

# Your Opinion Counts

Dear Resident;

Listening closely to our residents and their families is an established tradition with the Long-Term Care Homes and Services Division. It is one of our most important measures of customer satisfaction. Through your comments, we become better at meeting our residents' needs. We always try to provide our residents with the care and service that they expect.

Thank you for completing this questionnaire. Your assistance is essential to the planning and ongoing evaluation of our programs.

In addition, should an issue arise at any time in the future, please feel free to contact the home's Administrator directly.

Yours sincerely,

Sandra Pitters  
General Manager  
Long-Term Care Homes and Services

## A. Your Satisfaction with our Care and Services

These questions are based on your experiences with the Home within the last 6 months. Please rate each statement on a 5-point scale, by circling the most appropriate number. If the statement is not applicable, please circle N/A.

<b>1. Participation</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>No Opinion</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
a) The Home provides sufficient opportunities for me to influence decisions related to my care.	1	2	3	4	5	N/A
b) I know whom to approach when I have a concern or problem.	1	2	3	4	5	N/A
c) I am encouraged and/or asked to participate in in-Home activities.	1	2	3	4	5	N/A
d) I am sufficiently informed regarding the range of activities available in the Home.	1	2	3	4	5	N/A
e) I feel comfortable expressing my opinions and feelings about my care.	1	2	3	4	5	N/A
f) Information and questions regarding my finances are dealt with efficiently.	1	2	3	4	5	N/A

Please comment: \_\_\_\_\_

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<b>2. Personal Care and Service</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>No Opinion</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
a) Staff respect my personal and physical privacy.	1	2	3	4	5	N/A
b) I am well cared for.	1	2	3	4	5	N/A
c) Care is provided in a kind, friendly, and gentle manner.	1	2	3	4	5	N/A
d) I am given the help that I require to do the following:						
- eating	1	2	3	4	5	N/A
- bathing	1	2	3	4	5	N/A
- dressing	1	2	3	4	5	N/A
- going to the bathroom	1	2	3	4	5	N/A

## A. Your Satisfaction with our Care and Services (Continued)

2. Personal Care and Service (Continued)	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
e) The Home's dietary program provides:						
- consideration of my food preferences	1	2	3	4	5	N/A
- sufficient variety of food	1	2	3	4	5	N/A
- adequate portions	1	2	3	4	5	N/A
f) Staff work as a team to support me.	1	2	3	4	5	N/A

Please comment: \_\_\_\_\_

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3. Communication	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) Staff are readily available to answer questions and to discuss my care.	1	2	3	4	5	N/A
b) I am satisfied that my questions and concerns are answered and/or followed up.	1	2	3	4	5	N/A
c) I feel comfortable approaching staff about any issue or concern.	1	2	3	4	5	N/A
d) If I report a concern, it is followed up and I am advised.	1	2	3	4	5	N/A
e) Staff are friendly, courteous, and helpful to me.	1	2	3	4	5	N/A
f) Staff communicate effectively with me about matters affecting my life in the Home.	1	2	3	4	5	N/A

Please comment: \_\_\_\_\_

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## A. Your Satisfaction with our Care and Services (Continued)

### 4. **Advocacy** – *To advocate means being able to raise an issue or concern for yourself, or for another person or group of people, in order to make things better.*

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|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| a) | I am familiar with the “ <i>Just for You...Advocacy</i> ” brochure and the “ <i>Advocacy...Working Together</i> ” poster.                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don’t Know <input type="checkbox"/> |
| b) | I know which member of the care team to speak to if I need additional information or have a problem that I want to talk about and have addressed in the home. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don’t Know <input type="checkbox"/> |
| c) | I am both comfortable and confident that I can address and resolve a problem or concern I have in the home.                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don’t Know <input type="checkbox"/> |
| d) | I am familiar with the role and how to access the Resident-Client Advocate if I need additional assistance and support.                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don’t Know <input type="checkbox"/> |

In regards to advocacy, what have we done well? \_\_\_\_\_

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What could we improve? \_\_\_\_\_

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5. Living Environment	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) The Home provides a homelike environment.	1	2	3	4	5	N/A
b) There is space to sit and visit privately with my visitors.	1	2	3	4	5	N/A
c) I am encouraged to personalize my room.	1	2	3	4	5	N/A
d) The Home provides a safe environment for me and my visitors.	1	2	3	4	5	N/A
e) The outside grounds are easily accessible and stimulating.	1	2	3	4	5	N/A
f) Personal laundry services meet my needs.	1	2	3	4	5	N/A
g) My personal clothing is correctly labelled on a timely basis.	1	2	3	4	5	N/A

## A. Your Satisfaction with our Care and Services (Continued)

5. Living Environment (Continued)	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
h) The Home provides an enjoyable dining experience (ie. pleasant environment, service, quality of food).	1	2	3	4	5	N/A

Please comment: \_\_\_\_\_

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6. Quality of Life	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) A community feeling exists in the Home.	1	2	3	4	5	N/A
b) Staff, volunteers and others demonstrate a genuine concern about my well-being.	1	2	3	4	5	N/A
c) I am encouraged and assisted to maintain or improve my level of independence.	1	2	3	4	5	N/A
d) There are opportunities for me to express my spiritual and cultural preferences.	1	2	3	4	5	N/A
e) Staff treat me with respect.	1	2	3	4	5	N/A
f) I would recommend the Home to others requiring long-term care.	1	2	3	4	5	N/A

Please comment: \_\_\_\_\_

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## B. Your Overall Satisfaction

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) Overall, I am satisfied with the quality of the care and service.	1	2	3	4	5	N/A
b) Overall, I am satisfied that the Home is clean and well-maintained.	1	2	3	4	5	N/A

What is most important to you about care and service? \_\_\_\_\_

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## **B. Your Overall Satisfaction** (Continued)

Please advise where we exceeded your expectations: \_\_\_\_\_

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Please advise where we did not meet your expectations: \_\_\_\_\_

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What would you like to see done in the Home to improve residents' quality of life? \_\_\_\_\_

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Is there anything we did not ask you about in this survey that you want to tell us about?

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Thank you for completing our questionnaire. Your input is essential for us to improve our service to better meet our residents' needs.

The survey results will be shared with your Home. You may remain anonymous, if you wish. However, if you would like the Home to know how you personally responded to this survey, in order to assist us in addressing any specific concerns, please complete the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

☐

I would like the Home to contact me.

**Thank you for your time -- It will make a difference.**

Volunteers contribute greatly to the care of residents in our Long-Term Care Homes. If you have a family member or friend who may be able to offer assistance, please ask them to contact the Home, for more information.