforts to understand how families view their experience of having a loved one in long term care. Any information that you decide to share will help us identify areas for improvement. Western Health will post a summary of the information from all families who respond on our website: www.westernhealth.nl.ca. This report will be available in September 2021.

If you prefer to complete the survey electronically, it is available here: www.westernhealth.nl.ca/survey.

We hope that you will take the time to complete the survey. Your participation is greatly appreciated. Your participation in this survey is voluntary and will not affect your loved ones health care. We have prepared the survey to be anonymous and will not identify you as a participant. Please complete the survey by June 25, 2021.

If you have any questions about the survey, please call Tracey Wells-Stratton, Regional Manager Research and Evaluation at (709)784-6801, or email her at traceywells@westernhealth.nl.ca. Thank you for helping to improve long term care in the Western region.

١.	For this survey, the phrase "family member" refers to the resident in long term care. At which Long
	Term Care (LTC) facility does your family member live?
	Mark only one oval.
	Dr. Charles L. LeGrow Health Centre (Port Aux Basques)
	Calder Health Care Centre (Burgeo)
	Bay St. George Long Term Care Centre (Stephenville Crossing)
	Corner Brook Long Term Care (Corner Brook)
	Protective Community Residences (Corner Brook)
	Western Long Term Care (Corner Brook)
	Bonne Bay Health Centre (Bonne Bay)
	Rufus Guinchard Health Centre (Port Saunders)
2.	Overall, how would you rate this LTC Home? 0 is the worst possible & 10 is the best possible
	Mark only one oval.
	0 1 2 3 4 5 6 7 8 9 10
	Worst possible O O O O O Best possib

3.	Is your family member now living in long term care?
	Mark only one oval.
	Yes Skip to question 5 No
4.	Was your family member discharged from this facility or is he/she deceased?
	Mark only one oval.
	Discharged - if you checked discharged, please stop completing this survey and submit.
	Deceased - If your family member is deceased, we understand that you may not want to fill out a survey at this time. If this is the case, please check the box indicating that your family member is deceased and submit the survey.
	Deceased - If your family member is deceased, we understand that you may not want to fill out a survey at this time. However, if you would like to do the rest of the survey, we would be grateful for your feedback. Please answer the questions based on your family member's last six months at the nursing home. Thank you for your help.
5.	In total, about how long has your family member lived in this LTC home?
	Mark only one oval.
	Less than 1 month
	1 month to almost 3 months
	3 months to almost 6 months
	6 months to almost 12 months
	12 months or longer
6.	Do you expect your family member to live in this or any other LTC home permanently?
	Mark only one oval.
	Yes
	◯ No
	I don't know / I am not sure

7.	In the last 6 months, has your family member ever shared a room with another person at this LTC home?
	Mark only one oval.
	Yes No
8.	Does your family member have serious memory problems because of Alzheimer's disease, dementia, stroke, accident, or something else?
	Mark only one oval.
	Yes No
9.	In the last 6 months, how often was your family member capable of making decisions about his or her own daily life, such as when to get up, what clothes to wear, and which activities to do?
	Mark only one oval.
	Never
	Sometimes
	Usually
	Always
10.	How would you rate your family member's mood or emotional well-being?
	Mark only one oval.
	Excellent
	Very good
	Good
	Poor

11.	How do you feel your family member's mood or emotional well-being has changed because of the pandemic?
	Mark only one oval.
	Significantly worse A little worse No change A little better
	Significantly better
12.	During the last 6 months, how often did you have 'virtual visits' with your family member: talk on the phone or through video calls (FaceTime, Google Duo, etc.)?
	Mark only one oval.
	Daily Several times per week Weekly Several times per month Monthly or less Do not have virtual visits Skip to question 15
13.	Why did you have virtual visits?
	Check all that apply.
	I live far too far away for in-person visits I could not visit in-person due to visitation restrictions To have additional contact with my family member between my in-person visits
14.	Over the past 6 months, did you have enough virtual visits to meet your family member's needs?
	Mark only one oval.
	Yes No

15.	Did the visitor restrictions implemented during the last 6 months of the pandemic change your in- person contact with your family member?
	Mark only one oval.
	Significant decrease
	Some decrease
	◯ No change
	Some increase
	Significant increase
16.	Do you have any additional comments you would like to share about your experience with visits at the LTC home or changes to visits during the pandemic? If so, please explain:
17.	Over the past 6 months, were you designated as an essential visitor or support person for your
	family member?
	Mark only one oval.
	Yes
	No Skip to question 28
10	
18.	If you were a designated visitor or support person, about how many times did you visit your family member in the LTC home in the last 6 months?
	Mark only one oval.
	O-1 times in the last 6 months Skip to question 28
	2-5 times in the last 6 months
	6-10 times in the last 6 months
	11-20 times in the last 6 months
	More than 20 times in the last 6 months

Please answer the following questions based on your experience in the last 6 months.					
Mark only one oval per row.		Sti			No.
	Never	Sometimes	Usually	Always	Not applicab
How often did you feel that there was enough nursing staff in the nursing home?	0	0	0	0	0
If you tried to find for any reason, how often were you able to find a health care staff when you wanted one?	0	0	0	0	0
How often did you see the health care team treat your family with kindness?	\bigcirc	\bigcirc	\circ	\circ	
How often did you feel that the health care team really cared about your family member?	0	0	0	0	0
Did you see any of the health care staff be rude to your family member or any other resident?	0		0	0	
In the last 6 months, how often did your fa	amily me	mber look ar	nd smell c	lean?	
In the last 6 months, how often did your fat Mark only one oval. Never Sometimes Usually Always	amily me	mber look ar	nd smell c	lean?	

	No O	Yes - Chose to help on my own	f the following during your visits? Yes - Staff did not help or made him/her wait too long
In the last 6 months, did you help Mark only one oval per row.		Yes - Chose to help on	Yes - Staff did not help or made
In the last 6 months, did you help		Yes - Chose to help on	Yes - Staff did not help or made
In the last 6 months, did you help	your fa	mily member with any o	f the following during your visits?
In the last 6 months, did you help	your fa	mily member with any o	f the following during your visits?
	your fa	mily member with any o	f the following during your visits?
() No			
Yes			
Mark only one oval.			
Do you feel the LTC staff expect	you to h	nelp with your fa <mark>mily m</mark> er	mber's care when you visit?
◯ No			
Yes			
Mark only one oval.			
you visited?			
In the last 6 months, during any o	of your v	visits, did you help with th	ne care of your family member wh
Not applicable - situation did n	ot occur		
Always			
Usually			
Sometimes			
Never			
Mark only one oval.			
way that you felt was appropriat	e?		

THE LTC HOME

	Never	Sometimes	Usually	Always	Not applicable
Family member's room looked and smelled clean	\circ	\circ	\circ	\circ	0
Noise level around family member's room was acceptable	0	0	0	0	0
Able to find places to talk to family member in private	0	0	0	0	0
The public areas of the LTC home, such as the main entrance and dining areas, looked and smelled clean	0	0	0	0	0
Personal medical belongs (hearing aides, eye glasses, dentures, etc.) were clean and in good condition	0	0	0	0	0
Personal medical belongs were damaged or lost	0	0	0	0	0
Clothes cleaned by LTC's laundry services were damaged or lost	0	0	0	0	0
Do you have any additional comments you cleanliness, noise level, or personal belon					

YOUR EXPERIENCE WITH LTC STAFF

	In the past 6 months, how often did you e	xperienc	e the followi	ng with tr	ne LTC he	alth care team
	Mark only one oval per row.					
		Never	Sometimes	Usually	Always	Not applicable
	You were treated with courtesy and respect					
	You received the information you needed about your family member	0		\circ	\bigcirc	0
	Things were explained to you in a way that was easy to understand	\circ		\circ	\circ	\circ
	You were discouraged from asking questions about your family member	0	0	0	0	0
).	At any time in the last 6 months, were you at the LTC home? Mark only one oval.	ever un	happy with th	ne care yo	our family	/ member rece
	Yes No Skip to question 32					
).	Did you talk to any of the LTC staff about	these co	ncerns?			
	Mark only one oval.					
	Yes					
	No Skip to question 32					
	How often were you satisfied with the wa	y the LTO	C staff handle	ed the cor	ncerns?	
	Mark only one oval.					
l.	mark only one oval.					
	Never					
1.						
1.	Never					

32.	In the last 6 months, did you ever stop yourself from talking to any LTC staff about your concerns because you thought they would take it out on your family member?
	Mark only one oval.
	Yes
	◯ No
CA	RE OF YOUR FAMILY MEMBER
33.	In the last 6 months, how often were you involved as much as you wanted to be in the decisions about your family member's care?
	Mark only one oval.
	Never
	Sometimes
	Usually
	Always
	Not applicable - not involved in care decisions
34.	An interdisciplinary care conference is a meeting about care planning and health between a care
	team and resident and his/her family. In the last 12 months, have you been part of an interdisciplinary care conference, either in person, by phone, or by videoconference?
	Mark only one oval.
	mark only one oval.
	Yes
	No - chose not to attend
	No - not given the opportunity to attend
	_ · · · · · · · · · · · · · · · · · · ·

Mark only one oval.								
Never								
Sometimes								
Usually								
Always								
I don't know / I am	not sure							
Using any number from	m () to 10 u	hara O is the	worst sas	a passible	and to is the	hart e		reibla
what number would y							2.15	
Mark only one oval.				84.0004.700				
				6	7 8	9	40	
	0 1	2 3	4 5	0	, ,	. 9	10	
Worst care possible	00	00	00		00	0	0	
2000	how often v	were you satis	00		00	0	0	
Worst care possible In the past 6 months, the following services	how often v	were you satis	00		00	our fan	0	
Worst care possible In the past 6 months, the following services	how often v/providers?	were you satis	fied with	the care	provided to y	our fan	0	
Worst care possible In the past 6 months, the following services Mark only one oval per ro	how often v /providers?	were you satis	fied with	the care	provided to y	our fan	0	20.400.000.000
Worst care possible In the past 6 months, the following services Mark only one oval per ro Nursing Staff	how often vi/providers?	were you satis	fied with	the care	provided to y	our fan	0	
Worst care possible In the past 6 months, the following services Mark only one oval per ro Nursing Staff Nurse Practitioner / Dog	how often vi/providers?	were you satis	fied with	Always	provided to y	our fan	0	
Worst care possible In the past 6 months, the following services Mark only one oval per ro Nursing Staff Nurse Practitioner / Doc Occupational Therapy	how often with the providers? Never tor	Sometimes	Usually	Always	provided to y	our fan	0	20.400.000.000
Worst care possible In the past 6 months, the following services Mark only one oval per ro Nursing Staff Nurse Practitioner / Doc Occupational Therapy Physiotherapy	how often with the control of the co	Sometimes	Usually	Always	provided to y	our fan	0	Best care possit

Mark only one oval per row.					
	Never	Sometimes	Usually	Always	Not present for meals
Visual appeal (how the food looked)					
Taste	0	0	0	0	0
Temperature	0	0			0
Mealtime experience (how meals are served)	0	0	0	0	0
If someone needed long term care Mark only one oval. Definitely no	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		210110		
Probably no Probably yes Definitely yes					
Probably yes	following asp	ects of your f	amily me	mber's ca	re changed beca
Probably yes Definitely yes How has your satisfaction with the of the pandemic?	e following aspo Decreased satisfaction	ects of your f No change	family me	ased	re changed beca I don't know / I ar not sure
Probably yes Definitely yes How has your satisfaction with the of the pandemic?	Decreased	No	Increa	ased	I don't know / I ar
Probably yes Definitely yes How has your satisfaction with the of the pandemic? Mark only one oval per row.	Decreased	No	Increa	ased	I don't know / I ar
Probably yes Definitely yes How has your satisfaction with the of the pandemic? Mark only one oval per row. Overall care	Decreased	No	Increa	ased	I don't know / I ar
Probably yes Definitely yes How has your satisfaction with the of the pandemic? Mark only one oval per row. Overall care Cleanliness of facility	Decreased	No	Increa	ased	I don't know / I ar
Probably yes Definitely yes How has your satisfaction with the of the pandemic? Mark only one oval per row. Overall care Cleanliness of facility Meals - food provided	Decreased	No	Increa	ased	I don't know / I ar
Probably yes Definitely yes How has your satisfaction with the of the pandemic? Mark only one oval per row. Overall care Cleanliness of facility Meals - food provided Mealtime experience Your family member's access to	Decreased	No	Increa	ased	I don't know / I ar

41.	Do you agree that the protocols and restrictions put in place during the pandemic worked in keeping your family member safe from getting COVID-19?
	Mark only one oval.
	Definitely no Probably no Probably yes Definitely yes
42.	Do you have any additional comments you would like to share about your experience with LTC staff and the care of your family member? If so, please explain:
YO RO	U AND YOUR Please answer the questions in this section about your experiences. Please do not include the experiences of other family members.
43.	In the last 6 months, how often did you get all the information you wanted about payments or expenses?
	Mark only one oval.
	Never
	Sometimes
	Usually
	Always
	Not applicable - did not ask for information
44.	In the last 6 months, did you help your family member with managing finances, such as paying bills or filling our insurance claims?
	Mark only one oval.
	Yes No

AF	
45.	Power of attorney is a legal document that allows you to make decisions about your family member finances or property. Do you have the power of attorney for your family member?
	Mark only one oval.
	Yes
	○ No
	I don't know / I am not sure
46.	A substitute decision maker is a person who is at least 19 years of age who has accepted the
	responsibility for ensuring the prior health care wishes of a person, who is now incompetent, are
	communicated to and carried out by healthcare providers. If an individual had not appointed a
	substitute decision maker, legislation identifies a list of persons who may act in this capacity.
	Regardless of the relationship, a person can act as a substitute decision-maker only if they have had personal involvement with the incompetent person in the preceding twelve months. In the past, the
	substitute decision maker has been referred to as the next of kin. Are you your family member's
	substitute decision maker (next of kin)?
	Mark only one oval.
	Yes
	○ No
	I don't know / I am not sure
47.	What is your relationship to the resident?
	Mark only one oval.
	My spouse/partner
	My parent
	My mother-in-law/father-in-law
	My grandparent
	My aunt/uncle
	My sister/brother
	My child
	My friend
	Other:

48.	Considering all of the people who visit your family member in the LTC home, are you the person who has the most experience with his/her care?
	Mark only one oval.
	Yes No I don't know / I am not sure
49.	What is your age?
	Mark only one oval.
	18-24
	25-34
	35-44
	45-54
	55-64
	65-74
	75 or 84 85-94
	95+
50.	What is your gender?
	Mark only one oval.
	Female
	Non-binary
	Male
	Transgender
	Prefer to self-describe:

51.	What is the highest grade or level of school that you have completed?
	Mark only one oval.
	Grade school or some high school
	Completed high school
	Post-secondary technical school
	Some university or college
	Completed college diploma
	Completed university degree
	Postgraduate degree (Master's or Ph.D)
52.	What is your race/ethnicity?
	Mark only one oval.
	White / Caucasian
	Indigenous / Aboriginal
	Multiracial / Multiethnic
	Other:
-2	
53.	Did someone help you complete this survey?
	Mark only one oval.
	Yes
	◯ No
54.	How did that person help you?
	Check all that apply.
	Read the questions to me
	Recorded the answers I gave
	Answered the questions for me
	Translated the questions into my language
	Other:

55.	Do you have any additional comments you would like to share about your your experience or your family member's care in this LTC home? If so, please explain:					
Than	k You! Your opinions are very important to us.					
	This content is neither created nor endorsed by Google.					
	Google Forms					