



Board/Committee Report

TO: Risk Management and Quality of Care Committee
DATE: January 14, 2015
SUBJECT: Resident/Family Satisfaction Survey Results

RECOMMENDATION

To receive for information the Resident/Family Satisfaction Survey Results.

BACKGROUND

The CEO, with involvement and input from the Senior Leadership Team, facilitated the development of an improvement resident satisfaction survey (blank copies previously submitted to the Committee). The Elliott Community had been waiting for the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) to issue a sector standardized survey that would allow us to compare our facility results to provincial standards and those of other geographically located facilities. Unfortunately, their program continues to be delayed and The Elliott Community embarked on improving its own model to meet the responsibilities of several requirements; Ministry of Health and Long Term Care, Retirement Homes Regulatory Authority, CARF Accreditation, etc. Following an extensive review of similar surveys from available sources, a draft Survey was prepared and input sought from the Resident Councils' as well as The Elliott Long-Term Care Residence Family Council. Once the Survey was amended following the input from these groups, a distribution of the Survey was sent to the Responsible Person associated with each of our Residents. In certain cases, it was the Resident themselves, and often it was forwarded to the Resident's Power of Attorney for Personal Care. Sufficient time was allotted for the return of the Surveys and Reception staff provided follow-up 'reminder' calls to the parties involved. For this series of Surveys, three draw prizes of Café Gift Cards were provided through a random draw of respondents.

Unfortunately, unlike previous Surveys, there are no comparative statistics to measure our performance as this is the first year for the new format of the Survey. Future Surveys will provide reference results for the previous year(s).

REPORT

The Elliott Community's response rate, overall, was greater than 61% which was measured against our internal Quality Indicator target of 60%. The Senior Leadership Team has reviewed the results and noted areas for improvement, and in many cases referenced that improvements have already been implemented.



Board/Committee Report

Within the Survey, Residents/Families were provided an opportunity to identify themselves should they wish to receive a follow-up call from a member of our Senior Leadership Team. In almost every case, the follow-up call resulted in an opportunity to address their specific responses and the Residents/Families were very appreciative of the effort. Most indicated that they didn't realize that the section identifying them would result in a follow-up contact. Consideration for future Surveys may improve this communication; however, the original form clearly indicated that the Survey was anonymous and that the section for identification was specifically relating to a request for follow-up contact.

FINANCIAL IMPLICATIONS (if applicable)

None

STRATEGIC DIRECTION

Quality of Resident Life

Quality of Care and Quality of Superior quality of life for Residents of the Community

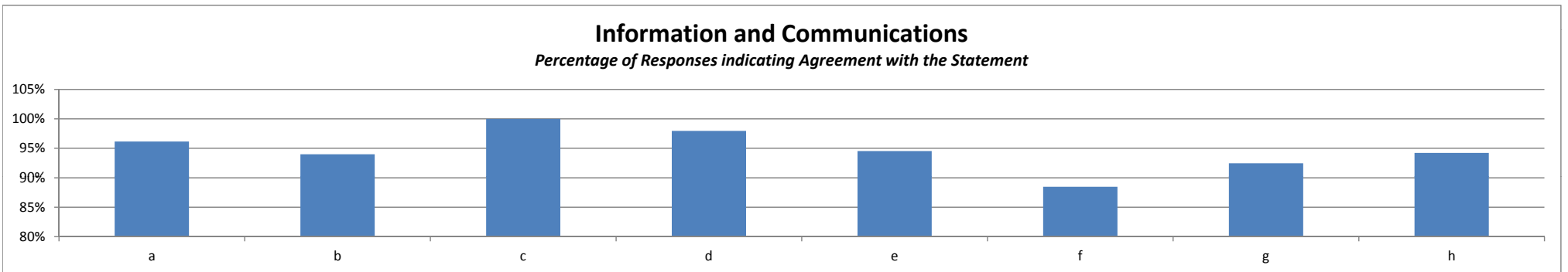
- a. Identify and respond to changing resident and residents' family needs using regular satisfaction surveys

Prepared By:

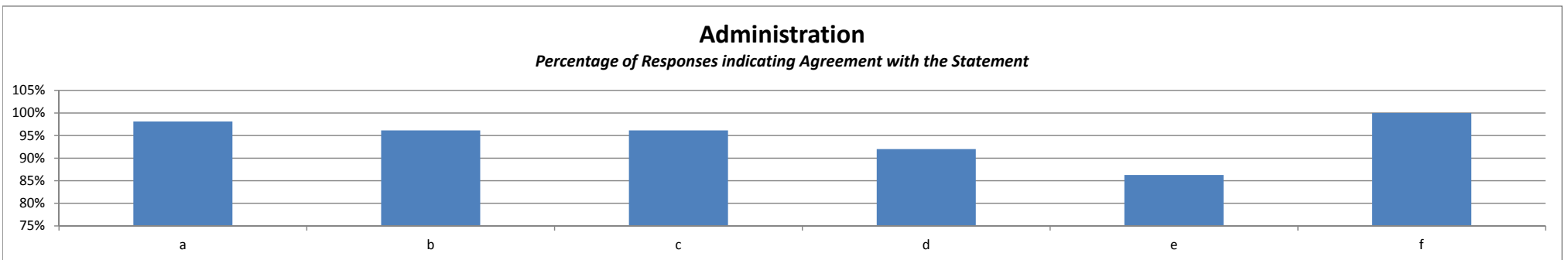
Trevor Lee

CEO

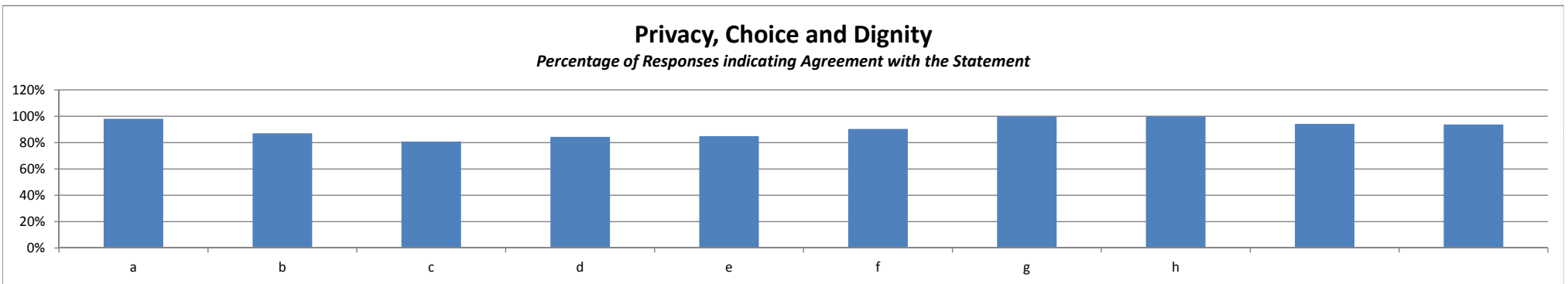
| 1. Information and Communication | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) I know who to speak to if I have concern about my health or my care. | 20 | 28 | - | 2 | 2 |
| b) I am, and my family is, notified if there is a change in my health, medications, and treatments. | 28 | 18 | 3 | - | 1 |
| c) Staff are friendly, courteous, and helpful; they listen to me when I speak to them. | 29 | 22 | - | - | 1 |
| d) I am addressed appropriately and called by my name. | 29 | 17 | 1 | - | 2 |
| e) I am, and my family is, treated with respect. | 31 | 18 | 3 | - | 3 |
| f) I believe the level of communication from staff is appropriate. | 24 | 21 | 4 | 2 | 1 |
| g) There is a community feeling within the organization. | 24 | 24 | 3 | 1 | 1 |
| h) I feel that access to my attending physician or the medical director is timely and responsive. | 28 | 21 | 2 | 1 | - |



| 2. Administration | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) When I contact members of the administration team, my questions are dealt with in an effective and efficient manner. | 24 | 26 | 1 | - | 2 |
| b) I am familiar with the Residence's advocacy and complaints procedures. | 18 | 28 | 1 | 1 | 4 |
| c) I have confidence that issues raised will be dealt with fairly in a timely manner. | 21 | 24 | 2 | - | 5 |
| d) Communications regarding my resident billings and charges are dealt with efficiently and confidentially. | 30 | 15 | 2 | 2 | 1 |
| e) I feel the telephone and television services provided are good value and questions or concerns are addressed in a timely manner. | 12 | 22 | 3 | 4 | 10 |
| f) I, or my family, access and value the information that the website provides. | 14 | 22 | - | - | 16 |



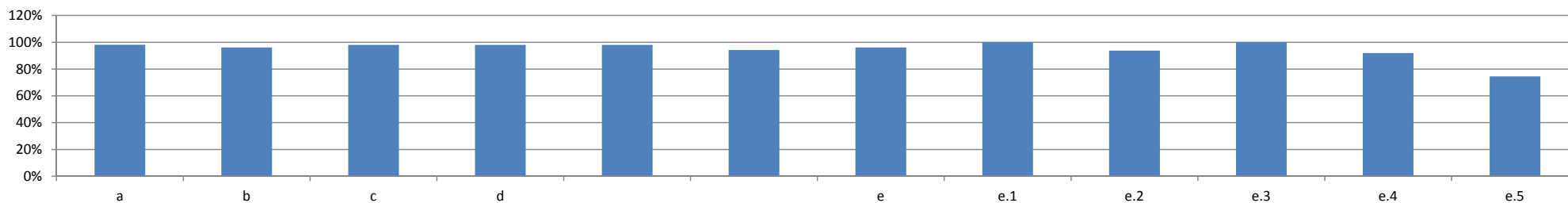
| 3. Privacy, Choice and Dignity | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) Staff respect my personal and physical privacy. | 22 | 26 | 1 | - | 2 |
| b) I feel that I have an opportunity to be involved in decisions relating to my care. | 17 | 26 | 7 | - | 4 |
| c) I am given a choice as to when my care is provided. | 17 | 21 | 10 | - | 4 |
| d) I have input regarding my care routines. | 15 | 26 | 8 | - | 2 |
| e) I decide what clothes I want to wear. | 17 | 21 | 8 | - | 7 |
| f) I can choose to participate in, or decline to participate in, programs and activities. | 19 | 22 | 5 | - | 6 |
| g) I am given an opportunity to spend time with my family and friends. | 25 | 19 | - | - | 3 |
| h) My bedroom door or bedside curtains are closed when I receive personal care. | 24 | 25 | - | - | 3 |
| i) The bathroom door is closed when in use. | 21 | 25 | 3 | - | 3 |
| j) Staff knocks on my door before entering and waits for a response before entering. | 16 | 22 | 3 | - | 7 |



| 4. Personal Care and Services | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) Staff and volunteers show genuine concern for my well-being. | 29 | 22 | 1 | - | - |
| b) I am encouraged and assisted to improve / maintain my level of independence. | 20 | 27 | 1 | 1 | 3 |
| c) My care is provided in a kind, friendly and gentle manner. | 25 | 25 | - | 1 | - |
| d) I am provided the help necessary for my activities of daily living; including, but not limited to eating, bathing, dressing, and toileting. | 25 | 23 | 1 | - | 1 |
| e) Staff work as a team to support me (i.e. medical, nursing, and dietary depts.) | 26 | 21 | - | 1 | 3 |
| f) I am satisfied with the incontinence products available. | 25 | 20 | 2 | 1 | 4 |
| g) I am aware of the on-site services provided for residents. | 21 | 24 | 1 | 1 | 5 |
| • The foot care services I receive are provided in a caring manner. | 19 | 24 | - | - | 6 |
| • Physiotherapy services maintain and enhance my mobility and safety. | 15 | 21 | 2 | 1 | 9 |
| • Hairdressing / Salon services are convenient and appreciated. | 26 | 23 | - | - | 3 |
| • The pharmacy provides a valued service and I always have my questions addressed. | 16 | 23 | 3 | 1 | 7 |
| • Dental Hygiene and Denturist services are accessible, convenient, and any questions or concerns I have are addressed appropriately. | 12 | 16 | 10 | 3 | 10 |

Personal Care and Services

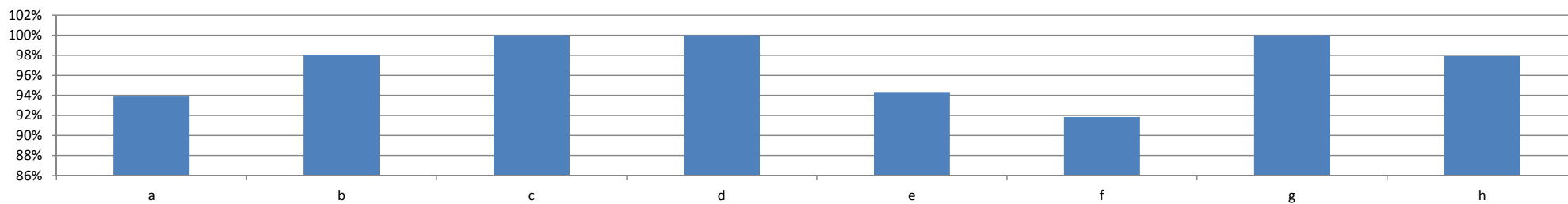
Percentage of Responses indicating Agreement with the Statement



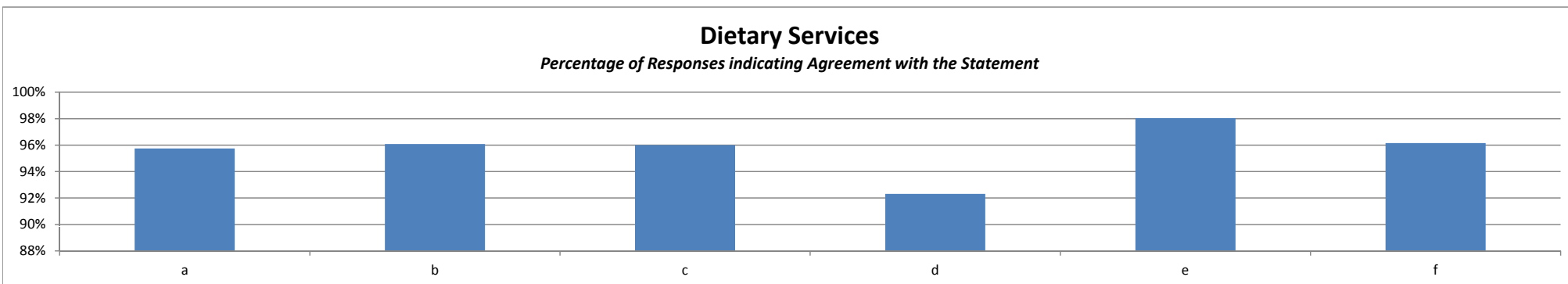
| 5. Living Environment | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|----------------|-------|----------|-------------------|----------------|
| a) The Residence provides a safe, home-like environment for me. | 30 | 16 | 2 | 1 | - |
| b) The Residence is clean and well-maintained. | 30 | 20 | 1 | - | - |
| c) The grounds are well kept, accessible, and enjoyable. | 35 | 16 | - | - | 1 |
| d) I am encouraged to personalize my room with items and furnishings, where possible. | 30 | 20 | - | - | 1 |
| e) There is a space to sit and visit privately with my family members and friends. | 27 | 23 | 3 | - | - |
| f) My clothes are labeled, laundered, and returned to me in good condition on an ongoing basis. | 23 | 22 | 4 | - | - |
| g) Maintenance responds promptly when things need to be fixed (light bulbs, plumbing, call cords, etc.). | 23 | 24 | - | - | 3 |
| h) I understand the procedures that are implemented when there is a health concern. | 22 | 20 | 1 | - | 5 |

Living Environment

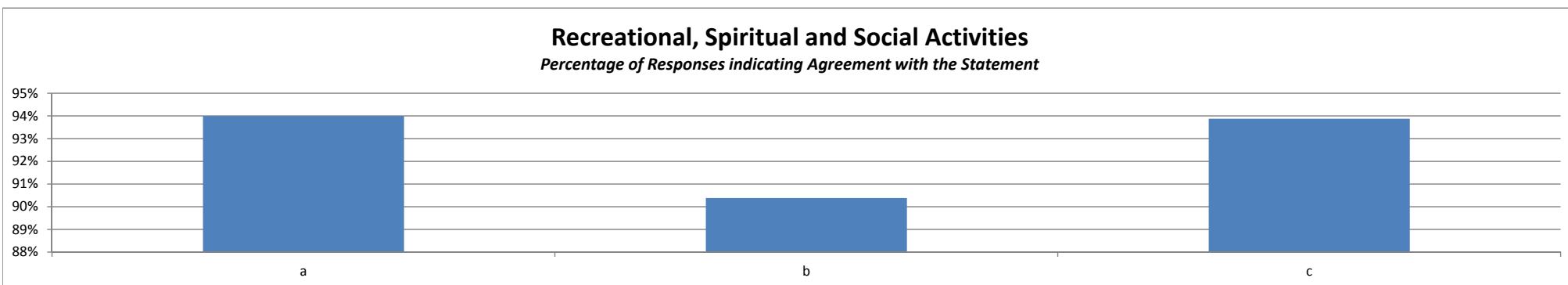
Percentage of Responses indicating Agreement with the Statement



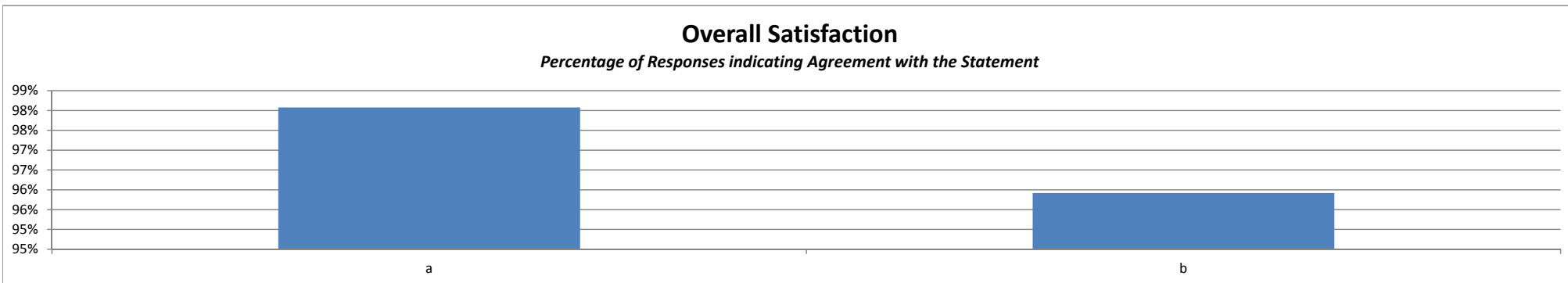
| 6. Dietary Services | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) Consideration is given to my food preferences. | 23 | 19 | 2 | - | 3 |
| b) The meal service is provided in a pleasant environment and staff encourage resident conversation. | 21 | 28 | 2 | - | - |
| c) My meals are of good quality, and served at the appropriate temperature. | 21 | 25 | 2 | - | 2 |
| d) The menu planning provides an appropriate variety of food interests, and seasonal features and responsive to my specific dietary needs. | 19 | 26 | 4 | - | 3 |
| e) I receive adequate portions of food; my preferences for portion sizes may vary and are normally accommodated by Staff. | 25 | 24 | 1 | - | 1 |
| f) The Residence provides an enjoyable and pleasurable dining experience. | 20 | 27 | 2 | - | 3 |



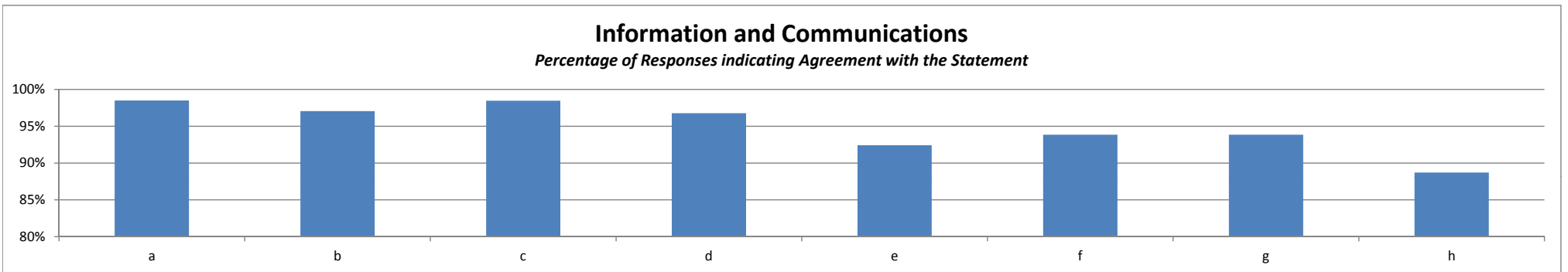
| 7. Recreational, Spiritual and Social Activities | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) I am encouraged and/or asked to participate in various activities and assistance is provided where necessary. | 21 | 24 | 3 | - | 2 |
| b) I am sufficiently informed regarding the range of activities through information board, residents' calendars, and announcements made within the Residence. | 21 | 24 | 5 | - | 2 |
| c) There are opportunities to express spiritual and cultural preferences. | 16 | 24 | 3 | - | 6 |



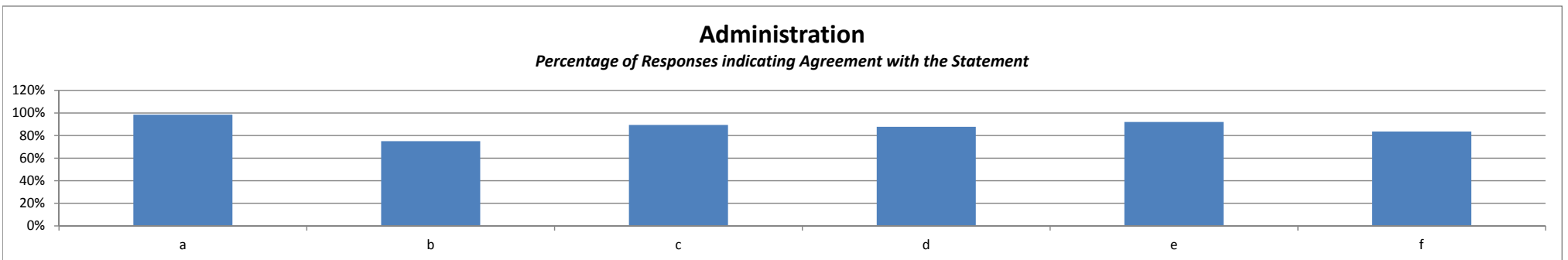
| 8. Overall Satisfaction | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) I am satisfied with the quality of care and services. | 28 | 23 | 1 | - | - |
| b) I would recommend this Long-term Care Residence to family and friends. | 30 | 17 | 2 | - | - |



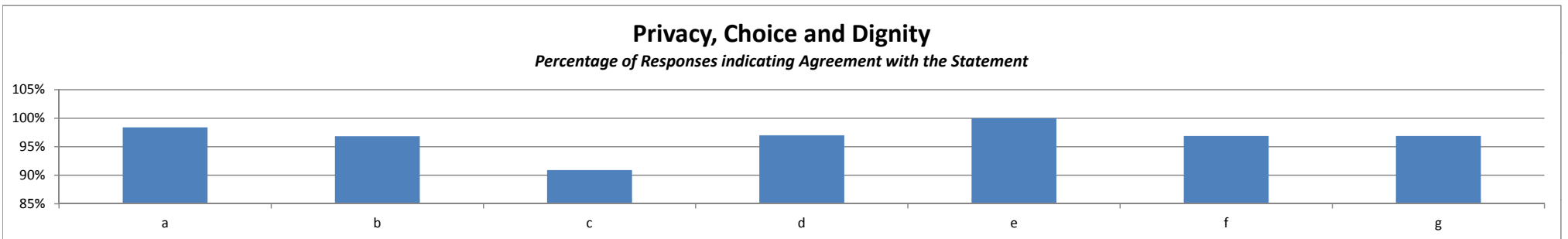
| 1. Information and Communication | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) I know who to speak to if I have concern about my health or my care. | 32 | 33 | 1 | - | 1 |
| b) I am, and my family is, notified if there is a change in my health, medications, and treatments. | 28 | 35 | 1 | 1 | 3 |
| c) Staff are friendly, courteous, and helpful; they listen to me when I speak to them. | 39 | 25 | 1 | - | - |
| d) I am addressed appropriately and called by my name. | 27 | 29 | 2 | - | 4 |
| e) I am, and my family is, treated with respect. | 30 | 31 | 5 | - | - |
| f) I believe the level of communication from staff is appropriate. | 32 | 29 | 4 | - | - |
| g) There is a community feeling within the organization. | 31 | 30 | 4 | - | - |
| h) I feel that access to my attending physician or the medical director is timely and responsive. | 24 | 31 | 7 | - | - |



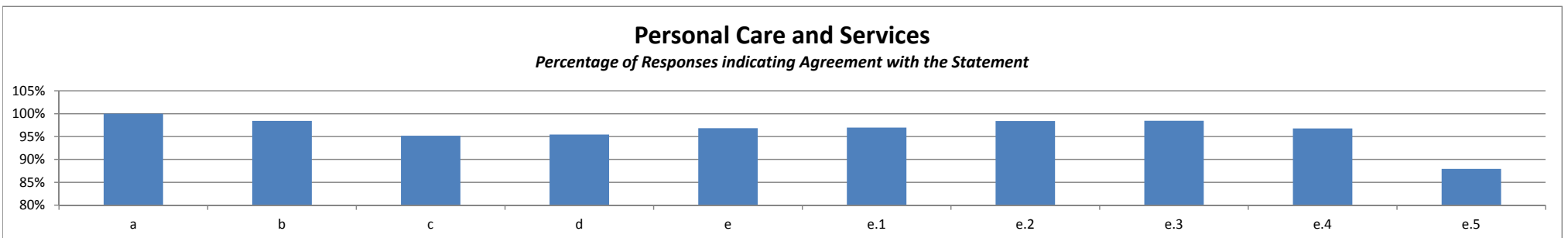
| 2. Administration | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) When I contact members of the administration team, my questions are dealt with in an effective and efficient manner. | 22 | 35 | - | 1 | 6 |
| b) I am familiar with the Residence's advocacy and complaints procedures. | 15 | 30 | 12 | 4 | 3 |
| c) I have confidence that issues raised will be dealt with fairly in a timely manner. | 20 | 35 | 4 | 3 | 4 |
| d) Communications regarding my resident billings and charges are dealt with efficiently and confidentially. | 21 | 35 | 5 | 3 | 1 |
| e) I feel the telephone and television services provided are good value and questions or concerns are addressed in a timely manner. | 20 | 36 | 3 | 2 | 2 |
| f) I, or my family, access and value the information that the website provides. | 8 | 22 | 4 | 6 | 21 |



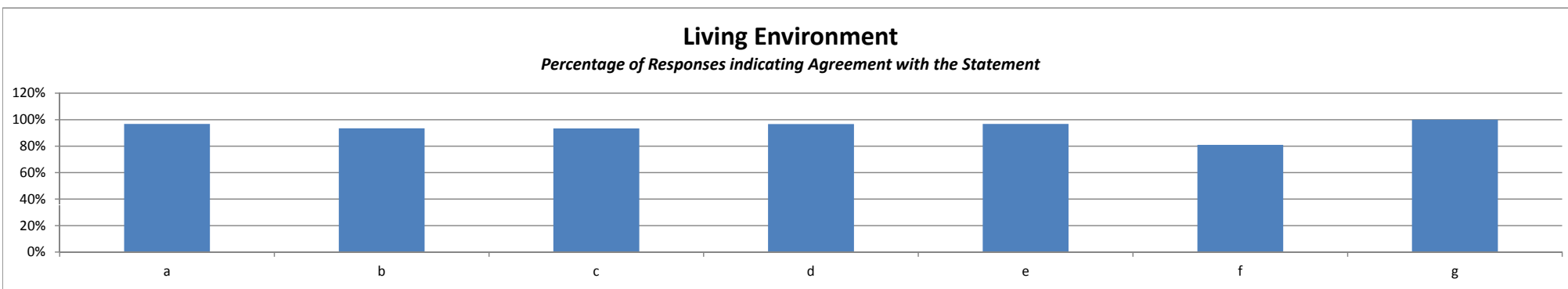
| 3. Privacy, Choice and Dignity | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) Staff respect my personal and physical privacy. | 23 | 38 | 1 | - | - |
| b) I feel that I have an opportunity to be involved in decisions relating to my care. | 20 | 37 | 2 | - | 4 |
| c) I am given a choice as to when my care is provided. | 22 | 34 | 6 | - | 4 |
| d) I have input regarding my care routines. | 23 | 36 | 2 | - | 6 |
| e) I can choose to participate in, or decline to participate in, programs and activities. | 24 | 36 | - | - | 4 |
| f) I am given an opportunity to spend time with my family and friends. | 25 | 36 | 2 | - | 1 |
| g) Staff knocks on my door before entering and waits for a response before entering. | 26 | 34 | 2 | - | 2 |



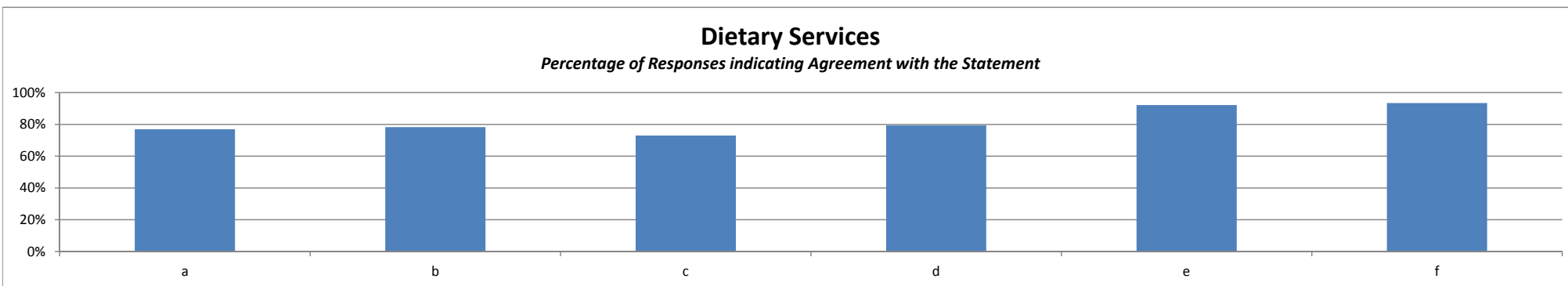
| 4. Personal Care and Services | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) Staff and volunteers show genuine concern for my well-being. | 32 | 31 | - | - | - |
| b) I am encouraged and assisted to improve / maintain my level of independence. | 26 | 35 | 1 | - | 2 |
| c) My care is provided in a kind, friendly and gentle manner. | 29 | 28 | 3 | - | 2 |
| d) Staff work as a team to support me (i.e. medical, nursing, and dietary depts.) | 28 | 33 | 3 | - | 2 |
| e) I am aware of the on-site services provided for residents. | 24 | 34 | 2 | - | 3 |
| • The foot care services I receive are provided in a caring manner. | 20 | 32 | 2 | - | 12 |
| • Physiotherapy services maintain and enhance my mobility and safety. | 19 | 24 | 1 | - | 19 |
| • Hairdressing / Salon services are convenient and appreciated. | 20 | 27 | 1 | - | 17 |
| • The pharmacy provides a valued service and I always have my questions addressed. | 14 | 25 | 1 | 1 | 21 |
| • Dental Hygiene and Denturist services are accessible, convenient, and any questions or concerns I have are addressed appropriately. | 5 | 3 | 1 | 6 | 43 |



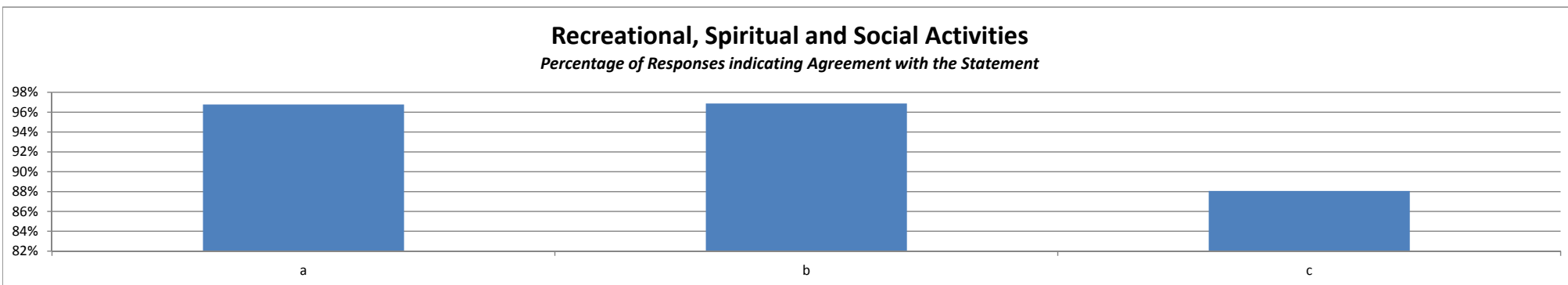
| 5. Living Environment | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) The Residence provides a safe, home-like environment for me. | 25 | 35 | 1 | 1 | - |
| b) The Residence is clean and well-maintained. | 20 | 36 | 4 | - | 1 |
| c) The grounds are well kept, accessible, and enjoyable. | 22 | 34 | 3 | 1 | - |
| d) I am encouraged to personalize my room with items and furnishings, where possible. | 30 | 29 | 2 | - | - |
| e) There is a space to sit and visit privately with my family members and friends. | 28 | 31 | 2 | - | 1 |
| f) Maintenance responds promptly when things need to be fixed (light bulbs, plumbing, call cords, etc.). | 19 | 32 | 7 | 5 | - |
| g) I understand the procedures that are implemented when there is a health concern. | 24 | 39 | - | - | 1 |



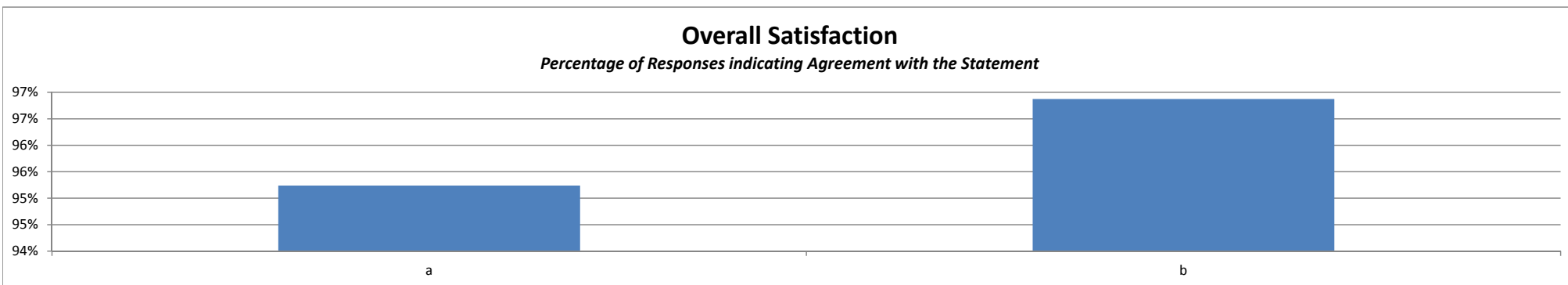
| 6. Dietary Services | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) Consideration is given to my food preferences. | 14 | 33 | 13 | 2 | 3 |
| b) The meal service is provided in a pleasant environment and staff encourage resident conversation. | 16 | 38 | 9 | 6 | - |
| c) My meals are of good quality, and served at the appropriate temperature. | 10 | 33 | 12 | 5 | 3 |
| d) The menu planning provides an appropriate variety of food interests, and seasonal features and responsive to my specific dietary needs. | 12 | 34 | 11 | 2 | 4 |
| e) I receive adequate portions of food; my preferences for portion sizes may vary and are normally accommodated by Staff. | 20 | 39 | 4 | 1 | - |
| f) The Residence provides an enjoyable and pleasurable dining experience. | 15 | 39 | 2 | 2 | 3 |



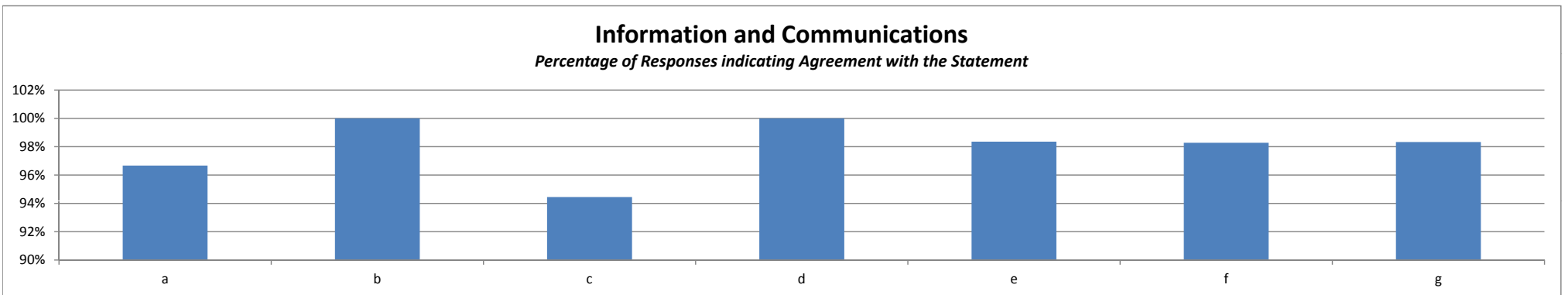
| 7. Recreational, Spiritual and Social Activities | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) I am encouraged and/or asked to participate in various activities and assistance is provided where necessary. | 25 | 33 | 2 | - | 2 |
| b) I am sufficiently informed regarding the range of activities through information board, residents' calendars, and announcements made within the Residence. | 20 | 38 | 2 | - | 4 |
| c) There are opportunities to express spiritual and cultural preferences. | 11 | 42 | 8 | - | 6 |



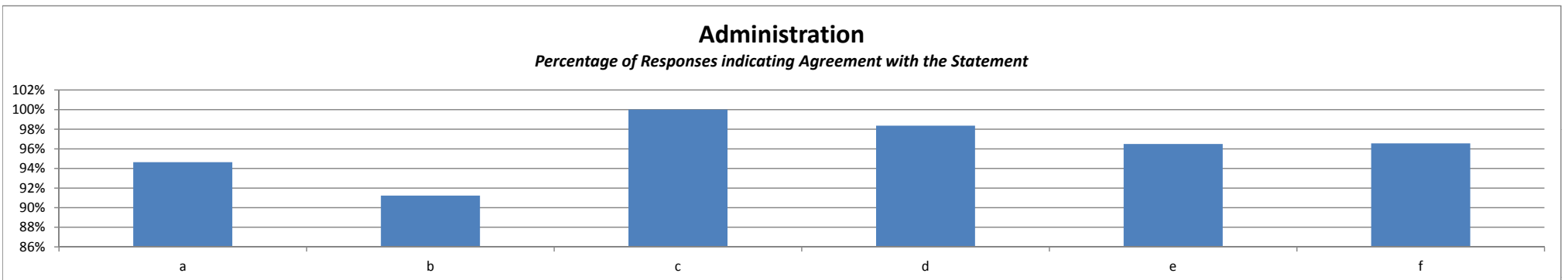
| 8. Overall Satisfaction | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) I am satisfied with the quality of care and services. | 23 | 37 | 3 | - | - |
| b) I would recommend this Retirement Residence to family and friends. | 26 | 34 | 1 | 1 | 2 |



| 1. Information and Communication | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) I am informed about issues and situations that will impact my ongoing residence and enjoyment of my Suite. | 18 | 40 | 1 | 1 | - |
| b) Staff is friendly, courteous, and helpful; they listen to me when I speak to them. | 32 | 29 | - | - | - |
| c) I am addressed appropriately and called by my name. | 26 | 25 | 3 | - | - |
| d) I am, and my family is, treated with respect. | 30 | 30 | - | - | - |
| e) There is a community feeling within the organization. | 27 | 33 | 1 | - | - |
| f) I am comfortable with the level of communication from the Residents' Council to the Residents. | 12 | 45 | 1 | - | - |
| g) I feel the present form of communication from staff via the Information Board and the semi-annual General Residents' Meetings is appropriate. | 19 | 40 | 1 | - | - |

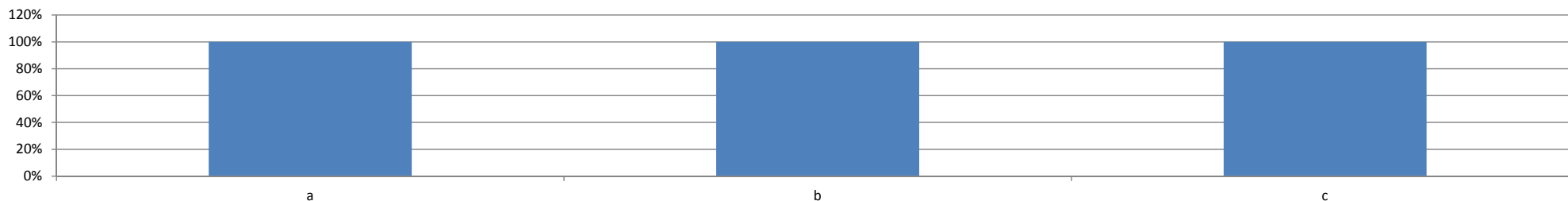


| 2. Administration | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) When I contact members of the administration team, my questions are dealt with in an effective and efficient manner. | 27 | 25 | 3 | - | 1 |
| b) I have confidence that issues raised will be dealt with fairly in a timely manner. | 15 | 37 | 5 | - | - |
| c) Communications regarding my resident billings and charges are dealt with efficiently and confidentially. | 27 | 32 | - | - | 1 |
| d) I feel the telephone and television services provided are good value and questions or concerns are addressed in a timely manner. | 27 | 33 | 1 | - | - |
| e) I, or my family, access and value the information that the website provides. (www.elliottcommunity.org) | 7 | 16 | 2 | - | 32 |
| f) I can book either the guest suite or lounge, when available, and the service is prompt and arrangements are always accurate. | 19 | 20 | 2 | - | 17 |



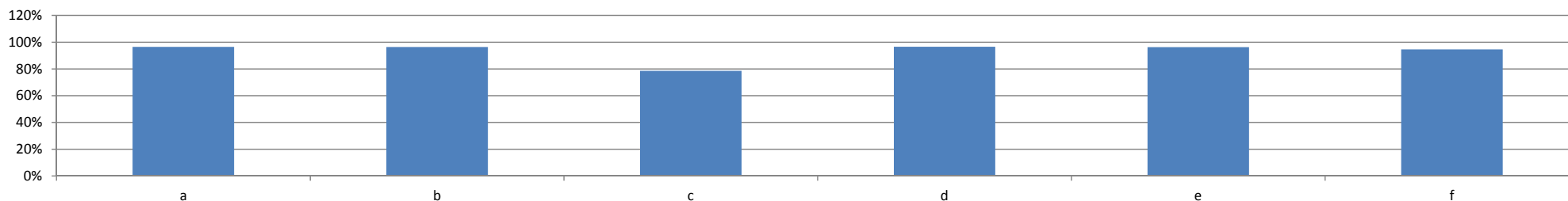
| 3. Privacy, Choice and Dignity | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) Staff respect my personal and physical privacy. | 28 | 29 | - | - | 1 |
| b) When a staff member is required to enter my Suite, prior arrangements are made, or in the case of an emergency, suitable acknowledgement is followed. | 31 | 29 | - | - | - |
| c) Staff knock on my door before entering and/or waits for a response before entering. | 31 | 37 | - | - | - |

Privacy, Choice and Dignity
Percentage of Responses indicating Agreement with the Statement

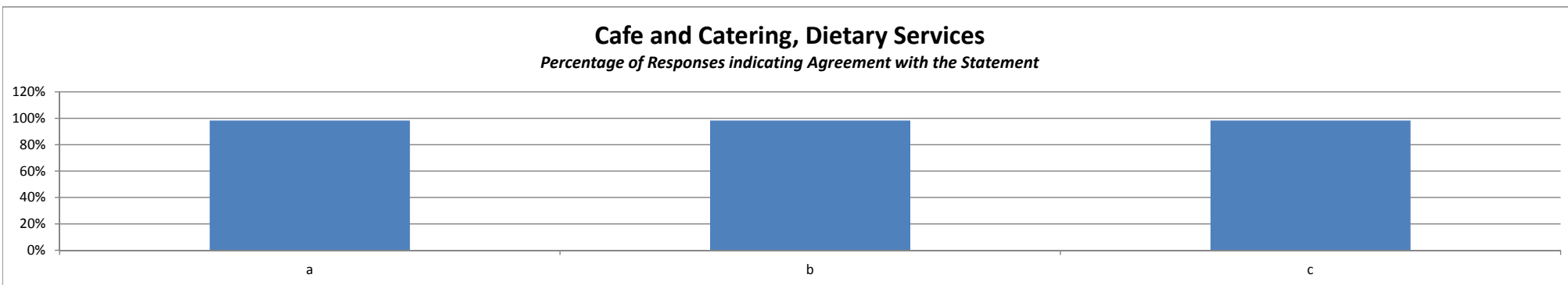


| 4. Living Environment | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) The Residence provides a safe, home-like environment for me. | 35 | 20 | 2 | - | - |
| b) The Residence is clean and well-maintained; hallways are clean and uncluttered. | 21 | 33 | 2 | - | - |
| c) The grounds are well kept, accessible, and enjoyable. | 21 | 23 | 12 | - | - |
| d) Maintenance responds promptly when things need to be fixed (light bulbs, plumbing, call cords, etc.). | 27 | 29 | 2 | - | - |
| e) I understand the procedures that are implemented when there is a health concern. | 20 | 28 | 2 | - | 4 |
| f) Necessary precautions are taken to maintain the safety and security of residents and their guests. | 25 | 27 | 3 | - | 1 |

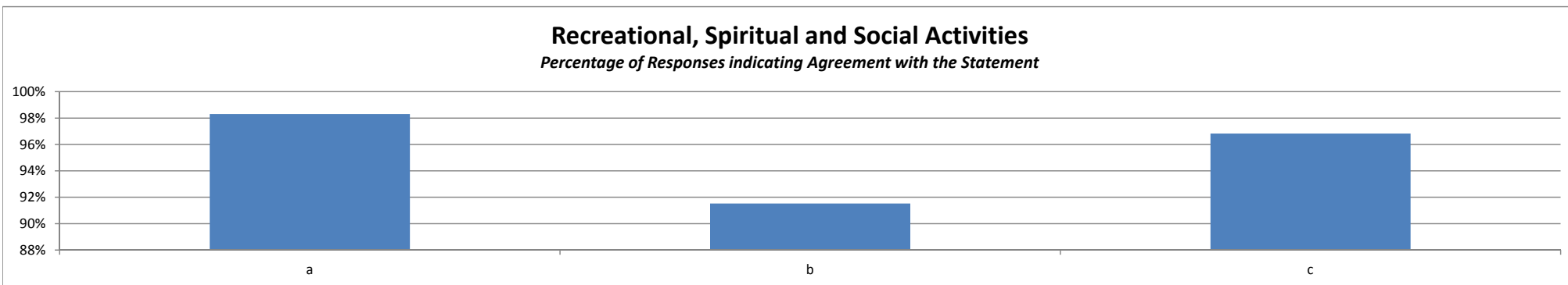
Living Environment
Percentage of Responses indicating Agreement with the Statement



| 5. Cafe and Catering, Dietary Services | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) Cafe meals that I enjoy are of good quality, and served at the appropriate temperature. | 20 | 28 | 1 | - | 9 |
| b) The Cafe menu planning provides an appropriate variety of food interests, and seasonal features. | 18 | 33 | 1 | - | 6 |
| c) The Cafe provides an enjoyable and pleasurable dining experience and I appreciate the availability of meals and nourishments. | 22 | 30 | 1 | - | 5 |



| 6. Recreational, Spiritual and Social Activities | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) I am encouraged and/or asked to participate in various activities. | 18 | 37 | 1 | - | 3 |
| b) I am sufficiently informed regarding the range of activities through information boards. | 16 | 38 | - | 5 | - |
| c) There are opportunities to express spiritual and cultural preferences. | 22 | 33 | 2 | - | 6 |



| 7. Overall Satisfaction | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|-----------------------|--------------|-----------------|--------------------------|-----------------------|
| a) I am satisfied with the quality of care and services. | 26 | 30 | 2 | | 1 |
| b) I would recommend this Life Lease Residence to family and friends. | 36 | 19 | 1 | | |

