

**DESIGNATED SUPPORTIVE LIVING
FAMILY AND RESIDENT
EXPERIENCE SURVEY**

Methodology

September 2020



The Health Quality Council of Alberta is a provincial agency that has a legislated mandate to promote and improve patient safety, person-centred care, and health service quality for Albertans. We engage with Albertans to gather information about their experiences and collaborate with Alberta Health, Alberta Health Services, and other stakeholders to identify and drive actionable improvements. Our responsibilities are set forth in the *Health Quality Council of Alberta Act*.

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BACKGROUND

The Health Quality Council of Alberta (HQCA) is an independent organization legislated under the *Health Quality Council of Alberta Act*, with a mandate to engage Albertans on their experience and satisfaction with patient safety, person-centred care, and health service quality.

Alberta’s continuing care system provides Albertans of advanced age or disability with the healthcare, personal care, and accommodation services they need to support their daily activities, independence, and quality of life. There are three streams of continuing care in Alberta tailored to an individual’s level of need and/or limitations: home care, supportive living, and facility¹ living (Figure 1). The focus of this Methodology Report is designated supportive living (i.e., levels DSL3, DSL4, and DSL4D).

Figure 1: Three streams of the continuing care system

Three Streams of the Continuing Care System					
Home Care	Supportive Living			Facility Living	
Independent Living (e.g., House, Apartment and Condominium)	A congregate setting that combines accommodation services with other supports and care				
	Non-Designated Supportive Living (e.g., Lodges, Group Homes and Congregate Settings)	Designated Supportive Living (DSL) A congregate setting that provides additional support with on-site health care staff			Long Term Care (LTC) Facility (i.e., Nursing Homes and Auxiliary Hospitals)
Publicly funded health care is provided through the Home Care Program	Publicly funded health care is provided through the Home Care Program	DSL- 3	DSL- 4	DSL 4-Dementia	24-hour on-site health care services provided by a diverse mix of health care professionals** and health care staff
		24-hour on-site care provided by health care staff*	24-hour on-site care provided by health care staff*	24-hour on-site care provided by health care staff* in a therapeutic environment	

Figure courtesy of Alberta Health.

*Health care staff in DSL 3, 4 and 4D may include Health Care Aides, Therapy Assistants and Licensed Practical Nurses.

**Healthcare professionals in LTC may include Registered Nurses, Licensed Practical Nurses, Health Care Aides, Occupational and Physical Therapists and Physicians.

Supportive living is an option for individuals who want a maintenance-free environment, feel isolated in their own home, and/or have more complex needs than those provided for by home care. Supportive living sites are not required to provide on-site 24-hour registered nurses or regularly scheduled visits by physicians. Designated supportive living is a care and living option that is publically funded and

¹ The HQCA’s 2016 *Designated Supportive Living Family Experience Survey* and 2016 *Designated Supportive Living Resident Experience Survey* use the term facility to describe this type of continuing care accommodation. Through the stakeholder engagement work done to develop FOCUS on Designated Supportive living, it was decided to use the word site to describe this living environment, which was preferred by residents, family members, and those working in designated supportive living.

operated by sites that are under contract with Alberta Health Services (AHS). Individuals that are eligible for designated supportive living are identified using a standardized assessment process which detects an individuals' healthcare needs and is done by AHS. Services for assessed care needs are publicly funded, but residents are generally responsible for paying for their room, meals, housekeeping and other optional services.

FAMILY EXPERIENCE

The Designated Supportive Living Family Experience Survey

Feedback from family members about the quality of care and services that residents received at designated supportive living sites across Alberta was collected using the *Designated Supportive Living Family Experience Survey* in collaboration with AHS and Alberta Health (AH). Survey results are used to describe the current state of designated supportive living from the family members' perspective and to provide sites and other stakeholders with information that can be used for ongoing monitoring and quality improvement.

The main body of questions in the *Designated Supportive Living Family Experience Survey* was adapted from the *CAHPS® Nursing Home Survey: Family Member Instrument*. This is a 67-question self-reported assessment that assesses family member's overall experience with a site (i.e., Global Overall Care Rating) and was used with the permission of the Agency for Healthcare Research and Quality.

The questionnaire was delivered to, and answered by, family members (respondents).

The CAHPS® survey consist of four subscales (i.e., Dimensions of Care) that contain multiple questions on a similar theme:

1. Staffing, Care of Belongings, and Environment
2. Kindness and Respect
3. Providing Information and Encouraging Family Involvement
4. Meeting Basic Needs

Each survey question was typically followed by a two-option *Yes* or *No* response or a four-option response: *Always*, *Usually*, *Sometimes*, and *Never*.

Questions that addressed the following topics were also included in the survey:

- Improvement suggestions for the care and services provided at the designated supportive living site (open-ended question).
- Family member rating of food (Food Rating Scale).
- Willingness to recommend the designated supportive living site (Propensity to Recommend).
- Medications.
- Resident and respondent (family member) characteristics.

Some questions from the CAHPS® survey were removed, modified, or added to improve their relevance in an Alberta context or to meet the information needs of stakeholders.

Survey sampling design, site recruitment, and (family member) respondent inclusion/exclusion criteria

All designated supportive living sites across Alberta were eligible to participate in this study. Excluded from participation were non-designated supportive living sites (i.e., personal care homes; group or family care homes or lodges; and special care homes (including mental health support homes and long term care-only sites))

The survey was conducted as a census approach of all eligible participants for whom contact data was available. Given the small size of supportive living sites, random sampling techniques were not required and would have added little value at the expense of increased complexity for a few larger sites where random selection might have been justified.

Eligible respondents (family members) were identified with assistance from a liaison at each site, who were asked to provide contact information of the most involved family member or person of a resident. Exclusion criteria included:

- Contacts of new (< 1 month) or transitional residents.
- Residents who had no contact person (family member), or whose contact person resided outside of Canada.
- Contacts of deceased residents or residents no longer living at the site.
- Contacts of residents who were listed as a public guardian or trustee (i.e., non-family member or friend).

Family members of residents who were deceased subsequent to survey rollout were given the option to complete the survey and to provide responses that reflected the last six months the resident resided in the site.

The following three-stage mailing protocol was used to ensure maximum participation rates:

- Family members were initially sent the survey via email or letter mail.
- Postcard or email reminders to all non-respondents.
- A second reminder was sent via email to non-respondents, or for letter mail participants a re-mailing of the questionnaire package with a modified cover letter to all non-respondents.

RESIDENT EXPERIENCE

The Designated Supportive Living Resident Experience Survey

Feedback from residents about the quality of care and services that they received at designated supportive living sites across Alberta was collected using the *Designated Supportive Living Resident Experience Survey* in collaboration with AHS and AH. Survey results are used to describe the current state of designated supportive living from the residents' perspective and to provide sites and other stakeholders with information that can be used for ongoing quality monitoring and improvement.

The main body of questions in the *Designated Supportive Living Resident Experience Survey* was adapted from the Ohio Residential Care Facility Survey developed by the Scripps Gerontology Centre and funded by the Ohio Department of Aging. This is a 49-question instrument that assesses, from the perspective of a resident that lives in a supportive living site, a resident's experience along 11 Dimensions of Care, overall experience (i.e., Global Overall Care Rating), and willingness to recommend the site (Propensity to Recommend).

The questionnaire was answered by residents (respondents) living in designated supportive living sites at levels 3 and 4.

The survey consists of the following subscales (i.e., Dimensions of Care):

- | | |
|--------------------------------|--------------------------|
| 1. Activities | 7. Meals and Dining |
| 2. Choice | 8. Laundry |
| 3. Care and Services | 9. Facility Environment |
| 4. Employee Responsiveness | 10. Resident Environment |
| 5. Relationship with Employees | 11. General Satisfaction |
| 6. Communication | |

Each survey question was typically followed by a four-option response: *Yes Always, Yes Sometimes, No Hardly Ever, and No Never*.

Some questions from the Ohio Residential Care Facility Survey were modified to improve their relevance in an Alberta context. Other questions were added to gather demographic information, meet the information needs of stakeholders, and for the purpose of comparison with other instruments used to measure family and resident experiences in continuing care.

Survey sampling design, recruitment, and (resident) respondent inclusion/exclusion criteria

The survey was conducted as a census of all eligible designated supportive living residents. Eligible respondents were identified using a compiled database obtained from AHS and confirmed by on-site staff. Eligibility to participate in the survey was based on both administrative information and consultation with on-site staff. The following individuals were excluded:

- Residents living in personal care homes (SL1); group or family care homes or lodges (SL2); special care homes (including mental health support homes and long term care-only sites); SL4-dementia residents.
- Sites in which the majority of residents do not speak English (English was not the first language in the site, confirmed by site leadership).
- Residents who were too ill, in hospital, in palliative care, or had a condition that would be a barrier to participation.
- Residents who lived in the site for less than one month or were a transitional residents.
- Residents with a cognitive performance score (CPS) of 5 or 6 (severe impairment or very severe impairment).
- Residents who, from the on-site staff's perspective, would not be able to complete a paper survey on their own or with an interviewer for the following reasons:
 - Moderate to severe cognitive impairment.
 - Language barrier.
 - Legally blind AND hard of hearing.
 - Resident posed a risk of harm to the interviewer.

The questionnaire was completed either as: a self-administered paper survey, or during an in-person interview with a trained interviewer.² Criteria were applied at the site level to limit the number of in-person interviews conducted across the province to meet time and budget constraints. Specifically, sites were divided into remote and non-remote sites for the purpose of the study. A remote site was defined as located greater than 225 kilometres away from a major urban centre, including: Calgary, Edmonton, Red Deer, Grande Prairie, or Lethbridge, and Medicine Hat. Sites deemed geographically remote were limited to self-administered paper surveys sent by mail to the site. The survey team visited all other sites where they conducted in-person interviews or delivered surveys to residents for self-administration.

Residents were assigned to each survey type using a set of criteria that matched the survey type to residents' cognitive and functional abilities. Table 1 outlines the criteria used to assign residents to a type of survey in non-remote sites. However, residents were also provided the option of choosing to complete the survey in-person or on paper.

² The decision to implement a dual-modality survey delivery system was informed by a pilot study that was conducted in the summer/fall of 2012. This study found that in general there were no significant differences in responses among Dimensions of Care relative to survey type, and supported treating both the paper survey and in-person interview as equally valid modes. In addition, the 2013, 2016, and 2019 *Supportive Living Resident Experience Survey* found no systematic difference between survey types when compared to the Global Overall Care Rating and Dimensions of Care.

Table 1: Survey type criteria for residents in non-remote sites

Paper survey criteria	Interview criteria
<ul style="list-style-type: none"> ▪ Residents that lived in a small site (<20 spaces) outside of the city limits of Calgary, Edmonton, Red Deer, Grande Prairie, Medicine Hat, or Lethbridge within a 225 km boundary ▪ Cognitively well residents (CPS score of 0 or 1) with good vision (vision score of 0 to 2). 	<ul style="list-style-type: none"> ▪ Mild to moderate cognitive impairment (CPS 2-4). ▪ Cognitively well residents with poor vision (CPS score of 0 or 1).

Residents with enacted personal directives (as identified by site staff) were not surveyed unless site staff or HQCA staff obtained consent from the resident’s agent. Otherwise, a survey package was sent to the resident’s agent requesting the resident’s participation. If the agent consented, the agent was asked to deliver the survey package to the resident to complete.

REPORTING OF SITE-LEVEL RESULTS

To maximize the reliability of site-level results and to maintain respondent anonymity, data from an individual site was included in site-level analyses only if:

- The site yielded five or more respondents **AND**
- The site response margin of error was equal to or less than 10 per cent and/or the site had a response rate of over 50 per cent among eligible respondents.

COMPARISON GROUPS

Three comparison groups are used to organize experience survey results on the FOCUS on Healthcare website. These include: site size³, geography, and operator type. These comparison groups are defined as follows.

Zone

AHS is organized into five geographic zones (i.e., South, Calgary, Central, Edmonton, and North), with each site located in one of these zones. Survey results on the FOCUS on Healthcare website are organized using zone as a comparator group.

Site size

Site size was measured by the number of supportive living spaces at each site.⁴ This data was collected from AHS at the time of survey rollout. Data on the FOCUS on Healthcare website is organized using the following categories of site size:

- Less than 25,
- 25 to 50,
- 51 to 100, and
- 101 or more.

³ The HQCA's *Designated Supportive Living Family Experience Survey* and *Designated Supportive Living Resident Experience Survey* use the term facility to describe this type of continuing care accommodation. Through the stakeholder engagement work done to develop FOCUS on Designated Supportive Living, it was decided to use the word site to describe this living environment, which was preferred by residents, family members, and those working in designated supportive living.

⁴ Data was obtained from AHS's bi-annual bed survey. Sites included in the HQCA's analyses (N = 146) ranged in spaces from 10 to 252.

Geography

Geography was based on the site's postal code, and is defined as:

- **Urban areas:** Includes the cities of Calgary and Edmonton proper and surrounding commuter communities, and other major urban centres with populations greater than 25,000 and their surrounding commuter communities.
- **Rural areas:** Includes populations less than 25,000 and/or greater than 200 kilometres away from an urban centre.

Operator type

Operator type was based on the four categories or models of care providers that AHS uses to classify sites. These include:

- **AHS (public):** a site that is operated by or wholly owned subsidiary of AHS.
- **Private:** a site that is operated by a private for-profit organization.
- **Non-Alberta regional health authority (RHA):** a site that is present in a RHA outside of Alberta, such as Saskatchewan Health Authority.
- **Not-for-profit:** a site is operated by a not-for-profit or faith-based organization.

Other ownership models may exist (for example, private not-for-profit housing bodies), but the AHS categories and definitions were used for reporting.

APPENDIX A: FAMILY EXPERIENCE SURVEY

THE RESIDENT

1. Who is the person named on the cover letter?

- 1 My Spouse/Partner
- 2 My Parent
- 3 My Mother-in-law / Father-in-law
- 4 My Grandparent
- 5 My Aunt / Uncle
- 6 My Sister / Brother
- 7 My Child
- 8 My Friend
- 9 Other (specify) _____

For this survey, the phrase "family member" refers to the person named in the cover letter.

2. Is your family member now living in the supportive living facility listed in the cover letter?

- 1 Yes → **if Yes, go to question 4**
- 2 No

3. Was your family member discharged from this facility, moved to another facility or are they deceased?

- 1 Discharged If your family member was discharged or moved to another home please stop and return this survey in the postage-paid envelope.
- 2 Moved to another facility

-
- 3 Deceased If your family member is deceased, we understand that you may not want to fill out a survey at this time. Please check the box indicating that your family member is deceased and return the survey in the enclosed envelope.
If you would like to do the rest of the survey, we would be very grateful for your feedback. Please answer the questions about your family member's **last six months** at the supportive living facility. Thank you for your help.

4. Do you expect your family member to live in this supportive living facility permanently?

- 1 Yes
- 2 No
- 3 Don't know

5. In the last 6 months, has your family member ever shared a room with another person at this supportive living facility?

- 1 Yes
- 2 No

6. 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

YOUR VISITS

Please answer the following questions for only yourself. Do not include the experiences of other family members.

7. In the last 6 months, about how many times did you visit your family member in the supportive living facility?

- 1 0 - 1 times in the last 6 months → **go to question 63 on page 7**
- 2 2 - 5 times in the last 6 months
- 3 6 - 10 times in the last 6 months
- 4 11 - 20 times in the last 6 months
- 5 More than 20 times in the last 6 months

8. In the last 6 months, during any of your visits, did you try to find a nurse or aide for any reason?

- 1 Yes
- 2 No → **if No, go to question 10**

9. In the last 6 months, how often were you able to find a nurse or aide when you wanted one?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

10. In the last 6 months, how often did you see the nurses and aides treat your family member with courtesy and respect?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

11. In the last 6 months, how often did you see the nurses and aides treat your family member with kindness?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

12. In the last 6 months, how often did you feel that the nurses and aides really cared about your family member?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

13. In the last 6 months, did you ever see any nurses or aides be rude to your family member or any other resident?

- 1 Yes
 2 No

14. In the last 6 months, during any of your visits, did you help your family member with eating?

- 1 Yes
 2 No → if No, go to question 16

15. Did you help your family member with eating because the nurses or aides either didn't help or made him or her wait too long?

- 1 Yes
 2 No

16. In the last 6 months, during any of your visits, did you help your family member with drinking?

- 1 Yes
 2 No → if No, go to question 18

17. Did you help your family member with drinking because the nurses or aides either didn't help or made him or her wait too long?

- 1 Yes
 2 No

18. "Help toileting" means helping someone get on and off the toilet, or helping to change disposable briefs or pads.

In the last 6 months, during any of your visits to the supportive living facility, did you help your family member with toileting?

- 1 Yes
 2 No → if No, go to question 20

19. Did you help your family member with toileting because the nurses or aides either didn't help or made him or her wait too long?

- 1 Yes
 2 No

20. In the last 6 months, how often did your family member look and smell clean?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

21. Sometimes residents make it hard for nurses and aides to provide care by doing things like yelling, pushing or hitting. In the last 6 months, did you see any resident, including your family member, behave in a way that made it hard for nurses or aides to provide care?

- 1 Yes
2 No → if No, go to question 23

22. In the last 6 months, how often did the nurses and aides handle this situation in a way that you felt was appropriate?

- 1 Never
2 Sometimes
3 Usually
4 Always

**YOUR EXPERIENCE WITH
NURSES AND AIDES**

23. In the last 6 months, how often did the nurses and aides treat you with courtesy and respect?

- 1 Never
2 Sometimes
3 Usually
4 Always

24. In the last 6 months, did you want to get information about your family member from a nurse or an aide?

- 1 Yes
2 No → if No, go to question 26

25. In the last 6 months, how often did you get this information as soon as you wanted?

- 1 Never
2 Sometimes
3 Usually
4 Always

26. In the last 6 months, how often did the nurses and aides explain things in a way that was easy for you to understand?

- 1 Never
2 Sometimes
3 Usually
4 Always

27. In the last 6 months, did the nurses and aides ever try to discourage you from asking questions about your family member?

- 1 Yes
2 No

28. In the last 6 months, how often is your family member cared for by the same team of staff?

- 1 Never
2 Sometimes
3 Usually
4 Always

29. In the last 6 months, how often did you feel confident that employees knew how to do their jobs?

- 1 Never
2 Sometimes
3 Usually
4 Always

THE SUPPORTIVE LIVING FACILITY

30. In the last 6 months, how often did your family member's room look and smell clean?

- 1 Never
2 Sometimes
3 Usually
4 Always

31. In the last 6 months, how often were you able to find places to talk to your family member in private?

- 1 Never
2 Sometimes
3 Usually
4 Always

32. In the last 6 months, how often did the public areas of the supportive living facility look and smell clean?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

33. In the last 6 months, did you ever see the nurses and aides fail to protect any resident's privacy while the resident was dressing, showering, bathing, or in a public area?

- 1 Yes
 2 No

34. Personal medical belongings are things like hearing aids, eye-glasses, and dentures. In the last 6 months, how often were your family member's personal medical belongings damaged or lost?

- 1 Never
 2 Once
 3 Two or more times

35. In the last 6 months, did your family member use the supportive living facility's laundry services for his or her clothes?

- 1 Yes
 2 No → if No, go to question 37

36. In the last 6 months, when your family member used the laundry service, how often were clothes damaged or lost?

- 1 Never
 2 Once or twice
 3 Three times or more

37. At any time in the last 6 months, were you ever unhappy with the care your family member received at the supportive living facility?

- 1 Yes
 2 No → if No, go to question 41

38. In the last 6 months, did you talk to any supportive living facility staff about this concern?

- 1 Yes
 2 No → if No, go to question 40

39. In the last 6 months, how often were you satisfied with the way the supportive living facility staff handled these problems?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

40. In the last 6 months, did you ever stop yourself from talking to any supportive living facility staff about your concerns because you thought they would take it out on your family member?

- 1 Yes
 2 No

41. In your opinion, is the overall cost of living at this facility reasonable?

(By cost of living we mean accommodation cost, meals, housekeeping, and other services paid by you or your family member)

- 1 Yes
 2 No
 8 Don't know
 9 Not applicable

CARE OF YOUR FAMILY MEMBER

42. In the last 6 months, have you been involved in decisions about your family member's care?

- 1 Yes
 2 No → if No, go to question 44

43. 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

44. A care conference is a formal meeting about care planning and health progress between a care team and a resident and his or her family.

In the last 12 months, have you been part of a care conference, either in person or by phone?

- 1 Yes → if Yes, go to question 46
- 2 No

45. Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone?

- 1 Yes
- 2 No

OVERALL RATINGS

46. Using any number from 0 to 10 where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care at the supportive living facility?

- 1 0 Worst Care Possible
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5
- 7 6
- 8 7
- 9 8
- 10 9
- 11 10 Best Care Possible

47. If someone needed supportive living facility care, would you recommend this supportive living facility to them?

- 1 Probably no
- 2 Definitely no
- 3 Probably yes
- 4 Definitely yes

48. In the last 6 months, how often did you feel that there were enough nurses and aides in the supportive living facility?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

OTHER ISSUES

Please remember the questions in this survey are about your experiences. Do not include the experiences of other family members.

49. In the last 6 months, how often did you feel like your family member is safe at the facility?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

50. In the last 6 months, did you help with the care of your family member when you visited because the nurses and aides either didn't help or made him or her wait too long?

- 1 Yes
- 2 No

51. Do you feel that supportive living facility staff expect you to help with the care of your family member when you visit?

- 1 Yes
- 2 No

52. Using any number from 0 to 10 where 0 is the worst food possible and 10 is the best food possible, what number would you use to rate the food at this supportive living facility?

- 1 0 Worst Food Possible
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5
- 7 6
- 8 7
- 9 8
- 10 9
- 11 10 Best Food Possible

53. In the last 6 months, how often did your family member receive all of the healthcare services and treatments they needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

54. In the last 6 months, how often did you have concerns about your family member's medication?

- 1 Never → if Never, go to question 57
- 2 Sometimes
- 3 Usually
- 4 Always

55. Did you talk with any supportive living facility staff about these medication concerns?

- 1 Yes
- 2 No → if No, go to question 57

56. In the last 6 months, how often were your concerns about your family member's medication resolved?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

57. In the last 6 months, did you ask the supportive living facility for information about payments or expenses?

- 1 Yes
- 2 No → if No, go to question 59

58. In the last 6 months, how often did you get all the information you wanted about payments or expenses?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

59. A Resident and Family Council is a group of residents or family from the same supportive living facility that meets on a regular basis to improve the quality of life of residents and to identify and address concerns.

Does your family member's facility have a Resident and Family Council?

- 1 Yes
- 2 No
- 8 I don't know

60. In the last 6 months, have you been a part of a Resident and Family Council meeting?

- 1 Yes
- 2 No → if No, go to question 62
- 8 I don't know → if you don't know, go to question 62

61. Do you feel that participating in the Resident and Family Council helped you feel heard about the things that matter to you? Yes or No?

- 1 No, never
- 2 No, hardly ever
- 3 Yes, sometimes
- 4 Yes, always
- 8 I don't know
- 9 Not applicable

62. In the last 6 months, how often were the people in charge available to talk with you? (Such as managers, supervisors, administration)

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 9 I did not need this

YOU AND YOUR ROLE

63. What is your age?

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 or older

64. Are you male or female?

- 1 Male
- 2 Female

65. What is the highest grade or level of school that you have completed?

- 1 Grade school or some high school
- 2 Completed high school
- 3 Post-secondary technical school
- 4 Some university or college
- 5 Completed college diploma
- 6 Completed university degree
- 7 Postgrad degree (Master's or Ph.D.)

66. What language do you mainly speak at home?

- 1 English
- 2 French
- 3 Other

67. Considering all of the people who visit your family member in the supportive living facility, are you the person who has the most experience with his/her care?

- 1 Yes
- 2 No
- 8 Don't know

68. Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain.

Feel free to use the back page or attach an extra page if necessary

***Thank you for completing this survey.
Your opinions are important to us.***

***Please return the completed survey
in the postage-paid envelope.***



APPENDIX B: RESIDENT EXPERIENCE SURVEY

FACILITY ID:

--	--	--	--	--

PARTICIPANT ID:

--	--	--	--	--	--

ACTIVITIES

Please think about the activities the facility offers to entertain you or keep you involved.

1. Do you have enough to do here?

Yes or No?

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

2. Do you get enough information about the activities offered here? Yes or No?

(Activities such as entertainment, arts and crafts, religious services, outings, exercise classes)

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

3. Are you satisfied with the activities offered here? Yes or No?

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

4. Can you choose what activities you do here? Yes or No?

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

CHOICE

Please think about the choices you have here.

5. Can you go to bed when you like?

Yes or No?

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

6. Do the employees leave you alone if you don't want to do anything?

Yes or No?

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

7. Do the people who work here encourage you to do the things you are able to do yourself? Yes or No?

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

8. Are you free to come and go as you are able? Yes or No?

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

C H O I C E cont'd

Please think about the choices you have here.

9. Are the rules here reasonable? Yes or no? (Rules such as safety policies, dining room policies, curfew)
- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never
10. Can you choose what clothes to wear? Yes or No?
- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never

C A R E & S E R V I C E S

Please think about the care and services that you get here. By care we mean things employees do for you or to help you.

11. Can you get snacks and drinks whenever you want them? Yes or No?
- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never
12. Do you get your medications on time? Yes or No? (Do you get your medications in a timely manner?)
- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never
13. Do employees explain your care and services to you? Yes or No? (By care we mean the things employees do for you or to help you)
- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never
14. Do the employees who take care of you know what you like and you don't like? Yes or No?
- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never

RELATIONSHIP WITH EMPLOYEES

Please think about the way employees treat you here.

15. Are the employees courteous to you?
Yes or No?

- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never

16. Can you depend on the employees?
Yes or No? (Do employees do what they say they will do, follow through?)

- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never

17. Are the people who work here friendly? Yes or No?

- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never

18. Do the employees treat you with respect? Yes or No?

- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never

EMPLOYEE RESPONSIVENESS

Please think about the availability of employees who work here.

19. During the week, are the employees available to help you if you need it?
Yes or No?

- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never

20. During the weekend, are the employees available to help you if you need it? Yes or No?

- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never

21. During the evening and night, are the employees available to help you if you need it? Yes or No?

- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never

22. Do you feel confident that employees know how to do their jobs? Yes or No?

- 1 Yes, always 8 Don't know
2 Yes, sometimes 9 Not applicable
3 No, hardly ever
4 No, never

COMMUNICATIONS

Please think about the communication between you and management here.

23. Are the people in charge available to talk with you? Yes or No? (Such as managers, supervisors, administration)

- 1 Yes, always 8 Don't know
 2 Yes, sometimes 9 Not applicable
 3 No, hardly ever
 4 No, never

24. Do the people in charge treat you with respect? Yes or No? (Such as managers, supervisors, administration)

- 1 Yes, always 8 Don't know
 2 Yes, sometimes 9 Not applicable
 3 No, hardly ever
 4 No, never

25. Would you feel comfortable speaking to the people in charge about a problem? Yes or No? (A problem with the care and services that you receive here)

- 1 Yes, always 8 Don't know
 2 Yes, sometimes 9 Not applicable
 3 No, hardly ever
 4 No, never

26. Do you know who to go to here when you have a problem? Yes or No? (A problem with the care and services that you receive here)

- 1 Yes, always 8 Don't know
 2 Yes, sometimes 9 Not applicable
 3 No, hardly ever
 4 No, never

COMMUNICATIONS cont'd

27. Do your problems get taken care of here? Yes or No? (Are your problems addressed?)

- 1 Yes, always 8 Don't know
 2 Yes, sometimes 9 Not applicable
 3 No, hardly ever
 4 No, never

MEALS & DINING

Please think about the food and mealtimes here.

28. Do you get enough to eat? Yes or No?

- 1 Yes, always 8 Don't know
 2 Yes, sometimes 9 Not applicable
 3 No, hardly ever
 4 No, never

29. Is the food here tasty? Yes or No?

- 1 Yes, always 8 Don't know
 2 Yes, sometimes 9 Not applicable
 3 No, hardly ever
 4 No, never

30. Can you get the foods you like? Yes or No?

- 1 Yes, always 8 Don't know
 2 Yes, sometimes 9 Not applicable
 3 No, hardly ever
 4 No, never

MEALS & DINING

cont'd

31. Is your food served at the right temperature? Yes or No? (Cold foods cold, hot foods hot)

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

32. Do you like the way that your meals are served here? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

33. Does the food here meet your dietary needs? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

LAUNDRY

Please think about the laundry service here.

34. Do you get your clothing back from the laundry? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |



**If Not applicable,
please skip to
question 36**

35. Does your clothing come back from the laundry in good condition? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

FACILITY ENVIRONMENT

Please think about the building.

36. Do you like the location of this place?
Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

37. Are the outside walkways and grounds well taken care of? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

38. Does this place look attractive to you? Yes or No? (Overall look).

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

39. Is this place clean enough? Yes or No? (Overall cleanliness)

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

40. Is this place quiet when it should be? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

RESIDENT ENVIRONMENT

Please think about your room.

41. Do you have enough privacy in your room or apartment? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

42. Are you satisfied with your room or apartment? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

43. Do you feel safe here? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

44. Are your belongings safe here? Yes or No? (Belongings are things that belong to you, your property)

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

45. Do you think this is a pleasant place for people to visit? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

RESIDENT ENVIRONMENT *cont'd...*

Please think about your room.

46. Is the room temperature comfortable for you? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

GENERAL SATISFACTION

Please think about the facility in general.

47. Do you feel comfortable here? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

48. Do you feel like you are getting your money's worth here? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

GENERAL SATISFACTION *cont'd*

49. Overall, do you like living here? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

50. Would you recommend this place to a family member or friend? Yes or No?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, always | <input type="checkbox"/> 8 Don't know |
| <input type="checkbox"/> 2 Yes, sometimes | <input type="checkbox"/> 9 Not applicable |
| <input type="checkbox"/> 3 No, hardly ever | |
| <input type="checkbox"/> 4 No, never | |

51. Using any number from 0-10, where 0 is the worst and 10 is the best...

Overall, what number would you use to rate your home?

WORST											BEST
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10	

ADDITIONAL CARE QUESTIONS

The next questions are about your care here.

52. Can you see a doctor if you need to?
Yes or No? (Your doctor or a site doctor)

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

53. Are you able to get transportation to or from medical appointments? Yes or No? (Medical appointments include seeing a doctor, a dentist, a therapist or someone else who takes care of your health)

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

54. In the last 6 months, how often did you feel that there were enough nurses and aides at the facility?

- Always Don't know
 Sometimes Not applicable
 Usually
 Never

55. Do the people who work here take a personal interest in your life?

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

56. Do you get your mental health and emotional needs met? Yes or No?

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

57. Do you get your healthcare needs met? Yes or No? (For example, access to a doctor, physical therapists, occupational therapists, etc)

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

58. Are you involved in making decisions about your care? Yes or No? (Such as planning your daily activities, choosing medical treatments or medication schedule)

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

59. A Resident and Family Council is a group of residents or family from the same home that meets on a regular basis to improve the quality of life of residents and to identify and address concerns.

Does your facility have a Resident and Family Council? Yes or No?

- Yes
 No
 I don't know

ABOUT YOU

This information will only be used to group our results and will not be used to identify you as an individual.

60. In the last 6 months, have you been a part of a Resident and Family Council Meeting? Yes or No?

- Yes **If you answer No or I don't know, please skip to question 3**
 No
 I don't know

61. Do you feel that participating in the Resident and Family Council helped you feel heard about the things that matter to you? Yes or No?

- Yes, always Don't know
 Yes, sometimes Not applicable
 No, hardly ever
 No, never

62. Do you have a roommate?

- Yes
 No

63. Did someone help you complete this survey?

- Yes
 No → If No, please return the completed survey in the postage-paid envelope

64. How did that person help you?

Please select all that apply.

- Read the question to me
 Circled the answers I gave
 Answered the questions for me
 Translated the questions into my language
 Helped me in another way (how?):

- No one helped me complete this survey:

End of Survey. Thank you!

Please put the survey in the postage paid return envelope that is enclosed. An HQCA Survey Administrator will collect this completed survey from you during their return visit on _____. If that return visit has passed or if you prefer, you may drop off the sealed postage paid envelope in a Canada post mail box.”

If you have any other questions or comments, please contact [NAME] from PRA Inc. toll free at [number] or at hqca@pra.ca.



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