

# Determinants of Quality in LTC Homes

## 1. Thank you for agreeing to participate in this survey!

This survey is the first phase of a two-part research project. Phase 1 (this survey) is directed to LTC Home Administrators and Directors of Care/Directors of Nursing in Ontario. In this phase, we are particularly interested in knowing Administrator perceptions of the organization and so, it is important that the Administrator complete sections A to I of this survey. Section J and K focus on clinical issues and might be best completed by the Director of Care/Director of Nursing.

Please note it is possible to leave and re-enter the survey at any time to update/complete your responses. Clicking on the link in your e-mail will open the survey and allow editing. If you choose to exit prior to completion, upon return, you will re-enter at the question after you last clicked the "Next Page" button.

In order to complete the survey, you must hit the "Completed" button on the final page.

While we prefer you complete this survey electronically, we can provide a paper version of the survey (and postage paid return envelope). Simply contact the Principal Investigator for this study, Dr. Walter Wodchis at (416)946-7387 or [Itcsurvey@utoronto.ca](mailto:Itcsurvey@utoronto.ca).

If you wish to print this survey, you can use the printing options on your web browser (print icon on the top of your toolbar). Please note you must print each page individually using this approach.

This survey takes approximately 45 minutes of your time to complete.

Thank you in advance for your participation!

\* 1.

In Phase 2 of this project, we will be surveying staff of LTC Homes in Ontario. The research team will visit approximately 90 homes in the province to conduct surveys with all staff in the Home (due to resource constraints at this time we cannot visit every home in the province). If you are selected to participate in the second phase, we will contact you in a few months to obtain your permission and schedule a time (at your convenience) to visit your facility. Our visit to your facility will involve explaining our study and distributing the surveys to your staff. The staff surveys will take less than 30 minutes to complete and staff will be asked to return completed surveys directly to research personnel (either immediately or afterwards by mail to the Principal Investigator). The staff survey will ask about staff satisfaction, emotional stress and sense of organizational support. By linking the two sources of information (Administrator and Staff surveys) together, we will be able to determine whether there is a relationship between your organization's practices and staffing outcomes.

Please check the box below that indicates your willingness to participate in the second phase of this project (in-home survey).

Yes, I am willing to participate in the in-home staffing survey.

No, I am not willing to participate in the in-home staffing survey. (You are still requested to complete this Administrator Survey.)

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## 2. Section A: Home Corporate Characteristics

\* 1. Name of your Long-Term Care (LTC) Home:

\* 2. Ministry of Health LTC ID (Home Number):

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## 3. Section B: Management Background and Training

Please note this section requires information about the background and training of the Administrator at this Home.

1. What is your age range?

2. What is your sex?

Male

Female

3. What is your first (native) language?

English

French

Other (please specify)

4. In what country were you born?

Canada

United States

Other (please specify)

5. Administrator Qualifications

A. How many years have you (Administrator) been working in LTC?

B. How many years have you (Administrator) been working as an LTC administrator?

C. How many years have you been working as Administrator at this LTC Home?

6. What is the highest degree that you hold?

High school

College

Baccalaureate

Masters (Business or Health Administration)

Other Masters

Other (please specify)

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7. Have you (Administrator) completed certification/accreditation (check all that apply)?

- Ryerson LTC Administration
- Canadian Healthcare Association (CHA) Long Term Care(Senior) Management
- Canadian College of Health Services Executives (CCHSE) Certified Health Executive
- OANHSS Administrator Certification
- OLTC Administrator Certification
- Have not completed any of the above
- Other (please specify)

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## 4. Section B: Management Background and Training

1. In what MONTH and YEAR was the most recent (re-)certification obtained (MM/YYYY)?

(e.g. 02/2000)

Ryerson LTC Administration	<input type="text"/>
Canadian Healthcare Association (CHA) Long Term Care (Senior) Management	<input type="text"/>
Canadian College of Health Services Executives (CCHSE) Certified Health Executive	<input type="text"/>
OANHSS Administrator Certification	<input type="text"/>
OLTCA Administrator Certification	<input type="text"/>
Other	<input type="text"/>



# Determinants of Quality in LTC Homes

## 2. INVOLVEMENT

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree	Do not Know
D. The senior executives provide highly visible leadership in maintaining an environment that supports quality improvement.	jn	jn	jn	jn	jn	jn
E. The senior executives consistently participate in activities to improve the quality of care and services.	jn	jn	jn	jn	jn	jn
F. The senior executives have demonstrated an ability to manage the changes (e.g., organizational, technological) needed to improve the quality of care and services.	jn	jn	jn	jn	jn	jn
G. The senior executives act on suggestions to improve the quality of care and services.	jn	jn	jn	jn	jn	jn
H. The senior executives generate confidence that efforts to improve quality will succeed.	jn	jn	jn	jn	jn	jn
I. Members of the governance body (Board or Council) participate in quality improvement initiatives in this home.	jn	jn	jn	jn	jn	jn
J. The governance body is critical to the success of quality improvement initiatives in this home.	jn	jn	jn	jn	jn	jn

## 3. PLANNING

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree	Do not Know
K. This Home follows an organized process for implementing quality improvement initiatives.	jn	jn	jn	jn	jn	jn
L. Home employees are involved in developing plans for improving quality.	jn	jn	jn	jn	jn	jn
M. Middle managers (e.g., department heads, program directors, and first line supervisors) are playing a key role in setting priorities for quality improvement.	jn	jn	jn	jn	jn	jn
N. Home employees have the authority to correct problems in their area when quality standards are not being met.	jn	jn	jn	jn	jn	jn
O. Home employees are supported when they take necessary risks to improve quality.	jn	jn	jn	jn	jn	jn
P. This Home has an effective system for employees to make suggestions to management on how to improve quality.	jn	jn	jn	jn	jn	jn

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## 4. RESOURCES

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree	Do not Know
Q. Home employees are given education and training in how to identify and act on quality improvement opportunities.	jn	jn	jn	jn	jn	jn
R. Home employees are given education and training in statistical and other quantitative methods that support quality improvement.	jn	jn	jn	jn	jn	jn
S. Home employees are given the needed education and training to improve job skills and performance.	jn	jn	jn	jn	jn	jn
T. Home employees are rewarded and recognized (e.g., financially and/or otherwise) for improving quality.	jn	jn	jn	jn	jn	jn

## 5. SATISFACTION

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree	Do not Know
U. This Home does a good job of assessing current resident needs and expectations.	jn	jn	jn	jn	jn	jn
V. Home employees promptly resolve resident complaints.	jn	jn	jn	jn	jn	jn
W. Residents' complaints are studied to identify patterns and prevent the same problems from recurring.	jn	jn	jn	jn	jn	jn
X. This Home uses data from residents to improve services.	jn	jn	jn	jn	jn	jn
Y. This Home uses data on customer expectations and/or satisfaction when designing new services.	jn	jn	jn	jn	jn	jn



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## 6. Section C: Quality Improvement Activities (Governance and Facilitation)

The following questions will ask you information about your Home's governance and facilitation.

1. Is this Home part of a larger organization?

- Yes, a nursing home chain
- Yes, affiliated with a hospital
- No, not part of a larger organization

Other (please specify)

2. If you answered yes, to the above question (question #1 on this page), please provide the name of the organization your Home is a part of in the space below:

3. Is this Home managed by an organization other than the owner?

- No  Yes

4. What type of governance structure does this Home have in place?

- Private Owner
- Corporate Board of Directors
- Charitable/Non-profit Board of Directors
- District Board of Directors
- Board of Management and/or Municipal Council
- Other (please describe)

5. How would you describe the involvement of your Board or Governance Body in quality improvement activities in this Home? (Check all that apply)

- The focus of our Board/governing body is strategic, and members are not directly, actively involved in the quality improvement activities of our Home
- The Board/governing body has established a quality improvement committee and a Committee representative reports the Committee's progress to the Board with some regularity
- The focus of our Board/governing body is operational, and members are directly, actively involved in the quality improvement activities of our Home
- The Board/governing body is involved in/guides the quality improvement activities of our home (please specify)

6. During their working time, do staff at this Home use a library and/or librarian with current information regarding clinical practices?

- No  Yes

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7. During their working time do staff at this Home use a computer to obtain clinical reports and/or clinical research relevant to caring for residents?

No

Yes

8. Does this LTC Home use clinical consultants/experts who are based within your Home, your group of Homes (if one of two or more Homes is owned and operated by the same company/organization) or outside your organization for quality improvement initiatives?

Never

Rarely

Sometimes

Often

Always

9. Does this Home have a person responsible for quality improvement initiatives?

No

Yes

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## 7. Section C: Quality Improvement Activities (Governance and Facilitation)

1. What proportion of time does the person responsible for quality improvement have dedicated to this task?

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## 8. Section C: Quality Improvement Activities (Additional Activities)

The following question(s) require information about quality improvement activities that occur within your Home.

1. Does this facility collect resident satisfaction data using a survey?

No

Yes

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## 9. Section C: Quality Improvement Activities (Additional Activities)

1. What is the source of the resident satisfaction survey that you use?

- NRC+Picker
- Smaller World
- Our Home/Organization/Corporation developed its own
- Other (please specify)





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## 12. Section E: LTC Home Culture

### INSTRUCTIONS:

The questions in Section E relate to the type of Home that your organization is most like. Each question (statement) below contains four descriptions of homes. Please distribute 100 points among the four descriptions depending on how similar the description is to your Home. None of the descriptions is any better than the others; they are just different. For each statement, please use all 100 points.

### For example:

In question 1, if Home A seems very similar to yours, B seems somewhat similar, and C and D do not seem similar at all, you might give 70 points to A and the remaining 30 points to B.

### 1. Home Character (Please distribute 100 points)

- A. This Home is a very personal place. It is a lot like an extended family. People seem to share a lot of themselves.
- B. This Home is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risks.
- C. This Home is a very formalized and structured place. Bureaucratic procedures generally govern what people do.
- D. This Home is very production oriented. A major concern is with getting the job done. People aren't very personally involved.

### 2. Home's Managers (Please distribute 100 points)

- A. The management team in this Home are warm and caring. They seek to develop employees' full potential and act as their mentors or guides.
- B. The management team in this Home are risk-takers. They encourage employees to take risks and be innovative.
- C. The management team in this Home are rule-enforcers. They expect employees to follow established rules, policies, and procedures.
- D. The management team in this Home are coordinators and coaches. They help employees meet the home's goals and objectives.

### 3. Home Cohesion (Please distribute 100 points)

- A. The glue that holds this Home together is loyalty and tradition. Commitment to this Home runs high.
- B. The glue that holds this Home together is commitment to innovation and development. There is an emphasis on being first.
- C. The glue that holds this Home together is formal rules and policies. Maintaining a smooth running operation is important here.
- D. The glue that holds this Home together is the emphasis on tasks and goal accomplishment. A production orientation is commonly shared.



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## 13. Section E: LTC Home Culture

### INSTRUCTIONS:

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### For example:

In question 1, if Home A seems very similar to yours, B seems somewhat similar, and C and D do not seem similar at all, you might give 70 points to A and the remaining 30 points to B.

### 1. Home Emphases (Please distribute 100 points)

- A. This Home emphasizes human resources. High cohesion and morale in the organization are important.
- B. This Home emphasizes growth and acquiring new resources. Readiness to meet new challenges is important.
- C. This Home emphasizes permanence and stability. Efficient, smooth operations are important.
- D. This Home emphasizes competitive actions and achievement. Measurable goals are important.

### 2. Home Rewards (Please distribute 100 points)

- A. This Home distributes its rewards fairly equally among its staff. It's important that everyone from top to bottom be treated as equally as possible.
- B. This Home distributes its rewards based on individual initiative. Those with innovative ideas and actions are most rewarded.
- C. This Home distributes rewards based on rank. The higher you are, the more you get.
- D. This Home distributes rewards based on the achievement of objectives. Individuals who provide leadership and contribute to attaining the home's goals are rewarded.

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## 14. Section F: Training Opportunity & Participation

1. Which of the staff groups in your organization receive reimbursement for participating in continuing education courses (provided by or paid for by the organization)?

	Full Payment	Partial Payment	Payment Support is Not Provided
A. Senior Management	jn	jn	jn
B. Professional Nursing (RN, RPN)	jn	jn	jn
C. Other Professional Staff (e.g. social worker, allied health, dietician)	jn	jn	jn
D. PSWs	jn	jn	jn
E. Other Staff (e.g. food service worker, activity aide, housekeeper)	jn	jn	jn

2. Which of the staff groups in your organization receive reimbursement for obtaining an advanced degree (provided by or paid for by the organization)?

	Full Payment	Partial Payment	Payment Support is Not Provided
A. Senior Management	jn	jn	jn
B. Professional Nursing (RN, RPN)	jn	jn	jn
C. Other Professional Staff (e.g. social worker, allied health, dietician)	jn	jn	jn
D. PSWs	jn	jn	jn
E. Other Staff (e.g. food service worker, activity, aide, housekeeper)	jn	jn	jn

3. Which of the staff groups in your organization receive bursaries/scholarships for continuing education or professional development support (provided by or paid for by the organization)?

	Full payment	Partial payment	Payment Support is Not Provided
A. Senior Management	jn	jn	jn
B. Professional Nursing (RN, RPN)	jn	jn	jn
C. Other Professional Staff (e.g. social worker, allied health, dietician)	jn	jn	jn
D. PSWs	jn	jn	jn
E. Other Staff (e.g. food service worker, activity aide, housekeeper)	jn	jn	jn

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4. Which of the following staff groups in your organization receive paid time off work to take a course (provided by or paid for by the organization)?

	Full payment	Partial payment	Payment Support is Not Provided
A. Senior Management	jn	jn	jn
B. Professional Nursing (RN, RPN)	jn	jn	jn
C. Other Professional Staff (e.g. social worker, allied health, dietician)	jn	jn	jn
D. PSWs	jn	jn	jn
E. Other Staff (e.g. food service worker, activity aide, housekeeper)	jn	jn	jn

5. Which of the following staff groups in your organization receive flexible scheduling to take courses (provided by or paid for by the organization)?

	Full support	Partial support	This Support is Not Provided
A. Senior Management	jn	jn	jn
B. Professional Nursing (RN, RPN)	jn	jn	jn
C. Other Professional Staff (e.g. social worker, allied health, dietician)	jn	jn	jn
D. PSWs	jn	jn	jn
E. Other Staff (e.g. food service worker, activity aide, housekeeper)	jn	jn	jn

6. Which of the following staff groups in your organization participate in on-line distance education courses (provided by or paid for by the organization)?

	Yes	No
A. Senior Management	jn	jn
B. Professional Nursing (RN, RPN)	jn	jn
C. Other Professional Staff (e.g. social worker, allied health, dietician)	jn	jn
D. PSWs	jn	jn
E. Other Staff (e.g. food service worker, activity aide, housekeeper)	jn	jn

7. In the past 12 months, what is the total spending on Training and Education in this Home (dollar value)?

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## 15. Section F: Training Opportunity & Participation

The following questions refer to training participation among the nursing staff (RNs, RPNs,PSWs) at your facility.

1. In the last year, what percentage of the following staff groups in your organization participated in on-site courses conducted by Home staff or external experts (provided by or paid for by the organization)?

	This was not				
	offered in the last year	0-24%	25-49%	50-74%	75-100%
A. Senior Management	jn	jn	jn	jn	jn
B. Professional Nursing (RN, RPN)	jn	jn	jn	jn	jn
C. Other Professional Staff (e.g. social worker, allied health, dietician)	jn	jn	jn	jn	jn
D. PSWs	jn	jn	jn	jn	jn
E. Other Staff (e.g. food service worker, activity aide, housekeeper)	jn	jn	jn	jn	jn

2. In the last year, what percent of your Professional Nursing Staff (i.e. RN, RPN) participated in continuing education activities (e.g. formal in-service programs, internal/external courses and conferences) supported by your organization?

	This was not				
	offered in the last year	0-24%	25-49%	50-74%	75-100%
A. Team building	jn	jn	jn	jn	jn
B. Quality improvement	jn	jn	jn	jn	jn
C. Care management practice (e.g. MDS/RAI)	jn	jn	jn	jn	jn
D. Clinical care training (e.g. PIECES, U-FIRST)	jn	jn	jn	jn	jn
E. Leadership development	jn	jn	jn	jn	jn
F. Identifying and managing adverse events	jn	jn	jn	jn	jn
G. Orientation for newly hired staff in a clinical setting	jn	jn	jn	jn	jn
H. Formal mentorship program	jn	jn	jn	jn	jn

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3. In the last year, what percent of your Personal Support Worker (PSW) Staff participated in continuing education activities (e.g. formal in-service programs, internal/external courses and conferences) supported by your organization?

This was not

	offered in the last year	0-24%	25-49%	50-74%	75-100%
A. Team building	jn	jn	jn	jn	jn
B. Quality improvement	jn	jn	jn	jn	jn
C. Care management practice (e.g. MDS/RAI)	jn	jn	jn	jn	jn
D. Clinical care training (e.g. PIECES, U-FIRST)	jn	jn	jn	jn	jn
E. Leadership development	jn	jn	jn	jn	jn
F. Identifying and managing adverse events	jn	jn	jn	jn	jn
G. Orientation for newly hired staff in a clinical setting	jn	jn	jn	jn	jn
H. Formal mentorship program	jn	jn	jn	jn	jn

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## 16. Section G: Human Resources Retention Strategies

1. Which of the following recruitment/retention incentives or strategies are currently implemented for the listed staff groups at your organization (Please check all that apply)?

	Professional Nursing (RN, RPN)	Other Professional Staff (e.g. social worker, allied health, dietician)	Other Staff (e.g. food service worker, housekeeper, activity aide)	Not Implemented for any of these Staff Groups
A. Availability/use of employee assistance programs	€	€	€	€
B. Recognition programs such as special awards for excellence or accomplishments	€	€	€	€
C. Opportunities for advanced education supported by the Home and/or Home foundation	€	€	€	€
D. Daycare program	€	€	€	€
E. Allowance for personal leave (e.g. time off for family)	€	€	€	€
F. Staff wellness program	€	€	€	€
G. Flex-scheduling or self-scheduling	€	€	€	€
H. Staff satisfaction survey (in past 12 months)	€	€	€	€

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## 17. Section H: Human Resources Evaluation

The following questions are designed to understand the extent to which skills/competencies descriptions have been developed in your facility and currently address the listed categories of resident care needs (identified above) within your Home.

To assist you, definitions for Resident Care Needs are listed in the left hand column of this page. Please refer to these as needed when answering questions 1 and 2 on this page.

A. Complex Medical Care Interventions:

Advanced care technologies for wound care, breathing (e.g. tracheostomy, ventilator); feeding (e.g. gastrostomy tube); IV therapy, peripherally inserted central catheter, etc.

B. Challenging/Responsive Behaviour:

Behaviour responses that are a result of mental illness, dementia etc., and create a real or potential risk of harm for self, other residents and/or staff.

C. Palliative Care/End of Life Care Needs:

Pain management and comfort; spiritual needs; decision-making needs (e.g. Advanced Care Directives), etc.

D. Dementia:

Observable, irreversible decline in mental abilities.

E. Chronic Mental Illness:

Clinically significant behavioural or psychological pattern that occurs in an individual usually associated with distress, disability, or increased risk of suffering.

F. Functional Dependency:

Needs may include the following: mobility/repositioning, task segmentation (help in breaking tasks down into smaller steps using verbal and physical cuing)

G. Rehabilitation:

Need for therapy services (e.g. PT, OT, SLP) adapted to lower physical tolerance/endurance levels, ongoing exercise, and nursing that supports residents maintaining/achieving highest level of functional independence that residents desire.

H. Psychosocial Support for Chronic/Degenerative Condition:

Needs may include adjustment to new self views, expectations, or outlooks; need for empowerment; information needs; need for meaningful participation; need for redefined ways to contribute to the community etc.

I. Needs Relating to Acute Illness or Acute Change of Chronic Condition:

Needs may include management of acute symptoms; functional enhancement after exacerbation etc.

J. Supporting Communal Living:

Needs may arise regarding learning to live with diversity in culture, gender, age, abilities.

K. Family/Friend Support/Relationships:

Need for long-term supportive relationships between staff and resident/family. Need for families to be an ongoing member of the care team.

L. Culturally Specific Needs:

Needs relating to continuity of cultural values, language, food preferences; cultural celebrations, rituals, etc.

M. Environmental:

Need for appropriate equipment and devices.

N. Nutritional Care:

Specific nutritional problems and conditions that affect or could affect the resident's health or functional status. Treatments may include supplements between meals, therapeutic diets and weight change programs.

O. Recreational Programming:

Needs relating to involvement in the life of the home, participation in various social and recreational programs, including solitary

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pursuits.

## P. Spiritual:

Needs relating to individualized devotional activities and/or organized religious services.

1. Does your Home have written descriptions for required skill/competencies for ALL direct care staff (RN, RPN, PSW)?

	No	Yes
A. Complex medical care interventions	jñ	jñ
B. Challenging/responsive behaviour	jñ	jñ
C. Palliative care/End of life care needs	jñ	jñ
D. Dementia	jñ	jñ
E. Chronic mental illness	jñ	jñ
F. Functional dependency	jñ	jñ
G. Rehabilitation	jñ	jñ
H. Psychosocial support for chronic/Degenerative condition	jñ	jñ
I. Needs relating to acute illness or acute change of chronic condition	jñ	jñ
J. Supporting communal living	jñ	jñ
K. Family/Friend support/Relationships	jñ	jñ
L. Culturally specific needs	jñ	jñ
M. Environmental	jñ	jñ
N. Nutritional care	jñ	jñ
O. Recreational programming	jñ	jñ
P. Spiritual	jñ	jñ



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2. Are the following areas of resident care need explicitly and separately part of individual evaluations for ALL direct care staff (RN, RPN, PSW)?

	No	Yes
A. Complex medical care interventions	jñ	jñ
B. Challenging/responsive behaviour	jñ	jñ
C. Palliative care/End of life care needs	jñ	jñ
D. Dementia	jñ	jñ
E. Chronic mental illness	jñ	jñ
F. Functional dependency	jñ	jñ
G. Rehabilitation	jñ	jñ
H. Psychosocial support for chronic/Degenerative condition	jñ	jñ
I. Needs relating to acute illness or acute change of chronic condition	jñ	jñ
J. Supporting communal living	jñ	jñ
K. Family/Friend support/Relationships	jñ	jñ
L. Culturally specific needs	jñ	jñ
M. Environmental	jñ	jñ
N. Nutritional care for the elderly	jñ	jñ
O. Recreational programming	jñ	jñ
P. Spiritual needs	jñ	jñ

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## 18. Section H: Human Resources Evaluation

Please refer to the Resident Care Needs definitions on this page to accurately respond to the question below regarding direct care staff (RN, RPN, PSW) skills and competencies.

A. Complex Medical Care Interventions:

Advanced care technologies for wound care, breathing (e.g. tracheostomy, ventilator); feeding (e.g. gastrostomy tube); IV therapy, peripherally inserted central catheter, etc.

B. Challenging/Responsive Behaviour:

Behaviour responses that are a result of mental illness, dementia etc., and create a real or potential risk of harm for self, other residents and/or staff.

C. Palliative Care/End of Life Care Needs:

Pain management and comfort; spiritual needs; decision-making needs (e.g. Advanced Care Directives), etc.

D. Dementia:

Observable, irreversible decline in mental abilities.

E. Chronic Mental Illness:

Clinically significant behavioural or psychological pattern that occurs in an individual usually associated with distress, disability, or increased risk of suffering.

F. Functional Dependency:

Needs may include the following: mobility/repositioning, task segmentation (help in breaking tasks down into smaller steps using verbal and physical cuing)

G. Rehabilitation:

Need for therapy services (e.g. PT, OT, SLP) adapted to lower physical tolerance/endurance levels, ongoing exercise, and nursing that supports residents maintaining/achieving highest level of functional independence that residents desire.

H. Psychosocial Support for Chronic/Degenerative Condition:

Needs may include adjustment to new self views, expectations, or outlooks; need for empowerment; information needs; need for meaningful participation; need for redefined ways to contribute to the community etc.

I. Needs Relating to Acute Illness or Acute Change of Chronic Condition:

Needs may include management of acute symptoms; functional enhancement after exacerbation etc.

J. Supporting Communal Living:

Needs may arise regarding learning to live with diversity in culture, gender, age, abilities.

K. Family/Friend Support/Relationships:

Need for long-term supportive relationships between staff and resident/family. Need for families to be an ongoing member of the care team.

L. Culturally Specific Needs:

Needs relating to continuity of cultural values, language, food preferences; cultural celebrations, rituals, etc.

M. Environmental:

Need for appropriate equipment and devices.

N. Nutritional Care:

Specific nutritional problems and conditions that affect or could affect the resident's health or functional status. Treatments may include supplements between meals, therapeutic diets and weight change programs.

O. Recreational Programming:

Needs relating to involvement in the life of the home, participation in various social and recreational programs, including solitary pursuits.

P. Spiritual:

Needs relating to individualized devotional activities and/or organized religious services.

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1. What percentage (0-100%) of your direct care staff (RN, RPN, PSW) currently meet or exceed expected skills or competencies as described for your Home.

- A. Complex medical care interventions
- B. Challenging/responsive behaviour
- C. Palliative care/End of life care needs
- D. Dementia
- E. Chronic mental illness
- F. Functional dependency
- G. Rehabilitation
- H. Psychosocial support for chronic/Degenerative condition
- I. Needs relating to acute illness or acute change of chronic condition
- J. Supporting communal living
- K. Family/Friend support/Relationships
- L. Culturally specific needs
- M. Environmental
- N. Nutritional care
- O. Recreational programming
- P. Spiritual

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## 19. Section H: Human Resources Evaluation

### Use of Skills/Competencies Descriptions:

Please indicate how skills/competencies descriptions are incorporated into hiring, staff development and training within your LTC services.

1. Skills/competencies descriptions are incorporated into, or form the basis of (Please check all that apply):

- Job posting/Job descriptions
- Interview questions
- Required qualifications at the time of hire (or to be attained within the first year of employment)
- Planning program orientation sessions
- Prioritizing program orientation sessions
- Program goal setting for staff and training development
- Training partnerships with colleges and universities
- Individual staff development goals
- Other (Please specify)

2. Staff Evaluation Using Descriptions: Do your LTC services have an ongoing process to evaluate staff against what is identified in your skills/competencies descriptions?

- Yes
- No
- Staff evaluations occur but not using skills/competencies descriptions

3. Are performance evaluations implemented within your Home for the following staff groups?

	No	Yes
A. Senior Management	<input type="checkbox"/>	<input type="checkbox"/>
B. Professional Nursing (RN, RPN)	<input type="checkbox"/>	<input type="checkbox"/>
C. Other Professional Staff (e.g. social worker, allied health, dietician)	<input type="checkbox"/>	<input type="checkbox"/>
D. PSWs	<input type="checkbox"/>	<input type="checkbox"/>
E. Other Staff (e.g. food service worker, activity aide, housekeeper)	<input type="checkbox"/>	<input type="checkbox"/>

# Determinants of Quality in LTC Homes

4. How frequently are performance evaluations currently implemented within your Home for the following staff groups?

The evaluations are currently performed:

A. Senior Management	<input type="text"/>
B. Professional Nursing (RN, RPN)	<input type="text"/>
C. Other Professional Staff (e.g. social worker, allied health, dietician)	<input type="text"/>
D. PSWs	<input type="text"/>
E. Other Staff (e.g. food service worker, activity aide, housekeeper)	<input type="text"/>

5. Which staff at this Home are represented by a union? (check all that apply)

- Nursing Staff (RN and RPN)
- Other Professional Staff (e.g. dieticians, physiotherapists)
- Personal Support Workers
- Other Staff (e.g. housekeeping, maintenance)
- No Staff are part of a union

# Determinants of Quality in LTC Homes

## 20. Section I: Staffing

Please complete the following sections using numerical data from staffing/human resource records

Please note:

A missed shift occurs whenever the staff complement is less than planned and on-site staff must cover for responsibilities of absent staff (regardless of reason for reduced staff complement).

A full shift missed means that no replacement was available for a full shift length.

A partial shift missed means either that the shift was a short shift (e.g. half), or that a replacement was called in before the end of the shift.

1. During the past week (past 7 days), how many Professional Nursing (RN, RPN) shifts were missed in this Home?

Full shifts missed

Partial shifts missed

2. During the past week (past 7 days), how many Other Professional Staff (e.g. social worker, allied health, dietician) shifts were missed in this Home?

Full shifts missed

Partial shifts missed

3. During the past week (past 7 days), how many PSW shifts were missed in this Home?

Full shifts missed

Partial shifts missed

4. During the past week (past 7 days), how many Other Staff (e.g. food service worker, activity aide, housekeeper) shifts were missed in this Home?

Full shifts missed

Partial shifts missed

5. What is the usual length of a staff shift (in hours)?

A. Professional Nursing (RN, RPN)

B. Other Professional Staff (e.g. social worker, allied health, dietician)

C. PSWs

D. Other Staff (e.g. food service worker, activity aide, housekeeper)

6. Over the past 3 years, how many Administrators and/or Directors have left this Home?

Administrators

Directors of Care/Directors of Nursing

## Determinants of Quality in LTC Homes

7. Over the past 12 months, has any staff member in any class of employment terminated their employment? Please include voluntary and involuntary terminations (e.g. retired, dismissed, resigned). Do not include contract/agency workers.

No employees have terminated employment over the past 12 months

Yes, employees have terminated their employment over the past 12 months

# Determinants of Quality in LTC Homes

## 21. Section I: Staffing

The following questions are intended to identify the number of employees of different types (e.g. Professional Nursing, Administrator) terminating their employment.

All questions below require the inclusion of both voluntary and involuntary terminations (e.g. retired, dismissed, resigned). Do not include contract/agency workers in your calculations for the questions below.

1. Over the past 12 months, how many Professional Nurses (RN, RPN) have terminated their employment?

Full time employees

Part time employees

2. Over the past 12 months, how many "Other Professional Staff" (e.g. social worker, allied health, dietician) have terminated their employment?

Full time employees

Part time employees

3. Over the past 12 months, how many PSWs have terminated their employment?

Full time employees

Part time employees

4. Over the past 12 months, how many "Other Staff" (e.g food service worker, activity aide, housekeeper) have terminated their employment?

Full time employees

Part time employees



# Determinants of Quality in LTC Homes

## 22. Section I : Staffing (Complement and Workload)

Data requested in this section is similar to data provided to the MOHLTC Long Term Care Homes Staffing Report. Instead of completing this section, you may provide permission for the researchers to access the data provided to the MOHLTC by checking the box below.

- \* 1. By checking this box you confirm that you are an authorized signing officer for the approved operator as provided for in the MOHLTC LTC Homes staffing report and you hereby provide permission for the researchers to obtain your facility's submission to the MOHLTC Long Term Care Home Staffing Report. As with all parts of this survey, staffing data will be considered strictly confidential and results will not be made available to anyone other than you and the research team.

No

Yes, as the authorized signatory completing this section; please type your name in the space below

# Determinants of Quality in LTC Homes

## 23. Section I: Staffing (Complement and Workload)

For the following questions, please count the number of different staff regardless of the number of shifts worked.

For each employee type, write the number in each box. If "no" shift was worked, or the Home does not employ a type of staff, please enter "0"

1. During the past week (last 7 days), how many full-time (FT), part-time (PT), and agency Professional Nursing (i.e. RN, RPN) staff worked in this home?

FT employees

PT employees

Agency/Contract staff

2. During the past week (last 7 days), how many full-time (FT), part-time (PT), and agency Other Professional staff (e.g. social worker, allied health, dietician) worked in this home?

FT employees

PT employees

Agency/Contract staff

3. During the past week (last 7 days), how many full-time (FT), part-time (PT), and agency PSW staff worked in this home?

FT employees

PT employees

Agency/Contract staff

4. During the past week (last 7 days), how many full-time (FT), part-time (PT), and agency Other staff (e.g. food service worker, activity aide, housekeeper) worked in this home?

FT employees

PT employees

Agency/Contract staff

# Determinants of Quality in LTC Homes

## 24. Section I : Staffing Complement and Workload

The following questions are asking to provide a count of the number of shifts worked for each employee type.

Please count the number of shifts worked. For each employee type, write the number in each box. If "no" shift was worked, or the Home does not employ a type of staff, please enter "0".

1. During the past week (last 7 days), how many full-time (FT), part-time (PT), and agency Professional Nursing (i.e. RN, RPN) staff shifts were worked in this home?

FT employees

PT employees

Agency/Contract staff

2. During the past week (last 7 days), how many full-time (FT), part-time (PT), and agency Other Professional (e.g. social worker, allied health, dietician) staff shifts were worked in this home?

FT Employees

PT Employees

Agency/Contract Staff

3. During the past week (last 7 days), how many full-time (FT), part-time (PT), and agency PSW staff shifts were worked in this home?

FT Employees

PT Employees

Agency/Contract Staff

4. During the past week (last 7 days), how many full-time (FT), part-time (PT), and agency Other staff (e.g. food service worker, activity aide, housekeeper) shifts were worked in this home?

FT Employees

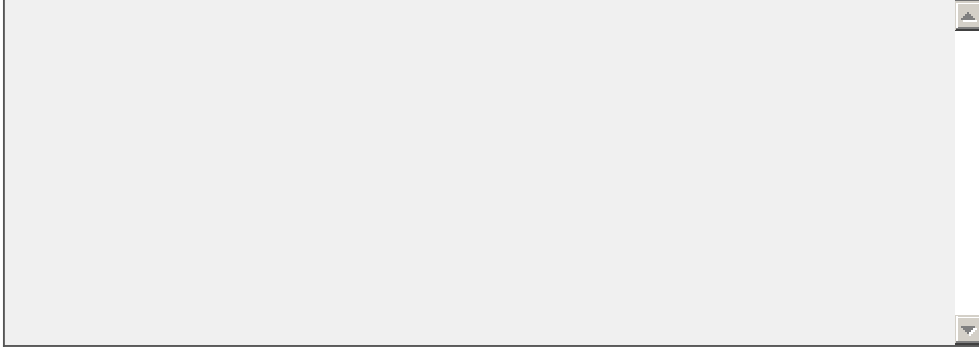
PT Employees

Agency/Contract Staff

# Determinants of Quality in LTC Homes

## 25. Administrator Final Page and Start of Director of Care Sections

1. As the Administrator of this facility, if you have any additional comments on what activities your Home does to ensure and improve quality, please provide them in the space provided below:



This ends the Administrator sections of the survey. Thank you very much for your participation!

Please note the Director of Care (DOC) is required to complete the following sections (Section J and K).

You may wish to save your responses and return to the survey if the DOC is not available at this time.

The survey will automatically save your responses up to the last time you click "next page". You will re-enter the survey at the page last saved however, you may go to previous pages completed if required.

In addition, you may also forward the e-mail invitation (we sent you-- containing the link for this survey) to the Director of Care/Director of Nursing where they will be able to open the survey (by clicking on the same link) and submit upon completion. When the DOC opens the survey, they will enter at the point left off by the Administrator

Finally, it is also possible to print off the Director of Care/Director of Nursing pages (Section J and K) of this survey, allowing the DOC to complete on paper (to be inputted on-line by either you (Administrator) or the Director of Care/Director of Nursing by re-entering the survey at a later time).

If you wish to print this section (or other parts of the survey), you can use the printing options on your web browser (print icon on the top of your toolbar). Please note you must print each page individually using this approach.

# Determinants of Quality in LTC Homes

## 26. Section J: Director of Care Information

1. What is your age range?

2. What is your sex?

Male

Female

3. What is your first (native) language?

English

French

Other (please specify)

4. In what country were you born?

Canada

United States

Other (please specify)

5. Director of Care/Director of Nursing Qualifications

How many years have you (Director of Care) worked   
in LTC?

How many years have you (Director of Care) worked   
as a Director of Care?

How many years have you been working as Director   
of Care at this LTC Home?

6. What is the highest degree the Director of Care holds?

High School

Baccalaureate

College

Masters (Business or Health  
Administration)

Other (please specify)

# Determinants of Quality in LTC Homes

## 27. Section K: Resources and Evidence-Based Practice: Use of Practice Guideline...

For each of the following clinical issues, an organization may have more than one practice guideline to address different aspects of an issue (e.g. for diabetes, guidelines may exist for diabetes education, foot complications, and/or glucose control). For the purposes of this question, mostly broad clinical issues are listed. A Home may claim to have a guideline in place if more than just one narrow aspect of the issue is covered by the guideline.

1. For each of the following clinical issues or conditions, to what extent are practice guidelines currently available for resident care within your LTC Home?

	Is in development	Is used in the care for only selected residents with this clinical issue	Is used in the care of most eligible residents with this clinical issue	Is expected to be used in the care of all eligible residents with this clinical issue	No practice guideline is available
Use of physical restraints	jn	jn	jn	jn	jn
Use of anti-psychotic drugs	jn	jn	jn	jn	jn
Behaviours	jn	jn	jn	jn	jn
Dementia	jn	jn	jn	jn	jn
Wound/Ulcer/Skin care	jn	jn	jn	jn	jn
Pain	jn	jn	jn	jn	jn
Falls	jn	jn	jn	jn	jn
Incontinence	jn	jn	jn	jn	jn
Respiratory infection	jn	jn	jn	jn	jn
Antibiotic resistant infection	jn	jn	jn	jn	jn
Delirium	jn	jn	jn	jn	jn
Depression	jn	jn	jn	jn	jn

# Determinants of Quality in LTC Homes

## 28. Section K: Quality Improvement in 4 Areas

The following section of questions refer to quality improvement in 4 areas of clinical care. These include: pressure ulcer prevention, falls prevention, resident response behaviours, and medication safety.

These 4 clinical areas were selected to address quality improvement because: 1) they are specific areas of clinical/bedside activity impacting the care of LTC Home residents, 2) literature reviews and stakeholder consultations support these as prominent issues, 3) these areas have specific evidence-based practice items around them.

Pressure Ulcer Care: The following questions will be related to pressure ulcer care

1. Does this Home have an active pressure ulcer prevention team/program?

Yes

No

# Determinants of Quality in LTC Homes

## 29. Section K: Pressure Ulcer Care Continued

1. Who participates always or nearly always in the pressure ulcer prevention team/program meetings?

- RN or RPN Staff
- Physician
- Dietician
- Enterostomal Therapist (ET)
- PSW Staff
- Director of Care/Director of Nursing
- Administrator
- Board Member
- Wound Care Nurse
- No Team/Program Meetings Occur

2. How frequently are pressure ulcer prevention team meetings held at your Home (please select the option that most closely matches your Home's)?

3. Which of the following activities are always or nearly always included in the prevention activities (Please check all that apply)?

- Risk Assessment
- Nutritional Assessment for all at-risk residents
- Repositioning Program
- Consultation with a Wound Specialist
- Specialized Mattress
- Other (please specify)

4. If you use risk assessment, please specify the Risk Assessment Scale used

- Braden
- Norton
- MDS
- No risk assessment scale is used
- Other (please specify)

5. If applicable, please specify how often residents at risk for pressure ulcer's are repositioned at your Home (e.g. every 4 hours):



## Determinants of Quality in LTC Homes

6. If applicable, please specify the type of specialized mattress used in this Home for prevention of pressure ulcers:

- Foam overlay
- High-specification mattress
- No specialized mattresses are used for pressure ulcer prevention
- Other (please specify)

# Determinants of Quality in LTC Homes

## 30. Section K: Quality Improvement Activities in 4 Areas (Falls Prevention)

### Falls Prevention

The following questions refer to Fall Prevention.

1. Does this Home have an active falls prevention team/program?

Yes

No

# Determinants of Quality in LTC Homes

## 31. Section K: Quality Improvement in 4 Areas (Fall Prevention)

1. Who participates always or nearly always in team/program meetings?

- RN or RPN Nursing staff
- Physician
- Dietician
- Pharmacist (including contract or consultant)
- PSW staff
- Director of Care/Director of Nursing
- Administrator
- Board Member
- Physiotherapist
- No team/program meetings occur

2. How frequently are fall prevention team meetings held at your Home (Please select the option that most closely matches your Home's)?

3. Which of the following activities are always or nearly always considered in the fall prevention activities? (Please check all that apply.)

- Risk Assessment
- Reactivation Program
- Medication Management
- Physical Restraint Use

# Determinants of Quality in LTC Homes

## 32. Section K: Quality Improvement Activities in 4 Areas (Responsive Behaviours...

1. Does this Home have an active prevention team or program for resident responsive behaviours?

Yes

No

# Determinants of Quality in LTC Homes

## 33. Section K: Quality Improvement Activities in 4 Areas (Resident Responsive Be...

1. Who participates always or nearly always in resident responsive behaviours team/program meetings?

- RN or RPN Staff
- Pharmacist (including contract or consultant)
- Dietician
- Director of Care/Director of Nursing
- PSW Staff
- Board Member
- Administrator
- No Team/Program Meetings Occur
- Physician

2. How frequently are resident responsive behaviours prevention team/program meetings held at your Home (please select the option that most closely matches your Home's)?

3. Which of the following activities are always or nearly always included in the resident responsive behaviours activities? (Please check all that apply)

- Client aggression management program
- An open, non-punitive violence reporting process
- An interdisciplinary team that examines root causes and implements changes in processes where there may be undesirable employee or resident risks
- Regular reporting and feedback to staff regarding incidents of violence

# Determinants of Quality in LTC Homes

## 34. Section K: Quality Improvement Activities in 4 Areas (Medication Safety)

1. Does this Home have an active medication safety team/program?

Yes

No

# Determinants of Quality in LTC Homes

## 35. Section K: Quality Improvement in 4 Key Areas (Medication Safety Continued)

1. Who participates always or nearly always in team/program medication safety meetings?

- RN or RPN Staff
- Pharmacist (including contract or consultation)
- Dietician
- Director of Care/Director of Nursing
- PSW Staff
- Board Member
- Administrator
- No Team/Program Meetings
- Physician

2. How frequently are medication safety team meetings held at your Home (Please select the option that most closely matches your Home's)?

3. Does this Home use a computer-generated or electronic Medication Administration Record (MAR) that shares a common database with the pharmacy system to guide and document medication administration?

- Yes       No

4. In which of the following instances do staff undertake a medication review that includes:

- i. Create the most complete and accurate list possible of all current medications for each resident - Best Possible Medication History (BPMH)
- ii. Compare the BPMH against physician's orders
- iii. Identify and bring any discrepancies to the attention of the physician and, if appropriate, make changes to the orders.

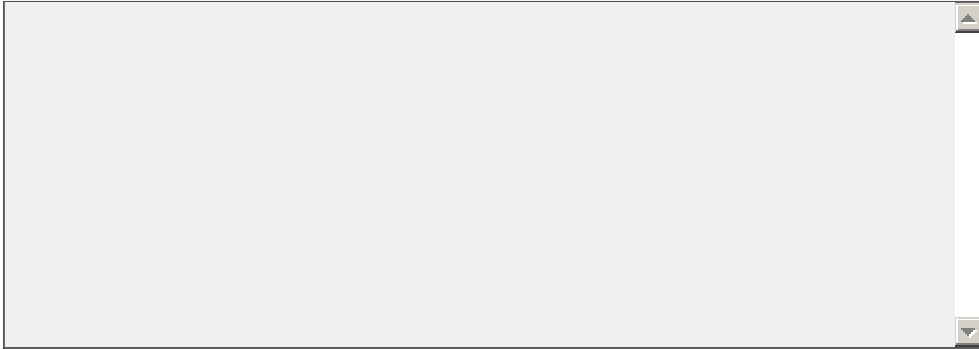
	Full review (all 3 items)	Partial review	No review
Initial admission from Acute Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission from Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission from other LTC Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly (Every 3 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return from Acute Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge to other LTC Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "Other" was selected, please specify:

# Determinants of Quality in LTC Homes

## 36. THANK YOU

1. As the Director of Care/Director of Nursing for this facility, if you have any additional comments on what activities your Home does to ensure and improve quality, please provide them in the space provided below:



Thank you for taking the time to complete this survey!

The information you provided is invaluable to this study's success!!

Please note, when you hit the "Completed!" button, the survey is complete and you may exit the website with your responses saved correctly.

THANK YOU!!!