



Long-term Care Family Experience Survey Report

Provincial Results

April 2018

Promoting and improving patient safety and health service quality across Alberta

The Health Quality Council of Alberta is a provincial agency that pursues opportunities to improve patient safety and health service quality for Albertans. It gathers and analyzes information, monitors the healthcare system, and collaborates with Alberta Health, Alberta Health Services, health professions, academia, and other stakeholders to drive actionable improvements.

Our responsibilities are set forth in the *Health Quality Council of Alberta Act* and our work is guided by a strategic framework, which highlights our Vision, Mission, and Values and defines four strategic areas of focus: build capacity; monitor the health system; measure to improve; and engage the public.

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1.0 REPORT OVERVIEW

The 2017 *Long-Term Care Family Experience Survey* was conducted by the Health Quality Council of Alberta (HQCA) in collaboration with Alberta Health (AH) and Alberta Health Services (AHS). This survey follows-up the 2014-15, 2010, and 2007 surveys.

Why is it important to survey family members of residents in long-term care?

The overall purpose of the survey was to obtain feedback from family members of residents about the quality of care and services residents received at long-term care (LTC) facilities across Alberta. The survey provides a voice for those whose family members live in long-term care and an opportunity for that voice to be shared across the health system. The information in this report can be used to assess current facility performance relative to other facilities, and to consider changes from 2014-15. The ongoing evaluation of a facility against itself and its peers will provide opportunities to identify areas of success and to determine the importance and focus of quality improvement initiatives.

Participation in this survey provides facilities with contributing evidence for Standard 19, Quality Improvement Reporting, under the Continuing Care Health Services Standards.

This information is also meant to support a culture of continual quality improvement that is evidence-based. Specifically, for participating facilities, this survey can be used as one source of evidence to meet Standard 19: Quality Improvement Reporting under the Continuing Care Health Services Standards. This standard requires that operators have processes to gather client and family experience feedback regarding the quality of care and services provided. In addition, the content of this report has the potential to inform numerous accommodation and health service standards by providing contributing evidence.

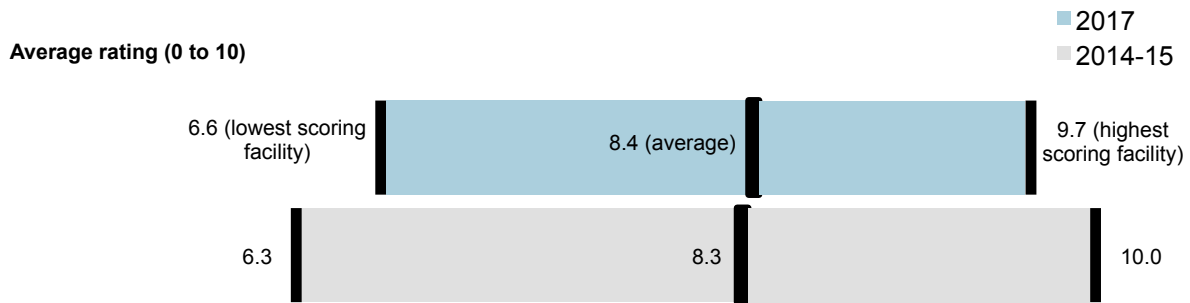
Facts about the survey

- Family members were surveyed using a 64-question modified version of the *Consumer Assessment of Healthcare Providers and Services (CAHPS®) Nursing Home Survey: Family Member Instrument*.
- The survey collected responses from family members from May to September 2017.
- 7,562 family members participated representing a 64 per cent response rate.
- The survey was conducted in 172 long-term care facilities, 155 met facility reliability criteria and are publicly reported in this report.

How did family members rate long-term care facilities?

Global Overall Care Rating

Family members rated their overall experience with their resident’s long-term care facility from 0 to 10 (with 0 being the worst care possible and 10 being the best). Provincially, the average facility Global Overall Care Rating for the 155 publicly reportable facilities was 8.4 out of 10.



Would family members recommend the facility their resident lives in?

Propensity to Recommend

Family members reported whether or not they would recommend their resident’s facility to a family member or friend. Overall, 93 per cent would recommend their resident’s long-term care facility. Provincially, 44 out of 155 facilities had a 100 per cent recommendation percentage.



What aspects of care and services influence how family members rate long-term care facilities?

Dimensions of Care and Food Rating Scale

Dimensions of Care represent a set of questions or topics that share a similar conceptual theme. Four Dimensions of Care and a Food Rating Scale influence the Global Overall Care Rating in the following order:

1. Staffing, Care of Belongings, and Environment
2. Kindness and Respect
3. Food Rating Scale¹
4. Providing Information and Encouraging Family Involvement
5. Meeting Basic Needs

The greatest gains provincially may be achieved by focusing on the strongest influencers of the Global Overall Care Rating

What are the differences between the 2017 and 2014-15 survey results?

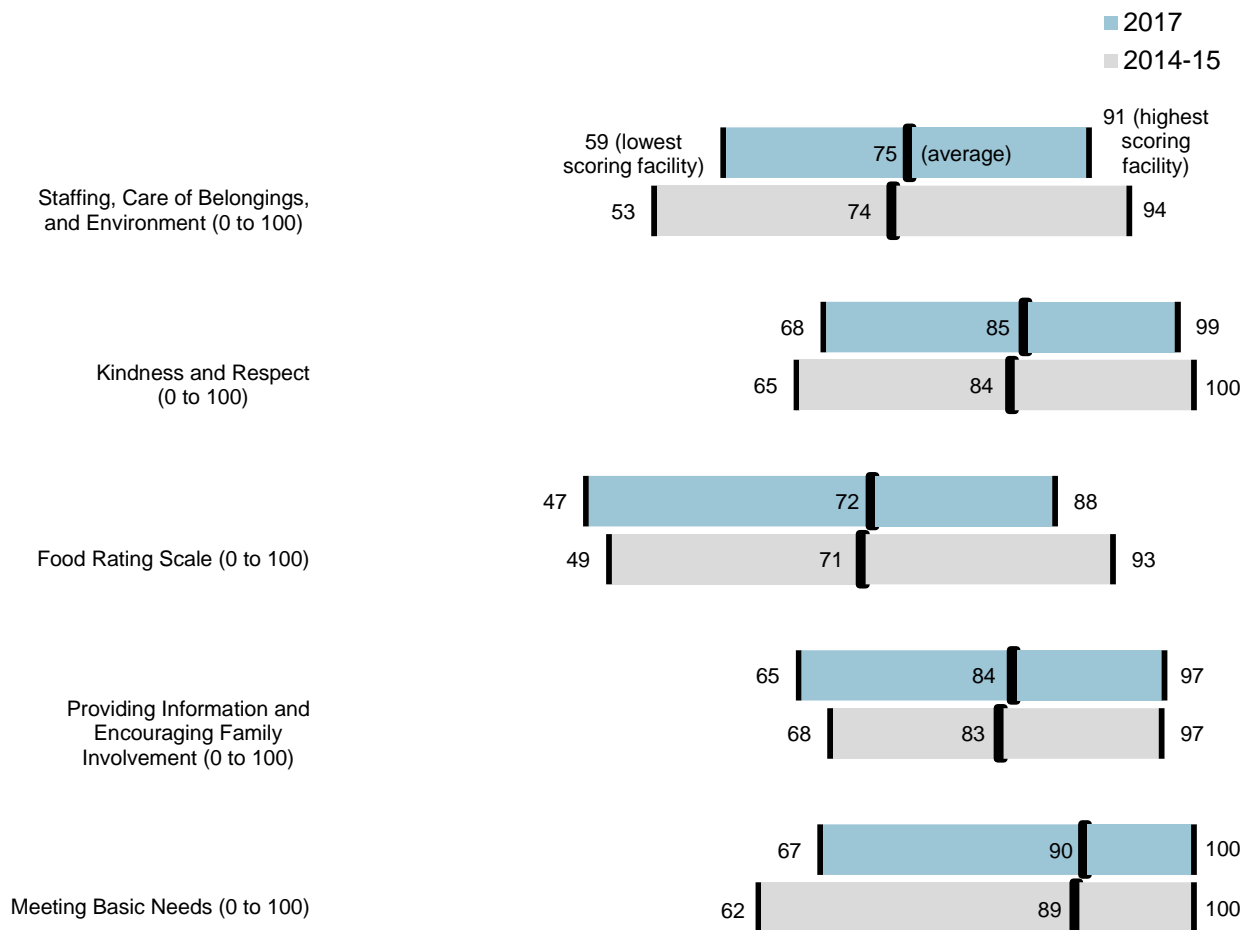
Provincially, among the 155 facilities reported, there were no statistically significant differences in each Dimension of Care or the Food Rating Scale between 2017 and 2014-15.

For each Dimension of Care and the Food Rating Scale, it appears the range from lowest to highest scoring facilities decreased from 2014-15 to 2017, with the exception of Providing Information and Encouraging Family Involvement, which appears to have increased. However, none of these changes are statistically significant (see the provincial summary on the next page).

Provincially, among the 155 facilities reported, there were no statistically significant differences in each Dimension of Care or the Food Rating Scale between 2017 and 2014-15

¹ In keeping with the Dimensions of Care which are scaled from 0 to 100, the Food Rating Scale of 0 to 10 was rescaled by multiplying the scores by 10.

Provincial summary 2017 – Dimensions of Care (N = 155 facilities)



What are the opportunities for improvement?

The key measures reported above provide a provincial overview of care and services from the family member’s perspective. In order to improve each Dimension of Care score, survey questions that comprise each Dimension of Care should be consulted, in addition to related family member comments to provide additional context.

Provincially, among the set of questions that comprise each Dimension of Care, the greatest opportunity for quality improvement may be the question with the **fewest number of family members who responded positively** (i.e., % Always).² Furthermore, the topics that these questions detail reflect areas of top concern for family members who provided written comments. The responses to these questions are reported on the following pages.

² The approach that presents only the most favourable response(s) for a question is typically used to simplify reporting and increase understanding of results. Research supports the use of this approach among best practices in identifying client-driven improvement opportunities. For more information see: Garver M. Customer-driven improvement model: best practices in identifying improvement opportunities. *Industrial Marketing Management*. 2003 Jul;32(6):455-466.

Dimension of Care: Staffing, Care of Belongings, and Environment

“There are not enough nurses and aides to meet the needs of residents. As one example, [the resident] is reluctant to ring [their] call bell for help in using the bathroom as [they] would wait too long. That is not the fault of staff, it is the fault of the facility for not employing enough nurses and aides.”

Only 18 per cent of family members said there were *always* enough nurses or aides (Q47). This was the topic most commented on by family members. Specifically, family members felt facilities were understaffed and felt staff could not adequately support resident needs, leading to rushed and unsatisfactory care. Family members recommended the following:

- Ensure enough staff are scheduled to meet resident care needs and job responsibilities

Dimension of Care: Kindness and Respect

“Residents spend most of their time with the staff; hence, caring staff are essential.”

Approximately 47 per cent of family members *always* felt that nurses and aides really cared about their family member (Q12). This was also one of the top recommendations for improvement according to family comments. Most family members felt the way staff interacted with residents could be improved by spending more one-on-one time getting to know residents. Some felt staff were too busy to spend this time with residents, which made interactions feel impersonal and mechanical. In addition, staff were not always friendly or attentive in their interactions with residents and did not always acknowledge or talk directly to residents when providing care. As a result, family members recommended the following:

- Enable positive interactions by listening and being caring, respectful, patient, and empathetic.
- Staff should greet residents and families when they are seen, and introduce themselves when unacquainted.
- Staff should take the time to regularly engage residents in conversation beyond topics of care.

Dimension of Care: Providing Information and Encouraging Family Involvement

“My messages have not been replied to in the majority of cases. At one point, when requiring timely feedback, calls to even the emergency number provided by the residence were not returned.”

Among family members who requested information about their resident from a nurse or aide, 47 per cent said they *always* received the information as soon as they wanted (Q25). Many family members reported times they did not receive time-sensitive information quickly enough, such as when their resident was involved in an incident, was ill, or had an injury. When they had questions, many said they encountered difficulties locating and contacting the appropriate facility staff. Due to lack of information, family members felt they were prevented from participating as a partner or advocate in their resident's care. As a result, they recommended the following:

- Inform the appropriate family member(s) as soon as possible following an incident involving their resident.
- Provide more frequent updates to family members either face-to-face, over the phone, or by email about resident's physical, mental, and emotional health and wellbeing.

- Ensure staff is available at the facility to answer questions in-person and by telephone. When staff is unable to answer the telephone, respond to messages within 24 hours.

Dimension of Care: Meeting Basic Needs

“Care aides are often very busy at certain times and unable to respond quickly, resulting in my doing the task myself (toileting, changing, etc.).”

Among family members who helped their resident with toileting, 53 per cent said they helped with toileting because they waited too long or did not receive help (Q19). In general, family members commented their resident did not receive timely assistance with toileting, due to insufficient staffing, and felt this contributed negatively to residents’ health (i.e., infections) and dignity. Family members recommended the following related to this issue:

- Ensure enough staff are scheduled during times of high-need (e.g., mealtimes); ensure only one staff member takes a scheduled break at a time and to avoid taking breaks at times of high-need.
- Provide help as quickly as possible and communicate expected delays to residents.
- Check-in with residents regularly and proactively provide assistance.

Additional questions

“Unfortunately, I find to have an issue addressed I have to be the ‘squeaky wheel’.”

Among family members who had concerns, only 13 per cent were *always* satisfied with the way staff handled these concerns (Q39). Many family members commented that they experienced challenges with getting complaints and concerns addressed, stating staff were not always receptive to hearing their concerns or were defensive or unwilling to address them. Family members also reported instances where they or their residents did not feel safe to voice a concern and were worried about repercussions. These circumstances reduced trust and confidence in staff and management. As a result, family members recommended the following:

- Encourage staff to be receptive to receiving feedback and concerns, and ensure staff seeks to resolve concerns in a timely manner. Communicate how concerns will be addressed.

Facility characteristics

How does facility size influence results?

- **Larger facilities generally score lower than smaller facilities.**

In this report, facility size is defined as the total number of long-term care beds at each facility,³ and was informed by data collected from AHS, as of March 2017. The results show larger facilities generally had lower scores than smaller facilities. This difference was significant for the Global Overall Care Rating, and two of the five Dimensions of Care: (1) Staffing, Care of Belongings, and Environment and (2) Kindness and Respect.

³ Data was obtained from AHS’s bi-annual bed survey. Facilities included in the HQCA’s analyses (N = 155) ranged in bed numbers from 7 to 446.

How does an urban or rural setting influence results?

- **In general, there were no differences in key measures between urban and rural facilities**

Geography was based on the facility's postal code and is defined as urban (major urban centres with populations greater than 25,000 and surrounding commuter communities) and rural (populations less than 25,000 and/or greater than 200 kilometres from an urban centre). Provincially, among the 155 facilities reported, there were no statistically significant differences in the Global Overall Care Rating, Propensity to Recommend, each Dimension of Care, or the Food Rating Scale between urban and rural facilities.

How does facility ownership type influence results?

- **Overall there was no strong evidence to suggest any difference in experience across ownership type.**

Three AHS-defined ownership models were examined to determine their impact on family members' experiences of care and services provided at a long-term care facility.⁴ These ownership models are:

- AHS (public) – owned by or wholly owned subsidiary of AHS.
- Private – owned by a private for-profit organization.
- Voluntary – owned by a not-for-profit or faith-based organization.

Provincially, among the 155 facilities reported, there were no statistically significant differences in the Global Overall Care Rating, each Dimension of Care, or the Food Rating Scale between ownership types. The exception is Propensity to Recommend where AHS facilities on average had a higher recommendation percentage than privately owned facilities, but did not differ from voluntary facilities.

Summary

Provincially, family member experiences in long-term care were consistent between 2017 and 2014-15. Specifically, in each of the key measures⁵ described in this report, there were no statistically significant differences between 2017 and 2014-15. Similarly, the topics described by family members in 2017 are consistent with 2014-15.

The survey results continue to indicate room for improvement according to family members of those living in long-term care. The greatest gains provincially may be achieved by focusing on the strongest influencers of family member experiences. One possible way to do this is to explore the survey questions with the fewest number of positive responses.

Family experience data alone should not be used to judge facility performance in the absence of other information such as: level-of-need of the resident population; services provided; other quality measures such as those derived from the interRAI™ *Resident Assessment Instrument*; complaints and concerns; accreditation results; and, compliance with provincial continuing care standards.

⁴ It is recognized that there may be other ownership models than the three reported (for example, private not-for-profit housing bodies); however, ownership models defined and categorized by AHS were used for reporting.

⁵ Key measures refer to the 1) Global Overall Care Rating, 2) Propensity to Recommend, 3) the four Dimensions of Care, and 4) The Food Rating Scale

Each individual facility has its own unique areas of excellence and areas that can be considered for improvement, which may differ from those identified for the province. In addition to the provincial report, facilities should refer to their individualized facility report to better determine where to focus quality improvement efforts to best meet the needs of their own residents and their family members. Each facility report contains question-level results and comments provided by family members that can be used to inform quality improvement efforts.

Overall, results presented in this report are intended to guide reflection on performance provincially by identifying the factors that contribute to the overall evaluation of a facility from family members' perspectives. The ongoing evaluation of a facility against itself and its peers will provide opportunities to identify areas of success and to determine the importance and focus of quality improvement initiatives.

Facility results at a glance

Table 1 provides a summary of 2017 facility-level results. Facilities are grouped by AHS zone and rank-ordered by performance on the four Dimensions of Care and Food Rating Scale only. These measures were selected because they are specific aspects of care that facilities have the opportunity to directly impact.

In addition, to provide context, other variables were included such as geography, facility size (number of LTC beds), number of family members who responded, and ownership type.

The majority of facilities did not show a statistically significant change in any of the seven key measures (138 of 155 facilities).

Among facilities that did show a statistically significant change in any of the seven key measures, the majority of these changes were in the positive direction.

Among facilities that did show a statistically significant change in any of the seven key measures, the majority of these changes were in the positive direction.

How facilities were rank-ordered:

1. Each facility receives a rank for each Dimension of Care and the Food Rating Scale. As a result each facility receives five separate ranks.
2. For each facility, each rank was then weighted by how strongly the Dimension relates to the Global Overall Care Rating. Therefore, ranks for Dimensions of Care that have a stronger association with the Global Overall Care Rating are weighted more heavily.
3. Next, based on the weighted ranks above, a “weighted average” rank was computed.
4. Within each AHS zone, facilities were then rank-ordered based on this weighted average rank.

Facilities that consistently have positive scores across Dimensions of Care will in turn have a high rank. Additional details can be found in Appendix II.

While only 2017 data is presented in Table 1, statistical tests were conducted to test significant differences across survey cycles (2017 versus 2014-15).

A note on colours:

- When the 2017 facility score is shaded **GREEN** this indicates that the 2017 score is significantly HIGHER than the 2014-15 score.
- When the 2017 facility score is shaded **RED** this indicates that the 2017 score is significantly LOWER than the 2014-15 score.

It is important to note that facility rankings from year to year are not entirely comparable as facility participation varied across survey years. In 2014-15, 154 facilities were ranked, whereas in 2017, 155 facilities were ranked. In addition, while significance testing can identify where there has been a mathematical change, this does not necessarily indicate a change in performance over time especially when comparing only two survey cycles.

The information in this report should not be used in isolation, but with other sources of information. Results that did not show any statistically significant change or difference may still be important.

Table 1: Summary of 2017 facility results

Order	Calgary Zone (N = 41 facilities)	Dimensions of Care (0 to 100)					Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of LTC beds	Respondents (N)	Ownership type
		Staffing, Care of Belongings and Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs						
1	Oilfields General Hospital	89	97	83	93	100	9.7	100	Rural	30	22	AHS
2	Didsbury District Health Services	83	95	87	93	93	9.0	100	Rural	21	13	AHS
3	Extendicare Vulcan	86	95	79	92	100	9.2	100	Rural	46	21	Priv
4	Glamorgan Care Centre	83	88	82	90	100	8.9	100	Urban	52	16	Priv
5	Willow Creek Continuing Care Centre	84	89	73	89	97	8.9	100	Rural	100	58	AHS
6	Providence Care Centre	79	93	77	89	88	8.9	98	Urban	94	64	Vol
7	Vulcan Community Health Centre	87	95	62	93	100	9.7	100	Rural	15	10	AHS
8	Canmore General Hospital	79	92	71	92	94	9.1	100	Rural	23	14	AHS
9	Wing Kei Care Centre	82	87	82	83	91	8.8	99	Urban	145	102	Vol
10	Retirement Concepts Millrise	78	90	71	92	92	8.6	94	Urban	51	33	Priv
11	Bow-Crest	76	89	72	87	91	8.4	99	Urban	150	79	Priv
12	Carewest Signal Pointe	79	87	76	81	99	9.2	100	Urban	54	21	AHS
13	Intercare Chinook Care Centre	76	88	71	88	91	8.4	95	Urban	214	110	Priv
14	Bethany Harvest Hills	73	87	73	87	95	8.7	100	Urban	60	43	Vol
15	Mayfair Care Centre	77	83	74	86	96	8.3	86	Urban	142	74	Priv
16	Mount Royal Care Centre	76	85	78	81	93	8.2	83	Urban	93	45	Priv
17	Mineral Springs Hospital	70	87	84	85	79	8.5	100	Rural	25	16	Vol
18	Bethany Cochrane	72	86	71	87	85	8.4	98	Urban	78	54	Vol
19	Father Lacombe Care Centre	72	84	76	83	92	8.4	98	Urban	114	65	Vol
20	Newport Harbour Care Centre	73	83	71	87	91	8.5	99	Urban	127	77	Priv
21	Carewest Sarcee	78	83	73	80	88	8.2	91	Urban	85	36	AHS
22	Bow View Manor	71	84	74	84	91	8.3	95	Urban	231	120	Vol
23	AgeCare Midnapore	74	83	67	83	87	8.1	96	Urban	270	160	Priv
24	McKenzie Towne Continuing Care Centre	67	86	69	85	86	8.1	88	Urban	150	80	Priv
25	Intercare Southwood Care Centre	72	84	61	84	88	8.0	90	Urban	225	114	Priv

Order	Calgary Zone (N = 41 facilities)	Dimensions of Care (0 to 100)					Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of LTC beds	Respondents (N)	Ownership type
		Staffing, Care of Belongings and Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs						
26	Intercare Brentwood Care Centre	72	82	69	83	91	8.0	89	Urban	236	120	Priv
27	Wentworth Manor/The Residence and The Court	65	86	71	82	86	7.9	96	Urban	73	53	Vol
28	High River General Hospital	63	86	72	83	81	8.1	94	Rural	50	35	AHS
29	Carewest Dr. Vernon Fanning Centre	72	83	57	82	93	7.8	91	Urban	191	76	AHS
30	Extendicare Cedars Villa	71	82	66	84	91	8.0	94	Urban	248	114	Priv
31	AgeCare Seton	74	79	69	77	77	8.1	94	Urban	59	33	Priv
32	Bethany Calgary	70	80	69	80	81	7.9	76	Urban	446	82	Vol
33	AgeCare Sagewood	65	84	60	81	92	7.9	75	Rural	35	13	Priv
34	Carewest George Boyack	69	80	65	82	84	8.0	94	Urban	221	123	AHS
35	Carewest Royal Park	73	74	59	77	90	8.0	97	Urban	50	33	AHS
36	Extendicare Hillcrest	69	79	65	81	85	7.5	81	Urban	112	61	Priv
37	Carewest Garrison Green	68	79	65	79	90	7.7	89	Urban	200	112	AHS
38	AgeCare Glenmore	69	78	69	81	83	7.7	91	Urban	208	124	Priv
39	AgeCare Walden Heights	67	74	70	80	85	7.7	84	Urban	58	43	Priv
40	Carewest Colonel Belcher	66	78	69	79	82	7.7	94	Urban	175	116	AHS
41	Clifton Manor	64	75	62	75	88	6.9	67	Urban	250	95	Priv
Order	Edmonton Zone (N = 36 facilities)	Dimensions of Care (0 to 100)					Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of LTC beds	Respondents (N)	Ownership type
		Staffing, Care of Belongings and Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs						
1	Sherwood Care	84	94	77	91	93	9.4	99	Urban	100	72	Vol
2	Foyer Lacombe	80	98	78	88	86	9.0	100	Urban	12	9	Vol
3	Devon General Hospital	84	93	73	89	100	9.4	100	Urban	14	7	AHS
4	Extendicare Leduc	78	89	78	87	94	8.7	96	Urban	79	46	Priv
5	CapitalCare Kipnes Centre for Veterans	75	89	77	87	88	8.7	100	Urban	120	75	AHS
6	Venta Care Centre	78	89	72	85	95	8.4	94	Urban	148	78	Priv
7	Rivercrest Care Centre	76	86	72	86	89	8.3	92	Urban	85	59	Priv
8	Jubilee Lodge Nursing Home	79	86	71	86	91	8.3	94	Urban	154	109	Priv
9	South Terrace Continuing Care Centre	76	85	74	85	96	8.5	92	Urban	107	64	Priv

Order	Edmonton Zone (N = 36 facilities)	Dimensions of Care (0 to 100)					Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of LTC beds	Respondents (N)	Ownership type
		Staffing, Care of Belongings and Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs						
10	Good Samaritan Stony Plain Care Centre	75	90	70	85	88	8.5	99	Urban	126	74	Vol
11	Jasper Place Continuing Care Centre	73	86	72	89	95	8.4	95	Urban	100	44	Priv
12	CapitalCare Strathcona	72	88	75	87	88	8.7	99	Urban	111	71	AHS
13	WestView Health Centre	78	85	75	78	91	8.6	100	Urban	38	26	AHS
14	St. Michael's Long Term Care Centre	75	84	73	83	87	8.4	88	Urban	153	83	Vol
15	Citadel Care Centre	73	86	71	85	88	8.6	98	Urban	129	82	Priv
16	Touchmark at Wedgewood	74	81	73	83	91	8.1	92	Urban	64	36	Priv
17	CapitalCare Lynnwood	73	85	71	85	87	8.4	94	Urban	284	159	AHS
18	Extendicare Eaux Claires	74	82	67	80	92	8.2	91	Urban	180	93	Priv
19	Salem Manor Nursing Home	74	80	69	85	84	7.9	92	Urban	102	61	Vol
20	Shepherd's Care Kensington	70	85	67	87	88	8.3	95	Urban	69	42	Vol
21	Extendicare Holyrood	69	80	77	83	87	8.1	87	Urban	74	45	Priv
22	CapitalCare Grandview	70	82	72	80	83	8.0	96	Urban	136	82	AHS
23	Shepherd's Care Millwoods	72	82	66	83	82	8.2	92	Urban	147	88	Vol
24	Allen Gray Continuing Care Centre	69	82	73	78	82	8.1	98	Urban	156	95	Vol
25	Edmonton General Continuing Care Centre	68	80	63	84	89	7.6	85	Urban	439	161	Vol
26	Hardisty Care Centre	71	79	67	78	82	7.5	70	Urban	175	51	Priv
27	Devonshire Care Centre	70	75	69	80	82	7.9	92	Urban	132	78	Priv
28	CapitalCare Dickinsfield	70	79	67	78	84	7.8	97	Urban	275	157	AHS
29	St. Joseph's Auxiliary Hospital	70	79	64	81	84	7.8	86	Urban	188	106	AHS
30	Good Samaritan Southgate Care Centre	66	79	69	81	82	7.7	79	Urban	226	106	Vol
31	Covenant Health Youville Home	66	80	66	80	79	7.8	88	Urban	232	110	Vol
32	Miller Crossing Care Centre	68	78	67	78	86	7.7	86	Urban	155	74	Priv
33	Good Samaritan Society Pembina Village	70	78	65	70	82	7.4	71	Urban	40	16	Vol
34	Edmonton Chinatown Care Centre	65	68	69	80	82	7.6	88	Urban	80	27	Vol
35	Good Samaritan Dr. Gerald Zetter Care Centre	66	78	64	77	79	7.6	86	Urban	200	105	Vol
36	Good Samaritan Millwoods Care Centre	59	70	56	70	75	6.6	61	Urban	60	25	Vol

Order	Central Zone (N = 38 facilities)	Dimensions of Care (0 to 100)					Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of LTC beds	Respondents (N)	Ownership type
		Staffing, Care of Belongings and Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs						
1	Westview Care Community	88	94	88	92	96	9.4	100	Rural	37	29	Vol
2	Breton Health Centre	84	95	75	96	100	9.4	100	Rural	23	14	AHS
3	Northcott Care Centre (Ponoka)	83	91	82	90	98	8.8	98	Rural	73	44	Priv
4	Drayton Valley Hospital and Care Centre	83	96	75	89	89	9.4	96	Rural	50	27	AHS
5	Galahad Care Centre	83	92	80	83	95	9.3	100	Rural	20	12	AHS
6	Hardisty Health Centre	78	99	80	88	86	8.5	100	Rural	15	6	AHS
7	Rimbey Hospital and Care Centre	81	89	79	89	90	8.9	100	Rural	84	51	AHS
8	Tofield Health Centre	80	87	76	92	96	8.7	100	Rural	50	34	AHS
9	Lloydminster Continuing Care Centre	79	88	82	89	90	9.0	100	Rural	60	34	AHS
10	Our Lady of the Rosary Hospital	83	90	75	83	92	8.4	92	Rural	22	15	AHS
11	Ponoka Hospital and Care Centre	77	87	77	92	97	8.8	100	Rural	28	13	AHS
12	Hanna Health Centre	79	86	75	86	92	8.8	100	Rural	61	39	AHS
13	Bentley Care Centre	88	84	69	97	97	9.3	100	Rural	16	7	AHS
14	St. Mary's Health Care Centre	79	84	85	84	99	8.9	100	Rural	28	11	AHS
15	Vermilion Health Centre	82	86	75	87	96	8.9	94	Rural	48	37	AHS
16	Louise Jensen Care Centre	77	88	74	86	97	8.7	100	Rural	65	31	AHS
17	Mary Immaculate Care Centre	78	86	84	80	90	8.7	100	Rural	30	16	AHS
18	Provost Health Centre	77	86	77	80	92	8.4	96	Rural	47	27	AHS
19	Vegreville Care Centre	78	86	74	83	96	8.6	97	Rural	60	33	AHS
20	Coronation Hospital and Care Centre	82	80	75	82	100	9.0	100	Rural	23	13	AHS
21	Mannville Care Centre	75	85	88	82	83	8.7	100	Rural	23	16	AHS
22	Bethany CollegeSide (Red Deer)	77	86	74	83	94	8.6	98	Urban	112	67	Vol
23	Extendicare Viking	73	87	75	84	90	7.7	92	Rural	60	27	Priv
24	Stettler Hospital and Care Centre	77	90	71	80	84	8.5	92	Rural	46	27	AHS
25	Innisfail Health Centre	76	81	77	84	93	8.5	95	Rural	78	42	AHS
26	Two Hills Health Centre	77	85	63	86	90	8.4	96	Rural	56	26	AHS
27	Olds Hospital and Care Centre	71	85	76	82	97	8.3	96	Rural	45	30	AHS
28	Clearwater Centre	65	86	75	84	82	7.7	87	Rural	40	25	Vol
29	Dr. Cooke Extended Care Centre	77	82	68	86	91	8.2	100	Rural	50	33	AHS
30	Wetaskiwin Hospital and Care Centre	73	84	69	85	91	8.4	95	Rural	107	63	AHS

Order	Central Zone (N = 38 facilities)	Dimensions of Care (0 to 100)					Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of LTC beds	Respondents (N)	Ownership type
		Staffing, Care of Belongings and Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs						
31	Bethany Meadows	75	81	71	85	84	8.2	93	Rural	65	36	AHS
32	Drumheller Health Centre	73	82	69	79	95	8.1	91	Rural	96	62	AHS
33	Wainwright Health Centre	70	81	73	82	88	7.6	86	Rural	69	30	AHS
34	Lacombe Hospital and Care Centre	69	80	75	75	93	8.0	92	Rural	75	38	AHS
35	Killam Health Care Centre	74	81	66	76	93	7.9	82	Rural	45	24	AHS
36	Lamont Health Care Centre	72	79	73	76	87	7.9	94	Rural	105	49	Vol
37	Extendicare Michener Hill	73	80	68	77	86	7.8	90	Urban	220	105	Priv
38	Bethany Sylvan Lake	66	82	61	75	88	7.6	81	Urban	40	23	Vol
Order	North Zone (N = 25 facilities)	Dimensions of Care (0 to 100)					Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of LTC beds	Respondents (N)	Ownership type
		Staffing, Care of Belongings and Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs						
1	Hythe Continuing Care Centre	82	90	78	93	94	9.3	100	Rural	31	18	AHS
2	St. Therese - St. Paul Healthcare Centre	82	89	74	92	100	8.5	90	Rural	30	12	AHS
3	Manning Community Health Centre	83	88	85	80	88	9.3	100	Rural	16	8	AHS
4	Extendicare Athabasca	76	91	79	92	91	8.5	97	Rural	50	32	Priv
5	Radway Continuing Care Centre	80	87	80	84	92	8.7	100	Rural	30	24	AHS
6	Valleyview Health Centre	83	91	67	82	100	8.9	100	Rural	25	10	AHS
7	Bonnyville Healthcare Centre	78	89	75	86	92	9.1	100	Rural	30	19	AHS
8	Redwater Healthcare Centre	80	89	62	92	100	8.6	80	Rural	7	5	AHS
9	Extendicare Mayerthorpe	77	87	79	86	91	8.4	100	Rural	50	24	Priv
10	Athabasca Healthcare Centre	77	89	75	84	95	8.5	100	Rural	23	17	AHS
11	Smoky Lake Continuing Care Centre	82	87	70	84	97	8.3	94	Rural	28	18	AHS
12	Extendicare Bonnyville	79	86	74	84	96	8.3	96	Rural	50	25	Priv
13	Central Peace Health Complex	74	83	85	88	95	8.6	100	Rural	16	10	AHS
14	Mayerthorpe Healthcare Centre	81	87	55	86	97	8.8	100	Rural	30	14	AHS
15	Westlock Healthcare Centre	78	85	71	86	89	8.6	97	Rural	112	66	AHS
16	J.B. Wood Continuing Care Centre	74	92	68	83	86	9.1	88	Rural	37	8	AHS
17	Points West Living Grand Prairie	74	83	75	89	95	8.1	95	Urban	50	21	Priv

Order	North Zone (N = 25 facilities)	Dimensions of Care (0 to 100)					Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of LTC beds	Respondents (N)	Ownership type
		Staffing, Care of Belongings and Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs						
18	Edson Healthcare Centre	75	85	74	84	88	7.9	80	Rural	50	15	AHS
19	Extendicare St. Paul	69	83	79	82	84	8.0	88	Rural	76	50	Priv
20	Dr. W.R. Keir - Barrhead Continuing Care Centre	71	83	67	82	98	8.1	94	Rural	100	54	AHS
21	Fairview Health Complex	71	83	75	80	84	8.1	96	Rural	66	30	AHS
22	Peace River Community Health Centre	73	76	71	83	82	8.6	100	Rural	40	21	AHS
23	William J. Cadzow - Lac La Biche Healthcare Centre	60	80	47	83	77	7.2	81	Rural	41	19	AHS
24	Grande Prairie Care Centre	67	76	64	78	78	7.3	80	Urban	60	32	Priv
25	Manoir du Lac	60	80	53	65	74	8.0	75	Rural	22	6	Priv
Order	South Zone (N = 15 facilities)	Dimensions of Care (0 to 100)					Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of LTC beds	Respondents (N)	Ownership type
		Staffing, Care of Belongings and Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs						
1	Bow Island Health Centre	87	97	86	90	98	9.1	100	Rural	20	9	AHS
2	Coaldale Health Centre	81	91	83	88	96	9.0	96	Urban	44	28	AHS
3	Taber Health Centre	91	98	58	94	100	9.1	100	Rural	10	8	AHS
4	Sunnyside Care Centre	79	89	76	88	90	9.0	98	Urban	100	58	Vol
5	Milk River Health Centre	85	94	65	85	100	9.5	100	Rural	24	11	AHS
6	Extendicare Fort MacLeod	78	85	75	87	91	8.1	89	Rural	50	21	Priv
7	Riverview Care Centre	74	89	73	84	90	8.5	93	Urban	118	48	Priv
8	River Ridge Seniors Village	76	88	63	87	99	8.5	96	Urban	50	23	Priv
9	Big Country Hospital	76	80	76	77	100	8.5	94	Rural	30	20	AHS
10	Good Samaritan South Ridge Village	75	83	64	82	93	8.1	93	Urban	80	44	Vol
11	Bassano Health Centre	74	86	60	82	100	8.0	57	Rural	8	7	AHS
12	Crowsnest Pass Health Centre	70	82	63	83	95	8.0	92	Rural	58	28	AHS
13	Brooks Health Centre	73	79	70	73	81	8.5	100	Rural	15	7	AHS
14	Edith Cavell Care Centre	69	82	66	79	90	7.8	86	Urban	120	43	Priv
15	St. Michael's Health Centre	59	73	68	77	67	7.1	93	Urban	72	16	AHS

2.0 BACKGROUND

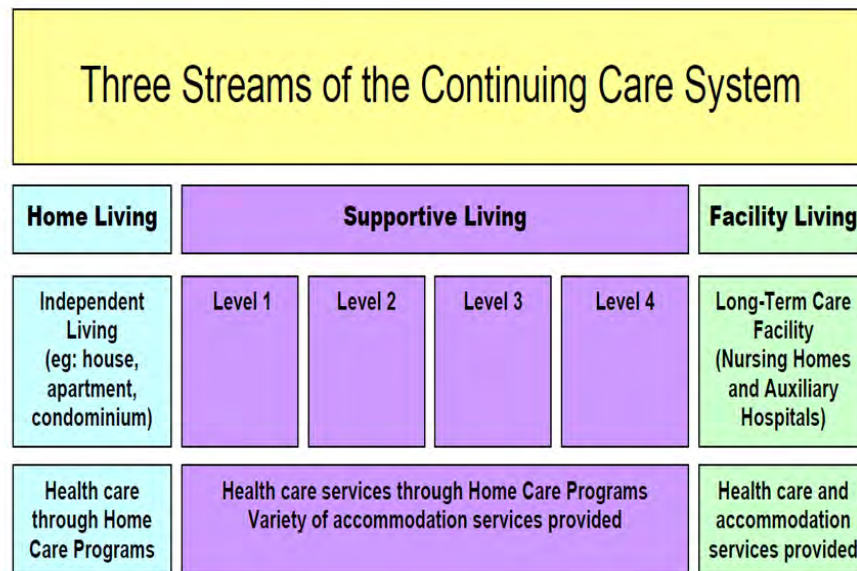
2.1 Long-term care⁶

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 the client’s level of need and/or limitations: home care, supportive living, and long-term care (or facility living) (Figure 1).

- **Home care** is provided to those still able to live independently.
- **Supportive living** is provided in a shared accommodation setting recognizing different degrees of independence.
- **Long-term care** (or facility living) includes long-term care facilities like nursing homes and auxiliary hospitals.

The focus of this report is on the **long-term care** stream of the continuing care system.

Figure 1: Three streams of the continuing care system⁷



Long-term care facilities (sometimes referred to as nursing homes, auxiliary hospitals, or continuing care facilities) are available for people who are not able to safely cope in their own home or in a lower level living option with or without formal support. These individuals are assessed to have complex and/or unpredictable medical needs that are cared for under the direction of a family physician and 24-hour on-site registered nurses who supervise care with support from licensed practical nurses, healthcare aides, and other healthcare providers.

⁶ For more information, see <http://www.health.alberta.ca/services/continuing-care-system.html>

⁷ Continuing Care Standards 2017: <http://www.health.alberta.ca/services/continuing-care-forms.html>

As of March 2017, almost 15,000 beds were dedicated to long-term care in Alberta. Long-term care facilities fall under three ownership models (public/Alberta Health Services (AHS), private, and voluntary).⁸ All are required to adhere to provincial standards to ensure residents are in a safe and comfortable environment and receive quality services. These standards are described below, and include: The Continuing Care Health Service Standards;⁹ The Long-Term Care Accommodation Standards and Checklist;¹⁰ and Admission Guidelines for Publicly Funded Continuing Care Living Options.¹¹ These standards are referenced throughout the report. The purpose of referring to these standards is not to suggest where long-term care facilities may or may not be in compliance with standards, but rather to provide context and to better focus improvement efforts. Family members' observations and perceptions are not sufficient to evaluate a facility's compliance with a specific standard in the absence of further study.

Admission Guidelines for Publicly Funded Continuing Care Living Options: The intent of the Alberta Health Services Living Option guidelines is to provide a set of support tools to assist with consistent living option decisions in relation to supportive living levels 3 and 4 and long-term care.

Long-Term Care Accommodation Standards and Checklist: The Alberta government sets provincial accommodation standards, and monitors compliance to the standards through annual site inspections. The standards apply to accommodation and related services such as facility maintenance, meals, housekeeping, and areas that impact a resident's safety and security. Each accommodation is inspected at least once a year, and more often if required. An operator must meet all accommodation standards to achieve compliance.

Continuing Care Health Service Standards: The Continuing Care Health Service Standards (CCHS) are a legislated requirement of operators pursuant to the *Nursing Homes General Regulation* and under the *Nursing Homes Act*, the *Co-ordinated Home Care Program Regulation* under the *Public Health Act* and pursuant to a ministerial directive under the *Regional Health Authorities Act*. The CCHSS set the minimum requirement that operators in the continuing care system must comply with in the provision of healthcare. Operators are audited by AHS every two years and more often if required.

As of 2009, funding for long-term care is determined using a Patient/Care-Based Funding model (PCBF). This model allocates funding based on care provided to the resident as opposed to funding by occupied bed. PCBF does not reflect the entirety of the cost associated with long-term care. As such, residents are charged a fee towards the costs of accommodation-related services (e.g., housekeeping).

⁸ The facility categorization is based on AHS definitions. 1) AHS (public) – owned by or wholly owned subsidiary of AHS. 2) Private – owned by a private for-profit organization. 3) Voluntary – owned by a not-for-profit or faith-based organization.

⁹ Continuing Care Health Service Standards. More information can be found here: <https://open.alberta.ca/publications/9781460121580>

¹⁰ Long-term care Accommodation Standards and Checklist. More information can be found here: <http://www.health.alberta.ca/services/continuing-care-forms.html>

¹¹ Admission Guidelines for Publicly Funded Continuing Care Living Options. More information can be found here: <http://www.albertahealthservices.ca/assets/info/seniors/if-sen-living-option-guidelines.pdf>

2.2 HQCA's Long-term Care Family Experience Survey

The HQCA conducted the *2017 Long-Term Care Family Experience Survey* in collaboration with AHS and Alberta Health (AH). The survey can assist providers in meeting Continuing Care Health Service Standard 19.0, that requires operators have processes to gather client and family experience feedback regarding the quality of care and services provided, in addition to informing several other standards.¹²

2.2.1 Purpose

The overall purpose of the survey was to obtain feedback from family members of residents about the quality of care and services residents received at long-term care facilities across Alberta. This is used to describe the current state of long-term care from the family members' perspective and to provide long-term care facilities and other stakeholders with information that can be used for ongoing monitoring and quality improvement.

2.2.2 Objectives

The objectives of the survey were to:

- Conduct a follow-up to the previous iterations of the *HQCA's Long-Term Care Family Experience Survey*. The 2017 survey is the fourth iteration of the survey; the other iterations occurring in 2014-15, 2010, and 2007.
- Identify potential improvement opportunities and report on best practices at long-term care facilities across Alberta to inform quality improvement efforts.

¹² Continuing Care Health Service Standards, standard 19.0: Quality improvement reporting. More information can be found here: <https://open.alberta.ca/publications/9781460121580>

3.0 SURVEY PROCESS AND METHODOLOGY

3.1 The survey instrument

Family members of long-term care residents were surveyed using a modified version of the *Consumer Assessment of Healthcare Providers and Services (CAHPS®) Nursing Home Survey: Family Member Instrument*¹³ (Appendix I). This is a 64-question self-report measure that assesses family members' overall experience with a facility (Global Overall Care Rating), whether they would recommend the facility (Propensity to Recommend), a Food Rating Scale, along with four Dimensions of Care.

In addition to the above, the survey includes questions about other topics important to resident and family experiences, such as medications, privacy, and presence or absence of a resident and family council.

3.2 Survey protocol

The survey was a census of all eligible family members who were identified using a database obtained from AHS and confirmed by on-site facility staff. Family members were excluded if, for example, the resident's contact was a public guardian. For the complete list of exclusion criteria, see Appendix II.

3.3 Sampling

Survey data collection was from May to September 2017. Family members had the option of completing the survey online or on paper, either through email or mail recruitment.

The response rate for the survey was 64 per cent; 7,562 out of a possible 11,770 eligible family members completed the survey. For a breakdown of sampling by AHS zone, see Appendix II.

3.3.1 Bethany pilot project

A pilot project involving two facilities (Bethany Calgary and Bethany Airdrie) began in July 2017 and is ongoing. This initiative is testing the feasibility of surveying family members quarterly throughout a 12 month period via an online survey delivered by email only. To avoid over surveying of this group, Bethany Airdrie was excluded from this report and only half of the potential participants for Bethany Calgary were captured.

3.4 Facility inclusion criteria

To maximize the reliability of facility-level results and to maintain family member anonymity, a facility's data was included in facility-level analyses only if:

- The facility had five or more family members who responded **AND**
- The facility response margin of error was equal to or less than 10 per cent and/or the facility had a response rate of over 50 per cent among eligible family members

For more details on the determination of facility sample reliability and a list of facility response rates and sample margin of errors, see Appendix IV.

¹³ For more details on CAHPS, please refer to: <https://cahps.ahrq.gov/>

As a result, 155 of the 172 participating facilities were included in the facility-level analyses. Data from facilities that did not meet the above criteria were included in aggregate AHS zone and provincial results where appropriate (see Appendix VII).¹⁴

3.4.1 Global Overall Care Rating and Food Rating Scale

Two scale-based measures were included in the survey: the Global Overall Care Rating and the Food Rating Scale. The Global Overall Care Rating reflects the family member's overall experience with a long-term care facility. The Global Overall Care Rating question asks:

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 nursing home?

The Food Rating Scale question reflects the family member's overall experience with the food at a long-term care facility. The Food Rating Scale question asks:

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 nursing home?

In keeping with the Dimensions of Care, the Food Rating Scale was rescaled to a 0 to 100 scale by multiplying the results by 10.

3.4.2 Dimensions of Care

Four Dimensions of Care were included in the survey: (1) Staffing, Care of Belongings, and Environment; (2) Kindness and Respect; (3) Providing Information and Encouraging Family Involvement; and, (4) Meeting Basic Needs.

Each Dimension of Care represents a set of questions or topics that share a similar conceptual theme. Dimension of Care scores were calculated by summarizing all the questions within a Dimension into an average score on a 0 to 100 scale, where 0 was the least positive response and 100 was the most positive response (for detailed methodology, see Appendix II).

3.4.3 Modelling

A regression model was constructed to examine the relative influence of each Dimension of Care and the Food Rating Scale on the Global Overall Care Rating. This analysis showed a significant association between the Dimensions of Care and Food Rating Scale with the Global Overall Care Rating (for detailed results, see Appendix VIII) and are listed below in order of decreasing strength of association:

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

¹⁴ Included facilities account for 98.4 per cent of all respondents (7,441 of 7,562 respondents) and 97.7 per cent of all eligible respondents (11,495 of 11,770 respondents). Unless otherwise stated, all analyses in this report are based only on those facilities that met the inclusion criteria (155 of 172 participating facilities in 2017).

3.5 Family member comments

At the end of the survey, family members were asked one open-ended question:

Do you have any suggestions how care and services at this nursing home could be improved? If so, please explain.

In total, 4,316 of the total 7,562 family members provided a response to this question (57 per cent). The majority of family members' comments reflected themes relevant to one of the four Dimensions of Care, food, or 'additional topics', which included perceptions of resident safety and security, activities, care transitions, and funding of long-term care. A summary of themes as they relate to each topic is provided alongside the quantitative survey results. They are presented as follows, in order of decreasing strength of association to the Global Overall Care Rating with the exception of the additional topics:

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

Examples of family comments as they relate to these topics are also provided. Comments are presented verbatim except where the HQCA has removed identifiable information, indicated by brackets.

Family members' suggestions for improvement are also provided at the end of each section. For more information on how comments were analyzed, see Appendix II.

4.0 USING THE RESULTS

The focus of this report is to describe the current state of long-term care from the family member's perspective and to compare results with peers and previous survey iterations.¹⁵ The report presents Dimensions of Care as factors that drive the Global Overall Care Rating and that can be used to identify improvement opportunities and best practices in long-term care facilities across Alberta.

Ultimately, these results are intended to guide reflection on performance and assist in identifying quality improvement opportunities. Family experience alone should not be used to assess facility performance in the absence of other information, such as facility demographics (i.e., average age of residents and percentage male/female); level-of-need of the resident population; and, other quality measures such as those derived from the interRAI™ *Resident Assessment Instrument* (RAI), complaints and concerns, accreditation results, and compliance with provincial continuing care standards.

This report provides one possible interpretation of these findings from the family member's perspective. Long-term care providers and other stakeholders may choose to examine and interpret the findings differently. While being mindful of the limitations of the data, there are a number of ways the results can be interpreted and used. For example, individual facilities may choose to compare themselves with the average for the zone, the province, or other facilities within their own organization.

It is important to note that while significance testing can identify where there has been a mathematical change, this does not necessarily indicate a change in performance over time especially when comparing only two survey cycles. The information in this report should not be used in isolation, but with other sources of information, as stated above. In addition, results that did not show any statistically significant change or difference may still be important.

¹⁵ A number of changes to this report were made, compared to previous reports, in part to emphasize and easily identify improvement opportunities at the facility-level. For more details, see Appendix III.

5.0 2017 AND 2014-15 RESULTS

The following section provides results of the Global Overall Care Rating, Propensity to Recommend, Dimensions of Care, and the Food Rating Scale for each facility that participated in the 2017 survey and met facility inclusion criteria. In addition, only comparisons between the current survey and the previous survey (2014-15) will be made in the interest of exploring possible change between survey cycles that would be most comparable.

The Global Overall Care Rating and Propensity to Recommend are presented first, followed by each Dimension of Care and the Food Rating Scale. The ordering of the Dimensions of Care and Food Rating Scale is based on their influence on the Global Overall Care Rating, as determined through a regression model (see Appendix VIII), and is presented in the following order:

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

Detailed zone analyses of all questions can be found in Appendix VII.

5.1 Interpreting tables

For each measure, facilities are ordered by their average score or rating and are grouped by AHS zone to facilitate comparisons. In all cases the higher the score or rating, the more positive the experience. A significance of $p \leq 0.01$ was used for all comparison tests. Significant differences are indicated by the following shading rules:

- When the **Change from 2014-15** is shaded **GREEN** this indicates that the 2017 score is statistically significantly HIGHER than the 2014-15 score.
- When the **Change from 2014-15** is shaded **RED** this indicates that the 2017 score is statistically significantly LOWER than the 2014-15 score.
- No shade: 2017 and 2014-15 scores do not significantly differ.

AHS zone facility averages

The 2017 AHS zone facility average for the 155 facilities included in the analyses is represented by a row in **MEDIUM BLUE**. Facilities listed above this row have a 2017 score above the respective zone average, and all facilities listed below this row have a 2017 score below the respective zone average.

Provincial facility average

The 2017 provincial facility average for the 155 facilities included in the analyses is represented by a row in **LIGHT BLUE**. All facilities listed above this row have a 2017 score above the provincial average, and all facilities listed below this row have a 2017 score below the provincial average.

When presenting facility scores in order, the first decimal place is included for this section only to reduce the appearance of ties. For more methodological details, see Appendix II.

5.2 Global Overall Care Rating

The Global Overall Care Rating asks family members: *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 nursing home?*

The provincial facility average Global Overall Care Rating was 8.4 out of 10 and facility results ranged from 6.6 to 9.7 out of 10.

Table 2 summarizes the 2017 Global Overall Care Ratings and change in score from 2014-15 by AHS zone.

- When the **Change from 2014-15** is shaded **GREEN** this indicates that the 2017 score is statistically significantly HIGHER than the 2014-15 score.
- When the **Change from 2014-15** is shaded **RED** this indicates that the 2017 score is statistically significantly LOWER than the 2014-15 score.
- No shade: 2017 and 2014-15 scores do not significantly differ.

Table 2: Summary of facility average Global Overall Care Ratings by AHS zone (N = 155 facilities)

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Vulcan Community Health Centre (n = 10)	9.7	+0.6
Oilfields General Hospital (n = 21)	9.7	+0.5
Extencicare Vulcan (n = 21)	9.2	+0.6
Carewest Signal Pointe (n = 21)	9.2	+0.4
Canmore General Hospital (n = 14)	9.1	+0.7
Didsbury District Health Services (n = 12)	9.0	+0.1
Willow Creek Continuing Care Centre (n = 57)	8.9	+0.1
Glamorgan Care Centre (n = 12)	8.9	+0.6
Providence Care Centre (n = 64)	8.9	---
Wing Kei Care Centre (n = 100)	8.8	+0.3
Bethany Harvest Hills (n = 42)	8.7	+0.2
Retirement Concepts Millrise (n = 32)	8.6	+0.3
Mineral Springs Hospital (n = 16)	8.5	+0.3
Newport Harbour Care Centre (n = 74)	8.5	+0.2
Intercare Chinook Care Centre (n = 105)	8.4	+0.2
Father Lacombe Care Centre (n = 60)	8.4	-0.4
Bethany Cochrane (n = 54)	8.4	+1.0
Bow-Crest (n = 71)	8.4	+0.2
Provincial facility average	8.4	---
Bow View Manor (n = 117)	8.3	-0.3
Calgary Zone facility average	8.3	---
Mayfair Care Centre (n = 72)	8.3	+0.1

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Mount Royal Care Centre (n = 42)	8.2	+0.3
Carewest Sarcee (n = 34)	8.2	+0.7
McKenzie Towne Continuing Care Centre (n = 75)	8.1	+0.8
AgeCare Midnapore (n = 147)	8.1	+0.1
AgeCare Seton (n = 32)	8.1	---
High River General Hospital (n = 33)	8.1	0.0
Extendicare Cedars Villa (n = 107)	8.0	+0.1
Intercare Southwood Care Centre (n = 111)	8.0	-0.2
Carewest Royal Park (n = 31)	8.0	+0.3
Carewest George Boyack (n = 115)	8.0	-0.2
Intercare Brentwood Care Centre (n = 112)	8.0	-0.1
Wentworth Manor/The Residence and The Court (n = 50)	7.9	0.0
AgeCare Sagewood (n = 12)	7.9	---
Bethany Calgary (n = 76)	7.9	+0.3
Carewest Dr. Vernon Fanning Centre (n = 71)	7.8	+0.4
AgeCare Glenmore (n = 116)	7.7	-0.5
Carewest Colonel Belcher (n = 110)	7.7	-0.7
AgeCare Walden Heights (n = 39)	7.7	---
Carewest Garrison Green (n = 103)	7.7	+0.2
Extendicare Hillcrest (n = 52)	7.5	-0.5
Clifton Manor (n = 83)	6.9	-0.5
Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
Devon General Hospital (n = 7)	9.4	-0.6
Sherwood Care (n = 69)	9.4	+0.2
Foyer Lacombe (n = 9)	9.0	---
CapitalCare Strathcona (n = 70)	8.7	+0.5
Extendicare Leduc (n = 46)	8.7	+0.1
CapitalCare Kipnes Centre for Veterans (n = 71)	8.7	+0.3
Citadel Care Centre (n = 81)	8.6	+0.5
WestView Health Centre (n = 26)	8.6	-0.3
South Terrace Continuing Care Centre (n = 62)	8.5	0.0
Good Samaritan Stony Plain Care Centre (n = 73)	8.5	+0.6
Venta Care Centre (n = 72)	8.4	-0.1
St. Michael's Long Term Care Centre (n = 71)	8.4	-0.1
Provincial facility average	8.4	---
Jasper Place Continuing Care Centre (n = 41)	8.4	-0.2

Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
CapitalCare Lynnwood (n = 151)	8.4	+0.2
Rivercrest Care Centre (n = 51)	8.3	+0.9
Jubilee Lodge Nursing Home (n = 101)	8.3	-0.1
Shepherd's Care Kensington (n = 40)	8.3	+0.3
Extendicare Eaux Claires (n = 94)	8.2	-0.1
Shepherd's Care Millwoods (n = 86)	8.2	+0.2
Edmonton Zone facility average	8.2	---
Touchmark at Wedgewood (n = 35)	8.1	-0.2
Allen Gray Continuing Care Centre (n = 91)	8.1	+0.1
Extendicare Holyrood (n = 42)	8.1	+0.2
CapitalCare Grandview (n = 73)	8.0	+0.2
Salem Manor Nursing Home (n = 59)	7.9	+0.3
Devonshire Care Centre (n = 76)	7.9	+0.3
CapitalCare Dickinsfield (n = 145)	7.8	+0.1
St. Joseph's Auxiliary Hospital (n = 103)	7.8	-0.2
Covenant Health Youville Home (n = 107)	7.8	-0.2
Miller Crossing Care Centre (n = 71)	7.7	0.0
Good Samaritan Southgate Care Centre (n = 100)	7.7	-0.1
Edmonton General Continuing Care Centre (n = 154)	7.6	-0.2
Edmonton Chinatown Care Centre (n = 27)	7.6	+0.3
Good Samaritan Dr. Gerald Zetter Care Centre (n = 100)	7.6	+0.5
Hardisty Care Centre (n = 46)	7.5	-0.2
Good Samaritan Society Pembina Village (n = 15)	7.4	-1.0
Good Samaritan Millwoods Care Centre (n = 25)	6.6	+0.4
Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Westview Care Community (n = 28)	9.4	-0.2
Drayton Valley Hospital and Care Centre (n = 26)	9.4	+0.5
Breton Health Centre (n = 14)	9.4	+0.4
Galahad Care Centre (n = 12)	9.3	-0.2
Bentley Care Centre (n = 7)	9.3	---
Lloydminster Continuing Care Centre (n = 33)	9.0	---
Coronation Hospital and Care Centre (n = 13)	9.0	+0.1
Rimbey Hospital and Care Centre (n = 49)	8.9	+0.3
Vermilion Health Centre (n = 34)	8.9	-0.3
St. Mary's Health Care Centre (n = 11)	8.9	0.0
Ponoka Hospital and Care Centre (n = 12)	8.8	0.0

Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Hanna Health Centre (n = 35)	8.8	-0.3
Northcott Care Centre (Ponoka) (n = 43)	8.8	-0.2
Tofield Health Centre (n = 30)	8.7	+0.1
Mary Immaculate Care Centre (n = 15)	8.7	0.0
Mannville Care Centre (n = 15)	8.7	+0.1
Louise Jensen Care Centre (n = 29)	8.7	+0.2
Vegreville Care Centre (n = 32)	8.6	+0.2
Bethany CollegeSide (Red Deer) (n = 65)	8.6	+0.8
Stettler Hospital and Care Centre (n = 26)	8.5	-0.7
Central Zone facility average	8.5	---
Hardisty Health Centre (n = 6)	8.5	-0.6
Innisfail Health Centre (n = 38)	8.5	+0.3
Provost Health Centre (n = 25)	8.4	-0.2
Our Lady of the Rosary Hospital (n = 14)	8.4	-0.1
Two Hills Health Centre (n = 25)	8.4	+0.2
Provincial facility average	8.4	---
Wetaskiwin Hospital and Care Centre (n = 57)	8.4	+0.5
Olds Hospital and Care Centre (n = 26)	8.3	---
Dr. Cooke Extended Care Centre (n = 32)	8.2	-0.3
Bethany Meadows (n = 31)	8.2	+0.1
Drumheller Health Centre (n = 58)	8.1	-0.2
Lacombe Hospital and Care Centre (n = 37)	8.0	-0.4
Lamont Health Care Centre (n = 47)	7.9	-0.8
Killam Health Care Centre (n = 23)	7.9	-0.3
Extendicare Michener Hill (n = 97)	7.8	+0.1
Clearwater Centre (n = 24)	7.7	+0.3
Extendicare Viking (n = 27)	7.7	0.0
Wainwright Health Centre (n = 28)	7.6	+0.1
Bethany Sylvan Lake (n = 19)	7.6	0.0
North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
Hythe Continuing Care Centre (n = 16)	9.3	+1.6
Manning Community Health Centre (n = 8)	9.3	+0.5
Bonnyville Healthcare Centre (n = 15)	9.1	+0.2
J.B. Wood Continuing Care Centre (n = 8)	9.1	---
Valleyview Health Centre (n = 10)	8.9	+0.1
Mayerthorpe Healthcare Centre (n = 13)	8.8	-0.2

North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
Radway Continuing Care Centre (n = 23)	8.7	0.0
Westlock Healthcare Centre (n = 64)	8.6	+0.1
Redwater Healthcare Centre (n = 5)	8.6	-0.4
Peace River Community Health Centre (n = 18)	8.6	0.0
Central Peace Health Complex (n = 9)	8.6	+0.8
St. Therese - St. Paul Healthcare Centre (n = 10)	8.5	+0.4
Athabasca Healthcare Centre (n = 17)	8.5	---
Extendicare Athabasca (n = 30)	8.5	+0.3
North Zone facility average	8.4	---
Extendicare Mayerthorpe (n = 23)	8.4	0.0
Provincial facility average	8.4	---
Extendicare Bonnyville (n = 23)	8.3	-0.1
Smoky Lake Continuing Care Centre (n = 16)	8.3	---
Points West Living Grand Prairie (n = 21)	8.1	+0.8
Dr. W.R. Keir - Barrhead Continuing Care Centre (n = 52)	8.1	-0.6
Fairview Health Complex (n = 29)	8.1	-0.3
Manoir du Lac (n = 4)	8.0	---
Extendicare St. Paul (n = 48)	8.0	-0.7
Edson Healthcare Centre (n = 15)	7.9	-0.6
Grande Prairie Care Centre (n = 31)	7.3	-0.5
William J. Cadzow - Lac La Biche Healthcare Centre (n = 17)	7.2	-0.2
South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
Milk River Health Centre (n = 11)	9.5	+0.1
Taber Health Centre (n = 7)	9.1	+0.1
Bow Island Health Centre (n = 9)	9.1	+0.7
Coaldale Health Centre (n = 28)	9.0	+0.1
Sunnyside Care Centre (n = 55)	9.0	+0.1
Big Country Hospital (n = 19)	8.5	-0.5
Brooks Health Centre (n = 6)	8.5	-0.9
River Ridge Seniors Village (n = 23)	8.5	0.0
South Zone facility average	8.5	---
Riverview Care Centre (n = 42)	8.5	+0.2
Provincial facility average	8.4	---
Good Samaritan South Ridge Village (n = 41)	8.1	+0.2
Extendicare Fort MacLeod (n = 18)	8.1	-0.3
Crowsnest Pass Health Centre (n = 27)	8.0	+0.1

South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
Bassano Health Centre (n = 7)	8.0	---
Edith Cavell Care Centre (n = 42)	7.8	-0.2
St. Michael's Health Centre (n = 14)	7.1	-1.6

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, the lower limit of the confidence interval was used as a sorting criterion.

5.3 Propensity to Recommend

An important indicator of family members’ perception of the quality of a facility is whether a family member would recommend the facility to someone needing long-term care. Family members were asked (Q 46): “If someone needed nursing home care, would you recommend this nursing home to them?” For this reason, a separate section was devoted to this question.

The four possible responses to this question were collapsed into a Yes or No response:

YES	NO
Definitely YES	Definitely NO
Probably YES	Probably NO

The provincial facility average for Propensity to Recommend was 93.1 out of 100 per cent and facility results ranged from 57.1 to 100 out of 100.

Table 3 summarizes the 2017 Propensity to Recommend percentage and change in percentage from 2014-15 by AHS zone. For full response options by AHS zone, see Appendix VII.

- When the **Change from 2014-15** is shaded **GREEN** this indicates that the 2017 score is statistically significantly HIGHER than the 2014-15 score.
- When the **Change from 2014-15** is shaded **RED** this indicates that the 2017 score is statistically significantly LOWER than the 2014-15 score.
- No shade: 2017 and 2014-15 scores do not significantly differ.

Table 3: Summary of facility average Propensity to Recommend by AHS zone (N = 155 facilities)

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Oilfields General Hospital (n = 21)	100.0	0.0
Vulcan Community Health Centre (n = 10)	100.0	0.0
Didsbury District Health Services (n = 13)	100.0	+7.1
Bethany Harvest Hills (n = 41)	100.0	+2.2
Extendicare Vulcan (n = 21)	100.0	+7.7
Carewest Signal Pointe (n = 21)	100.0	+11.5
Canmore General Hospital (n = 14)	100.0	0.0
Mineral Springs Hospital (n = 16)	100.0	+8.3
Willow Creek Continuing Care Centre (n = 56)	100.0	+3.4
Glamorgan Care Centre (n = 11)	100.0	+7.1
Wing Kei Care Centre (n = 101)	99.0	+2.9
Newport Harbour Care Centre (n = 75)	98.7	+2.5
Bow-Crest (n = 71)	98.6	+5.3
Providence Care Centre (n = 63)	98.4	---
Father Lacombe Care Centre (n = 61)	98.4	-0.1

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Bethany Cochrane (n = 54)	98.1	+11.4
Carewest Royal Park (n = 31)	96.8	+8.2
AgeCare Midnapore (n = 146)	95.9	+1.6
Wentworth Manor/The Residence and The Court (n = 48)	95.8	+3.1
Intercare Chinook Care Centre (n = 106)	95.3	-0.9
Bow View Manor (n = 115)	94.8	-4.0
Extendicare Cedars Villa (n = 105)	94.3	+3.9
AgeCare Seton (n = 33)	93.9	---
High River General Hospital (n = 33)	93.9	+6.8
Carewest George Boyack (n = 114)	93.9	+1.4
Carewest Colonel Belcher (n = 109)	93.6	-2.5
Retirement Concepts Millrise (n = 31)	93.5	+7.3
Provincial facility average	93.1	---
Calgary Zone facility average	93.1	---
Carewest Sarcee (n = 35)	91.4	-3.7
Carewest Dr. Vernon Fanning Centre (n = 70)	91.4	+5.4
AgeCare Glenmore (n = 114)	91.2	-6.0
Intercare Southwood Care Centre (n = 108)	89.8	-1.7
Intercare Brentwood Care Centre (n = 113)	89.4	-3.7
Carewest Garrison Green (n = 102)	89.2	+1.4
McKenzie Towne Continuing Care Centre (n = 74)	87.8	+5.8
Mayfair Care Centre (n = 72)	86.1	+5.6
AgeCare Walden Heights (n = 37)	83.8	---
Mount Royal Care Centre (n = 41)	82.9	+3.8
Extendicare Hillcrest (n = 53)	81.1	-2.8
Bethany Calgary (n = 75)	76.0	-8.4
AgeCare Sagewood (n = 12)	75.0	---
Clifton Manor (n = 82)	67.1	-13.7
Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
Devon General Hospital (n = 7)	100.0	0.0
Foyer Lacombe (n = 9)	100.0	---
CapitalCare Kipnes Centre for Veterans (n = 71)	100.0	+5.1
WestView Health Centre (n = 26)	100.0	+3.7
Good Samaritan Stony Plain Care Centre (n = 73)	98.6	+6.5
CapitalCare Strathcona (n = 70)	98.6	+4.8
Sherwood Care (n = 69)	98.6	-1.4
Allen Gray Continuing Care Centre (n = 90)	97.8	+5.5
Citadel Care Centre (n = 81)	97.5	-1.3

Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
CapitalCare Dickinsfield (n = 144)	96.5	+4.1
CapitalCare Grandview (n = 72)	95.8	+6.1
Extencicare Leduc (n = 46)	95.7	-2.5
Shepherd's Care Kensington (n = 40)	95.0	+2.1
Jasper Place Continuing Care Centre (n = 40)	95.0	+3.8
Venta Care Centre (n = 72)	94.4	-0.9
Jubilee Lodge Nursing Home (n = 101)	94.1	-0.4
CapitalCare Lynnwood (n = 151)	94.0	+1.6
Provincial facility average	93.1	---
Devonshire Care Centre (n = 76)	92.1	+0.4
Rivercrest Care Centre (n = 50)	92.0	+14.6
Shepherd's Care Millwoods (n = 87)	92.0	-2.2
Touchmark at Wedgewood (n = 36)	91.7	-4.3
South Terrace Continuing Care Centre (n = 60)	91.7	-1.7
Salem Manor Nursing Home (n = 60)	91.7	-1.1
Extencicare Eaux Claires (n = 94)	91.5	-4.6
Edmonton Zone facility average	90.8	---
Edmonton Chinatown Care Centre (n = 26)	88.5	+1.0
Covenant Health Youville Home (n = 103)	88.3	-3.2
St. Michael's Long Term Care Centre (n = 72)	87.5	-7.9
Extencicare Holyrood (n = 39)	87.2	0.0
St. Joseph's Auxiliary Hospital (n = 103)	86.4	-7.9
Miller Crossing Care Centre (n = 71)	85.9	-1.0
Good Samaritan Dr. Gerald Zetter Care Centre (n = 99)	85.9	+0.1
Edmonton General Continuing Care Centre (n = 150)	84.7	-0.9
Good Samaritan Southgate Care Centre (n = 100)	79.0	-8.3
Good Samaritan Society Pembina Village (n = 14)	71.4	-19.9
Hardisty Care Centre (n = 46)	69.6	-6.3
Good Samaritan Millwoods Care Centre (n = 23)	60.9	-5.8
Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Westview Care Community (n = 28)	100.0	0.0
Breton Health Centre (n = 14)	100.0	0.0
Bentley Care Centre (n = 7)	100.0	---
Lloydminster Continuing Care Centre (n = 33)	100.0	---
Tofield Health Centre (n = 29)	100.0	+3.1
Coronation Hospital and Care Centre (n = 13)	100.0	0.0
Galahad Care Centre (n = 12)	100.0	0.0
Rimbey Hospital and Care Centre (n = 49)	100.0	+3.4

Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
St. Mary's Health Care Centre (n = 10)	100.0	0.0
Louise Jensen Care Centre (n = 28)	100.0	+2.9
Hardisty Health Centre (n = 6)	100.0	0.0
Hanna Health Centre (n = 35)	100.0	+3.6
Mannville Care Centre (n = 15)	100.0	+5.6
Ponoka Hospital and Care Centre (n = 12)	100.0	0.0
Dr. Cooke Extended Care Centre (n = 31)	100.0	+6.8
Mary Immaculate Care Centre (n = 15)	100.0	0.0
Bethany CollegeSide (Red Deer) (n = 64)	98.4	+10.7
Northcott Care Centre (Ponoka) (n = 42)	97.6	-2.4
Vegreville Care Centre (n = 31)	96.8	+4.7
Drayton Valley Hospital and Care Centre (n = 26)	96.2	-3.8
Provost Health Centre (n = 25)	96.0	+1.9
Olds Hospital and Care Centre (n = 25)	96.0	---
Two Hills Health Centre (n = 24)	95.8	+2.5
Central Zone facility average	95.6	---
Innisfail Health Centre (n = 38)	94.7	-0.9
Wetaskiwin Hospital and Care Centre (n = 56)	94.6	+6.9
Vermilion Health Centre (n = 34)	94.1	-2.9
Lamont Health Care Centre (n = 47)	93.6	-4.5
Provincial facility average	93.1	---
Bethany Meadows (n = 29)	93.1	+4.5
Stettler Hospital and Care Centre (n = 26)	92.3	-7.7
Our Lady of the Rosary Hospital (n = 13)	92.3	-7.7
Extendicare Viking (n = 26)	92.3	+16.4
Lacombe Hospital and Care Centre (n = 37)	91.9	-5.5
Drumheller Health Centre (n = 57)	91.2	-5.7
Extendicare Michener Hill (n = 96)	89.6	+8.6
Clearwater Centre (n = 23)	87.0	+3.0
Wainwright Health Centre (n = 28)	85.7	-8.4
Killam Health Care Centre (n = 22)	81.8	-8.8
Bethany Sylvan Lake (n = 21)	81.0	-9.5
North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
Hythe Continuing Care Centre (n = 16)	100.0	+5.3
Bonnyville Healthcare Centre (n = 15)	100.0	0.0
Radway Continuing Care Centre (n = 22)	100.0	+5.0
Athabasca Healthcare Centre (n = 17)	100.0	---
Valleyview Health Centre (n = 10)	100.0	0.0

North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
Central Peace Health Complex (n = 10)	100.0	+25.0
Manning Community Health Centre (n = 8)	100.0	0.0
Mayerthorpe Healthcare Centre (n = 13)	100.0	0.0
Peace River Community Health Centre (n = 18)	100.0	+5.3
Extendicare Mayerthorpe (n = 23)	100.0	+9.7
Westlock Healthcare Centre (n = 64)	96.9	-0.3
Extendicare Athabasca (n = 30)	96.7	+8.2
Fairview Health Complex (n = 28)	96.4	+2.1
Extendicare Bonnyville (n = 23)	95.7	+0.9
Points West Living Grand Prairie (n = 21)	95.2	+8.6
Dr. W.R. Keir - Barrhead Continuing Care Centre (n = 53)	94.3	-5.7
Smoky Lake Continuing Care Centre (n = 16)	93.8	---
North Zone facility average	93.2	---
Provincial facility average	93.1	---
St. Therese - St. Paul Healthcare Centre (n = 10)	90.0	-2.9
J.B. Wood Continuing Care Centre (n = 8)	87.5	---
Extendicare St. Paul (n = 48)	87.5	-10.6
William J. Cadzow - Lac La Biche Healthcare Centre (n = 16)	81.3	-5.4
Edson Healthcare Centre (n = 15)	80.0	-20.0
Redwater Healthcare Centre (n = 5)	80.0	-20.0
Grande Prairie Care Centre (n = 30)	80.0	-4.8
Manoir du Lac (n = 4)	75.0	---
South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
Bow Island Health Centre (n = 9)	100.0	0.0
Taber Health Centre (n = 7)	100.0	0.0
Milk River Health Centre (n = 11)	100.0	0.0
Brooks Health Centre (n = 6)	100.0	0.0
Sunnyside Care Centre (n = 54)	98.1	-0.3
Coaldale Health Centre (n = 28)	96.4	+6.0
River Ridge Seniors Village (n = 23)	95.7	+8.7
Big Country Hospital (n = 18)	94.4	-5.6
Provincial facility average	93.1	---
Riverview Care Centre (n = 42)	92.9	+1.8
St. Michael's Health Centre (n = 14)	92.9	-7.1
Good Samaritan South Ridge Village (n = 40)	92.5	-1.1
South Zone facility average	92.5	---
Crowsnest Pass Health Centre (n = 26)	92.3	-3.3
Extendicare Fort MacLeod (n = 18)	88.9	-6.8

South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
Edith Cavell Care Centre (n = 43)	86.0	-4.0
Bassano Health Centre (n = 7)	57.1	---

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, facilities are presented by the percentage who answered “Definitely YES” from highest to lowest. In the event of a tie at this level, facilities are presented by their Global Overall Care Ratings from highest to lowest.

5.4 Dimension of Care: Staffing, Care of Belongings, and Environment

“This facility has competent, pleasant and hard-working staff. There are simply not enough of them.”

Family members were asked to reflect on their experiences on a range of topics including staff availability, security of residents’ clothing and personal belongings, laundry services, and condition and cleanliness of resident rooms and common areas. The following survey questions were asked:

- (Q8 and Q9) Can find a nurse or aide?
- (Q20) Resident looks and smells clean?
- (Q30) Resident’s room looks and smells clean?
- (Q32) Public area looks and smells clean?
- (Q34) Resident’s medical belongings lost?
- (Q35 and Q36) Resident’s clothes lost?
- (Q47) How often are there enough nurses or aides?
- (Q64) Do you have any suggestions how care and services at this nursing home could be improved? If so, please explain.

What is in this section?

- Section 5.4.1 summarizes facility averages for Staffing, Care of Belongings, and Environment for participating facilities in 2017.
- Section 5.4.2 summarizes family members’ comments about Staffing, Care of Belongings, and Environment in 2017.

Findings at a glance

- In 2017, the provincial facility average for Staffing, Care of Belongings, and Environment was 74.9 out of 100 and facility results ranged from 58.9 to 90.9 out of 100.
- Because this measure is comprised of multiple questions, each individual question for this Dimension of Care must be considered for improvement opportunities.
- Provincially, the greatest opportunity for quality improvement may be the question with the fewest number of family members who responded positively (% Always):
 - (Q47) Only 18 per cent of family members said there were always enough nurses or aides
- Primary concerns for family members were: (1) the number of staff available to care for residents in an appropriate and timely manner and (2) residents ability to have a clean, scent-free, comfortable, and accessible living space.

“The accommodations are crowded and lack privacy and storage.”

5.4.1 Facility averages for Staffing, Care of Belongings, and Environment

In 2017, the provincial facility average for Staffing, Care of Belongings, and Environment was 74.9 out of 100.

Table 4 summarizes the 2017 facility scores and change in score from 2014-15 by AHS zone.

- When the **Change from 2014-15** is shaded **GREEN** this indicates that the 2017 score is statistically significantly HIGHER than the 2014-15 score.
- When the **Change from 2014-15** is shaded **RED** this indicates that the 2017 score is statistically significantly LOWER than the 2014-15 score.
- No shade: 2017 and 2014-15 scores do not significantly differ.

Table 4: Summary of facility averages for Staffing, Care of Belongings, and Environment by AHS zone (N = 155 facilities)

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Oilfields General Hospital (n = 21)	89.5	+10.3
Vulcan Community Health Centre (n = 10)	86.9	+6.5
Extendicare Vulcan (n = 21)	86.4	+10.7
Willow Creek Continuing Care Centre (n = 57)	84.2	+6.6
Glamorgan Care Centre (n = 12)	83.5	+10.0
Didsbury District Health Services (n = 13)	82.5	+6.0
Wing Kei Care Centre (n = 101)	81.7	+5.1
Canmore General Hospital (n = 14)	79.4	+5.6
Providence Care Centre (n = 64)	79.4	---
Carewest Signal Pointe (n = 21)	78.8	+1.4
Retirement Concepts Millrise (n = 32)	78.0	+3.9
Carewest Sarcee (n = 35)	77.9	+3.3
Mayfair Care Centre (n = 74)	76.9	+0.8
Bow-Crest (n = 71)	76.5	+3.0
Mount Royal Care Centre (n = 42)	76.2	+3.7
Intercare Chinook Care Centre (n = 110)	76.1	+3.0
Provincial facility average	74.9	---
AgeCare Seton (n = 33)	74.3	---
Calgary Zone facility average	74.1	---
AgeCare Midnapore (n = 154)	73.8	+1.9
Carewest Royal Park (n = 31)	73.5	+2.6
Newport Harbour Care Centre (n = 76)	73.4	+0.8
Bethany Harvest Hills (n = 42)	72.9	+3.8
Intercare Southwood Care Centre (n = 111)	72.2	-0.2

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Bethany Cochrane (n = 54)	72.2	+14.2
Carewest Dr. Vernon Fanning Centre (n = 71)	72.1	+3.9
Intercare Brentwood Care Centre (n = 116)	71.8	+0.1
Father Lacombe Care Centre (n = 62)	71.8	-4.6
Extendicare Cedars Villa (n = 108)	71.3	+3.0
Bow View Manor (n = 118)	71.3	-7.2
Mineral Springs Hospital (n = 16)	70.0	-5.9
Bethany Calgary (n = 78)	69.7	+2.5
Carewest George Boyack (n = 117)	69.4	-1.6
Extendicare Hillcrest (n = 54)	69.4	-2.0
AgeCare Glenmore (n = 118)	68.7	-3.9
Carewest Garrison Green (n = 106)	68.3	+3.0
AgeCare Walden Heights (n = 39)	67.4	---
McKenzie Towne Continuing Care Centre (n = 76)	67.1	+6.5
Carewest Colonel Belcher (n = 113)	65.8	-5.0
Wentworth Manor/The Residence and The Court (n = 50)	64.9	-2.4
AgeCare Sagewood (n = 12)	64.9	---
Clifton Manor (n = 87)	63.6	-3.7
High River General Hospital (n = 34)	62.9	-3.5
Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
Sherwood Care (n = 71)	84.3	+1.4
Devon General Hospital (n = 7)	83.7	-4.1
Foyer Lacombe (n = 9)	80.2	---
Jubilee Lodge Nursing Home (n = 102)	78.9	+0.7
Extendicare Leduc (n = 46)	78.3	+2.5
WestView Health Centre (n = 26)	77.8	-3.7
Venta Care Centre (n = 73)	77.6	+1.9
Rivercrest Care Centre (n = 54)	75.8	+9.1
South Terrace Continuing Care Centre (n = 62)	75.6	-2.1
Good Samaritan Stony Plain Care Centre (n = 73)	75.2	+7.2
CapitalCare Kipnes Centre for Veterans (n = 72)	75.0	+3.0
Provincial facility average	74.9	---
St. Michael's Long Term Care Centre (n = 75)	74.5	+0.8
Touchmark at Wedgewood (n = 36)	74.4	+0.3
Extendicare Eaux Claires (n = 93)	74.0	-1.9

Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
Salem Manor Nursing Home (n = 61)	73.6	+3.2
Jasper Place Continuing Care Centre (n = 42)	73.3	-0.6
Citadel Care Centre (n = 81)	73.2	+3.4
CapitalCare Lynnwood (n = 152)	73.1	+1.6
Edmonton Zone facility average	72.5	---
CapitalCare Strathcona (n = 71)	72.0	+2.4
Shepherd's Care Millwoods (n = 87)	71.7	+3.6
Hardisty Care Centre (n = 46)	71.4	+0.1
CapitalCare Grandview (n = 77)	70.0	+4.3
Devonshire Care Centre (n = 78)	69.9	+5.1
Good Samaritan Society Pembina Village (n = 15)	69.7	-2.9
Shepherd's Care Kensington (n = 41)	69.6	+0.6
CapitalCare Dickinsfield (n = 148)	69.5	+3.1
St. Joseph's Auxiliary Hospital (n = 104)	69.5	+0.8
Extendicare Holyrood (n = 45)	69.4	-2.8
Allen Gray Continuing Care Centre (n = 92)	69.3	+0.3
Miller Crossing Care Centre (n = 72)	68.4	+0.5
Edmonton General Continuing Care Centre (n = 156)	68.2	+0.9
Good Samaritan Dr. Gerald Zetter Care Centre (n = 102)	66.4	+6.8
Covenant Health Youville Home (n = 108)	66.2	-5.0
Good Samaritan Southgate Care Centre (n = 101)	66.2	-0.3
Edmonton Chinatown Care Centre (n = 27)	65.3	-0.5
Good Samaritan Millwoods Care Centre (n = 25)	59.2	+6.3
Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Westview Care Community (n = 28)	87.7	-6.7
Bentley Care Centre (n = 7)	87.5	---
Breton Health Centre (n = 14)	84.3	+7.4
Drayton Valley Hospital and Care Centre (n = 26)	83.4	+4.2
Galahad Care Centre (n = 12)	83.1	-4.5
Northcott Care Centre (Ponoka) (n = 44)	83.1	+0.9
Our Lady of the Rosary Hospital (n = 14)	82.6	+2.9
Coronation Hospital and Care Centre (n = 13)	82.3	+2.1
Vermilion Health Centre (n = 34)	81.8	-0.6
Rimbey Hospital and Care Centre (n = 49)	80.8	+4.1
Tofield Health Centre (n = 30)	80.2	+6.0
Hanna Health Centre (n = 35)	79.4	-3.4

Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Lloydminster Continuing Care Centre (n = 33)	79.2	---
St. Mary's Health Care Centre (n = 11)	78.8	-5.3
Hardisty Health Centre (n = 6)	78.3	-6.1
Mary Immaculate Care Centre (n = 15)	77.9	-3.3
Vegreville Care Centre (n = 32)	77.8	+2.7
Louise Jensen Care Centre (n = 29)	77.3	+8.6
Central Zone facility average	77.2	---
Two Hills Health Centre (n = 25)	77.1	+3.2
Provost Health Centre (n = 26)	77.1	+2.5
Ponoka Hospital and Care Centre (n = 13)	77.0	+2.9
Dr. Cooke Extended Care Centre (n = 32)	76.9	+1.7
Bethany CollegeSide (Red Deer) (n = 65)	76.8	+7.9
Stettler Hospital and Care Centre (n = 26)	76.7	-4.0
Innisfail Health Centre (n = 38)	76.4	+4.5
Mannville Care Centre (n = 15)	75.5	-2.5
Bethany Meadows (n = 32)	75.1	+5.5
Provincial facility average	74.9	---
Killam Health Care Centre (n = 24)	74.1	-4.2
Drumheller Health Centre (n = 59)	73.3	+0.9
Wetaskiwin Hospital and Care Centre (n = 59)	73.2	+7.0
Extendicare Michener Hill (n = 97)	72.9	+2.9
Extendicare Viking (n = 27)	72.6	+3.7
Lamont Health Care Centre (n = 47)	72.4	-9.1
Olds Hospital and Care Centre (n = 26)	70.9	---
Wainwright Health Centre (n = 29)	70.1	+5.2
Lacombe Hospital and Care Centre (n = 38)	68.8	-6.8
Bethany Sylvan Lake (n = 21)	66.1	+0.8
Clearwater Centre (n = 24)	64.7	-0.9
North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
Valleyview Health Centre (n = 10)	82.6	-1.5
Manning Community Health Centre (n = 8)	82.6	+15.0
Hythe Continuing Care Centre (n = 17)	82.3	+16.6
St. Therese - St. Paul Healthcare Centre (n = 10)	82.1	+7.7
Smoky Lake Continuing Care Centre (n = 16)	81.8	---
Mayerthorpe Healthcare Centre (n = 13)	81.0	+2.1

North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
Radway Continuing Care Centre (n = 23)	80.4	+0.9
Redwater Healthcare Centre (n = 5)	79.8	-3.4
Extendicare Bonnyville (n = 23)	78.9	+1.5
Bonnyville Healthcare Centre (n = 17)	78.0	-5.3
Westlock Healthcare Centre (n = 66)	77.6	-0.4
Athabasca Healthcare Centre (n = 17)	77.2	---
Extendicare Mayerthorpe (n = 23)	76.6	+3.5
Extendicare Athabasca (n = 30)	76.4	+2.2
North Zone facility average	75.5	---
Edson Healthcare Centre (n = 15)	75.1	+0.2
Provincial facility average	74.9	---
J.B. Wood Continuing Care Centre (n = 8)	74.5	---
Central Peace Health Complex (n = 10)	74.3	+0.5
Points West Living Grand Prairie (n = 21)	73.9	+8.6
Peace River Community Health Centre (n = 19)	73.3	+2.2
Fairview Health Complex (n = 29)	71.5	+0.6
Dr. W.R. Keir - Barrhead Continuing Care Centre (n = 53)	71.4	-6.1
Extendicare St. Paul (n = 49)	68.9	-10.7
Grande Prairie Care Centre (n = 31)	66.5	-0.2
William J. Cadzow - Lac La Biche Healthcare Centre (n = 19)	60.5	+1.7
Manoir du Lac (n = 5)	59.6	---
South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
Taber Health Centre (n = 8)	90.9	+11.2
Bow Island Health Centre (n = 9)	87.2	+11.6
Milk River Health Centre (n = 11)	84.8	+2.3
Coaldale Health Centre (n = 28)	81.0	+0.9
Sunnyside Care Centre (n = 56)	79.1	-0.1
Extendicare Fort MacLeod (n = 18)	78.3	+5.2
South Zone facility average	76.6	---
Big Country Hospital (n = 19)	76.5	+0.2
River Ridge Seniors Village (n = 23)	75.8	-3.7
Provincial facility average	74.9	---
Good Samaritan South Ridge Village (n = 41)	74.7	+1.8
Riverview Care Centre (n = 42)	74.4	-2.3
Bassano Health Centre (n = 7)	74.2	---
Brooks Health Centre (n = 6)	73.3	-6.0

South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
Crowsnest Pass Health Centre (n = 27)	70.1	+2.5
Edith Cavell Care Centre (n = 43)	69.4	+3.9
St. Michael's Health Centre (n = 15)	58.9	-19.3

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, facilities are presented by their Global Overall Care Ratings from highest to lowest.

Opportunities for improvement

Provincially, to improve a Dimension of Care score, each individual question within the Dimension must be considered. Provincial and zone level results for each of the questions in this Dimension of Care can be found in Appendix VII.

Table 5 reports the question where the fewest number of family members chose the most positive response (% Always).¹⁶ This question may present the greatest opportunity for quality improvement at the provincial level.¹⁷

Table 5: Q47 by AHS zone

Q47: In the last 6 months, how often did you feel that there were enough nurses and aides in the nursing home?						
	Alberta (N = 7,123)	Calgary Zone (N = 2,537)	Edmonton Zone (N = 2,489)	Central Zone (N = 1,147)	North Zone (N = 586)	South Zone (N = 364)
	%	%	%	%	%	%
Always	18	20	16	19	20	20
Usually	45	46	44	47	45	44
Sometimes	22	21	24	21	22	23
Never	14	13	17	13	13	13
Total	100	100	100	100	100	100

¹⁶ The approach that presents only the most favourable response(s) for a question is typically used to simplify reporting and increase understanding of results. Research supports the use of this approach among best practices in identifying client-driven improvement opportunities. For more information see: Garver M. Customer-driven improvement model: best practices in identifying improvement opportunities. Industrial Marketing Management. 2003 Jul;32(6):455-466.

¹⁷ Note that each individual facility has their own unique areas of excellence and areas for improvement, which may differ from those identified for the province.

5.4.2 What did family members say?

“The [staff] to resident ratio is far too low. [The staff] have to rush to get residents ready on their multiple work tasks: bathing, feeding, dressing, etc. What I have seen is just short of deplorable. The [staff] work extremely hard. No wonder why they are burnt out and many of them are very good at their job.”

“The home is very old and dated. It is clean, but is very ‘institutional’ looking. The pictures are faded, the plants are old and faded and dirty! I would love to see the place look more like a home and nicely decorated. Please make the place a more inviting place for the residence and the guests who come to visit.”

Staffing

Family members commended staff who they described as wonderful, excellent, helpful, and knowledgeable. However, most stated facilities were understaffed and felt staff could not adequately support resident needs, leading to rushed and unsatisfactory care. Understaffing was also viewed as negatively impacting the staff, because they were expected to take on increased workloads and roles outside their scope, which family members felt contributed to apathy, burnout, and turnover. In turn, staff turnover was viewed as disruptive to their resident’s care, particularly when new staff were unfamiliar with their resident and how to address their needs. It also prevented staff from forming trusting relationships with residents. Overall, understaffing was most evident at high-needs times (e.g., mealtimes, evenings), weekends, during shift change, and when regular staff were on holidays or ill.

Related to understaffing, staff supervision and training was also a concern. Specifically, management was not always available, especially on evenings and weekends, to supervise and support staff. As a result, some observed staff not performing all of their duties, or performing them incorrectly. In addition, some felt staff may not have enough knowledge to support residents in their care, such as in compassionate care, dementia and Alzheimer’s, and the use and maintenance of medical equipment. In general, many felt staff could benefit from further support and training to ensure their residents are properly cared for.

What Continuing Care Health Service Standards relate?

Standard 9: Staff training Operators must ensure that training materials are current in relation to legislation, regulations, standards, and guidelines, and must establish, implement and maintain documented policies and procedures to ensure training of all staff.

Care of resident belongings

Care of resident belongings was important to family members. Many said personal belongings such as clothing, glasses, or jewelry went missing, and though residents themselves may have lost these items, families were concerned that staff may have misplaced them. Family members also felt laundry services were not reliable. Labelled clothing went missing and personal belongings left in clothing pockets or bedding were damaged or lost during washing. Residents’ clothing was also not cleaned frequently enough or care instructions were not followed, resulting in wrinkled, discoloured, or damaged clothing. In general, family members reported having to replace or repair their resident’s belongings which could be costly. They expressed frustration when items could not be found or repeatedly went missing.

Facility environment

Most family members felt their residents should be able to live in an environment that is clean, scent-free, and comfortable. However, most felt facilities were not cleaned frequently and thoroughly enough, scent was not managed (e.g., soiled linens stored in hallways), regular maintenance and repairs were not completed, and room temperature was not always comfortable for their resident.

It was also important to family that the environment be welcoming and home-like. However, this was not always accommodated. Many described their resident's room as too small to live comfortably and move freely, having limited privacy, and lacking storage space. Residents were also not always able to personalize their space to make it more home-like to the degree they desired, such as by bringing in more of their own furniture. In terms of the facility itself, many felt it was too institutional, and would benefit from updates in décor (e.g., plants and pictures), new furniture, painting walls with colour, and playing music in hallways or common areas to create a more comfortable environment. Many also mentioned a need for more or larger common areas and private spaces for residents to socialize or visit with family. This included more accessible outdoor spaces, such as wheelchair accessible pathways or raised garden beds.

What Accommodation Standards relate?

Standard 15: Cleaning requirements

An operator is required to provide a clean and comfortable environment.

Standard 3: Maintenance requirements

An operator is required to ensure the building, the accommodation, and any equipment and operator-owned furnishings are well maintained and in good working order.

Standard 4: Environmental Requirements

An operator is required to ensure heating, cooling, and ventilation systems are operated at a level that maintains a temperature supporting the safety and comfort of the majority of residents.

Standard 5: Personalizing Spaces

An operator is required to ensure the resident has the opportunity to personalize their room.

What did family members think could be improved?

Family members recommended the following:

- Ensure enough staff are scheduled to meet resident care needs and job responsibilities.
- Utilize volunteers to assist at high-needs times (e.g., mealtimes).
- Offer continued education and professional development for staff (e.g., dementia, training on the use and maintenance of medical equipment such as hearing aids).
- Ensure management is present to oversee and support staff (e.g., evenings, weekends).
- Provide secure storage for personal belongings.
- Ensure personal belongings are removed from clothing before doing laundry; complete laundry according to clothing care instructions; and, return clothing to the correct resident.
- Have staff assist with locating missing items.
- Improve the cleanliness of the facility and keep it well maintained.
- Provide a bright, welcoming, home-like environment that enables personalization, movement, and socialization.

5.5 Dimension of Care: Kindness and Respect

“Keep consistent [staff] in each unit. They need staff that know and understand their needs.”

Family members were asked to reflect on their experiences with the way staff treat and interact with residents.

The following survey questions were asked:

- (Q10) Nurses and aides treat resident with courtesy and respect?
- (Q11) Nurses and aides treat resident with kindness?
- (Q12) Nurses and aides really care about resident?
- (Q13; reverse scoring) Nurses and aides were rude to residents?
- (Q21 and Q22) Nurses and aides were appropriate with difficult residents?
- (Q64) Do you have any suggestions how care and services at this nursing home could be improved? If so, please explain.

What is in this section?

- Section 5.5.1 summarizes facility averages for Kindness and Respect for participating facilities in 2017.
- Section 5.5.2 summarizes family members’ comments about Kindness and Respect in 2017.

Findings at a glance

- In 2017, the provincial facility average for Kindness and Respect was 84.9 out of 100 and facility results ranged from 67.5 to 98.6 out of 100.
- Because this measure is comprised of multiple questions, each individual question for this Dimension of Care must be considered for improvement opportunities.
- Provincially, the greatest opportunity for quality improvement may be the question with the fewest number of family members who responded positively (% Always):
 - (Q12) 47 per cent of family members always felt that nurses and aides really cared about their family member.
- Family members described staff as caring, patient, friendly, and attentive toward residents and family. Many spoke about how improving residents’ ability to be seen and cared for consistently by the same staff is important to residents’ wellbeing and quality of care. Others mentioned that how staff treat and interact with residents could be improved.

“The staff treat the residents as their own family.”

5.5.1 Facility averages for Kindness and Respect

In 2017, the provincial facility average for the Dimension of Care: Kindness and Respect was 84.9 out of 100.

Table 6 summarizes 2017 facility scores and change in score from 2014-15 by AHS zone.

- When the **Change from 2014-15** is shaded **GREEN** this indicates that the 2017 score is statistically significantly HIGHER than the 2014-15 score.
- When the **Change from 2014-15** is shaded **RED** this indicates that the 2017 score is statistically significantly LOWER than the 2014-15 score.
- No shade: 2017 and 2014-15 scores do not significantly differ.

Table 6: Summary of facility averages for Kindness and Respect by AHS zone (N = 155 facilities)

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Oilfields General Hospital (n = 21)	96.8	+8.6
Didsbury District Health Services (n = 13)	95.4	+3.6
Vulcan Community Health Centre (n = 10)	95.3	+8.5
Extencicare Vulcan (n = 21)	94.5	+9.1
Providence Care Centre (n = 64)	93.0	---
Canmore General Hospital (n = 14)	91.6	+4.0
Retirement Concepts Millrise (n = 32)	89.6	+3.6
Bow-Crest (n = 71)	88.9	+6.2
Willow Creek Continuing Care Centre (n = 57)	88.7	-0.8
Intercare Chinook Care Centre (n = 109)	87.7	+3.8
Glamorgan Care Centre (n = 12)	87.6	+4.4
Mineral Springs Hospital (n = 16)	87.5	+0.5
Wing Kei Care Centre (n = 101)	87.3	+12.1
Bethany Harvest Hills (n = 42)	86.5	-2.2
Carewest Signal Pointe (n = 21)	86.5	+4.9
Bethany Cochrane (n = 54)	86.3	+6.7
McKenzie Towne Continuing Care Centre (n = 76)	86.3	+7.4
Wentworth Manor/The Residence and The Court (n = 50)	85.7	+1.2
High River General Hospital (n = 34)	85.6	+3.0
Provincial facility average	84.9	---
Calgary Zone facility average	84.8	---
Mount Royal Care Centre (n = 42)	84.5	+1.1
Father Lacombe Care Centre (n = 62)	84.4	-0.9
Bow View Manor (n = 118)	84.3	-4.9
AgeCare Sagewood (n = 12)	83.7	---

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Intercare Southwood Care Centre (n = 111)	83.6	+1.1
Carewest Dr. Vernon Fanning Centre (n = 70)	83.5	+7.5
Newport Harbour Care Centre (n = 76)	83.3	+0.6
AgeCare Midnapore (n = 154)	82.9	+1.2
Mayfair Care Centre (n = 74)	82.9	0.0
Carewest Sarcee (n = 35)	82.6	+1.5
Intercare Brentwood Care Centre (n = 114)	82.4	+1.9
Extendicare Cedars Villa (n = 108)	82.0	-0.1
Bethany Calgary (n = 78)	80.1	+2.1
Carewest George Boyack (n = 117)	79.5	-4.5
Carewest Garrison Green (n = 106)	79.0	+2.5
Extendicare Hillcrest (n = 54)	78.9	-2.6
AgeCare Seton (n = 33)	78.6	---
Carewest Colonel Belcher (n = 113)	77.8	-2.9
AgeCare Glenmore (n = 117)	77.6	-4.7
Clifton Manor (n = 87)	75.1	-5.0
Carewest Royal Park (n = 31)	74.4	+5.4
AgeCare Walden Heights (n = 39)	74.1	---
Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
Foyer Lacombe (n = 9)	98.2	---
Sherwood Care (n = 71)	93.7	+1.4
Devon General Hospital (n = 7)	93.3	+5.2
Good Samaritan Stony Plain Care Centre (n = 73)	89.6	+6.5
Venta Care Centre (n = 73)	88.9	+2.1
CapitalCare Kipnes Centre for Veterans (n = 72)	88.7	+4.9
Extendicare Leduc (n = 46)	88.6	+0.9
CapitalCare Strathcona (n = 71)	88.4	+0.9
Rivercrest Care Centre (n = 54)	86.3	+10.5
Jasper Place Continuing Care Centre (n = 41)	85.7	-4.1
Jubilee Lodge Nursing Home (n = 102)	85.6	-0.9
Citadel Care Centre (n = 81)	85.6	+3.2
CapitalCare Lynnwood (n = 152)	85.4	+2.2
Shepherd's Care Kensington (n = 41)	85.0	+4.0
Provincial facility average	84.9	---

Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
South Terrace Continuing Care Centre (n = 62)	84.9	-4.7
WestView Health Centre (n = 26)	84.7	-2.3
St. Michael's Long Term Care Centre (n = 74)	84.5	+2.1
Edmonton Zone facility average	83.0	---
Shepherd's Care Millwoods (n = 86)	82.1	-0.1
Extendicare Eaux Claires (n = 92)	81.7	-2.1
CapitalCare Grandview (n = 77)	81.7	+0.2
Allen Gray Continuing Care Centre (n = 91)	81.6	+4.7
Touchmark at Wedgewood (n = 36)	81.0	-2.5
Edmonton General Continuing Care Centre (n = 156)	80.2	-1.0
Extendicare Holyrood (n = 45)	79.7	-3.5
Salem Manor Nursing Home (n = 61)	79.7	+1.5
Covenant Health Youville Home (n = 107)	79.6	-3.6
St. Joseph's Auxiliary Hospital (n = 104)	79.3	-1.0
Good Samaritan Southgate Care Centre (n = 101)	79.1	-3.2
Hardisty Care Centre (n = 46)	78.6	+1.4
CapitalCare Dickinsfield (n = 146)	78.6	-0.8
Good Samaritan Society Pembina Village (n = 15)	78.2	-4.6
Miller Crossing Care Centre (n = 72)	78.1	-1.6
Good Samaritan Dr. Gerald Zetter Care Centre (n = 102)	78.1	+5.2
Devonshire Care Centre (n = 77)	74.9	-0.4
Good Samaritan Millwoods Care Centre (n = 25)	69.9	+4.8
Edmonton Chinatown Care Centre (n = 27)	67.5	-0.3
Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Hardisty Health Centre (n = 6)	98.6	+11.7
Drayton Valley Hospital and Care Centre (n = 26)	96.3	+3.6
Breton Health Centre (n = 14)	95.3	+0.4
Westview Care Community (n = 28)	93.7	-4.1
Galahad Care Centre (n = 12)	91.5	-3.1
Northcott Care Centre (Ponoka) (n = 44)	91.1	-0.3
Our Lady of the Rosary Hospital (n = 14)	90.1	+15.9
Stettler Hospital and Care Centre (n = 26)	90.1	-1.7
Rimbey Hospital and Care Centre (n = 49)	89.2	+2.4
Louise Jensen Care Centre (n = 29)	88.2	+1.1
Lloydminster Continuing Care Centre (n = 33)	88.2	---
Tofield Health Centre (n = 30)	87.3	+4.9

Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Ponoka Hospital and Care Centre (n = 13)	86.6	-6.4
Extencicare Viking (n = 27)	86.5	+6.1
Hanna Health Centre (n = 35)	86.4	-5.4
Clearwater Centre (n = 24)	86.4	+1.6
Bethany CollegeSide (Red Deer) (n = 65)	86.3	+4.8
Mary Immaculate Care Centre (n = 15)	86.2	+2.4
Provost Health Centre (n = 24)	86.2	+5.4
Central Zone facility average	86.0	---
Vermilion Health Centre (n = 33)	85.7	-4.5
Vegreville Care Centre (n = 32)	85.5	+4.1
Two Hills Health Centre (n = 24)	85.1	-0.6
Olds Hospital and Care Centre (n = 26)	85.0	---
Provincial facility average	84.9	---
Mannville Care Centre (n = 15)	84.8	+5.7
Bentley Care Centre (n = 7)	83.6	---
St. Mary's Health Care Centre (n = 11)	83.6	-11.6
Wetaskiwin Hospital and Care Centre (n = 59)	83.5	+7.1
Drumheller Health Centre (n = 58)	81.9	-2.9
Dr. Cooke Extended Care Centre (n = 32)	81.7	-3.8
Bethany Sylvan Lake (n = 21)	81.7	-1.4
Wainwright Health Centre (n = 29)	81.5	+1.4
Innisfail Health Centre (n = 38)	80.9	-4.3
Bethany Meadows (n = 32)	80.6	-2.7
Killam Health Care Centre (n = 24)	80.6	+1.7
Lacombe Hospital and Care Centre (n = 38)	79.9	-3.5
Coronation Hospital and Care Centre (n = 13)	79.7	-12.0
Extencicare Michener Hill (n = 97)	79.6	-1.3
Lamont Health Care Centre (n = 47)	79.3	-7.9
North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
J.B. Wood Continuing Care Centre (n = 8)	91.9	---
Extencicare Athabasca (n = 30)	91.1	+4.1
Valleyview Health Centre (n = 10)	91.0	-0.6
Hythe Continuing Care Centre (n = 17)	90.4	+4.1
St. Therese - St. Paul Healthcare Centre (n = 10)	89.4	+1.3
Athabasca Healthcare Centre (n = 17)	89.1	---
Redwater Healthcare Centre (n = 5)	88.6	+4.0

North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
Bonnyville Healthcare Centre (n = 17)	88.5	+4.4
Manning Community Health Centre (n = 8)	88.3	+8.3
Extendicare Mayerthorpe (n = 23)	87.3	-0.8
Smoky Lake Continuing Care Centre (n = 16)	86.9	---
Radway Continuing Care Centre (n = 23)	86.8	-2.7
Mayerthorpe Healthcare Centre (n = 13)	86.6	+3.8
Extendicare Bonnyville (n = 23)	86.2	-0.5
North Zone facility average	85.6	---
Westlock Healthcare Centre (n = 66)	85.3	-1.4
Provincial facility average	84.9	---
Edson Healthcare Centre (n = 15)	84.7	+7.3
Central Peace Health Complex (n = 10)	83.3	-2.7
Dr. W.R. Keir - Barrhead Continuing Care Centre (n = 51)	83.1	-4.7
Points West Living Grand Prairie (n = 20)	83.1	+3.4
Extendicare St. Paul (n = 49)	82.9	-4.4
Fairview Health Complex (n = 29)	82.6	-1.8
William J. Cadzow - Lac La Biche Healthcare Centre (n = 19)	79.8	-1.8
Manoir du Lac (n = 5)	79.6	---
Peace River Community Health Centre (n = 18)	76.4	-1.7
Grande Prairie Care Centre (n = 31)	75.8	-6.2
South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
Taber Health Centre (n = 8)	97.9	+9.0
Bow Island Health Centre (n = 9)	97.3	+15.9
Milk River Health Centre (n = 11)	93.5	+1.2
Coaldale Health Centre (n = 28)	91.0	+1.9
Sunnyside Care Centre (n = 56)	89.5	-1.0
Riverview Care Centre (n = 42)	89.2	+3.7
River Ridge Seniors Village (n = 23)	88.0	+1.5
South Zone facility average	86.4	---
Bassano Health Centre (n = 7)	86.1	---
Provincial facility average	84.9	---
Extendicare Fort MacLeod (n = 18)	84.8	+4.9
Good Samaritan South Ridge Village (n = 41)	82.9	-2.6
Crowsnest Pass Health Centre (n = 27)	81.9	+4.2
Edith Cavell Care Centre (n = 43)	81.6	+3.7
Big Country Hospital (n = 18)	79.9	-7.2

South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
Brooks Health Centre (n = 6)	78.9	+0.5
St. Michael's Health Centre (n = 15)	72.9	-15.3

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, facilities are presented by their Global Overall Care Ratings from highest to lowest.

Opportunities for improvement

Provincially, to improve a Dimension of Care score, each individual question within the Dimension must be considered. Provincial and zone level results for each of the questions in this Dimension of Care can be found in Appendix VII.

Table 7 reports the question where the fewest number of family members chose the most positive response (% Always).¹⁸ This question may present the greatest opportunity for quality improvement at the provincial level.¹⁹

Table 7: Q12 by AHS zone

Q12: In the last 6 months, how often did you feel that the nurses and aides really cared about your family member?						
	Alberta (N = 7,179)	Calgary Zone (N = 2,564)	Edmonton Zone (N = 2,507)	Central Zone (N = 1,154)	North Zone (N = 591)	South Zone (N = 363)
	%	%	%	%	%	%
Always	47	46	45	51	51	57
Usually	40	41	42	39	39	34
Sometimes	11	12	13	10	10	8
Never	≤1	1	1	≤1	≤1	≤1
Total	100	100	100	100	100	100

¹⁸ The approach that presents only the most favourable response(s) for a question is typically used to simplify reporting and increase understanding of results. Research supports the use of this approach among best practices in identifying client-driven improvement opportunities. For more information see: Garver M. Customer-driven improvement model: best practices in identifying improvement opportunities. *Industrial Marketing Management*. 2003 Jul;32(6):455-466.

¹⁹ Note that each individual facility has their own unique areas of excellence and areas for improvement, which may differ from those identified for the province.

5.5.2 What did family members say?

“The residents deserve to be treated like where they live is their home, because it is. A cheery good morning or good afternoon is gold. Residents love conversation. Everyone has a story and many [would] love to share it.”

“As far as personalization of care, I believe the staff need to understand this is the resident's home. How nice it would be if [the resident] was offered what to wear for the day. Although these are small things, they mean a lot. I recall one resident stating [the resident] just wanted the staff to talk with [them], instead of seeing [the resident] as 'their job.' They deserve at the very least to be loved, cared for and treated with kindness.”

Many described staff as caring, patient, friendly, and attentive towards their resident. Family members praised staff who demonstrated familiarity and genuine interest in caring for residents, because it made them feel their resident was safe, valued, and cared for. However, many felt staff's ability to form a relationship with residents was limited. They also felt how often and the way staff interacted with residents and maintained their dignity could be improved.

An area of improvement was how often staff engaged residents in personal interactions beyond topics of care. Many felt staff could spend more one-on-one time getting to know residents by talking with them, to provide social and emotional stimulation. Some felt staff were too busy to spend this time, which made interactions feel impersonal and mechanical. Others felt staff did not always utilize opportunities to interact with their resident. For example, some observed staff on their cellphones or talking with other staff instead of residents. Because of this, many family members worried about residents feeling lonely, bored, or socially isolated.

How staff interact with residents could also be improved. Staff were not always friendly or attentive in their interactions with residents, and were described by some as disrespectful, rude, uncaring, and lacking in compassion. In addition, staff did not always acknowledge or talk directly to residents when providing care. Some staff used poor body language and argumentative, belittling, or age inappropriate (e.g., baby talk) interaction styles, which could come across as threatening, dismissive, and invalidating.

Lastly, respect for residents' dignity was a concern. This occurred when staff did not take the time to ensure residents were presentable (e.g., clean clothing and hair combed); did not provide timely help for toileting causing residents to become unwillingly incontinent; talked about residents to others such as family while residents were present; treated residents like a care task to be completed and not as a person; or, did not provide privacy in death. For example, one family member said, “when residents die, there should be a separate holding place to respectfully contain the deceased.”

What did family members think could be improved?

Family members recommended the following:

- Enable positive interactions by listening and being caring, respectful, patient, and empathetic.
- Greet residents and families when they are seen, and introduce themselves when unacquainted.
- Take the time to regularly engage residents in conversation beyond topics of care.
- Utilize volunteers to provide companionship (e.g., visit with residents).

5.6 Food Rating Scale

“The food appears to be good and plentiful.”

Family members were asked to rate how they perceived the food at their resident’s facility. The Food Rating Scale asks a single question:

(Q50) “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 nursing home?”

In keeping with the Dimensions of Care, the Food Rating Scale was rescaled to a 0 to 100 scale by multiplying the results by 10. In addition, family members commented on their experiences with food and discussed the variety, taste, appearance, and temperature in response to the following question:

- (Q64) Do you have any suggestions how care and services at this nursing home could be improved? If so, please explain.

What is in this section?

- Section 5.6.1 summarizes facility averages for the Food Rating Scale for participating facilities in 2017.
- Section 5.6.2 summarizes family members’ comments about food in 2017.

Findings at a glance

- In 2017, the provincial facility average for the Food Rating Scale was 71.7 out of 100 and facility results ranged from 47.0 to 88.0 out of 100.

“The food quality, taste and nutrition level does not seem adequate.”

- Specific quality improvement opportunities may be found in the comments family members made about the food.
- Family members said the quality, temperature, taste, variety, nutritional value, preparation, and serving of the food to residents could be improved. Some also said the meals could be more ‘home-like’, better reflecting what residents grew up eating and that tableware similar to a family dinner table should be used.

5.6.1 Facility averages for Food Rating Scale

In 2017, the provincial facility average for the Food Rating Scale was 71.7 out of 100.

Table 8 summarizes 2017 facility scores and change in score from 2014-15 by AHS zone.

- When the **Change from 2014-15** is shaded **GREEN** this indicates that the 2017 score is statistically significantly HIGHER than the 2014-15 score.
- When the **Change from 2014-15** is shaded **RED** this indicates that the 2017 score is statistically significantly LOWER than the 2014-15 score.
- No shade: 2017 and 2014-15 scores do not significantly differ.

Table 8: Summary of facility averages for Food Rating Scale by AHS zone (N = 155 facilities)

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Didsbury District Health Services (n = 13)	87.0	+16.0
Mineral Springs Hospital (n = 16)	84.0	+1.0
Oilfields General Hospital (n = 21)	83.0	+2.0
Glamorgan Care Centre (n = 11)	82.0	+5.0
Wing Kei Care Centre (n = 99)	82.0	+4.0
Extencicare Vulcan (n = 19)	79.0	+1.0
Mount Royal Care Centre (n = 39)	78.0	+8.0
Providence Care Centre (n = 61)	77.0	---
Carewest Signal Pointe (n = 21)	76.0	+4.0
Father Lacombe Care Centre (n = 58)	76.0	-3.0
Bow View Manor (n = 108)	74.0	-3.0
Mayfair Care Centre (n = 70)	74.0	0.0
Willow Creek Continuing Care Centre (n = 50)	73.0	+7.0
Bethany Harvest Hills (n = 39)	73.0	-2.0
Carewest Sarcee (n = 32)	73.0	+11.0
Bow-Crest (n = 69)	72.0	-2.0
High River General Hospital (n = 34)	72.0	+5.0
Provincial facility average	71.7	---
Calgary Zone facility average	71.1	---
Canmore General Hospital (n = 14)	71.0	-1.0
Retirement Concepts Millrise (n = 30)	71.0	+6.0
Newport Harbour Care Centre (n = 71)	71.0	-4.0
Intercare Chinook Care Centre (n = 101)	71.0	+8.0
Bethany Cochrane (n = 51)	71.0	+5.0
Wentworth Manor/The Residence and The Court (n = 48)	71.0	-2.0
AgeCare Walden Heights (n = 38)	70.0	---

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
McKenzie Towne Continuing Care Centre (n = 75)	69.0	+2.0
AgeCare Seton (n = 33)	69.0	---
Intercare Brentwood Care Centre (n = 104)	69.0	+3.0
Bethany Calgary (n = 71)	69.0	+8.0
AgeCare Glenmore (n = 106)	69.0	-3.0
Carewest Colonel Belcher (n = 105)	69.0	-6.0
AgeCare Midnapore (n = 137)	67.0	+1.0
Extendicare Cedars Villa (n = 98)	66.0	-2.0
Carewest George Boyack (n = 109)	65.0	+5.0
Carewest Garrison Green (n = 96)	65.0	0.0
Extendicare Hillcrest (n = 50)	65.0	+1.0
Vulcan Community Health Centre (n = 10)	62.0	-12.0
Clifton Manor (n = 85)	62.0	-2.0
Intercare Southwood Care Centre (n = 103)	61.0	+2.0
AgeCare Sagewood (n = 12)	60.0	---
Carewest Royal Park (n = 29)	59.0	-8.0
Carewest Dr. Vernon Fanning Centre (n = 59)	57.0	-2.0
Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
Foyer Lacombe (n = 9)	78.0	---
Extendicare Leduc (n = 41)	78.0	-2.0
Sherwood Care (n = 67)	77.0	0.0
CapitalCare Kipnes Centre for Veterans (n = 72)	77.0	+3.0
Extendicare Holyrood (n = 41)	77.0	+4.0
CapitalCare Strathcona (n = 68)	75.0	+4.0
WestView Health Centre (n = 23)	75.0	+4.0
South Terrace Continuing Care Centre (n = 57)	74.0	+4.0
Devon General Hospital (n = 7)	73.0	-13.0
St. Michael's Long Term Care Centre (n = 71)	73.0	0.0
Touchmark at Wedgewood (n = 34)	73.0	+1.0
Allen Gray Continuing Care Centre (n = 89)	73.0	+2.0
Venta Care Centre (n = 68)	72.0	+2.0
Jasper Place Continuing Care Centre (n = 39)	72.0	-3.0
Rivercrest Care Centre (n = 49)	72.0	+9.0
CapitalCare Grandview (n = 75)	72.0	+2.0
Provincial facility average	71.7	---

Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
Citadel Care Centre (n = 80)	71.0	+3.0
CapitalCare Lynnwood (n = 139)	71.0	+3.0
Jubilee Lodge Nursing Home (n = 97)	71.0	+1.0
Edmonton Zone facility average	70.3	---
Good Samaritan Stony Plain Care Centre (n = 69)	70.0	+4.0
Salem Manor Nursing Home (n = 56)	69.0	+1.0
Devonshire Care Centre (n = 73)	69.0	+3.0
Good Samaritan Southgate Care Centre (n = 92)	69.0	-1.0
Edmonton Chinatown Care Centre (n = 27)	69.0	+6.0
Shepherd's Care Kensington (n = 40)	67.0	-5.0
Extendicare Eaux Claires (n = 92)	67.0	-1.0
CapitalCare Dickinsfield (n = 144)	67.0	+1.0
Miller Crossing Care Centre (n = 67)	67.0	-1.0
Hardisty Care Centre (n = 42)	67.0	+1.0
Shepherd's Care Millwoods (n = 83)	66.0	+2.0
Covenant Health Youville Home (n = 103)	66.0	-2.0
Good Samaritan Society Pembina Village (n = 15)	65.0	-13.0
St. Joseph's Auxiliary Hospital (n = 98)	64.0	-4.0
Good Samaritan Dr. Gerald Zetter Care Centre (n = 95)	64.0	+3.0
Edmonton General Continuing Care Centre (n = 147)	63.0	+6.0
Good Samaritan Millwoods Care Centre (n = 24)	56.0	-6.0
Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Westview Care Community (n = 28)	88.0	-5.0
Mannville Care Centre (n = 13)	88.0	+10.0
St. Mary's Health Care Centre (n = 10)	85.0	+1.0
Mary Immaculate Care Centre (n = 14)	84.0	+3.0
Lloydminster Continuing Care Centre (n = 33)	82.0	---
Northcott Care Centre (Ponoka) (n = 42)	82.0	+9.0
Galahad Care Centre (n = 11)	80.0	-3.0
Hardisty Health Centre (n = 6)	80.0	+4.0
Rimbey Hospital and Care Centre (n = 44)	79.0	+7.0
Ponoka Hospital and Care Centre (n = 12)	77.0	+12.0
Innisfail Health Centre (n = 36)	77.0	+3.0
Provost Health Centre (n = 24)	77.0	+11.0
Tofield Health Centre (n = 27)	76.0	+7.0
Olds Hospital and Care Centre (n = 25)	76.0	---
Drayton Valley Hospital and Care Centre (n = 24)	75.0	+4.0

Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Breton Health Centre (n = 12)	75.0	+2.0
Coronation Hospital and Care Centre (n = 13)	75.0	+2.0
Vermilion Health Centre (n = 34)	75.0	0.0
Hanna Health Centre (n = 35)	75.0	+2.0
Our Lady of the Rosary Hospital (n = 14)	75.0	-7.0
Lacombe Hospital and Care Centre (n = 37)	75.0	0.0
Clearwater Centre (n = 22)	75.0	-1.0
Extendicare Viking (n = 26)	75.0	+5.0
Central Zone facility average	75.0	---
Louise Jensen Care Centre (n = 26)	74.0	+9.0
Vegreville Care Centre (n = 29)	74.0	-6.0
Bethany CollegeSide (Red Deer) (n = 61)	74.0	+9.0
Lamont Health Care Centre (n = 47)	73.0	-2.0
Wainwright Health Centre (n = 27)	73.0	+13.0
Provincial facility average	71.7	---
Stettler Hospital and Care Centre (n = 25)	71.0	-3.0
Bethany Meadows (n = 32)	71.0	+6.0
Bentley Care Centre (n = 7)	69.0	---
Wetaskiwin Hospital and Care Centre (n = 54)	69.0	0.0
Drumheller Health Centre (n = 58)	69.0	+2.0
Dr. Cooke Extended Care Centre (n = 24)	68.0	-8.0
Extendicare Michener Hill (n = 90)	68.0	+5.0
Killam Health Care Centre (n = 22)	66.0	+2.0
Two Hills Health Centre (n = 25)	63.0	+9.0
Bethany Sylvan Lake (n = 17)	61.0	-10.0
North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
Manning Community Health Centre (n = 8)	85.0	+5.0
Central Peace Health Complex (n = 10)	85.0	+8.0
Radway Continuing Care Centre (n = 21)	80.0	+1.0
Extendicare Athabasca (n = 30)	79.0	-3.0
Extendicare Mayerthorpe (n = 22)	79.0	+10.0
Extendicare St. Paul (n = 47)	79.0	-2.0
Hythe Continuing Care Centre (n = 17)	78.0	+19.0
Bonnyville Healthcare Centre (n = 16)	75.0	+6.0
Athabasca Healthcare Centre (n = 14)	75.0	---
Points West Living Grand Prairie (n = 21)	75.0	-2.0
Fairview Health Complex (n = 23)	75.0	-1.0

North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
St. Therese - St. Paul Healthcare Centre (n = 10)	74.0	+12.0
Extencicare Bonnyville (n = 21)	74.0	-10.0
Edson Healthcare Centre (n = 14)	74.0	+7.0
Provincial facility average	71.7	---
North Zone facility average	71.3	---
Westlock Healthcare Centre (n = 64)	71.0	+1.0
Peace River Community Health Centre (n = 18)	71.0	-8.0
Smoky Lake Continuing Care Centre (n = 16)	70.0	---
J.B. Wood Continuing Care Centre (n = 8)	68.0	---
Valleyview Health Centre (n = 9)	67.0	-3.0
Dr. W.R. Keir - Barrhead Continuing Care Centre (n = 45)	67.0	-5.0
Grande Prairie Care Centre (n = 30)	64.0	-5.0
Redwater Healthcare Centre (n = 5)	62.0	-9.0
Mayerthorpe Healthcare Centre (n = 12)	55.0	-20.0
Manoir du Lac (n = 4)	53.0	---
William J. Cadzow - Lac La Biche Healthcare Centre (n = 19)	47.0	-2.0
South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
Bow Island Health Centre (n = 9)	86.0	+10.0
Coaldale Health Centre (n = 27)	83.0	+3.0
Sunnyside Care Centre (n = 52)	76.0	+1.0
Big Country Hospital (n = 19)	76.0	+4.0
Extencicare Fort MacLeod (n = 17)	75.0	+7.0
Riverview Care Centre (n = 41)	73.0	+2.0
Provincial facility average	71.7	---
Brooks Health Centre (n = 6)	70.0	+16.0
South Zone facility average	69.7	---
St. Michael's Health Centre (n = 13)	68.0	-3.0
Edith Cavell Care Centre (n = 41)	66.0	-2.0
Milk River Health Centre (n = 10)	65.0	-10.0
Good Samaritan South Ridge Village (n = 41)	64.0	-3.0
River Ridge Seniors Village (n = 23)	63.0	-6.0
Crowsnest Pass Health Centre (n = 26)	63.0	-2.0
Bassano Health Centre (n = 7)	60.0	---
Taber Health Centre (n = 6)	58.0	-19.0

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, facilities are presented by their Global Overall Care Ratings from highest to lowest.

5.6.2 What did family members say?

“I think that the residents deserve their coffee and tea in a real mug not a plastic mug. It is really nice to see that their food is on a nice white dinner plate. This is their home and it looks more like a home family dinner table.”

“The food is not good. Meat is tough. Even the cheapest cuts can be tender if cooked slower and properly. Where do they get their cooks from? The variety and serving is not good. Much of it is cold when served. We suggested some meals they could have e.g. liver and onions, that many of the residents like but they never have it.”

Family members said meals are important to their residents’ overall health and wellbeing, as good meals are something they look forward to. However, most thought the meals lacked nutritional value and good meal preparation. Family members also felt how the meals were served could be improved. While some recognized the challenges related to preparing food for a large number of residents who have strong preferences and complex dietary needs, many felt facilities could better accommodate their resident’s preferences. Specifically, incorporating foods residents like or were used to having in their own home.

Many said nutritious options were not always available, as food was processed, ready-made, or canned. These foods contained high amounts of carbohydrates, fats, and sugars that negatively impacted residents’ health. In general, they felt not enough fresh whole fruits and vegetables were used.

Meals were not always suitable for residents’ dietary needs. Residents with health conditions (e.g., diabetes) that were impacted by diet sometimes received inappropriate meals putting their health at risk. Care plans that detailed meal requirements were not always followed or accommodated.

Regarding meal preparation, many said meals lacked variety (meals rotated through a schedule), how meals were cooked was not always appropriate (e.g., overcooking meat), and food was not flavoured with enough spice to ensure its taste. Many said meal preparation could be improved with innovative and qualified chefs.

Lastly, how meals were served could be improved. Specifically, a lack of staff available during mealtimes caused delays in serving meals. As a result, meals arrived or became cold before eating. In addition, family members felt that dining regularly on plastic, paper, or Styrofoam tableware was not appropriate.

What did family members think could be improved?

Family members recommended the following:

- Improve the quality, variety, taste, preparation, and temperature of the food provided
- Ensure food provided is nutritious, meeting the dietary needs of residents
- Ensure cooking staff are experienced in the preparation and service of daily meals
- Better incorporate resident preferences and feedback into meal service decisions
- Ensure there is enough staff available at mealtimes

What Accommodation Standards relate?

Standard 13: Nutritional Requirements
An operator is required to ensure that meals are palatable, safe, and pleasingly presented, and meet residents’ nutritional needs.

Standard 14: Menu Requirements
An operator is required to ensure the menu provides variety; choice of something from each food group; recognizes food preferences; and considers residents’ feedback in menu development.

5.7 Dimension of Care: Providing Information and Encouraging Family Involvement

“They have called me every time they have had a concern for [the resident]. We really appreciate the open communication and support they provide.”

Family members were asked to reflect on their experiences on a range of topics, including the degree to which family members feel informed and involved in resident care, and the degree to which information is shared between staff. The following survey questions were asked:

- (Q24 and Q25) Nurses and aides give family member information about resident?
- (Q26) Nurses and aides explain things in an understandable way?
- (Q27) Nurses and aides discourage [family members] questions?
- (Q40) Family member stops self from complaining?
- (Q41 and Q42) Family members involved in decisions about care?
- (Q55 and Q56) Family members given information they wanted about payments and expenses?
- (Q64) Do you have any suggestions how care and services at this nursing home could be improved? If so, please explain.

What is in this section?

- Section 5.7.1 summarizes facility averages for Providing Information and Encouraging Family Involvement for participating facilities in 2017.
- Section 5.7.2 summarizes family members’ comments about Providing Information and Encouraging Family Involvement in 2017.

“Have a unit advocate that would be the regular person for us to meet with to discuss issues. They would be in contact with us throughout the process to its resolution.”

Findings at a glance

- In 2017, the provincial facility average for Providing Information and Encouraging Family Involvement was 83.9 out of 100 and facility results ranged from 65.4 to 97.5 out of 100.
- Because this measure is comprised of multiple questions, each individual question for this Dimension of Care must be considered for improvement opportunities.
- Provincially, the greatest opportunity for quality improvement may be the question with the fewest number of family members who responded positively (% Always):
 - (Q25) Among family members who requested information about their resident from a nurse or aide, 47 per cent said they always received the information as soon as they wanted.
- Overall, family members reported communication between staff and family members, and between staff could be improved. In particular, regular updates about residents, changes to resident’s health, and incidents involving residents.

5.7.1 Facility averages for Providing Information and Encouraging Family Involvement

In 2017, the provincial facility average for the Dimension of Care: Providing Information and Encouraging Family Involvement was 83.9 out of 100.

Table 9 summarizes 2017 facility scores and change in scores from 2014-15 by AHS zone.

- When the **Change from 2014-15** is shaded **GREEN** this indicates that the 2017 score is statistically significantly HIGHER than the 2014-15 score.
- When the **Change from 2014-15** is shaded **RED** this indicates that the 2017 score is statistically significantly LOWER than the 2014-15 score.
- No shade: 2017 and 2014-15 scores do not significantly differ.

Table 9: Summary of facility averages for Providing Information and Encouraging Family Involvement by AHS zone (N = 155 facilities)

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Didsbury District Health Services (n = 13)	93.4	+4.8
Oilfields General Hospital (n = 21)	93.3	+4.4
Vulcan Community Health Centre (n = 10)	93.2	+3.6
Extencicare Vulcan (n = 21)	92.1	+11.7
Canmore General Hospital (n = 14)	91.8	+3.4
Retirement Concepts Millrise (n = 32)	91.8	+2.3
Glamorgan Care Centre (n = 12)	90.1	+5.1
Willow Creek Continuing Care Centre (n = 57)	88.7	+5.5
Providence Care Centre (n = 64)	88.6	---
Intercare Chinook Care Centre (n = 109)	88.1	+2.4
Bethany Cochrane (n = 54)	87.4	+7.9
Bow-Crest (n = 71)	87.2	+5.2
Newport Harbour Care Centre (n = 76)	87.0	+4.9
Bethany Harvest Hills (n = 42)	86.8	-1.1
Mayfair Care Centre (n = 74)	86.4	+1.3
Mineral Springs Hospital (n = 16)	85.1	-2.1
McKenzie Towne Continuing Care Centre (n = 76)	84.8	+6.9
Extencicare Cedars Villa (n = 106)	84.5	-0.2
Bow View Manor (n = 118)	84.4	-3.8
Calgary Zone facility average	84.4	---
Intercare Southwood Care Centre (n = 111)	84.1	+1.0
Provincial facility average	83.9	---
Father Lacombe Care Centre (n = 62)	83.3	0.0
High River General Hospital (n = 34)	83.1	+5.4

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Wing Kei Care Centre (n = 101)	82.8	+7.8
AgeCare Midnapore (n = 154)	82.6	-0.8
Intercare Brentwood Care Centre (n = 116)	82.5	+3.1
Wentworth Manor/The Residence and The Court (n = 50)	82.1	+2.5
Carewest Dr. Vernon Fanning Centre (n = 71)	82.0	+1.3
Carewest George Boyack (n = 117)	81.7	-3.7
Carewest Signal Pointe (n = 21)	81.5	+0.9
Mount Royal Care Centre (n = 42)	80.9	-4.6
AgeCare Sagewood (n = 12)	80.6	---
AgeCare Glenmore (n = 116)	80.6	-4.4
Extendicare Hillcrest (n = 53)	80.5	-5.3
Bethany Calgary (n = 78)	80.0	+0.3
Carewest Sarcee (n = 35)	79.8	+2.6
AgeCare Walden Heights (n = 39)	79.6	---
Carewest Garrison Green (n = 106)	79.3	+4.2
Carewest Colonel Belcher (n = 111)	78.9	-2.5
AgeCare Seton (n = 33)	77.2	---
Carewest Royal Park (n = 31)	77.0	+3.1
Clifton Manor (n = 87)	75.1	-5.5
Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
Sherwood Care (n = 71)	90.9	+3.8
Devon General Hospital (n = 7)	89.4	+7.1
Jasper Place Continuing Care Centre (n = 42)	89.3	+0.7
Foyer Lacombe (n = 9)	87.9	---
Extendicare Leduc (n = 46)	87.5	-0.1
CapitalCare Strathcona (n = 71)	87.2	+4.3
CapitalCare Kipnes Centre for Veterans (n = 72)	87.0	+3.9
Shepherd's Care Kensington (n = 40)	86.8	+8.3
Rivercrest Care Centre (n = 54)	85.9	+10.6
Jubilee Lodge Nursing Home (n = 102)	85.6	+1.4
Salem Manor Nursing Home (n = 61)	85.5	+6.3
CapitalCare Lynnwood (n = 151)	85.3	+1.4
Good Samaritan Stony Plain Care Centre (n = 73)	85.3	+4.5
Venta Care Centre (n = 72)	85.1	+0.4
Citadel Care Centre (n = 81)	85.1	+3.1

Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
South Terrace Continuing Care Centre (n = 62)	84.6	-5.0
Provincial facility average	83.9	---
Edmonton General Continuing Care Centre (n = 154)	83.6	+3.3
Shepherd's Care Millwoods (n = 87)	83.4	+0.5
Touchmark at Wedgewood (n = 36)	83.4	+2.5
Extendicare Holyrood (n = 45)	83.2	+4.7
St. Michael's Long Term Care Centre (n = 74)	82.7	-1.6
Edmonton Zone facility average	82.6	---
Good Samaritan Southgate Care Centre (n = 101)	81.0	-2.5
St. Joseph's Auxiliary Hospital (n = 104)	80.8	+0.2
Covenant Health Youville Home (n = 108)	80.3	-5.2
Extendicare Eaux Claires (n = 93)	80.3	-3.7
CapitalCare Grandview (n = 76)	80.2	+0.1
Edmonton Chinatown Care Centre (n = 27)	79.8	+6.8
Devonshire Care Centre (n = 78)	79.7	+2.4
WestView Health Centre (n = 26)	78.3	-5.1
CapitalCare Dickinsfield (n = 147)	78.2	+0.4
Miller Crossing Care Centre (n = 72)	77.7	+1.9
Hardisty Care Centre (n = 46)	77.6	+0.5
Allen Gray Continuing Care Centre (n = 92)	77.6	+2.8
Good Samaritan Dr. Gerald Zetter Care Centre (n = 102)	77.2	+5.0
Good Samaritan Millwoods Care Centre (n = 25)	70.0	+1.9
Good Samaritan Society Pembina Village (n = 15)	69.9	-14.6
Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Bentley Care Centre (n = 7)	97.5	---
Breton Health Centre (n = 14)	95.5	+3.4
Tofield Health Centre (n = 30)	92.2	+8.1
Westview Care Community (n = 28)	92.0	-5.2
Ponoka Hospital and Care Centre (n = 13)	91.6	+0.3
Northcott Care Centre (Ponoka) (n = 44)	90.5	+0.1
Drayton Valley Hospital and Care Centre (n = 26)	89.2	-0.3
Lloydminster Continuing Care Centre (n = 33)	88.8	---
Rimbey Hospital and Care Centre (n = 49)	88.8	+3.8
Hardisty Health Centre (n = 6)	87.9	-4.6
Vermilion Health Centre (n = 34)	86.9	-5.9
Hanna Health Centre (n = 35)	86.4	-4.7

Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Louise Jensen Care Centre (n = 29)	86.3	+8.4
Two Hills Health Centre (n = 25)	85.8	+2.1
Dr. Cooke Extended Care Centre (n = 32)	85.6	+0.1
Bethany Meadows (n = 32)	85.3	+6.0
Wetaskiwin Hospital and Care Centre (n = 59)	85.2	+5.9
Central Zone facility average	84.5	---
St. Mary's Health Care Centre (n = 11)	84.4	-2.8
Clearwater Centre (n = 24)	84.4	+0.6
Extendicare Viking (n = 27)	84.0	+5.3
Provincial facility average	83.9	---
Innisfail Health Centre (n = 38)	83.7	+0.4
Our Lady of the Rosary Hospital (n = 14)	83.5	+6.4
Vegreville Care Centre (n = 32)	83.5	+1.4
Bethany CollegeSide (Red Deer) (n = 65)	83.4	+3.0
Galahad Care Centre (n = 12)	82.8	+0.9
Olds Hospital and Care Centre (n = 26)	81.9	---
Coronation Hospital and Care Centre (n = 13)	81.9	-7.7
Wainwright Health Centre (n = 29)	81.9	+4.7
Mannville Care Centre (n = 15)	81.6	-3.5
Provost Health Centre (n = 25)	80.3	-1.2
Stettler Hospital and Care Centre (n = 26)	80.0	-11.8
Mary Immaculate Care Centre (n = 15)	79.7	-3.0
Drumheller Health Centre (n = 59)	78.8	+1.5
Extendicare Michener Hill (n = 97)	77.2	-1.0
Lamont Health Care Centre (n = 47)	76.5	-8.7
Killam Health Care Centre (n = 23)	76.2	-3.6
Bethany Sylvan Lake (n = 21)	75.1	-1.4
Lacombe Hospital and Care Centre (n = 38)	74.9	-10.4
North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
Hythe Continuing Care Centre (n = 17)	92.6	+10.7
St. Therese - St. Paul Healthcare Centre (n = 10)	92.5	+13.8
Redwater Healthcare Centre (n = 5)	92.3	-1.3
Extendicare Athabasca (n = 30)	91.9	+3.4
Points West Living Grand Prairie (n = 21)	88.7	+5.0
Central Peace Health Complex (n = 10)	88.4	+18.4

North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
Westlock Healthcare Centre (n = 66)	86.0	+0.9
Bonnyville Healthcare Centre (n = 17)	86.0	+3.4
Extendicare Mayerthorpe (n = 23)	85.8	0.0
Mayerthorpe Healthcare Centre (n = 13)	85.5	+5.9
Radway Continuing Care Centre (n = 23)	84.5	-5.2
Extendicare Bonnyville (n = 23)	84.5	-2.6
Edson Healthcare Centre (n = 15)	84.4	+5.1
Smoky Lake Continuing Care Centre (n = 16)	84.4	---
North Zone facility average	84.4	---
Athabasca Healthcare Centre (n = 17)	84.3	---
Provincial facility average	83.9	---
William J. Cadzow - Lac La Biche Healthcare Centre (n = 19)	83.4	+7.7
J.B. Wood Continuing Care Centre (n = 8)	83.0	---
Peace River Community Health Centre (n = 19)	82.8	+9.9
Dr. W.R. Keir - Barrhead Continuing Care Centre (n = 53)	81.6	-3.7
Extendicare St. Paul (n = 48)	81.6	-4.8
Valleyview Health Centre (n = 10)	81.6	-8.3
Fairview Health Complex (n = 28)	80.0	-4.8
Manning Community Health Centre (n = 8)	79.8	+4.0
Grande Prairie Care Centre (n = 31)	78.2	+0.4
Manoir du Lac (n = 5)	65.4	---
South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
Taber Health Centre (n = 8)	94.4	+13.2
Bow Island Health Centre (n = 9)	90.3	+12.4
Coaldale Health Centre (n = 28)	87.8	+8.0
Sunnyside Care Centre (n = 56)	87.6	-1.3
River Ridge Seniors Village (n = 23)	86.6	+2.9
Extendicare Fort MacLeod (n = 18)	86.5	+6.5
Milk River Health Centre (n = 11)	85.4	-9.2
Riverview Care Centre (n = 42)	84.2	-1.1
Provincial facility average	83.9	---
South Zone facility average	83.7	---
Crowsnest Pass Health Centre (n = 27)	82.7	+7.1
Bassano Health Centre (n = 7)	82.4	---
Good Samaritan South Ridge Village (n = 41)	82.2	-1.3
Edith Cavell Care Centre (n = 43)	78.9	+0.1

South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
St. Michael's Health Centre (n = 15)	77.1	-11.0
Big Country Hospital (n = 19)	76.6	-4.1
Brooks Health Centre (n = 6)	72.6	-11.7

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, facilities are presented by their Global Overall Care Ratings from highest to lowest.

Opportunities for improvement

Provincially, to improve a Dimension of Care score, each individual question within the Dimension must be considered. Provincial and zone level results for each of the questions in this Dimension of Care can be found in Appendix VII.

Table 10 reports the question where the fewest number of family members chose the most positive response (% Always).²⁰ This question may present the greatest opportunity for quality improvement at the provincial level.²¹

Table 10: Q25 by AHS zone

Q25: In the last 6 months, how often did you get this information as soon as you wanted? (Among those who answered YES to Q24)						
	Alberta (N = 6,342)	Calgary Zone (N = 2,291)	Edmonton Zone (N = 2,226)	Central Zone (N = 1,007)	North Zone (N = 504)	South Zone (N = 314)
	%	%	%	%	%	%
Always	47	46	44	48	51	55
Usually	41	41	43	40	39	34
Sometimes	11	11	12	10	9	10
Never	1	≤1	1	2	≤1	≤1
Total	100	100	100	100	100	100

²⁰ The approach that presents only the most favourable response(s) for a question is typically used to simplify reporting and increase understanding of results. Research supports the use of this approach among best practices in identifying client-driven improvement opportunities. For more information see: Garver M. Customer-driven improvement model: best practices in identifying improvement opportunities. Industrial Marketing Management. 2003 Jul;32(6):455-466.

²¹ Note that each individual facility has their own unique areas of excellence and areas for improvement, which may differ from those identified for the province.

5.7.2 What did family members say?

"I wish there was a way I could be apprised of [the resident]'s condition on a regular basis. They are excellent at communicating with me when there are problems and at answering my e-mail but it would be wonderful to hear how [the resident] is on a regular basis."

"[There is] very poor communication [between the] doctor and staff, staff to staff, and most importantly, staff to [resident] and family. Getting a clear answer to questions is really difficult and often inaccurate. One would expect all [resident] information to be documented and understood by everyone involved, yet we continually get conflicting responses to inquiries."

Family members appreciated when staff kept them regularly informed, and supported their involvement in their resident's care. However, most who commented felt the degree to which they were informed and involved could be improved. Specifically, family members reported times they were not informed or involved in decisions that resulted in changes impacting the resident, most commonly, changes to medications. They also did not receive time-sensitive information quickly enough, such as when their resident was involved in an incident, was ill, or had an injury; or alternatively, information provided was incomplete.

When they had questions, many family members said they encountered difficulties locating and getting hold of the appropriate facility staff. Many also stated they wanted to contact their resident's physician directly to ask questions, but were not given contact information due to policies inhibiting this.

Many stated the importance of attending their resident's care conference, because it enabled them to be informed of, and share input about their residents' progress and care plan. And while some had positive experiences with care conferences, many found these to be inflexibly scheduled which prevented their attendance. In addition, care conferences were not always attended by all staff involved in their resident's care. Another concern was that there was not always enough time to ask questions and to provide input; therefore these meetings were less productive. Changes to the resident's care plan were not always communicated to all of the staff involved in care and not implemented as a result. Due to lack of information and inclusion, many family members felt they were prevented from participating as a partner or advocate in their resident's care.

Family members also felt communication between staff did not occur frequently or effectively enough. Specifically, staff did not always document or report changes to resident's health, care plan, medications, or incidents to the appropriate staff person or during hand-off at shift change. Relatedly, family members felt staff did not always take the time to review information pertinent to residents in their care at shift change. Family member's also felt physicians who visited residents did not take the time to read

What Accommodation Standards relate?

Standard 24: Concerns and complaints
Operators are required to develop and maintain a written process for the resolution of concerns and complaints about the long-term care accommodation and the services provided and shall document every concern or complaint received and the measures taken to resolve it.

What Continuing Care Health Service Standards relate?

Standard 1: Standardized assessment and person-centered care planning
Operators are required to ensure any change to a resident's care plan is documented and communicated to the client, the interdisciplinary team, and the client's healthcare providers.

Standard 18: Concerns resolution on healthcare and forming a council
Where a client and family council is formed, an operator is required to respond in writing to feedback and queries from the council in a timeframe agreed to by the council and the operator.

and learn about resident's medical history, which prevented them from adequately assessing resident's health. Overall, lack of communication was viewed to contribute to delays or errors in resident care.

Another aspect of communication family members frequently discussed was their ability to get their concerns resolved. Most experienced challenges, stating staff were not always receptive to hearing their concerns, or were defensive or unwilling to address them. Family members also reported instances where they or their residents did not feel safe to voice a concern and worried about repercussions. At forums where feedback was invited, like care conferences or resident council meetings, some family felt feedback was not actually used. And sometimes, they felt concerns were resolved only temporarily, but became concerns again. These circumstances reduced trust and confidence in staff and management.

What did family members think could be improved?

Family members recommended the following:

- Inform the appropriate family member(s) as soon as possible following an incident involving their resident
- Provide more frequent updates to family members either face-to-face, over the phone, or by email, about resident's physical, mental, and emotional health and wellbeing
- Improve the involvement of family in decisions about resident care
- Ensure staff is available at the facility to answer questions in-person and by telephone. When staff is unable to answer the telephone, respond to messages within 24 hours
- Provide contact information for the resident's physician to the appropriate person for purposes of scheduling and follow-up
- Ensure staff update and review charts throughout their shift, and provide a complete update to incoming staff at shift-change
- Encourage staff to be receptive to receiving feedback and concerns, and ensure staff seek to resolve concerns in a timely manner; communicate how concerns will be addressed
- Ensure interdisciplinary care conferences include all staff involved in resident care
- Improve scheduling of care conferences by being more flexible and communicate availability in a timely manner to ensure family participation; if family are unable to attend provide them with a written summary of the meeting
- Ensure care conferences are scheduled with enough time for residents and family to ask questions and provide input
- Ensure care plans are communicated to all staff involved in resident care
- Ensure resident and family council meetings are productive by utilizing feedback from these meetings to identify improvement opportunities

5.8 Dimension of Care: Meeting Basic Needs

“[The resident] shares a room with another resident, but the care [they] receive is so good that [the resident] has turned down moving [to another facility to] have a private room.”

Family members were asked to reflect on their experiences with whether or not residents’ needs were met in long-term care, and the ways family members help to meet resident needs. The following survey questions were asked:

- (Q16 and Q17) Family members helped because staff didn’t help or resident waited too long for help with drinking?
- (Q14 and Q15) Family members helped because staff didn’t help or resident waited too long for help with eating?
- (Q18 and Q19) Family members helped because staff didn’t help or resident waited too long for help with toileting?
- (Q64) Do you have any suggestions how care and services at this nursing home could be improved? If so, please explain.

What is in this section?

- Section 5.8.1 summarizes facility averages for Meeting Basic Needs for participating facilities in 2017.
- Section 5.8.2 summarizes family members’ comments about Meeting Basic Needs in 2017.

Findings at a glance

- In 2017, the provincial facility average for Meeting Basic Needs was 90.1 out of 100 and facility results ranged from 67.2 to 100 out of 100.
- Because this measure is comprised of multiple questions, each individual question for this Dimension of Care must be considered for improvement opportunities.
- Provincially, the greatest opportunity for quality improvement may be the question with the fewest number of family members who responded positively:
 - Among family members who helped their resident with toileting, 53 per cent said they helped with toileting because they waited too long or did not receive help (Q19).
- Overall, family members did not think resident’s basic needs were always met due to a shortage of staff available to help; including help with toileting, eating, and bathing. A top recommendation for improvement voiced by family members was for residents to receive more help, and timelier help with meeting basic needs.

“Sometimes pages for help toileting or going to bed can beep for quite some time before they are answered. At times, it’s simply because many residents require assistance at the same time. A few extra hands would help alleviate this.”

5.8.1 Facility averages for Meeting Basic Needs

In 2017, the provincial facility average for the Dimension of Care: Meeting Basic Needs was 90.1 out of 100.

Table 11 summarizes 2017 facility scores and change in scores from 2014-15 by AHS zone.

- When the **Change from 2014-15** is shaded **GREEN** this indicates that the 2017 score is statistically significantly HIGHER than the 2014-15 score.
- When the **Change from 2014-15** is shaded **RED** this indicates that the 2017 score is statistically significantly LOWER than the 2014-15 score.
- No shade: 2017 and 2014-15 scores do not significantly differ.

Table 11: Summary of facility averages for Meeting Basic Needs by AHS zone (N = 155 facilities)

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Vulcan Community Health Centre (n = 10)	100.0	0.0
Oilfields General Hospital (n = 21)	100.0	0.0
Extencicare Vulcan (n = 21)	100.0	+4.9
Glamorgan Care Centre (n = 12)	100.0	0.0
Carewest Signal Pointe (n = 21)	98.5	+6.9
Willow Creek Continuing Care Centre (n = 56)	96.8	+4.0
Mayfair Care Centre (n = 74)	96.3	+7.1
Bethany Harvest Hills (n = 42)	94.6	+6.6
Canmore General Hospital (n = 14)	94.0	+11.6
Didsbury District Health Services (n = 13)	93.5	-5.1
Carewest Dr. Vernon Fanning Centre (n = 70)	93.2	-0.6
Mount Royal Care Centre (n = 42)	92.7	-0.6
Retirement Concepts Millrise (n = 32)	92.2	+3.4
AgeCare Sagewood (n = 12)	91.7	---
Father Lacombe Care Centre (n = 62)	91.6	+0.8
Bow-Crest (n = 71)	91.5	+5.0
Wing Kei Care Centre (n = 101)	91.4	+0.5
Intercare Brentwood Care Centre (n = 115)	91.4	+4.0
Newport Harbour Care Centre (n = 76)	91.2	-0.9
Intercare Chinook Care Centre (n = 109)	91.2	+4.1
Bow View Manor (n = 118)	90.9	-0.7
Extencicare Cedars Villa (n = 108)	90.7	-3.8
Carewest Garrison Green (n = 106)	90.4	+9.1
Carewest Royal Park (n = 31)	90.2	+3.1
Provincial facility average	90.1	---

Calgary Zone (N = 41 facilities)	2017 Average	Change from 2014-15
Calgary Zone facility average	89.9	---
Carewest Sarcee (n = 35)	88.0	-4.5
Providence Care Centre (n = 63)	88.0	---
Clifton Manor (n = 86)	87.8	+1.6
Intercare Southwood Care Centre (n = 110)	87.6	-4.0
AgeCare Midnapore (n = 154)	86.9	-3.7
McKenzie Towne Continuing Care Centre (n = 76)	86.3	-0.1
Wentworth Manor/The Residence and The Court (n = 50)	85.9	-1.0
Bethany Cochrane (n = 54)	85.3	+9.5
AgeCare Walden Heights (n = 39)	85.3	---
Extendicare Hillcrest (n = 53)	85.2	-6.2
Carewest George Boyack (n = 117)	83.9	-9.9
AgeCare Glenmore (n = 116)	82.9	-8.6
Carewest Colonel Belcher (n = 112)	82.0	-7.5
Bethany Calgary (n = 78)	81.2	-5.8
High River General Hospital (n = 34)	81.1	-5.3
Mineral Springs Hospital (n = 15)	79.2	-13.7
AgeCare Seton (n = 33)	76.5	---
Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
Devon General Hospital (n = 7)	100.0	+10.7
South Terrace Continuing Care Centre (n = 61)	96.4	+4.1
Jasper Place Continuing Care Centre (n = 41)	95.4	+1.2
Venta Care Centre (n = 73)	95.3	+1.6
Extendicare Leduc (n = 46)	94.1	0.0
Sherwood Care (n = 71)	92.7	+4.0
Extendicare Eaux Claires (n = 92)	91.7	+1.4
WestView Health Centre (n = 26)	91.4	-5.2
Jubilee Lodge Nursing Home (n = 102)	91.3	-1.8
Touchmark at Wedgewood (n = 36)	90.5	-0.8
Provincial facility average	90.1	---
Rivercrest Care Centre (n = 54)	88.9	+3.0
Edmonton General Continuing Care Centre (n = 155)	88.8	+0.6
Good Samaritan Stony Plain Care Centre (n = 73)	88.4	+2.1
CapitalCare Kipnes Centre for Veterans (n = 72)	88.3	+4.0
Citadel Care Centre (n = 81)	88.0	+0.7

Edmonton Zone (N = 36 facilities)	2017 Average	Change from 2014-15
CapitalCare Strathcona (n = 71)	87.8	+5.4
Shepherd's Care Kensington (n = 40)	87.6	+5.3
CapitalCare Lynnwood (n = 152)	87.5	-1.7
St. Michael's Long Term Care Centre (n = 74)	87.3	-3.4
Edmonton Zone facility average	87.1	---
Extendicare Holyrood (n = 44)	86.7	-3.3
Miller Crossing Care Centre (n = 71)	86.4	-0.7
Foyer Lacombe (n = 9)	86.2	---
CapitalCare Dickinsfield (n = 147)	84.4	+2.5
St. Joseph's Auxiliary Hospital (n = 103)	83.9	+1.5
Salem Manor Nursing Home (n = 61)	83.8	+0.3
CapitalCare Grandview (n = 77)	83.3	-2.6
Hardisty Care Centre (n = 45)	82.4	-7.8
Good Samaritan Southgate Care Centre (n = 101)	82.4	-5.4
Good Samaritan Society Pembina Village (n = 15)	82.1	+0.7
Edmonton Chinatown Care Centre (n = 27)	82.0	+9.8
Allen Gray Continuing Care Centre (n = 92)	81.9	+3.8
Devonshire Care Centre (n = 78)	81.9	+2.8
Shepherd's Care Millwoods (n = 85)	81.6	+2.7
Good Samaritan Dr. Gerald Zetter Care Centre (n = 102)	79.4	+4.9
Covenant Health Youville Home (n = 106)	79.1	-10.9
Good Samaritan Millwoods Care Centre (n = 25)	75.5	+13.6
Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Breton Health Centre (n = 14)	100.0	+0.9
Coronation Hospital and Care Centre (n = 13)	100.0	+7.0
St. Mary's Health Care Centre (n = 11)	98.6	-0.5
Northcott Care Centre (Ponoka) (n = 44)	97.6	+0.9
Bentley Care Centre (n = 7)	97.4	---
Olds Hospital and Care Centre (n = 26)	96.7	---
Louise Jensen Care Centre (n = 28)	96.7	+9.4
Ponoka Hospital and Care Centre (n = 13)	96.7	+11.0
Vegreville Care Centre (n = 32)	96.4	+13.4
Westview Care Community (n = 28)	95.9	-2.9
Vermilion Health Centre (n = 33)	95.7	+3.6
Tofield Health Centre (n = 30)	95.6	+3.4

Central Zone (N = 38 facilities)	2017 Average	Change from 2014-15
Galahad Care Centre (n = 12)	94.9	-5.1
Drumheller Health Centre (n = 58)	94.6	+1.3
Bethany CollegeSide (Red Deer) (n = 65)	93.9	+7.2
Lacombe Hospital and Care Centre (n = 38)	92.7	+2.7
Killam Health Care Centre (n = 23)	92.6	-4.3
Innisfail Health Centre (n = 38)	92.6	+7.6
Provost Health Centre (n = 24)	92.5	-1.3
Hanna Health Centre (n = 35)	92.3	-5.6
Central Zone facility average	91.9	---
Our Lady of the Rosary Hospital (n = 14)	91.8	+5.1
Dr. Cooke Extended Care Centre (n = 32)	91.0	+2.7
Wetaskiwin Hospital and Care Centre (n = 59)	90.8	+3.8
Rimbey Hospital and Care Centre (n = 49)	90.4	+2.5
Lloydminster Continuing Care Centre (n = 33)	90.3	---
Two Hills Health Centre (n = 24)	90.3	+3.0
Provincial facility average	90.1	---
Extendicare Viking (n = 27)	89.7	-1.8
Mary Immaculate Care Centre (n = 15)	89.5	-5.5
Drayton Valley Hospital and Care Centre (n = 26)	88.6	-7.8
Bethany Sylvan Lake (n = 21)	87.8	+7.8
Wainwright Health Centre (n = 29)	87.6	+6.1
Lamont Health Care Centre (n = 47)	86.6	-10.5
Hardisty Health Centre (n = 6)	85.9	-11.8
Extendicare Michener Hill (n = 97)	85.5	-5.3
Stettler Hospital and Care Centre (n = 26)	83.7	-6.2
Bethany Meadows (n = 32)	83.6	+2.0
Mannville Care Centre (n = 15)	82.8	-7.4
Clearwater Centre (n = 24)	81.7	+8.6
North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
Valleyview Health Centre (n = 10)	100.0	+3.3
Redwater Healthcare Centre (n = 5)	100.0	0.0
St. Therese - St. Paul Healthcare Centre (n = 10)	100.0	+4.1
Dr. W.R. Keir - Barrhead Continuing Care Centre (n = 52)	97.6	+3.1
Smoky Lake Continuing Care Centre (n = 16)	97.4	---
Mayerthorpe Healthcare Centre (n = 13)	96.7	+0.6

North Zone (N = 25 facilities)	2017 Average	Change from 2014-15
Extendicare Bonnyville (n = 23)	95.6	-2.2
Central Peace Health Complex (n = 9)	95.4	+7.9
Points West Living Grand Prairie (n = 20)	94.7	+13.5
Athabasca Healthcare Centre (n = 16)	94.5	---
Hythe Continuing Care Centre (n = 16)	93.8	+8.1
Radway Continuing Care Centre (n = 23)	92.0	+8.0
Bonnyville Healthcare Centre (n = 17)	91.6	-2.2
Extendicare Mayerthorpe (n = 22)	91.2	+0.2
Extendicare Athabasca (n = 30)	90.9	+4.1
North Zone facility average	90.5	---
Provincial facility average	90.1	---
Westlock Healthcare Centre (n = 64)	89.1	-4.2
Manning Community Health Centre (n = 8)	87.9	+16.1
Edson Healthcare Centre (n = 15)	87.8	+4.5
J.B. Wood Continuing Care Centre (n = 8)	86.0	---
Fairview Health Complex (n = 29)	84.3	-8.0
Extendicare St. Paul (n = 48)	83.6	-12.4
Peace River Community Health Centre (n = 18)	82.5	-9.8
Grande Prairie Care Centre (n = 31)	78.2	-5.4
William J. Cadzow - Lac La Biche Healthcare Centre (n = 19)	76.8	+7.0
Manoir du Lac (n = 5)	74.5	---
South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
Milk River Health Centre (n = 11)	100.0	0.0
Taber Health Centre (n = 8)	100.0	+2.2
Big Country Hospital (n = 17)	100.0	+9.0
Bassano Health Centre (n = 7)	100.0	---
River Ridge Seniors Village (n = 23)	98.7	+13.0
Bow Island Health Centre (n = 9)	98.3	+5.6
Coaldale Health Centre (n = 28)	96.4	+8.0
Crowsnest Pass Health Centre (n = 27)	95.2	+4.8
Good Samaritan South Ridge Village (n = 41)	93.0	+1.0
South Zone facility average	92.6	---
Extendicare Fort MacLeod (n = 18)	90.6	+0.5
Provincial facility average	90.1	---
Sunnyside Care Centre (n = 56)	89.7	-3.3

South Zone (N = 15 facilities)	2017 Average	Change from 2014-15
Riverview Care Centre (n = 42)	89.5	+1.1
Edith Cavell Care Centre (n = 43)	89.5	+6.8
Brooks Health Centre (n = 6)	80.5	-17.5
St. Michael's Health Centre (n = 15)	67.2	-26.5

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, facilities are presented by their Global Overall Care Ratings from highest to lowest.

Opportunities for improvement

Provincially, to improve a Dimension of Care score, each individual question within the Dimension must be considered. Provincial and zone level results for each of the questions in this Dimension of Care can be found in Appendix VII.

Table 12 reports the question where the fewest number of family members chose the most positive response (% No).²² This question may be among the greatest opportunities for quality improvements.²³

Table 12: Q19 by AHS zone

Q19: In the last 6 months, 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? (Among those who answered YES to Q18)						
	Alberta (N = 1,417)	Calgary Zone (N = 570)	Edmonton Zone (N = 472)	Central Zone (N = 204)	North Zone (N = 109)	South Zone (N = 62)
	%	%	%	%	%	%
Yes	53	53	59	43	51	39
No	47	47	41	57	49	61
Total	100	100	100	100	100	100

²² The approach that presents only the most favourable response(s) for a question is typically used to simplify reporting and increase understanding of results. Research supports the use of this approach among best practices in identifying client-driven improvement opportunities. For more information see: Garver M. Customer-driven improvement model: best practices in identifying improvement opportunities. Industrial Marketing Management. 2003 Jul;32(6):455-466.

²³ Note that each individual facility has their own unique areas of excellence and areas for improvement, which may differ from those identified for the province.

5.8.2 What did family members say?

“When the call button is pressed it would be nice if one of the caregivers could at least let them know how long it will be so they are not waiting for upwards of 20 to 30 minutes sometimes.”

“I feel that many of the staff have a great approach with [the resident] and really manage [the resident]’s care very well. It would be great if their strategies can be shared with everyone, especially if [staff] are new to [the resident].”

Most family members believed staff were doing their best to provide residents with high quality care and demonstrated that resident comfort and safety were their priority. However, family members felt there were limits as to what staff could do for residents when there were not enough staff, or scheduling reduced staff availability during high-needs times (e.g., during mornings and mealtimes). As a result, many provided examples of how they assisted their resident to ensure their resident received all of the help they needed. Family performed varying roles, including that of advocate, educator, decision-maker, caregiver, and emotional and physical supporter. Some paid for privately hired staff or companions to ensure their resident needs were met. Their observations and experiences informed the areas for improvement described below.

Often, family members felt their resident’s basic care needs were either delayed, not supported enough, or not met, such as in assistance with eating, ensuring residents are hydrated, toileting, bathing, transferring, repositioning, oral hygiene, dressing into clean clothes, and other daily hygiene tasks like shaving, washing hands and face, nail trimming, and brushing hair. These tasks were viewed as critical to residents’ personal and medical care, dignity, safety, and self-esteem. Family members also felt staff were not always attentive, such as when they rushed through care too quickly in order to get to the next resident, or did not check-in throughout the day, missing opportunities to help residents.

Family members also had concerns about their residents’ healthcare. Specifically, they felt there were not enough healthcare services available in-house, including therapeutic (e.g., physiotherapy and occupational therapy to maintain or improve mobility), physician visits, mental health, dentistry, hearing, and vision services. Of these, most felt physicians should visit their resident more regularly to discuss and address their resident’s health concerns. This was particularly a concern when resident’s healthcare needs were not identified or reported quickly enough by facility staff, contributing to delays in assessment and treatment. Family members also described opportunities for improvement relating to their resident’s health equipment. Specifically, staff were not always knowledgeable about how to operate, maintain, or support

What Continuing Care Health Service Standards relate?

Standard 6.0: Assistive equipment, technology and medical/surgical supplies
An operator must ensure that a resident is provided with any assistive equipment; or referred to a service which can provide the assistive equipment; and instruction on the appropriate and safe use of the assistive equipment is provided.

Standard 12.0: Medication management
Operators are required to adhere to the “8 rights” of medication administration: right medication; right client; right dose; right time; right route; right reason; right documentation; and right to refuse a medication.

Standard 14: Oral care assistance and bathing frequency
Operators are required to provide residents with the opportunity for assistance with oral care twice a day and more frequently when required, and bathing at a minimum of twice a week by the method of resident’s preference, and more frequently based on the resident’s unmet healthcare need.

clients to use equipment like oxygen or hearing aids; and so residents did not always have optimal use of their equipment.

Family members also discussed medications, stating that their resident did not always receive the correct medication, correct dosage, or their medication on time. Family members expressed concern that staff were not always knowledgeable about the medications they were providing to residents and how they were to be administered, and were not always aware of what side effects or medication interactions to be aware of. Other concerns occurred when they were not consulted about changes to medications and feeling that residents are overmedicated.

Lastly, in all areas of care, family members felt providing care the same way over time was important to ensuring high quality care, but did not always occur. Specifically, their resident's care plan or treatment plan was not always followed by staff, particularly when their resident was not being cared for by the same staff over time. For example, several felt wound care was not managed consistently by different staff over time, resulting in delays in healing. As a result, their resident did not always receive needed care or receive care correctly.

What did family members think could be improved?

Family members recommended the following:

- Ensure enough staff are scheduled during times of high-need (e.g., mealtimes); ensure only one staff member takes a scheduled break at a time and to avoid taking breaks at high-need times
- Provide help as quickly as possible, and communicate expected delays to residents
- Check-in with residents regularly and proactively provide assistance
- Ensure hygiene standards, which include bathing and oral hygiene, are enforced
- If residents so choose, ensure personal care is provided by staff of the same gender
- Provide residents with daily personal hygiene services (e.g., dressed in clean clothing)
- Accommodate on-site healthcare services as much as possible including specialized services like dentistry and vision, therapies like physiotherapy, and mental health
- Improve or maintain resident's mobility as much as possible (e.g., physiotherapy)
- Increase access to physician services which include regularly scheduled visits and unscheduled visits as needed
- Ensure residents are using medical equipment as prescribed
- Ensure staff are adequately trained in the clinical details of providing medication and medication interactions
- Ensure the correct medications are administered to the correct resident at the correct time

5.9 Additional care questions

The following questions were not included by CAHPS in the questions that comprise each Dimension of Care; however, they provide important additional information about care and services that was determined to be important in the Alberta context. The additional questions are:

Q23: In the last 6 months, how often did the nurses and aides treat you with courtesy and respect?

Q28: In the last 6 months, how often is your family member cared for by the same team of nurses and aides?

Q29: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?²⁴

Q31: In the last 6 months, how often were you able to find places to talk to your family member in private?

Q33: 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?

Q37: At any time in the last 6 months, were you ever unhappy with the care your family member received at the nursing home?

Q39: In the last 6 months, how often were you satisfied with the way the nursing home staff handled these concerns?

Q43: In the last 12 months, have you been part of a care conference, either in person or by phone?

Q44: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone?

Q48: In the last 6 months, how often did you feel like your family member is safe at the facility?²⁵

Q49: In the last 6 months, did you help with the care of your family member when you visited because nurses and aides either didn't help or made him or her wait too long?

Q51: In the last 6 months, how often did your family member receive all of the healthcare services and treatments they needed?

Q52: In the last 6 months, how often did you have concerns about your family member's medication?

Q54: In the last 6 months, how often were your concerns about your family member's medication resolved?

Q57: Does your family member's facility have a resident and family council?²⁶

Q58: In the last 6 months, how often were the people in charge available to talk with you?²⁷

²⁴ Question 29 was a new addition to the 2017 survey and was not asked in 2014-15, therefore year-to-year comparisons are not available.

²⁵ Question 48 was a new addition to the 2017 survey and was not asked in 2014-15, therefore year-to-year comparisons are not available.

²⁶ Question 57 was a new addition to the 2017 survey and was not asked in 2014-15, therefore year-to-year comparisons are not available.

²⁷ Question 58 was a new addition to the 2017 survey and was not asked in 2014-15, therefore year-to-year comparisons are not available.

Provincial and zone level results for each of the questions listed above can be found in Appendix VII. In addition facility-level results for the questions above can be found in the facility-level report provided to each participating facility.

Based on the questions above, Table 13 reports the question where the fewest number of family members chose the most positive response (% Always).²⁸ This question may be among the greatest opportunities for quality improvements at the provincial level.²⁹ Question 39 is gated by the following two questions:

Q37: At any time in the last 6 months, were you ever unhappy with the care your family member received at the nursing home? (Yes or No)

Q38: In the last 6 months, did you talk to any nursing home staff about this concern? (Yes or No)

Table 13: Q39 by AHS zone

Q39: In the last 6 months, how often were you satisfied with the way the nursing home staff handled these concerns? (Among those who answered YES to Q38)						
	Alberta (N = 2,044)	Calgary Zone (N = 711)	Edmonton Zone (N = 792)	Central Zone (N = 296)	North Zone (N = 150)	South Zone (N = 95)
	%	%	%	%	%	%
Always	13	11	13	13	13	15
Usually	42	41	42	45	45	39
Sometimes	38	40	38	38	37	39
Never	7	7	7	5	5	7
Total	100	100	100	100	100	100

²⁸ The approach that presents only the most favourable response(s) for a question is typically used to simplify reporting and increase understanding of results. Research supports the use of this approach among best practices in identifying client-driven improvement opportunities. For more information see: Garver M. Customer-driven improvement model: best practices in identifying improvement opportunities. *Industrial Marketing Management*. 2003 Jul;32(6):455-466.

²⁹ Note that each individual facility has their own unique areas of excellence and areas for improvement, which may differ from those identified for the province.

5.10 Family member comments: Additional topics

“I participated in a team meeting regarding [the resident]’s care...weeks of [the resident]’s admission...the [staff] were readily available and expressed interest in getting to know [the resident].”

Responses to Question 67, *“Do you have any suggestions how care and services at this nursing home could be improved? If so, please explain,”* were not always relevant to a Dimension of Care or to food, and were themed into one of the following additional topic areas: safety and security, activities, care transitions, and funding of long-term care. These themes are summarized below.

What is in this section?

- Section 5.10.1 summarizes family members’ comments about safety and security, activities, care transitions, and funding of long-term care.

Findings at a glance

- Family members commented on the degree to which they felt residents were safe and secure living in long-term care. Most often, these comments reflected their concern that there was not enough staff available to supervise residents and prevent falls or resident conflict. Many also felt the security of resident’s personal belongings could be improved.
- “There is no dignity or kindness in sitting alone with no social contact or activities. Recreation activities are the only social contact many residents have.”*
- Regarding activities, family members most often felt a greater number and variety of activities could be available to residents. They felt activity planning could be improved to better reflect a range of physical and cognitive capabilities and resident preference.
 - Relating to the topic of care transitions, family members frequently discussed the importance of ensuring smooth transitions into long-term care which could be improved with increased communication before and during admission.
 - In regards to the topic of funding of long-term care, family members most often felt there was not enough funding available to sufficiently staff long-term care facilities in order to meet resident’s needs, and felt the Alberta government should review how it funds long-term care.

5.10.1 What did family members say?

Safety and security

“Considering how many differences there are in all the residents at [the facility], I am very impressed at how hard the staff works to keep all of the residents as healthy and safe as possible.”

“I have concerns about [the resident’s] safety, many times we have called for assistance and it has taken fifteen to thirty minutes for someone to answer the bell, if this was an emergency that is not good enough.”

Resident safety and security were important to family members, and staff and management’s efforts to ensure resident safety were appreciated. Some however, expressed concern for their residents’ safety. The majority were related to staff’s ability to supervise and provide residents with help, monitor and prevent wandering of residents into other resident rooms, residents exiting the facility, or conflict between residents. These concerns were especially noted when there were limited staff available. Other concerns were for the safe evacuation of residents in the event of an emergency including whether the facility had an evacuation plan; ensuring the building was maintained and free of hazards (e.g., ensuring floors are kept dry to prevent slipping); and measures to ensure visitors were monitored and accounted for, when reception staff were not available 24 hours per day, to prevent unwanted visitors from entering the building.

In addition, a small number of the family members who commented on this topic described circumstances where they believed their resident experienced physical harm, neglect, or emotional abuse. Most of these family members were concerned because their resident had experienced a fall, and felt this was due to inadequate monitoring or supervision for prevention, or a delay in providing help to residents. Sometimes it took some time before staff became aware of a fall and a resident requiring help, which contributed to delays in treatment of injuries. A few family members also expressed concern that staff did not always proactively identify and reduce risk of harm to residents. For instance, several did not think staff were familiar with how to operate equipment (e.g., lifts) safely to prevent injury. Others mentioned staff did not always ensure residents had easy reach of their call bell.

What Accommodation Standards relate?

Standard 2: Safety Requirements

Operators must ensure that the accommodation and its grounds are in safe condition and maintained so as to remain free of hazards.

Standard 18: Resident Safety and Security

Operators are required to promote the safety and security of residents, including processes that account for all residents on a daily basis, and ensure that monitoring mechanisms or personnel are in place on a round-the-clock basis

Standard 28: Policies respecting safety and security

Operators are required to create and maintain policies and procedures related to the safety and security of residents, and ensure employees are aware of, have access to, and follow these policies and procedures.

What did family members think could be improved?

Family members recommended the following:

- Improve staff availability in order to adequately supervise residents to prevent wandering, resident conflict, and harm (e.g., of choking on food at mealtimes)
- Check-in with residents immediately following call bell activation to assess whether immediate help is needed

- Improve the enforcement of protocols for fall prevention (e.g., ensure call bells are accessible)
- If residents fall or are injured, ensure they are assessed and injuries are treated immediately
- Ensure an incident report is completed following any incident, and inform family; communicate plans to mitigate these incidents in the future
- Improve security of resident rooms and personal belongings
- Ensure staff are trained to use equipment safely
- Ensure the front desk is staffed at all times to monitor visitors and prevent unwanted visitors from entering the building
- Communicate emergency preparedness plans to residents and families
- Enforce protocols to prevent resident-to-resident aggression

Activities

Resident inclusion in activities was important to family members, as they felt this enabled their resident to engage physically, mentally, and socially. Activities were viewed to prevent boredom, isolation, cognitive decline, and contributed to positive self-esteem and overall wellbeing. Most appreciated recreation staff's efforts to provide regularly scheduled activities, with many mentioning residents in particular enjoyed music entertainment.

However, many stated there are not enough activities scheduled, or enough dedicated recreation staff to run activities daily. Weekends often did not have scheduled activities. In addition, there was not enough variety of activities available, with many stating activities could be repetitive, non-inclusive of a wide range of cognitive and physical capabilities, or did not reflect their resident's lifelong personal hobbies and interests. As a result, family members identified opportunities to enhance the activities program by including: colouring, singing, shuffleboard, exercise programs designed to improve mobility and strength, gardening, ceramics, walking for enjoyment and to improve mobility, outings, discussion, curling, and lawn bowling.

What Accommodation Standards relate?

Standard 12: Social or leisure activities
Operators are not required to provide activities to residents. However, where an operator provides social or leisure activities, they are required to provide activities that address the needs and preferences of residents.

What did family members think could be improved?

Family members recommended the following:

- Ensure activities provided comprise a wide range of resident preferences and abilities
- Schedule activities during all days of the week; utilize volunteers if needed
- Encourage residents to participate and assist residents with getting to activities if needed
- Help residents spend time outdoors; if available, provide access to secured outdoor spaces
- Provide more independent activities options (e.g., books and puzzles)
- Provide access to exercise equipment

Care transitions

“The staff proved very accommodating, helpful, and understanding repeatedly. Within [a number of] days the staff knew [the resident]’s name, spoke of [the resident]’s personal daily routines, likes, characteristics, and needs.”

“It is difficult for people who are very mentally capable to be put with many who are not. I know that with people coming and leaving it is difficult to [do] this. Sometimes there are quite a few people they can befriend and sometimes hardly any.”

It was important to family members that residents experience a smooth transition into long-term care. Some stated this was accommodated by staff who were available to answer questions and were kind and understanding. However, many felt there was a lack of communication or preparation for their resident’s arrival, which caused them to feel staff were not knowledgeable or prepared to meet their resident’s needs. For example, several stated their resident was at risk of falling, but the facility did not install a bed alarm prior to move-in. As a result, many felt this was an area for improvement.

Another factor family member’s felt contributed to resident transition experience was the resident population. When residents dissimilar in cognitive or physical ability resided together they felt it was difficult for residents to form friendships and impacted their sense of personal safety and security. For example, when residents who were not cognitively well wandered uninvited into their resident’s room. Many family members also stated residents should live in private accommodations. They felt that when their resident had to share a room with a roommate, it infringed on their resident’s privacy, comfort, dignity, and ability to feel at home.

What Accommodation Standards relate?

Standard 23: Information respecting the long-term care accommodation
An operator is required to provide on request information including the process of moving in and orientation.

What did family members think could be improved?

Family members recommended the following:

- Review care plans and all pertinent information as well as consult the incoming resident and their family to ensure resident’s care needs can be met at admission
- Ensure all necessary documentation has been received and reviewed relating to a resident at admission (e.g., medical history and personal directive)
- Provide an orientation to the building and staff; provide enough time for families and prospective residents to ask questions and for facility staff to respond
- Ensure information collected at intake is shared with relevant staff and used appropriately (for example, resident likes and dislikes)
- Where possible, provide residents with single occupancy rooms
- Ensure residents assigned to semi-private rooms are similar in cognitive and physical capability and can get along

Financial concerns

“We hired people to help [the resident]. Why do we have to pay extra to get the care we expect and the care [the resident] deserves?”

“It seems like the staff is required to do more with less. I don’t blame this on the facility itself, as it appears that with funding cuts and escalating costs, they are constantly trying to figure out how to make ends meet. We must find ways to fund all these facilities with the increasing demand that will be placed upon them as our population continues to age.”

Overall, family members appreciated that long-term care services are available in Alberta, and reflected on the importance of receiving quality care and services at a reasonable cost. However, cost of accommodation fees was a concern for many, as fees increased and were perceived to be increasingly unaffordable. Some felt their resident did not receive value for the price they paid each month. Family members who felt this way observed a decline in the number and quality of services offered, such as housekeeping. In addition, family members expressed concern with provincial funding of long-term care, specifically, the number of staff available to provide support. With fewer staff, family members felt staff were increasingly expected to do more work, resulting in burnout and low staff retention. In general, family members felt that the increases in accommodation fees and reduced availability of care and services in part due to a lack of provincial funding support of long-term care, were detrimental.

To fill gaps in care, families said they supplemented accommodation fees, paid for items like clothing and medical equipment, and personally completed tasks like laundry to avoid incurring additional service costs. They also arranged for and paid privately for services to ensure their resident’s needs were met, like companion services, foot care, or physiotherapy. In general, family expressed concern for resident’s ability to have all of their care needs met when long-term care was not appropriately funded.

What did family members think could be improved?

Family members recommended the following:

- Cost of facility accommodation fees should be affordable
- Review compensation to attract and retain exemplary staff
- Provincially, review funding for long-term care to address staffing issues
- Evaluate and provide information about which service costs are mandatory or opt-in and communicate to residents and family on how to opt-out
- Provide information about services that can be accessed that are not included in accommodation fees, such as nail care
- Offer publicly available parking free of charge for resident’s visitors

6.0 FACILITY CHARACTERISTICS

This section presents results on how facility characteristics, including: facility size, geography, and ownership type, influence the Global Overall Care Rating, Propensity to Recommend, Dimensions of Care, and Food Rating Scale.

6.1 Facility size: Number of long-term care beds

Facility size is defined as the number of long-term care beds at each facility. This data was collected from AHS as of March 2017. The 155 facilities eligible for facility-level analyses had a range of 7 to 446 long-term care beds.

The results show that in general scores tend to be lower in larger facilities compared to smaller facilities. Specifically:³⁰

- Global Overall Care Ratings decreased as the number of long-term care beds increased
- Dimension of Care Staffing, Care of Belongings, and Environment scores decreased as the number of long-term care beds increased
- Dimension of Care Kindness and Respect scores decreased as the number of long-term care beds increased

There was no significant relationship between facility size and the following measures:

- Propensity to Recommend,
- Food Rating Scale,
- Dimension of Care Providing Information and Encouraging Family Involvement, and
- Dimension of Care Meeting Basic Needs

The characteristics of smaller facilities need to be further explored as they appear to have a positive effect on family experience.

³⁰ Statistical differences tested when accounting for geography and ownership type.

6.2 Geography: Urban versus rural

Geography was based on the facility’s postal code, and defined as:

- Urban areas:
 - Cities of Calgary and Edmonton proper and surrounding commuter communities.
 - Major urban centres with populations greater than 25,000 and their surrounding commuter communities.
- Rural areas: Populations less than 25,000 and/or greater than 200 kilometres away from an urban centre.

Of the 155 facilities eligible for facility-level analyses, 75 were classified as rural, and 80 were classified as urban. Though rural facilities on average had higher scores than urban facilities, the differences were not statistically significant.

Table 14: Urban versus rural (N = 155 facilities)

Measure	Rural	Urban	Statistically significant difference? ³¹
	75 facilities	80 facilities	
Global Overall Care Rating (0 to 10)	8.6	8.2	No
Propensity to Recommend (0% to 100%)	95%	91%	No
Staffing, Care of Belongings, and Environment (0 to 100)	77	73	No
Kindness and Respect (0 to 100)	87	83	No
Food Rating Scale (0 to 100)	74	70	No
Providing Information and Encouraging Family Involvement (0 to 100)	85	83	No
Meeting Basic Needs (0 to 100)	92	88	No

³¹ Statistical differences tested when accounting for facility size and ownership type.

6.3 Ownership type

Three AHS-defined ownership models were examined to determine their impact on family members' experiences of care and services provided.³² These three ownership models are:

- AHS (public) – owned by or wholly owned subsidiary of AHS.
- Private – owned by a private for-profit organization.
- Voluntary – owned by a not-for-profit or faith-based organization.

Provincially, among the 155 facilities reported, there were no statistically significant differences in the Global Overall Care Rating, each Dimension of Care, or the Food Rating Scale between ownership types. The exception is Propensity to Recommend where AHS facilities on average had a higher recommendation percentage than privately owned facilities.

Table 15: Ownership type (N = 155 facilities)

Measure	AHS	Private	Voluntary	Statistically significant difference? ³³
	78 facilities	46 facilities	31 facilities	
Global Overall Care Rating (0 to 10)	8.6	8.2	8.2	No
Propensity to Recommend (0% to 100%)	95%	90%	91%	AHS > Priv
Staffing, Care of Belongings, and Environment (0 to 100)	77	73	72	No
Kindness and Respect (0 to 100)	86	84	84	No
Food Rating Scale (0 to 100)	72	71	71	No
Providing Information and Encouraging Family Involvement (0 to 100)	85	84	83	No
Meeting Basic Needs (0 to 100)	92	90	86	No

³² It is recognized there may be other ownership models than the three reported above (for example, private not-for-profit housing bodies); however, the choice was made to use ownership models defined and categorized by AHS.

³³ Statistical differences tested when accounting for facility size and geography.

7.0 LIMITATIONS

In interpreting results, there are several important limitations to consider:

1. **The effect of sample size.** Results become increasingly unreliable as the sample size (i.e., the number of respondents) decreases in relation to the overall population. When giving weight to findings, in particular facility-to-facility comparisons, readers must consider sample size. To mitigate this, the analyses were limited to facilities with reliable sample sizes (155 of 172 facilities), defined as: (1) a facility with a margin of error of equal to or less than 10 per cent, and (2) a response rate of greater than 50 per cent (for more details, see Appendix IV).
2. **The effect of services provided.** Given that facilities differ in many ways, the survey and its components must also be evaluated relative to the activities and services provided by each facility. For example, laundry services may not be a service offered by all facilities, or used by all residents within each facility. This may limit the applicability of some questions.
3. **Repeat participants.** In some cases, a family member may have participated in 2014-15 and 2017. Statistical tests require an assumption that each respondent's result is present only in 2017 or 2014-15, but not both (independence assumption). To mitigate this, we chose a more conservative criterion for significant differences at $p \leq 0.01$ rather than the more conventional $p \leq 0.05$. In addition, the statistical difference must also persist after conducting the same statistical test limiting the sample to those with a length of stay three years or less (the approximate length between surveys), which eliminates the chance that a family member participated in both survey cycles.
4. **Survey protocol and questionnaire changes.** A number of changes to survey protocol and the questionnaire were made in 2017 to improve the survey process and reliability of the data. While these changes do not impact current findings, caution must be employed in interpreting significant differences between survey cycles. The following changes were made:
 - a) **Email recruitment.** All eligible family members with a valid email address were first recruited using a three-stage emailing protocol similar to the original three-stage mailing protocol. At the completion of the email recruitment, all non-responders and family members without email addresses went through the original three-stage mailing protocol.
 - b) **Questionnaire changes.** While core questions remained identical from the previous iterations of the survey, a few non-core questions were added or removed, and are listed in Table 16 in Appendix II. This was done in order to improve the relevance and utility of the survey for long-term care stakeholders. While these changes do not impact current findings, caution must be employed in interpreting significant differences between survey cycles.

APPENDICES

APPENDIX I: SURVEY TOOL



THE RESIDENT

1. The resident of the nursing home and the person named on the cover letter is your...?

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

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

2. Is your family member now living in the nursing home 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, our condolences. 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 nursing home. Thank you for your help.

4. Do you expect your family member to permanently live in this nursing home?

- 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 nursing home?

- 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 nursing home?

- 1 0 - 1 times in the last 6 months → go to question 59 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 nursing home, 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 nurses and aides?

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

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

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

THE NURSING HOME

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 nursing home 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 nursing home'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 nursing home?

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

38. In the last 6 months, did you talk to any nursing home 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 nursing home staff handled these concerns?

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

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

- 1 Yes
- 2 No

CARE OF YOUR FAMILY MEMBER

41. 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 43

42. 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



43. 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 45
- 2 No

44. 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

45. 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 nursing home?

- 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

46. If someone needed nursing home care, would you recommend this nursing home to them?

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

47. In the last 6 months, how often did you feel that there were enough nurses and aides in the nursing home?

- 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.

48. 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

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

- 1 Yes
- 2 No



50. 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 nursing home?

- 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

51. 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

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

- 1 Never → if Never, go to question 55
- 2 Sometimes
- 3 Usually
- 4 Always

53. Did you talk with any nursing home staff about these medication concerns?

- 1 Yes
- 2 No → if No, go to question 55

54. 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

55. In the last 6 months, did you ask the nursing home for information about payments or expenses?

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

56. 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

57. A resident and family council is a group of residents or family from the same nursing home 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
- 3 I don't know

58. 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
- 5 I did not need this

YOU AND YOUR ROLE

59. 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

60. Are you male or female?

- 1 Male
- 2 Female

61. 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.)

62. What language do you mainly speak at home?

- 1 English
- 2 French
- 3 Other

63. Considering all of the people who visit your family member in the nursing home, are you the person who has the most experience with his/her care?

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

64. Do you have any suggestions how care and services at this nursing home could be improved? If so, please explain. (Feel free to attach additional pages).

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

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

If you have a concern about the care and services your family member is receiving, please see next page for further instructions.



If you have a concern about the care and services your family member is receiving at your facility you should contact your facility manager directly.

Or you can contact the Alberta Health Services Patient Relations Department at

Phone: 1-855-550-2555, Fax: 1-877-871-4340,

Mail: Patient Concerns Officer and Executive Director, Patient Relations. Suite 300, North Tower
Seventh Street Plaza, 10030-107th Street, Edmonton Alberta T5J 3E4 or

On-line: <https://www.albertahealthservices.ca/about/Page12832.aspx>

If you would like the HQCA to submit your concern to Alberta Health Services (AHS) on your behalf,

please check here →

Please note that if you check the box above the HQCA will share with AHS 1) your name, 2) your family member's name and facility, and 3) your written concern as you have written below, in order for AHS to respond to your concern.

However, all other survey responses will remain confidential.

Please write down your concern in the box below. Only information recorded in the box below will be forwarded to AHS.

APPENDIX II: SURVEY PROCESS AND METHODOLOGY

Privacy, confidentiality, and ethical considerations

In accordance with the requirements of the *Health Information Act of Alberta* (HIA), an amendment to the HQCA privacy impact assessment for patient experience surveys was submitted to, and accepted by, the Office of the Information and Privacy Commissioner of Alberta specifically for the *Long-Term Care Family Experience Survey*.

As a provincial custodian, the HQCA follows the HIA to ensure the appropriate collection, use, disclosure, and security of the health information it collects. Potential respondents were informed of the survey's purpose and process, that participation was voluntary, and that their information would be kept confidential. Family members who declined to participate were removed from the survey process. Families were informed about the survey through posters and pamphlets. A contact number was provided for those who had questions.

Alberta Long-Term Care Family Experience Survey

The survey instrument (Appendix I)

The main body of questions in the *Long-Term Care Family Experience Survey* was adapted from the *CAHPS® Nursing Home Survey: Family Member Instrument*. This instrument was used in the previous iteration of the HQCA's long-term care surveys with minimal changes.

The survey is a 64-question self-reported assessment that includes a family member's overall experience (i.e., Global Overall Care Rating) with the facility 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).

Survey dimensions

The CAHPS® survey comprises four subscales (i.e., Dimensions of Care):

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

Each Dimension of Care comprises multiple questions that share a similar conceptual theme and a dimension summary score is produced for each dimension. For a list of these questions, see Appendix VII.

Supplementary / additional survey questions

In addition to the above, the *CAHPS® Nursing Home Survey: Family Member Instrument* also comprises questions that address the following topics:

- Suggestions on how care and services provided at the long-term care facility could be improved (open-ended question).

- Family member rating of facility food (Food Rating Scale).
- Willingness to recommend the long-term care facility (Propensity to Recommend).
- Resident and family member characteristics (Appendix V).
- Questions related to medications.

Changes to the questionnaire

The core questions remained identical from the previous iteration of the survey. However, a few non-core questions were added or removed, and are listed in Table 16.

Table 16: Added and removed questions

Question	Change	Reason
In total, about how long has your family member lived in this nursing home?	Removed question	Length of stay can be obtained from administrative data.
Does your family member have serious memory problems because of Alzheimer’s disease, dementia, stroke, accident, or something else?	Removed question	Cognition or dementia diagnosis can be obtained from administrative data. Relevance of memory issue due to anything at all unclear.
In the last six months, how often was the noise level around your family member’s room acceptable to you?	Removed question	May be more relevant to the resident, not family.
Do you feel that nursing home staff expect you to help with the care of your family member when you visit?	Removed question	Discussion with stakeholders revealed this question is ambiguous.
In the last 6 months, how often did you meet with the nursing home staff to review all of the medications your family member was taking?	Removed question	Family members may not be the most appropriate person to discuss medications with. Discussing care in general with staff or those in charge is more relevant to family members than asking about medications specifically. Questions already exist for this topic.
Q51: In the last 6 months, how often did your family member receive all of the medical services and treatments they needed?	Modified question	Replace “medical” with “healthcare” to be more inclusive.
Q57: Does your family member’s facility have a resident and family council? Yes, No, or I don’t know?	Added question	Discussion with facilities show this is a primary avenue for communication of information to residents and families. Especially relevant given that a new provincial standard will be implemented requiring the existence of resident and family councils in April of 2018.
Q29: In the last 6 months, how often did you feel confident that nurses and aides knew how to do their jobs? Never, Sometimes, Usually, or Always?	Added question	Training and competency of staff currently not a topic in the survey. Importance identified through family member comments from previous long-term care surveys results.
Q58: In the last 6 months, how often were the people in charge available to talk with you? (Such as managers, supervisors, administration) Never, Sometimes, Usually, Always, or I did not need this?	Added question	Survey did not discuss communication with management.
Q48: In the last 6 months, how often did you feel like your family member is safe at the facility?	Added question	Survey did not discuss safety. Identified through family member comments from previous long-term care survey results.

Survey response options

Each survey question was typically followed by a two-option *Yes or No* response or a four-option response:

- Always
- Usually
- Sometimes
- Never

Survey scoring

The method for scoring the survey is to transform each response to a scaled measure between 0.0-100.0, as shown in Table 17, where higher scores represent more positive experiences and lower scores represent more negative experiences. Negatively framed questions such as Question 13: *“In the last 6 months, did you ever see any nurses or aides be rude to your family member or any other resident?”* were reverse coded, where *No* responses were coded as 100.0 and *Yes* responses were coded as 0.0.

Table 17: Survey scale conversion

Four response options		Two response options	
Answer choice	Converted scaled value	Answer choice	Converted scaled value
Always	100.0	Yes	100.0
Usually	66.67		
Sometimes	33.33	No	0.0
Never	0.0		

The scoring methodology involves the calculation of a summary score for each Dimension of Care using an average of the scaled and weighted response scores within each Dimension of Care:

1. A Dimension of Care score was generated for respondents who answered at least one question within the associated Dimension of Care.³⁴ Respondents who met this minimum criterion had missing values (if any) replaced by the facility average for that question.
2. Average scores for each Dimension of Care were calculated by scaling the survey questions to a 0.0-to-100.0 scale, where 0.0 was the least positive outcome/response and 100.0 was the most positive outcome/response.
3. The scaled scores were then weighted based on how strongly each question related to the Dimension of Care, relative to all other questions within the Dimension. For example, questions

³⁴ Among respondents (N = 7,562), the percentage who gave no response to any question within each Dimension of Care was low: 4 per cent for Staffing, Care of Belongings, and Environment, 4 per cent for Kindness and Respect; 4 per cent for Providing Information and Encouraging Family Involvement, and 5 per cent for Meeting Basic Needs.

that relate more strongly to a Dimension of Care would be weighted slightly more heavily than the other questions within the same Dimension.³⁵

4. Dimension scores were then calculated by summing individual scaled and weighted survey items and dividing the total score by the number of items within each Dimension of Care (creating an average score).

NOTE: For the Meeting Basic Needs Dimension of Care, the average required a combination of two questions for each sub-dimension (i.e., eating, drinking, and toileting). A score of 100.0 was assigned to each set of questions if the respondent indicated that they: (1) had not helped their family member with that basic need OR (2) had helped their family member because they chose to help and not because nurses or aides either didn't help or made the family member wait too long. A score of 0.0 was assigned to each set of questions (eating, drinking, and toileting) if the respondent indicated that they: had helped their family member AND that they did this because nurses or aides either didn't help or made the family member wait too long.

Testing significant differences and identifying opportunities for improvement

All statistical tests were tested at a significance of $p \leq 0.01$. In all instances the higher the score, the more positive the experience. Therefore, an increase in score would represent a positive result and a decrease would represent a negative result. While statistical significance may help facilities identify potential improvement opportunities, there are many factors that influence statistical significance. Areas of care and services that did not show any statistically significant change or difference may still be important.

1. Comparisons between independent means and proportions (e.g., 2017 vs. 2014-15 results):

To meet the criteria of statistically significant difference, the following criteria must be met:

- a) For a comparison of means
 - i. Statistically significant using a one-sample t-test.
 - ii. Statistically significant using a non-parametric test.
 - iii. Statistically significant using a one-sample t-test with a condensed sample of those who have a length of stay of three years or less.
- b) For a comparison of proportions
 - i. Statistically significant using a χ^2 test.
 - ii. Statistically significant using a χ^2 test with a condensed sample of those who have a length of stay of three years or less.

³⁵ The same weight was not used across survey cycles. It was thought that the most appropriate weight, i.e., relative importance of each question, should be determined by the population of each survey year.

Survey sampling design and recruitment

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

Facility recruitment and inclusion criteria

Eligible respondents (family members) were identified using a database obtained from AHS and confirmed by on-site facility staff 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 residents who were no longer living at the facility.
- Contacts of residents who were listed as a public guardian.

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 facility.

The 2017 survey employed a continuous recruitment strategy and mailings were sent from May 2017 to September 2017.

The data collection for the 2014-15 survey cycle occurred in two waves: March 2014 and January 2015.

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

- Initial mailing of questionnaire packages.
- Postcard reminders to all non-respondents.
- Mailing of questionnaire package with modified cover letter to all non-respondents.
- In the first part of recruitment this protocol was completed using email for all family members who had an email address. After this was completed, all non-respondents and family members without an email address were recruited through mail.

Response rates

To reduce the potential for “non-response bias,” it is desirable to achieve a high response rate. Table 18 shows the overall response rate by survey method.

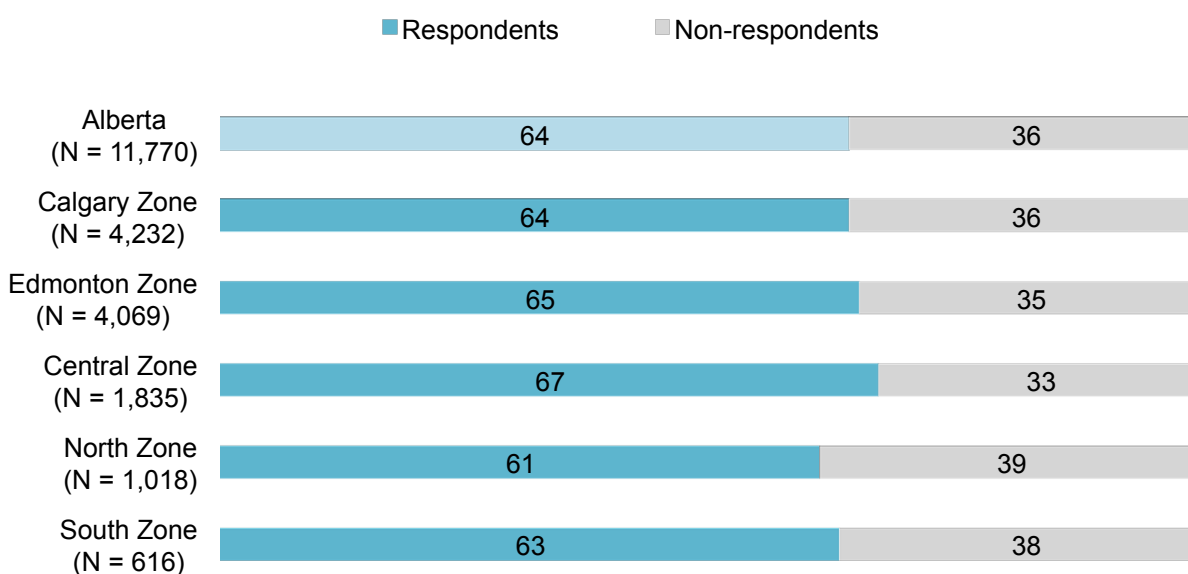
Table 18: Response rate

Description	Count (N)	Response proportion (%)
Total sample (original)	14,601	---
Proportion eligible	11,770	100
Total email web surveys	1,606	14
Total paper survey responses	5,104	43
Total mail web surveys	852	7
Total responses	7,562	64

Of the 14,601 family member contacts obtained from facilities, 11,770 (81 per cent) were deemed eligible to participate (after exclusion criteria were applied). A total of 7,562 family members returned a paper survey or completed a web survey and were considered *respondents* (64 per cent). The main mode of participation was paper (N = 5,104), which constituted 67 per cent of all completed surveys.

Response rates by AHS zone³⁶

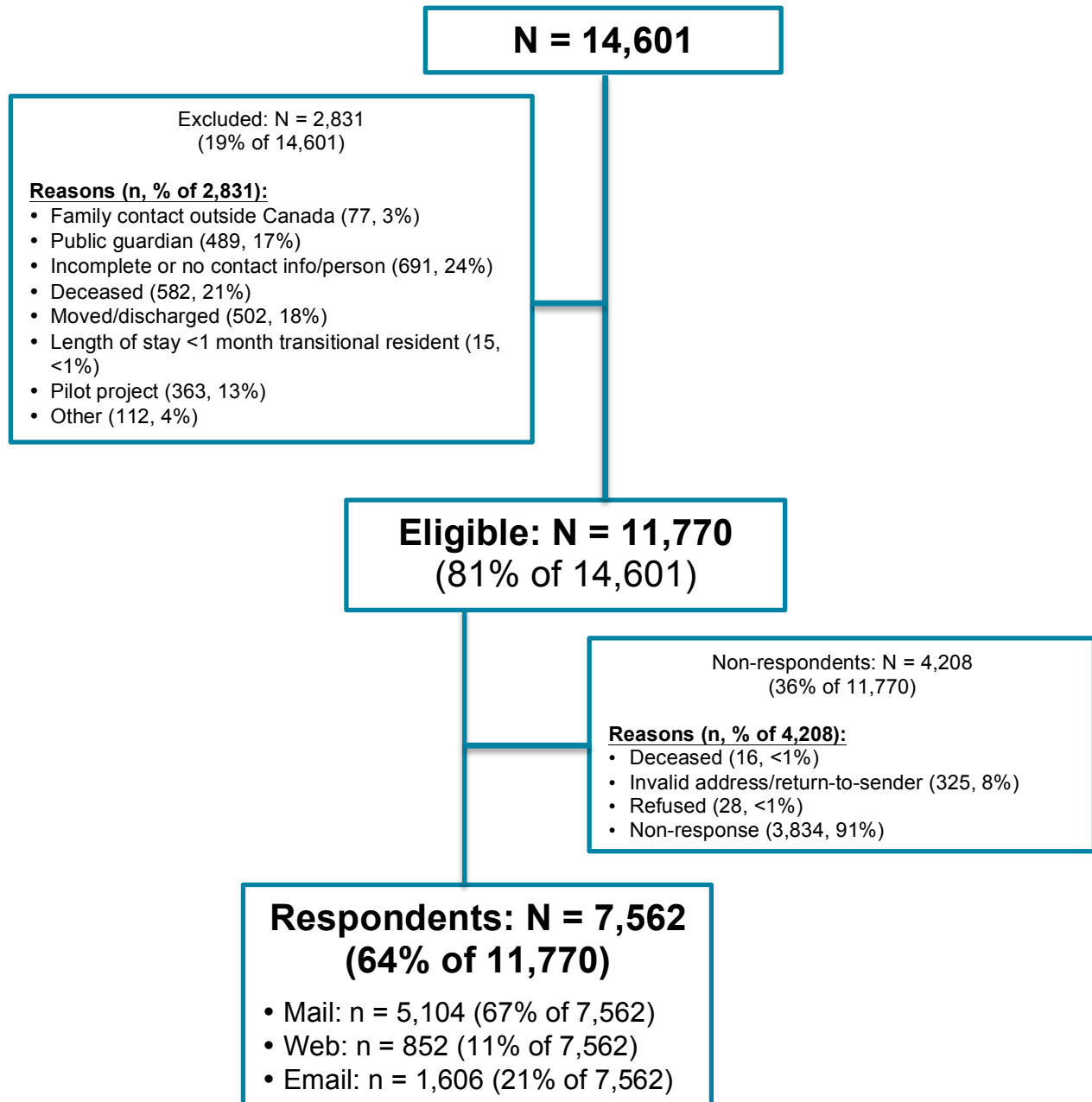
Figure 2: Survey response rates by AHS zone and province



Note: Percentages may not always add to 100 per cent due to rounding.

³⁶ When results refer to AHS zone comparisons, these results refer to zones in which the respondent’s family member (resident) resides. In other words, it is the zone in which the facility referenced is located.

Figure 3: Study flowchart



Incomplete or no contact info includes:

- Residents whose family contact is themselves.
- Family member reported they do not have contact with the resident.
- Family member contact lives at the same facility as the resident.
- Facility stated the resident has no involved family members.

Other includes:

- Ineligible facilities.
- Refused to give contact info.

Comments Analysis - Detailed methodology

Family members were asked one open-ended question: *Do you have any suggestions how care and services at this long-term care facility could be improved? If so, please explain.*

In 2017, 4,316 family members provided a comment in response to this question, in comparison to 4,913 in 2014-15.

The initial analysis of the comments determined that themes in the comments provided by family members were consistent with those identified in the 2014-15 *Long-term Care Family Experience Survey*. Based on themes and subthemes previously identified, a codebook was designed to guide analysis and to maintain coding consistency. Any additional topics identified were also included in the codebook (see Table 21 for coding by Dimensions of Care and additional topics).

Themes were categorized within one of the four Dimensions of Care: (1) Staffing, Care of Belongings, and Environment, (2) Kindness and Respect, (3) Providing Information and Encouraging Family Involvement, and (4) Meeting Basic Needs, and Food. When a theme could not be categorized into one of the Dimensions of Care, or Food, this “emergent” theme was retained and categorized as ‘additional topics.’ Four additional topics were identified and included: (1) safety and security, (2) activities, (3) financial concerns, and (4) care transitions.

Further comments were classified as being a recommendation for improvement when family members clearly conveyed they were dissatisfied with an issue, indicating room for improvement. Additionally, these comments were classified as such if family members expressed a desire for change or improvement and/or provided a suggestion for how care and services could be improved or changed. Family members’ comments across all survey years conveyed similar concerns. The recommendations for improvement most frequently commented on by family members in 2017 as compared to 2014-15 are listed in Table 19. They are in order of the number of family members who commented on each topic.

Table 19: Top five family recommendations for improvement. 2017 versus 2014-15

2017	2014-15
Staffing levels (N = 1,516)	Staffing levels (N = 1,870)
Help and supervision with basic needs (N = 1,149)	Help and supervision with basic needs (N = 1,380)
Healthcare needs (N = 799)	Cleanliness and condition of the facility (N =1,046)
Interpersonal relationships (N = 772)	Healthcare needs (N = 1,011)
Cleanliness and condition of the facility (N = 720)	Food (N = 864)

Before the start of analysis, coding consistency was tested using the codebook as a guide. Each analyst checked a sample of 100 comments. Coding agreement was reached and analysis began. Responses were analyzed using NVivo version 10, a qualitative data analysis software package. To further ensure coding consistency, each analyst reviewed the other’s coding. These checks ensured high coding agreement. Analysis was deemed ‘complete’ when comment coding was complete.

Table 20: Guidelines used to code comments by Dimension of Care and additional themes

Dimension of Care: Staffing, Care of Belongings, and Environment	
▪ Staffing levels	▪ Quality of staff
▪ Additional training and continuous education for staff	▪ Leadership, administration, and supervision of staff
▪ Staff accountability to resident care	▪ Cleanliness and condition of resident's room and common areas
▪ Resident's ability to be cared for by same staff	▪ Work roles and responsibilities
▪ Resident's belongings	▪ Transportation of residents
▪ Laundry services	▪ Noise levels
▪ Volunteering	▪ Temperature and air quality
▪ Smoking	▪ Teamwork between staff
Dimension of Care: Kindness and Respect	
▪ Interpersonal relations including kindness, respect, courtesy and concern for resident's well-being	▪ Privacy
▪ Respect between residents	▪ Dignity
Food	
▪ Quality, variety, taste, nutrition value, and temperature	▪ Dietary restrictions and meal plans
Dimension of Care: Providing Information and Encouraging Family Involvement	
▪ Involving family in resident care and providing information	▪ How concerns are handled
▪ Language barriers between staff and the family	▪ Communication between staff
▪ Information about payments or expenses	▪ Staff's availability to answer questions
▪ General quality of communication	▪ Staff identification
▪ Care plans and care conferences	▪ Resident and family councils
Dimension of Care: Meeting Basic Needs	
▪ Help and supervision with basic needs including help with eating, drinking, and toileting	▪ Consistent delivery of resident care plans
▪ General quality of care	▪ Hygiene and grooming
▪ Work family members do to help the resident	▪ Healthcare needs
▪ Medications	▪ Privately hired care and services
Additional topics	
▪ Activities	▪ Access to the facility
▪ Provision of resources	▪ Scheduling of resident's day
▪ Financial concerns	▪ Resident's experience transitioning into the facility
▪ Maintaining documents and records	▪ Facility policies and procedures
▪ General quality of facility	▪ Resident's ability to have choice
▪ Resident's placement in a room or facility of choice	▪ Parking availability, cost, and maintenance
▪ Non-classifiable, miscellaneous	▪ Infection control measure
▪ Choice of pharmacy	▪ Perception of security within facility
▪ Safety and security measures in the facility	▪ Call bell system
▪ Sense of resident safety and security	

APPENDIX III: DIFFERENCES BETWEEN 2017 SURVEY AND 2014-15 SURVEY

1. **Changes to the survey tool.** The core questions that comprise each Dimension of Care were not changed. However, some questions were added and other non-core questions were removed. For a list of these changes, see Appendix II, Table 16.
2. **Email recruitment.** All eligible family members with a valid email address were first recruited using a three-stage emailing protocol. Participants were emailed a link to the questionnaire they could complete online followed by two email reminders to all non-respondents at the time. At the completion of the email recruitment, all non-responders and family members without email addresses went through the original three-stage mailing protocol.
3. **Survey reporting changes.** In an effort to improve comprehension and usability of the reports, two projects were undertaken with survey stakeholders: (1) an evaluation of current reporting styles to evaluate what is working and what is not, and (2) a usability testing project that explored stakeholder's interpretation of results, and evaluated new report design informed by feedback. Some examples of the changes implemented include:
 - a) Removal of quartiles, as it was of minimal use.
 - b) Removal of decimal places to simplify reporting (with exception to places where facilities are rank ordered using a single score).

APPENDIX IV: CRITERIA FOR FACILITY INCLUSION IN 2017

Criteria:

1. Confidentiality: five or more family members who responded per facility.³⁷
2. ≤10 per cent margin of error (with finite population correction).
3. Response rate of > 50 per cent.

Of 174 long-term care facilities, two facilities were not surveyed for the following reasons (Table 21).

Table 21: Facilities not surveyed and reason for exclusion

AHS zone	Facility name	Reason for exclusion
Calgary	Bethany Airdrie	facility reserved for pilot project
Central	Rosehaven Care Centre	Psychogeriatric program

Of the 172 surveyed facilities, 165 facilities had at least five surveys collected (95.9 per cent of 172 facilities; Table 22). Of those 165 facilities:

- 143 met both the margin of error and response rate criteria **labelled in green**.
- 12 met EITHER the margin of error criterion OR response rate criterion **labelled in yellow**.
- 10 did not meet either criterion **labelled in red** (may still receive a facility report).

Facilities that met the margin of error criterion, response rate criterion, or both, accounted for 155 of 165 facilities, or 93.9 per cent of facilities (labelled in green and yellow). These facilities also accounted for 98.4 per cent of all family members (7,441 of 7,562) and 97.7 per cent of all eligible family members (11,495 of 11,770). Note that small facilities will have more difficulty meeting facility inclusion criteria. For example, the smaller the facility, the less potential eligible family members to respond to the survey and as a result there is more difficulty in meeting the confidentiality criterion of five family members who responded to the survey.

Facilities that were excluded from facility-level reporting (10 facilities) in this report may still receive an individual facility-level report.

³⁷ Facility-level reporting with very few respondents runs the risk of direct or indirect disclosure.

Table 22: Facility inclusion criteria – Included facilities

AHS zone	Facility name	Margin of error (%)	Response rate (%)
Calgary	Carewest George Boyack	3	64
Calgary	Wing Kei Care Centre	2	80
Calgary	AgeCare Midnapore	2	64
Calgary	Intercare Southwood Care Centre	3	60
Calgary	McKenzie Towne Continuing Care Centre	4	58
Calgary	Retirement Concepts Millrise	5	67
Calgary	Wentworth Manor/The Residence and The Court	2	78
Calgary	AgeCare Seton	6	60
Calgary	Intercare Brentwood Care Centre	2	66
Calgary	Mount Royal Care Centre	4	64
Calgary	Oilfields General Hospital	4	76
Calgary	Clifton Manor	4	53
Calgary	AgeCare Walden Heights	3	78
Calgary	Extendicare Cedars Villa	3	56
Calgary	Carewest Sarcee	6	55
Calgary	Carewest Royal Park	4	72
Calgary	Extendicare Vulcan	7	60
Calgary	Vulcan Community Health Centre	6	77
Calgary	Bethany Calgary	4	55
Calgary	Father Lacombe Care Centre	4	60
Calgary	Carewest Colonel Belcher	2	75
Calgary	Bow-Crest	3	63
Calgary	Canmore General Hospital	7	70
Calgary	Intercare Chinook Care Centre	3	60
Calgary	Extendicare Hillcrest	3	67
Calgary	Providence Care Centre	3	72
Calgary	High River General Hospital	3	76
Calgary	Newport Harbour Care Centre	3	64
Calgary	Bethany Cochrane	3	72
Calgary	Mineral Springs Hospital	6	73
Calgary	Willow Creek Continuing Care Centre	4	64
Calgary	Carewest Garrison Green	3	66
Calgary	AgeCare Glenmore	2	70
Calgary	Bow View Manor	3	56
Calgary	Bethany Harvest Hills	3	75
Calgary	Didsbury District Health Services	5	76
Calgary	Glamorgan Care Centre	2	89
Calgary	Mayfair Care Centre	2	73

AHS zone	Facility name	Margin of error (%)	Response rate (%)
Edmonton	CapitalCare Lynnwood	2	68
Edmonton	St. Michael's Long Term Care Centre	3	61
Edmonton	Edmonton Chinatown Care Centre	6	59
Edmonton	Good Samaritan Stony Plain Care Centre	3	63
Edmonton	Sherwood Care	2	79
Edmonton	Shepherd's Care Kensington	4	64
Edmonton	CapitalCare Grandview	3	68
Edmonton	Devon General Hospital	7	78
Edmonton	Devonshire Care Centre	3	64
Edmonton	CapitalCare Kipnes Centre for Veterans	3	72
Edmonton	Miller Crossing Care Centre	4	59
Edmonton	Covenant Health Youville Home	3	57
Edmonton	Jasper Place Continuing Care Centre	4	63
Edmonton	Good Samaritan Millwoods Care Centre	4	74
Edmonton	St. Joseph's Auxiliary Hospital	2	68
Edmonton	Hardisty Care Centre	5	50
Edmonton	Allen Gray Continuing Care Centre	2	74
Edmonton	Jubilee Lodge Nursing Home	2	77
Edmonton	Extendicare Holyrood	3	71
Edmonton	Extendicare Eaux Claires	2	72
Edmonton	Venta Care Centre	3	64
Edmonton	Shepherd's Care Millwoods	3	66
Edmonton	Good Samaritan Dr. Gerald Zetter Care Centre	3	61
Edmonton	Foyer Lacombe	5	82
Edmonton	South Terrace Continuing Care Centre	3	67
Edmonton	Good Samaritan Society Pembina Village	6	70
Edmonton	WestView Health Centre	5	67
Edmonton	Good Samaritan Southgate Care Centre	3	60
Edmonton	CapitalCare Dickinsfield	2	63
Edmonton	CapitalCare Strathcona	3	69
Edmonton	Salem Manor Nursing Home	4	65
Edmonton	Edmonton General Continuing Care Centre	3	54
Edmonton	Extendicare Leduc	4	68
Edmonton	Rivercrest Care Centre	3	76
Edmonton	Touchmark at Wedgewood	5	60
Edmonton	Citadel Care Centre	3	66
Central	Innisfail Health Centre	4	67
Central	Hanna Health Centre	4	66
Central	Louise Jensen Care Centre	5	62

AHS zone	Facility name	Margin of error (%)	Response rate (%)
Central	Mary Immaculate Care Centre	7	64
Central	Breton Health Centre	7	70
Central	Dr. Cooke Extended Care Centre	4	69
Central	Bethany Meadows	5	61
Central	Ponoka Hospital and Care Centre	10	57
Central	Drayton Valley Hospital and Care Centre	6	59
Central	Galahad Care Centre	9	63
Central	Two Hills Health Centre	6	59
Central	Olds Hospital and Care Centre	4	71
Central	Our Lady of the Rosary Hospital	3	88
Central	Clearwater Centre	4	76
Central	Provost Health Centre	6	61
Central	Vegreville Care Centre	3	75
Central	Wainwright Health Centre	5	64
Central	Wetaskiwin Hospital and Care Centre	3	68
Central	Vermilion Health Centre	3	80
Central	Lloydminster Continuing Care Centre	5	65
Central	Extendicare Viking	4	71
Central	Bethany Sylvan Lake	7	58
Central	Northcott Care Centre (Ponoka)	3	72
Central	Stettler Hospital and Care Centre	5	68
Central	Coronation Hospital and Care Centre	4	81
Central	Lamont Health Care Centre	4	61
Central	Lacombe Hospital and Care Centre	5	62
Central	Tofield Health Centre	2	83
Central	Killam Health Care Centre	4	77
Central	Extendicare Michener Hill	3	61
Central	Bethany CollegeSide (Red Deer)	3	69
Central	St. Mary's Health Care Centre	7	73
Central	Mannville Care Centre	5	76
Central	Rimbey Hospital and Care Centre	4	65
Central	Drumheller Health Centre	3	72
Central	Westview Care Community	2	88
North	Smoky Lake Continuing Care Centre	5	72
North	Radway Continuing Care Centre	1	92
North	Edson Healthcare Centre	9	58
North	Peace River Community Health Centre	6	66
North	William J. Cadzow - Lac La Biche Healthcare Centre	7	61
North	Westlock Healthcare Centre	4	62

AHS zone	Facility name	Margin of error (%)	Response rate (%)
North	Points West Living Grand Prairie	8	53
North	Extendicare Athabasca	5	68
North	Bonnyville Healthcare Centre	6	70
North	Extendicare Mayerthorpe	5	71
North	Dr. W.R. Keir - Barrhead Continuing Care Centre	4	63
North	Hythe Continuing Care Centre	7	62
North	Fairview Health Complex	7	52
North	Extendicare St. Paul	3	70
North	St. Therese - St. Paul Healthcare Centre	9	63
North	Central Peace Health Complex	8	71
North	Athabasca Healthcare Centre	4	81
North	Extendicare Bonnyville	7	58
North	Grande Prairie Care Centre	3	80
South	St. Michael's Health Centre	9	55
South	Sunnyside Care Centre	4	60
South	Milk River Health Centre	10	61
South	Edith Cavell Care Centre	6	54
South	Coaldale Health Centre	3	78
South	Taber Health Centre	6	80
South	River Ridge Seniors Village	7	58
South	Riverview Care Centre	4	62
South	Bassano Health Centre	4	88
South	Crowsnest Pass Health Centre	5	67
South	Big Country Hospital	6	69
South	Extendicare Fort MacLeod	7	62
South	Good Samaritan South Ridge Village	4	67
South	Brooks Health Centre	7	78
Calgary	AgeCare Sagewood	10	54
Calgary	Carewest Signal Pointe	9	49
Calgary	Carewest Dr. Vernon Fanning Centre	5	50
Calgary	Bentley Care Centre	13	58
Calgary	Hardisty Health Centre	16	55
North	Valleyview Health Centre	12	56
North	Manning Community Health Centre	13	57
North	J.B. Wood Continuing Care Centre	13	57
North	Manoir du Lac	16	55
North	Mayerthorpe Healthcare Centre	10	54
North	Redwater Healthcare Centre	12	71
South	Bow Island Health Centre	10	64

AHS zone	Facility name	Margin of error (%)	Response rate (%)
Calgary	Carewest Rouleau Manor	10	47
Edmonton	CapitalCare Norwood	12	44
Central	Three Hills Health Centre	17	50
North	George McDougall - Smoky Lake Healthcare Centre	18	38
North	Cold Lake Healthcare Centre	12	48
North	La Crete Continuing Care Centre	19	41
North	Northern Lights Regional Health Centre	15	41
North	Elk Point Healthcare Centre	12	50
North	Grimshaw/Berwyn and District Community Health Centre	17	50
South	AgeCare Valleyview	16	47
Facilities with less than 5 respondents (excluded from facility-level analyses, but included in all other aggregate-level reporting)			
AHS zone	Facility name	Number of respondents	
Central	Sundre Hospital and Care Centre	1	
Central	Consort Hospital and Care Centre	4	
North	Northwest Health Centre	1	
North	St. Theresa General Hospital	3	
North	Slave Lake Healthcare Centre	4	
South	Raymond Health Centre	2	
South	Cardston Health Centre	4	

APPENDIX V: 2017 FAMILY MEMBER AND RESIDENT CHARACTERISTICS

Several questions about respondent (family member) and resident characteristics were included in the survey questionnaire. These were intended to:

1. Describe the family member sample and the residents they represent.
2. Evaluate how these characteristics may have affected the results.

Family member characteristics

Family member characteristics were grouped into two categories:

1. Family member's relationship and level of involvement with the resident
 - a) Family member relationship to resident
 - b) Frequency of visits
 - c) Most experienced person with care
2. Socio-demographic profiles of family members
 - a) Age
 - b) Gender
 - c) Education
 - d) Language most commonly spoken at home

Detailed results for each attribute are reported in the following pages. Percentages may not always add to 100 per cent due to rounding.

Family member’s relationship to resident

Family members were asked the following question (Q1): “*The resident of the nursing home and the person named on the cover letter is your...?*” The majority of family members reported that they were representing their parent (59 per cent).

Table 23: Family member’s relationship to resident by AHS zone

	Alberta (N = 7,498)	Calgary Zone (N = 2,673)	Edmonton Zone (N = 2,608)	Central Zone (N = 1,215)	North Zone (N = 619)	South Zone (N = 383)
	%	%	%	%	%	%
Spouse / Partner	20	20	18	20	20	22
Parent	59	59	60	59	58	60
Mother-in-law / Father-in-law	3	2	3	3	2	≤1
Grandparent	≤1	1	1	≤1	≤1	≤1
Aunt / Uncle	4	3	4	3	4	4
Sister / Brother	6	7	6	6	7	8
Child	2	2	2	2	3	2
Friend	2	2	2	3	1	3
Other (specify)	3	3	3	3	4	≤1
Total	100	100	100	100	100	100

Frequency of visits

Family members were asked the following question (Q7): “*In the last 6 months, about how many times did you visit your family member in the nursing home?*” Family members who answered 0-1 time were instructed to skip to the demographic section of the questionnaire. Responses for family members who answered 0-1 time but continued to answer the survey questions were set to *missing*.

Some family members did not provide a response to Q7, but did complete the rest of the questionnaire. Global Overall Care Ratings for this group did not differ significantly from those who provided a valid response (Table 24) so their responses to the rest of the questionnaire were retained.

Table 24: Missing responses to Q7 and Global Overall Care Ratings

Q7 response	Results
Missing	Referent group
0-1 time in the last 6 months	Not significant relative to referent group (p > 0.01)
2-5 times in the last 6 months	Not significant relative to referent group (p > 0.01)
6-10 times in the last 6 months	Not significant relative to referent group (p > 0.01)
11-20 times in the last 6 months	Not significant relative to referent group (p > 0.01)
More than 20 times in the last 6 months	Not significant relative to referent group (p > 0.01)

Table 25: Frequency of visits (Q7) by AHS zone

	Alberta (N = 7,413)	Calgary Zone (N = 2,650)	Edmonton Zone (N = 2,586)	Central Zone (N = 1,188)	North Zone (N = 611)	South Zone (N = 378)
	%	%	%	%	%	%
More than 20 times in the last 6 months	71	73	73	65	67	69
11-20 times in the last 6 months	12	11	11	14	13	11
6-10 times in the last 6 months	8	7	7	10	9	8
2-5 times in the last 6 months	7	6	6	9	8	8
0-1 times in the last 6 months	3	3	2	3	3	4
Total	100	100	100	100	100	100

Most experienced person with resident care

Family members were asked the following question (Q63): *“Considering all of the people who visit your family member in the nursing home, are you the person who has the most experience with his/her care?”*

Table 26: Most experienced person with resident care by AHS zone

	Alberta (N = 7,319)	Calgary Zone (N = 2,613)	Edmonton Zone (N = 2,556)	Central Zone (N = 1,173)	North Zone (N = 603)	South Zone (N = 374)
	%	%	%	%	%	%
Yes	89	90	89	89	87	86
No	8	8	9	7	9	10
Don't know	3	2	2	4	4	4
Total	100	100	100	100	100	100

Age

Family members were asked the following question (Q59): “What is your age?”

Table 27: Family member age (years) by AHS zone

	Alberta (N = 7,324)	Calgary Zone (N = 2,610)	Edmonton Zone (N = 2,548)	Central Zone (N = 1,182)	North Zone (N = 605)	South Zone (N = 379)
	%	%	%	%	%	%
18 to 24	≤1	≤1	0	≤1	≤1	0
25 to 34	≤1	1	≤1	≤1	≤1	≤1
35 to 44	3	3	3	2	3	1
45 to 54	13	14	14	13	12	11
55 to 64	37	38	38	37	34	37
65 to 74	28	27	27	29	32	33
75 or older	17	17	18	18	18	17
Total	100	100	100	100	100	100

Gender

Family members were asked the following question (Q60): “Are you male or female?”

Table 28: Family member gender by AHS zone

	Alberta (N = 7,328)	Calgary Zone (N = 2,609)	Edmonton Zone (N = 2,554)	Central Zone (N = 1,180)	North Zone (N = 606)	South Zone (N = 379)
	%	%	%	%	%	%
Male	34	36	33	30	35	33
Female	66	64	67	70	65	67
Total	100	100	100	100	100	100

Education

Family members were asked the following question (Q61): “What is the highest grade or level of school that you have completed?”

Table 29: Family member education level by AHS zone

	Alberta (N = 7,084)	Calgary Zone (N = 2,516)	Edmonton Zone (N = 2,485)	Central Zone (N = 1,138)	North Zone (N = 577)	South Zone (N = 368)
	%	%	%	%	%	%
Grade school or some high school	10	7	8	14	20	16
Completed high school	22	18	22	25	28	26
Post-secondary technical school	14	12	15	15	14	15
Some university or college	13	14	12	13	10	12
Completed college diploma	17	17	16	19	16	16
Completed university degree	18	22	19	10	11	11
Postgrad degree (Masters or Ph.D.)	7	10	8	4	2	4
Total	100	100	100	100	100	100

Language

Family members were asked the following question (Q62): “What language do you mainly speak at home?”

Table 30: Family member language spoken at home by AHS zone

	Alberta (N = 7,372)	Calgary Zone (N = 2,626)	Edmonton Zone (N = 2,574)	Central Zone (N = 1,187)	North Zone (N = 604)	South Zone (N = 381)
	%	%	%	%	%	%
English	95	93	95	100	97	99
French	≤1	≤1	≤1	≤1	2	0
Other	4	7	5	≤1	1	1
Total	100	100	100	100	100	100

Family member characteristics and differences in Global Overall Care Ratings

The Global Overall Care Rating (a rating from 0 to 10) was compared to family member characteristics. For simplicity in reporting, visit frequency, age, education, and language, were dichotomized as follows:

- Visit frequency: More than 20 times versus less than 20 times in the last 6 months.³⁸
- Age: 55 and over versus under 55 years of age.
- Education: High school or less versus more than high school.
- Language: English versus other.

A test was considered significant at $p < 0.01$.

Table 31: Family member characteristics and differences in Global Overall Care Rating

Family member characteristic and/or related questions	Comment: Significant difference in Global Overall Care Rating
Q7: In the last 6 months, about how many times did you visit your family member in the nursing home?	On average, Global Overall Care Ratings decreased as the frequency of visits increased. Family members who visited their family member more than 20 times had a rating of 8.1 while family members who visited their family member less than 20 times had a rating of 8.4.
Q63: Considering all of the people who visit your family member in the nursing home, are you the person who has the most experience with his/her care?	Not significant
Q59: What is your age?	On average, Global Overall Care Ratings increased with increasing age. Family members under 55 years of age had a rating of 7.9 and family members who were 55 and over had a rating of 8.3.
Q60: Are you male or female?	Female family members had lower Global Overall Care Ratings than male family members (8.1 versus 8.4, respectively).
Q61: What is the highest grade or level of school that you have completed?	Family members with a completed education of high school or less had higher Global Overall Care Ratings than family members with an education greater than high school (8.4 versus 8.2).
Q62: What language do you mainly speak at home?	Not significant

³⁸ Reported past 6-month visit frequencies of 2-5 times, 6-10 times and 11-20 times did not significantly differ from each other and therefore were collapsed.

Resident characteristics

The following *resident* demographic information was collected from both the survey and from administrative data:

- Amount of time resident lived in the long-term care facility.
- Expected permanency in the long-term care facility.
- Whether the resident lived in a shared room.
- Resident autonomy.
- Resident age.
- Resident gender.

Length of stay

Length of stay is defined as the amount of time in months a resident resided in a facility at the time of survey delivery. Admission dates (or months since admission to a facility) were captured from administrative data. The median length of stay was approximately 26 months for the residents whose family members responded to the survey.

The association between length of stay and Global Overall Care Rating, Dimensions of Care, and Food Rating Scale were subsequently explored. Overall, scores decreased as the length of stay increased. This association was statistically significant for the Global Overall Care Rating; Dimension of Care Staffing, Care of Belongings and Environment; and, the Food Rating Scale.

Table 32: Length of stay

Measure	Statistically significant difference? ³⁹
Global Overall Care Rating (0 to 10)	Yes
Propensity to Recommend (0% to 100%)	No
Staffing, Care of Belongings, and Environment (0 to 100)	Yes
Kindness and Respect (0 to 100)	No
Food Rating Scale (0 to 100)	Yes
Providing Information and Encouraging Family Involvement (0 to 100)	No
Meeting Basic Needs (0 to 100)	No

³⁹ Adjusted for family variables (age, gender, and education) and resident variables (CPS score, gender, and age).

Expected permanency

Family members were asked the following question (Q4): “Do you expect your family member to permanently live in this nursing home?” Approximately 91 per cent of family members reported that they expected the resident to permanently live at the nursing home.

Table 33: Resident expected permanency by AHS zone

	Alberta (N = 7,309)	Calgary Zone (N = 2,612)	Edmonton Zone (N = 2,545)	Central Zone (N = 1,181)	North Zone (N = 598)	South Zone (N = 373)
	%	%	%	%	%	%
Yes	91	90	91	94	93	92
No	2	3	3	2	1	2
Don't know	6	7	6	4	6	6
Total	100	100	100	100	100	100

Shared room

Family members were asked the following question (Q5): “In the last 6 months, has your family member ever shared a room with another person at this nursing home?” Approximately 45 per cent of residents shared a room with another person.

Table 34: Resident in shared room by AHS zone

	Alberta (N = 7,403)	Calgary Zone (N = 2,653)	Edmonton Zone (N = 2,571)	Central Zone (N = 1,191)	North Zone (N = 611)	South Zone (N = 377)
	%	%	%	%	%	%
Yes	45	51	47	34	39	27
No	55	49	53	66	61	73
Total	100	100	100	100	100	100

Resident autonomy

Family members were asked the following question (Q6): “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?” Provincially, 15 per cent of family members reported that their resident was *Always* capable of making decisions about his or her own daily life while 21 per cent reported their resident was *Usually* capable of making decisions.

Table 35: Resident autonomy by AHS zone

	Alberta (N = 7,308)	Calgary Zone (N = 2,622)	Edmonton Zone (N = 2,538)	Central Zone (N = 1,178)	North Zone (N = 601)	South Zone (N = 369)
	%	%	%	%	%	%
Always	15	16	13	14	16	15
Usually	21	21	20	23	22	20
Sometimes	30	30	31	31	27	30
Never	34	33	36	32	35	36
Total	100	100	100	100	100	100

Resident age

Residents ranged from 24 to 109 years of age; the average age was 85 years.

Resident gender

Approximately 67 per cent of residents were female.

Table 36: Resident gender by AHS zone

	Alberta (N = 7,031)	Calgary Zone (N = 2,499)	Edmonton Zone (N = 2,469)	Central Zone (N = 1,114)	North Zone (N = 584)	South Zone (N = 365)
	%	%	%	%	%	%
Male	33	34	31	35	36	29
Female	67	66	69	65	64	71
Total	100	100	100	100	100	100

Resident characteristics and differences in Global Overall Care Ratings

The Global Overall Care Rating (a rating from 0 to 10) was compared to resident characteristics.

A test was considered significant at $p < 0.01$.

Table 37: Resident characteristics and differences in Global Overall Care Rating

Resident characteristic and/or related questions	Comment: Significant difference in Global Overall Care Rating
Q4: Do you expect your family member to permanently live in this nursing home?	Family members who reported Yes that they expected their family member to live at the facility permanently had significantly higher Global Overall Care Ratings than family members who responded No (8.3 versus 7.4 respectively)
Q5: In the last 6 months, has your family member ever shared a room with another person at this nursing home?	Not significant
Q6: 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?	The average Global Overall Care Rating was lower in family members who selected “Sometimes” compared to the other responses.
Resident age	Overall, as resident age increases Global Overall Care Ratings increase. The average Global Overall Care Rating for residents under 87 years of age was 8.1 compared to 8.3 for residents 87 years and over.
Resident gender	Not significant

APPENDIX VI: 2017 AND 2014-15 PROVINCIAL AND ZONE AGGREGATED RESULTS

For this section, 2017 results are compared with 2014-15 to identify any change in Global Overall Care Rating, the Dimensions of Care, the Food Rating Scale, and Propensity to Recommend. These comparisons are conducted at the provincial and zone level. Results presented in this section include all publicly reported facilities within each survey year.

Facility participation within each zone varies slightly across survey years. In addition, participation *within* each facility may also vary across survey years. A bias is introduced as the presence or absence of significant differences between survey years, and may be due to: (a) a real difference or (b) difference in samples. Although the sampling strategy was designed for representative zone-level analyses of all survey cycles (i.e., a census), not all facilities (and consequently not all zones) were adequately represented in the resulting sampling distribution in each survey cycle. Caution must be employed in interpreting these comparisons. To mitigate this, a difference between 2017 and 2014-15 was deemed statistically significant if the difference was:

- Statistically significant among all participating facilities in 2017 and/or 2014-15; AND
- Statistically significant among all facilities participating in *both* the 2017 and 2014-15 surveys.

Summary:

- Provincially, among the 155 facilities reported, there were no statistically significant differences in each Dimension of Care or the Food Rating Scale between 2017 and 2014-15.
- Among each of the five AHS zones, in each of the seven key measures, there were no statistically significant differences in results between 2017 and 2014-15.

Figure 4: Global Overall Care Rating by AHS zone

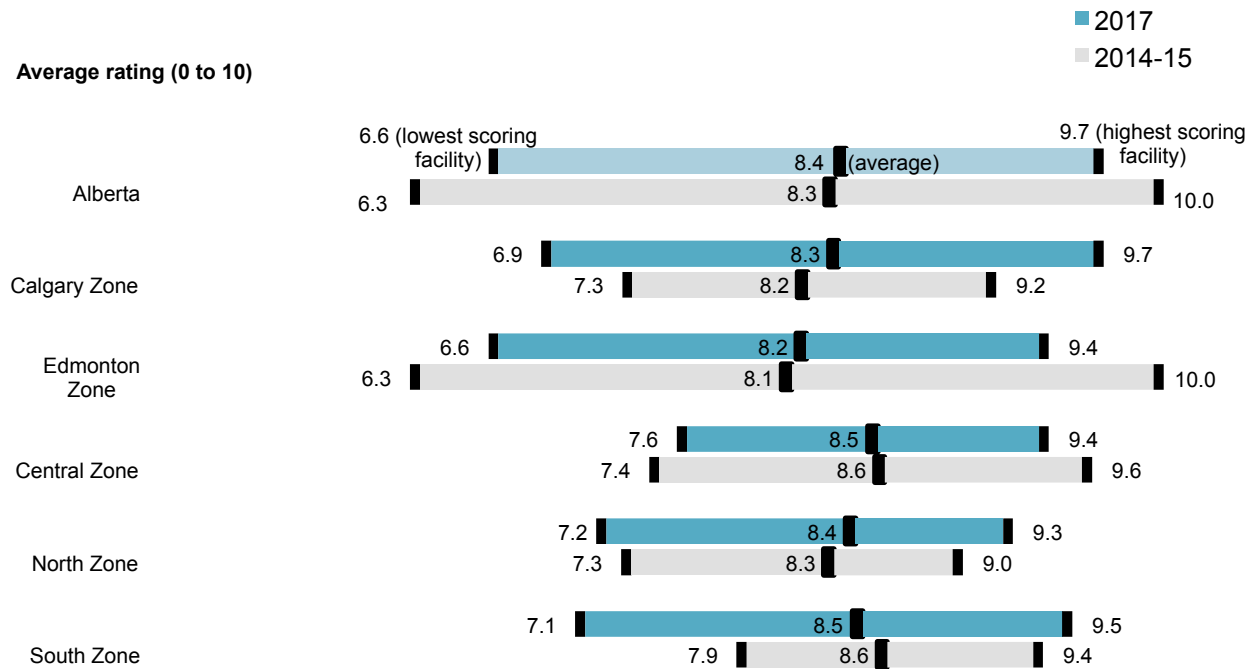


Figure 5: Propensity to Recommend by AHS zone

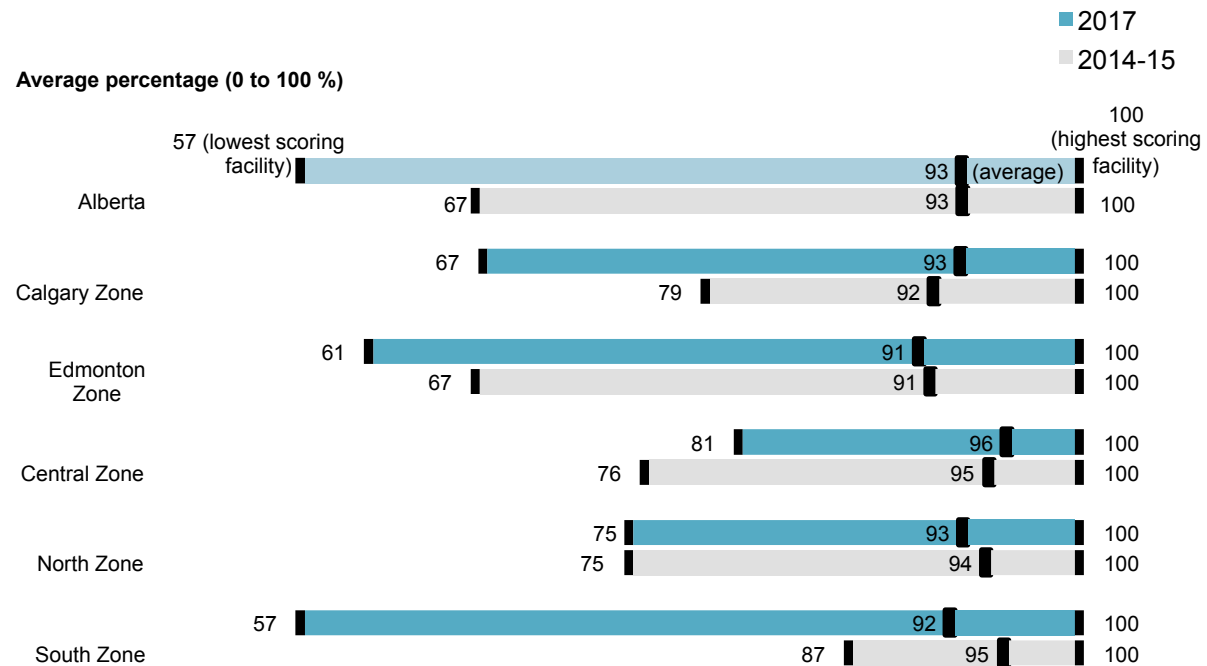


Figure 6: Staffing, Care of Belongings, and Environment by AHS zone

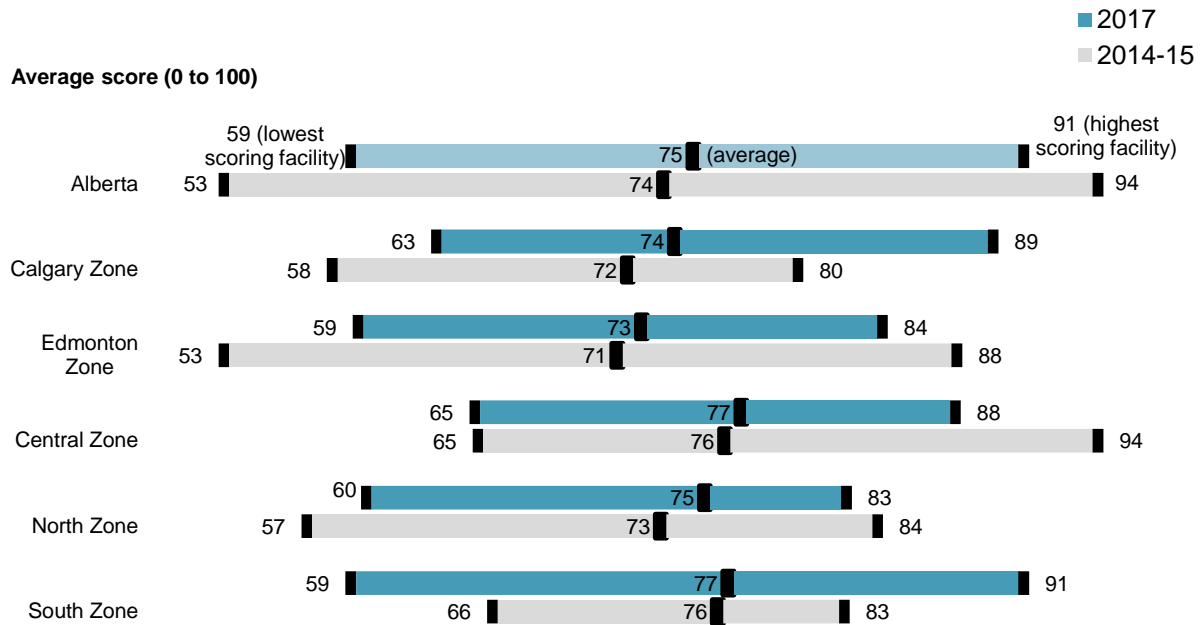


Figure 7: Kindness and Respect by AHS zone

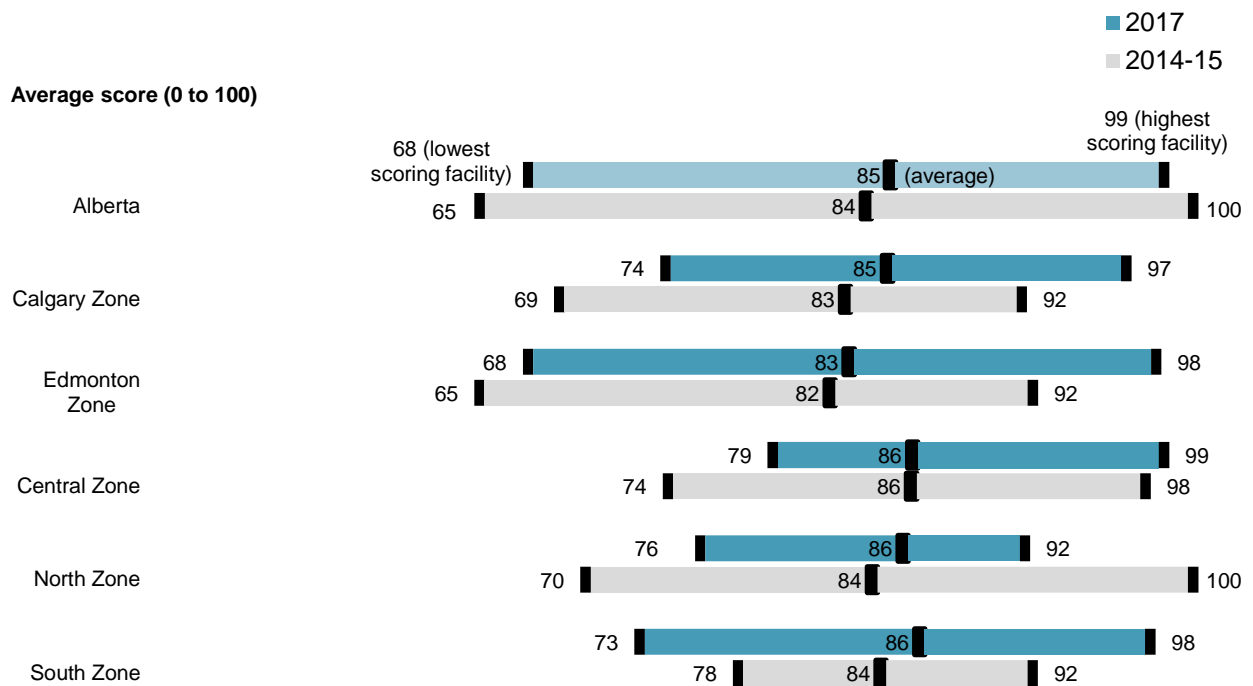


Figure 8: Food Rating Scale by AHS zone

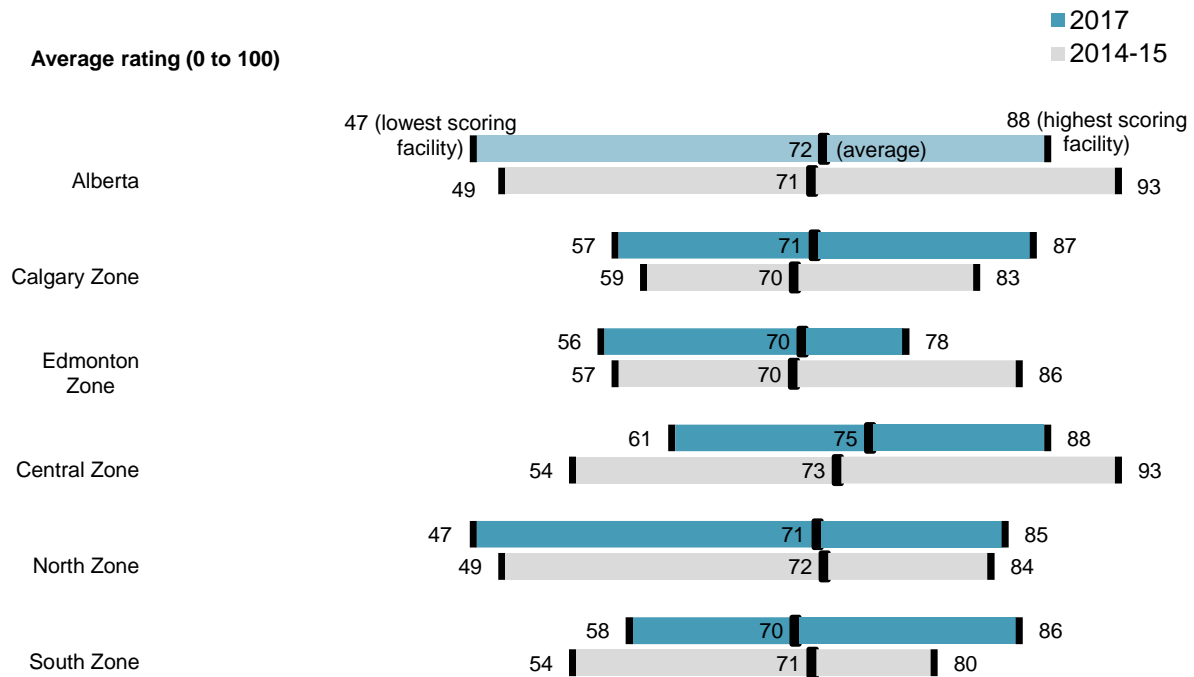


Figure 9: Providing Information and Encouraging Family Involvement by AHS zone

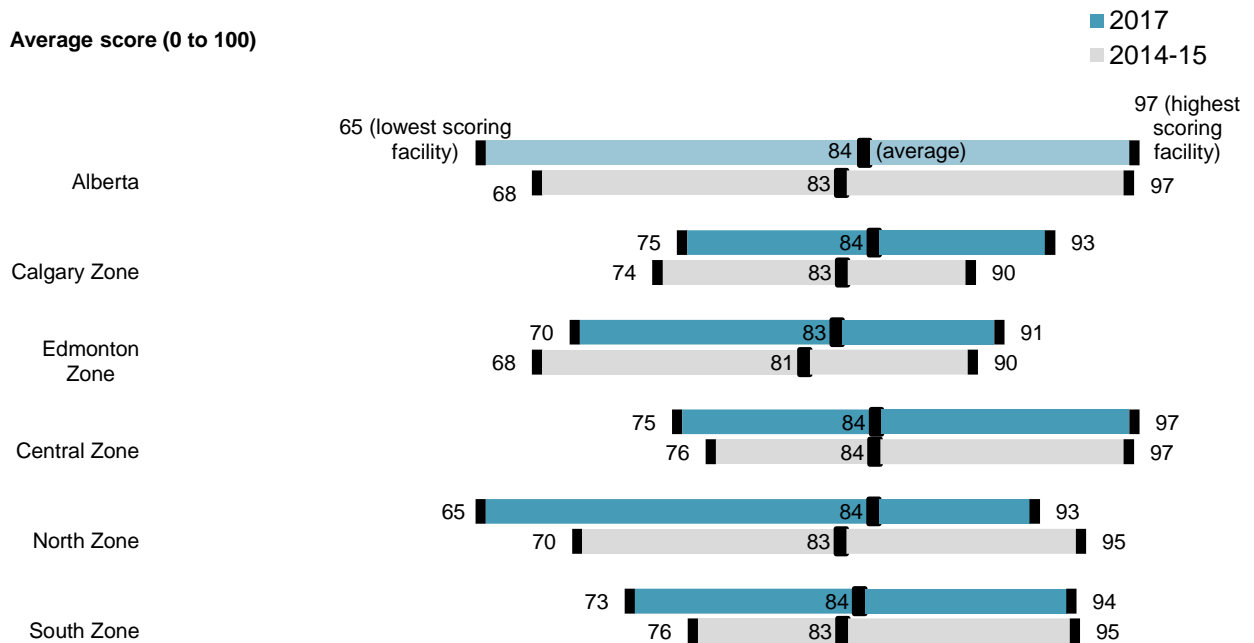
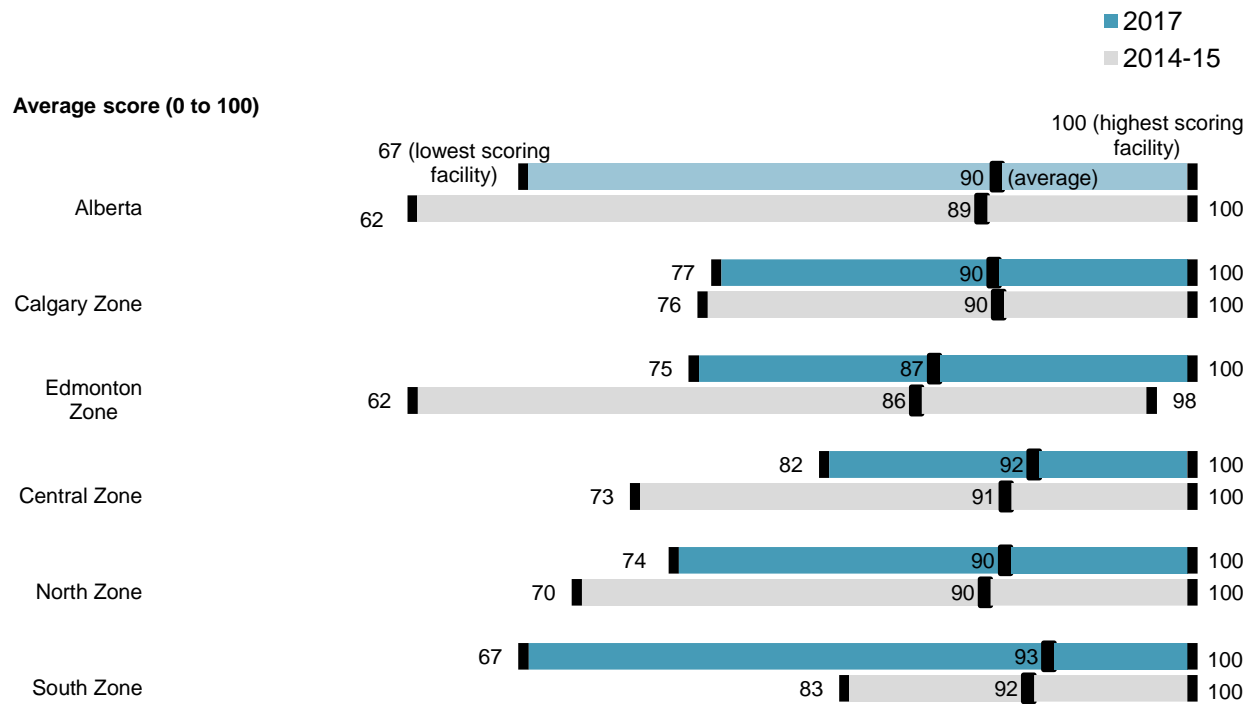


Figure 10: Meeting Basic Needs by AHS zone



APPENDIX VII: SUMMARY OF 2017 PROVINCIAL AND ZONE-LEVEL RESPONSES TO INDIVIDUAL SURVEY QUESTIONS

This section provides a detailed analysis of responses to individual survey questions and those that comprise the Dimensions of Care. Results presented in this section include all facilities and family members for 2017.

Note: Percentages may not always add to 100 per cent due to rounding.

Table 38: Propensity to Recommend by AHS zone

Q46: If someone needed nursing home care, would you recommend this nursing home to them?						
	Alberta (N = 7,088)	Calgary Zone (N = 2,525)	Edmonton Zone (N = 2,481)	Central Zone (N = 1,137)	North Zone (N = 586)	South Zone (N = 359)
	%	%	%	%	%	%
Definitely yes	53	52	51	58	54	53
Probably yes	40	40	41	37	40	40
Probably no	6	6	7	4	6	6
Definitely no	1	2	1	≤1	≤1	1
Total	100	100	100	100	100	100

Table 39: Dimension of Care: Staffing, Care of Belongings, and Environment – Question-level results by AHS zone

Q9: In the last 6 months, how often were you able to find a nurse or aide when you wanted one? (Among those who answered YES to Q8)						
	Alberta (N = 6,254)	Calgary Zone (N = 2,301)	Edmonton Zone (N = 2,197)	Central Zone (N = 971)	North Zone (N = 479)	South Zone (N = 306)
	%	%	%	%	%	%
Always	41	41	38	44	43	44
Usually	44	44	46	43	43	43
Sometimes	14	14	16	12	14	12
Never	≤1	≤1	≤1	≤1	≤1	≤1
Total	100	100	100	100	100	100

Q20: In the last 6 months, how often did your family member look and smell clean?						
	Alberta (N = 7,183)	Calgary Zone (N = 2,571)	Edmonton Zone (N = 2,509)	Central Zone (N = 1,150)	North Zone (N = 593)	South Zone (N = 360)
	%	%	%	%	%	%
Always	39	37	37	45	42	48
Usually	51	52	54	47	49	43
Sometimes	9	9	9	7	8	8
Never	≤1	≤1	≤1	≤1	1	1
Total	100	100	100	100	100	100

Q30: In the last 6 months, how often did your family member's room look and smell clean?						
	Alberta (N = 7,200)	Calgary Zone (N = 2,569)	Edmonton Zone (N = 2,517)	Central Zone (N = 1,156)	North Zone (N = 593)	South Zone (N = 365)
	%	%	%	%	%	%
Always	48	44	45	59	57	56
Usually	43	46	46	36	35	38
Sometimes	7	9	7	5	7	5
Never	1	1	1	≤1	1	≤1
Total	100	100	100	100	100	100
Q32: In the last 6 months, how often did the public areas of the nursing home look and smell clean?						
	Alberta (N = 7,193)	Calgary Zone (N = 2,562)	Edmonton Zone (N = 2,515)	Central Zone (N = 1,155)	North Zone (N = 596)	South Zone (N = 365)
	%	%	%	%	%	%
Always	59	55	56	70	63	66
Usually	35	38	38	27	32	32
Sometimes	5	6	5	2	5	2
Never	≤1	≤1	≤1	≤1	1	≤1
Total	100	100	100	100	100	100
Q34: In the last 6 months, how often were your family member's personal medical belongings damaged or lost?						
	Alberta (N = 7,045)	Calgary Zone (N = 2,509)	Edmonton Zone (N = 2,472)	Central Zone (N = 1,130)	North Zone (N = 582)	South Zone (N = 352)
	%	%	%	%	%	%
Never	64	63	63	65	66	65
Once	22	21	22	22	21	23
Two or more times	15	16	15	13	14	12
Total	100	100	100	100	100	100
Q36: In the last 6 months, when your family member used the laundry service, how often were clothes damaged or lost? (Among those who answered YES to Q35)						
	Alberta (N = 4,789)	Calgary Zone (N = 1,633)	Edmonton Zone (N = 1,750)	Central Zone (N = 780)	North Zone (N = 390)	South Zone (N = 236)
	%	%	%	%	%	%
Never	44	41	44	48	47	47
Once or twice	41	42	41	40	41	40
Three times of more	15	17	15	13	12	13
Total	100	100	100	100	100	100

Q47: In the last 6 months, how often did you feel that there were enough nurses and aides in the nursing home?

	Alberta (N = 7,123)	Calgary Zone (N = 2,537)	Edmonton Zone (N = 2,489)	Central Zone (N = 1,147)	North Zone (N = 586)	South Zone (N = 364)
	%	%	%	%	%	%
Always	18	20	16	19	20	20
Usually	45	46	44	47	45	44
Sometimes	22	21	24	21	22	23
Never	14	13	17	13	13	13
Total	100	100	100	100	100	100

Table 40: Dimension of Care: Kindness and Respect: Question-level results by AHS zone

Q10: In the last 6 months, how often did you see the nurses and aides treat your family member with courtesy and respect?

	Alberta (N = 7,201)	Calgary Zone (N = 2,575)	Edmonton Zone (N = 2,512)	Central Zone (N = 1,157)	North Zone (N = 593)	South Zone (N = 364)
	%	%	%	%	%	%
Always	67	67	65	70	70	69
Usually	28	28	29	27	27	27
Sometimes	4	5	5	3	3	3
Never	≤1	≤1	≤1	≤1	≤1	≤1
Total	100	100	100	100	100	100

Q11: In the last 6 months, how often did you see the nurses and aides treat your family member with kindness?

	Alberta (N = 7,188)	Calgary Zone (N = 2,566)	Edmonton Zone (N = 2,511)	Central Zone (N = 1,157)	North Zone (N = 592)	South Zone (N = 362)
	%	%	%	%	%	%
Always	62	61	61	66	64	68
Usually	31	32	32	30	33	28
Sometimes	6	7	6	4	3	4
Never	≤1	≤1	≤1	≤1	≤1	≤1
Total	100	100	100	100	100	100

Q12: In the last 6 months, how often did you feel that the nurses and aides really cared about your family member?

	Alberta (N = 7,179)	Calgary Zone (N = 2,564)	Edmonton Zone (N = 2,507)	Central Zone (N = 1,154)	North Zone (N = 591)	South Zone (N = 363)
	%	%	%	%	%	%
Always	47	46	45	51	51	57
Usually	40	41	42	39	39	34
Sometimes	11	12	13	10	10	8
Never	≤1	1	1	≤1	≤1	≤1
Total	100	100	100	100	100	100

Q13: In the last 6 months, did you ever see any nurses or aides be rude to your family member or any other resident?

	Alberta (N = 7,147)	Calgary Zone (N = 2,561)	Edmonton Zone (N = 2,496)	Central Zone (N = 1,146)	North Zone (N = 584)	South Zone (N = 360)
	%	%	%	%	%	%
Yes	13	12	14	13	12	13
No	87	88	86	87	88	87
Total	100	100	100	100	100	100

Q22: In the last 6 months, how often did the nurses and aides handle this situation in a way that you felt was appropriate? (Among those who answered YES to Q21)

	Alberta (N = 2,850)	Calgary Zone (N = 1,118)	Edmonton Zone (N = 1,021)	Central Zone (N = 367)	North Zone (N = 219)	South Zone (N = 125)
	%	%	%	%	%	%
Always	52	53	50	54	53	57
Usually	39	38	39	38	38	38
Sometimes	8	7	10	5	8	5
Never	1	1	≤1	2	1	0
Total	100	100	100	100	100	100

Table 41: Dimension of Care: Providing Information and Encouraging Family Involvement – Question-level results by AHS zone

Q25: In the last 6 months, how often did you get this information as soon as you wanted? (Among those who answered YES to Q24)

	Alberta (N = 6,342)	Calgary Zone (N = 2,291)	Edmonton Zone (N = 2,226)	Central Zone (N = 1,007)	North Zone (N = 504)	South Zone (N = 314)
	%	%	%	%	%	%
Always	47	46	44	48	51	55
Usually	41	41	43	40	39	34
Sometimes	11	11	12	10	9	10
Never	1	≤1	1	2	≤1	≤1
Total	100	100	100	100	100	100

Q26: In the last 6 months, how often did the nurses and aides explain things in a way that was easy for you to understand?

	Alberta (N = 7,122)	Calgary Zone (N = 2,543)	Edmonton Zone (N = 2,495)	Central Zone (N = 1,135)	North Zone (N = 588)	South Zone (N = 361)
	%	%	%	%	%	%
Always	63	61	61	67	65	66
Usually	31	31	32	28	30	29
Sometimes	5	6	6	4	4	3
Never	1	1	1	1	≤1	1
Total	100	100	100	100	100	100

Q27: In the last 6 months, did nurses and aides ever try to discourage you from asking questions about your family member?

	Alberta (N = 7,171)	Calgary Zone (N = 2,561)	Edmonton Zone (N = 2,503)	Central Zone (N = 1,153)	North Zone (N = 592)	South Zone (N = 362)
	%	%	%	%	%	%
Yes	3	3	3	3	2	2
No	97	97	97	97	98	98
Total	100	100	100	100	100	100

Q40: In the last 6 months, did you ever stop yourself from talking to any nursing home staff about your concerns because you thought they would take it out on your family member?

	Alberta (N = 2,253)	Calgary Zone (N = 789)	Edmonton Zone (N = 857)	Central Zone (N = 333)	North Zone (N = 168)	South Zone (N = 106)
	%	%	%	%	%	%
Yes	30	29	31	30	29	36
No	70	71	69	70	71	64
Total	100	100	100	100	100	100

Q42: 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?

	Alberta (N = 6,123)	Calgary Zone (N = 2,218)	Edmonton Zone (N = 2,111)	Central Zone (N = 997)	North Zone (N = 507)	South Zone (N = 290)
	%	%	%	%	%	%
Always	60	61	59	59	60	60
Usually	32	31	33	32	34	30
Sometimes	8	7	8	9	6	10
Never	≤1	≤1	≤1	≤1	≤1	≤1
Total	100	100	100	100	100	100

Q56: In the last 6 months, how often did you get all the information you wanted about payments or expenses? (Among those who answered YES to Q55)

	Alberta (N = 1,669)	Calgary Zone (N = 627)	Edmonton Zone (N = 606)	Central Zone (N = 234)	North Zone (N = 124)	South Zone (N = 78)
	%	%	%	%	%	%
Always	73	73	76	69	71	68
Usually	18	19	16	21	23	18
Sometimes	6	7	6	8	4	9
Never	2	≤1	3	3	2	5
Total	100	100	100	100	100	100

Table 42: Dimension of Care: Meeting Basic Needs – Question-level results by AHS zone

Q15: In the last 6 months, did you help your family member with eating because nurses or aides either didn't help or made him or her wait too long? (Among those who answered YES to Q14)						
	Alberta (N = 3,466)	Calgary Zone (N = 1,226)	Edmonton Zone (N = 1,351)	Central Zone (N = 485)	North Zone (N = 253)	South Zone (N = 151)
	%	%	%	%	%	%
Yes	23	23	25	19	21	19
No	77	77	75	81	79	81
Total	100	100	100	100	100	100
Q17: In the last 6 months, 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? (Among those who answered YES to Q16)						
	Alberta (N = 3,227)	Calgary Zone (N = 1,148)	Edmonton Zone (N = 1,234)	Central Zone (N = 462)	North Zone (N = 227)	South Zone (N = 156)
	%	%	%	%	%	%
Yes	26	25	28	23	28	19
No	74	75	72	77	72	81
Total	100	100	100	100	100	100
Q19: In the last 6 months, 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? (Among those who answered YES to Q18)						
	Alberta (N = 1,417)	Calgary Zone (N = 570)	Edmonton Zone (N = 472)	Central Zone (N = 204)	North Zone (N = 109)	South Zone (N = 62)
	%	%	%	%	%	%
Yes	53	53	59	43	51	39
No	47	47	41	57	49	61
Total	100	100	100	100	100	100

Table 43: Additional care questions by AHS zone

Q23: In the last 6 months, how often did the nurses and aides treat you [the family member] with courtesy and respect?						
	Alberta (N = 7,202)	Calgary Zone (N = 2,565)	Edmonton Zone (N = 2,520)	Central Zone (N = 1,157)	North Zone (N = 595)	South Zone (N = 365)
	%	%	%	%	%	%
Always	76	77	74	76	76	76
Usually	22	21	23	22	22	21
Sometimes	2	2	2	2	2	2
Never	≤1	≤1	≤1	0	0	0
Total	100	100	100	100	100	100

Q28: In the last 6 months, how often is your family member cared for by the same team of nurses and aides?						
	Alberta (N = 6,919)	Calgary Zone (N = 2,471)	Edmonton Zone (N = 2,428)	Central Zone (N = 1,098)	North Zone (N = 569)	South Zone (N = 353)
	%	%	%	%	%	%
Always	17	17	15	17	21	20
Usually	66	67	67	62	63	59
Sometimes	17	15	17	21	15	21
Never	≤1	≤1	1	≤1	≤1	≤1
Total	100	100	100	100	100	100
Q29: In the last 6 months, how often did you feel confident that nurses and aides knew how to do their jobs?						
	Alberta (N = 7,152)	Calgary Zone (N = 2,551)	Edmonton Zone (N = 2,501)	Central Zone (N = 1,146)	North Zone (N = 589)	South Zone (N = 365)
	%	%	%	%	%	%
Always	47	46	45	52	53	53
Usually	42	43	44	39	38	39
Sometimes	10	10	11	8	8	7
Never	≤1	≤1	≤1	≤1	≤1	1
Total	100	100	100	100	100	100
Q31: In the last 6 months, how often were you able to find places to talk to your family member in private?						
	Alberta (N = 7,106)	Calgary Zone (N = 2,534)	Edmonton Zone (N = 2,476)	Central Zone (N = 1,144)	North Zone (N = 592)	South Zone (N = 360)
	%	%	%	%	%	%
Always	68	64	68	72	69	76
Usually	24	26	23	23	24	20
Sometimes	6	7	6	4	5	3
Never	2	3	3	1	1	2
Total	100	100	100	100	100	100
Q33: 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?						
	Alberta (N = 7,099)	Calgary Zone (N = 2,536)	Edmonton Zone (N = 2,474)	Central Zone (N = 1,140)	North Zone (N = 588)	South Zone (N = 361)
	%	%	%	%	%	%
Yes	6	6	7	4	6	6
No	94	94	93	96	94	94
Total	100	100	100	100	100	100

Q37: At any time in the last 6 months, were you ever unhappy with the care your family member received at the nursing home?						
	Alberta (N = 7,122)	Calgary Zone (N = 2,536)	Edmonton Zone (N = 2,493)	Central Zone (N = 1,146)	North Zone (N = 587)	South Zone (N = 360)
	%	%	%	%	%	%
Yes	32	31	35	30	29	29
No	68	69	65	70	71	71
Total	100	100	100	100	100	100
Q39: In the last 6 months, how often were you satisfied with the way the nursing home staff handled these concerns? (Among those who answered YES to Q38)						
	Alberta (N = 2,044)	Calgary Zone (N = 711)	Edmonton Zone (N = 792)	Central Zone (N = 296)	North Zone (N = 150)	South Zone (N = 95)
	%	%	%	%	%	%
Always	13	11	13	13	13	15
Usually	42	41	42	45	45	39
Sometimes	38	40	38	38	37	39
Never	7	7	7	5	5	7
Total	100	100	100	100	100	100
Q43: In the last 12 months, have you been part of a care conference, either in person or by phone?						
	Alberta (N = 7,127)	Calgary Zone (N = 2,542)	Edmonton Zone (N = 2,491)	Central Zone (N = 1,151)	North Zone (N = 582)	South Zone (N = 361)
	%	%	%	%	%	%
Yes	86	90	83	87	82	80
No	14	10	17	13	18	20
Total	100	100	100	100	100	100
Q44: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone? (Among those who answered YES to Q43)						
	Alberta (N = 937)	Calgary Zone (N = 227)	Edmonton Zone (N = 393)	Central Zone (N = 148)	North Zone (N = 99)	South Zone (N = 70)
	%	%	%	%	%	%
Yes	47	61	39	54	48	36
No	53	39	61	46	52	64
Total	100	100	100	100	100	100
Q48: In the last 6 months, how often did you feel like your family member is safe at the facility?						
	Alberta (N = 7,179)	Calgary Zone (N = 2,558)	Edmonton Zone (N = 2,513)	Central Zone (N = 1,153)	North Zone (N = 591)	South Zone (N = 364)
	%	%	%	%	%	%
Always	62	61	59	67	65	62
Usually	33	33	35	29	31	32
Sometimes	5	5	5	4	4	5
Never	≤1	1	≤1	≤1	≤1	≤1
Total	100	100	100	100	100	100

Q49: In the last 6 months, did you help with the care of your family member when you visited because nurses or aides either didn't help or made him or her wait too long?						
	Alberta (N = 7,088)	Calgary Zone (N = 2,533)	Edmonton Zone (N = 2,480)	Central Zone (N = 1,136)	North Zone (N = 582)	South Zone (N = 357)
	%	%	%	%	%	%
Yes	30	31	34	25	29	26
No	70	69	66	75	71	74
Total	100	100	100	100	100	100
Q51: In the last 6 months, how often did your family member receive all of the healthcare services and treatments they needed?						
	Alberta (N = 7,088)	Calgary Zone (N = 2,536)	Edmonton Zone (N = 2,479)	Central Zone (N = 1,122)	North Zone (N = 590)	South Zone (N = 361)
	%	%	%	%	%	%
Always	55	55	53	57	55	58
Usually	38	38	40	37	38	34
Sometimes	7	6	7	5	5	8
Never	≤1	≤1	≤1	≤1	≤1	≤1
Total	100	100	100	100	100	100
Q52: In the last 6 months, how often did you have concerns about your family member's medication?						
	Alberta (N = 7,091)	Calgary Zone (N = 2,532)	Edmonton Zone (N = 2,486)	Central Zone (N = 1,131)	North Zone (N = 586)	South Zone (N = 356)
	%	%	%	%	%	%
Always	3	3	3	2	2	3
Usually	4	3	4	5	5	3
Sometimes	37	36	39	40	35	37
Never	56	58	55	53	58	58
Total	100	100	100	100	100	100
Q54: In the last 6 months, how often were your concerns about your family member's medication resolved? (Among those who answered YES to Q53)						
	Alberta (N = 2,883)	Calgary Zone (N = 994)	Edmonton Zone (N = 1,041)	Central Zone (N = 481)	North Zone (N = 229)	South Zone (N = 138)
	%	%	%	%	%	%
Always	47	45	47	49	42	51
Usually	38	39	36	38	41	33
Sometimes	13	13	15	11	12	14
Never	2	2	2	2	4	2
Total	100	100	100	100	100	100

Q57: Does your family member's facility have a resident and family council?						
	Alberta (N = 7,064)	Calgary Zone (N = 2,522)	Edmonton Zone (N = 2,469)	Central Zone (N = 1,125)	North Zone (N = 587)	South Zone (N = 361)
	%	%	%	%	%	%
Yes	44	43	43	45	47	59
No	4	5	4	4	6	3
Don't know	51	52	52	52	48	38
Total	100	100	100	100	100	100
Q58: In the last 6 months, how often were the people in charge available to talk with you?						
	Alberta (N = 7,057)	Calgary Zone (N = 2,513)	Edmonton Zone (N = 2,484)	Central Zone (N = 1,121)	North Zone (N = 582)	South Zone (N = 357)
	%	%	%	%	%	%
Always	35	33	36	36	34	36
Usually	35	36	35	32	36	31
Sometimes	11	12	11	11	11	10
Never	2	2	2	2	1	4
I did not need this	17	17	15	19	18	20
Total	100	100	100	100	100	100

APPENDIX VIII: GLOBAL OVERALL CARE RATING REGRESSION MODELS

Model description – Dimension of Care variables

To simplify interpretation of the data, questions that measure a common attribute of care were combined into single variables called *Dimensions of Care*. These summary variables are the weighted average scores of all questions within each dimension.

In this section, a regression model was developed to identify Dimensions of Care with the strongest relationship to the Global Overall Care Rating. This provides a better understanding of which factors impact the Global Overall Care Rating and may provide useful information for quality improvement.

See Appendix II for more information on survey response scoring.

Regression models

A regression model was used to identify relationships with the Global Overall Care Rating. This model was calculated from 5,991 family members and explains 65.9 per cent of the variance in the Global Overall Care Rating score.

The model included the following confounding variables: age of family members, gender of family members, expected permanency at the facility, length of stay (months), number of long-term care beds, and survey modality. The selection of confounding variables was initially based on variables described in resident and family member characteristics (Appendix V). These variables were then analyzed according to the strength of their relationship to the Global Overall Care Rating based on p -values and standardized beta coefficients. Select variables were excluded from the model because these:

- were not significantly related to Global Overall Care Rating ($p > 0.01$) and had the smallest beta coefficients relative to other confounders; and
- did not substantially impact the variance explained upon their removal from the model (66.0 per cent when all confounders were included versus 65.9 per cent when limited to the final selection of confounders).

Confounders that were excluded were: family member education, family member language, experience with resident care, shared room, frequency of visits, geography, ownership type, resident age, resident gender, and CPS score.

The regression model (Table 44) offers evidence that family members’ scores on the Dimensions of Care and Food Rating Scale significantly predict Global Overall Care Rating. These are ordered below from strongest to weakest influence on the Global Overall Care Rating:

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

Table 44: Regression model – Dimensions of Care versus Global Overall Care Rating adjusted for confounders

Dimension of Care and Food Rating Scale	Standardized beta coefficients
Staffing, Care of Belongings, and Environment	0.327
Kindness and Respect	0.274
Food Rating Scale (0 to 100)	0.212
Providing Information and Encouraging Family Involvement	0.150
Meeting Basic Needs	0.061
Other model characteristics	
Constant	0.967
N	5,991
R-Squared	0.660
Adjusted R-Squared	0.659
p-value	<0.0001

Note: Confounding variables include: age of family members, gender of family members, expected permanency at the facility, length of stay, number of long-term care beds, and survey modality.



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