Determinants of Quality in Ontario LTC Homes

Thank you for agreeing to participate in our project, "Determinants of Quality in Ontario LTC Homes", by completing this Director of Care survey. In this survey, we are gathering information on your staff's skills/competencies and your home’s QI activities.

Please note that it is possible to leave and re-enter the survey at any time to update/complete your responses using the provided unique survey link. If you choose to exit prior to completion, upon return, you will re-enter at the question after you last clicked the "Next" button. In order to complete the survey, you must hit the "Submit" button on the final page.

If you are the Director of Care/Director of Nursing for more than one Home, we would ask that you complete the survey once for each Home using the unique survey links provided for each respective Home.

This survey takes approximately 15-20 minutes of your time to complete. Thank you in advance for your participation!

1) **Name of your Long-Term Care (LTC) Home?**
Demographic Information

2) What is your age range?

□ Under 30 years
□ 30-34 years
□ 35-39 years
□ 40-44 years
□ 45-49 years
□ 50-54 years
□ 55-59 years
□ 60+ years

3) What is your gender?

□ Male
□ Female

4) How many years have you been working in LTC Homes?

__________________________________________ years

5) How many years have you been working as a LTC Director of Care/Director of Nursing?

__________________________________________ years

6) How many years have you been working as the LTC Director of Care/Director of Nursing of this LTC Home?

__________________________________________ years

7) What is the highest degree that you hold?

□ High/Secondary School
□ College
□ Undergraduate University Degree
□ Masters (Business or Health Administration)
□ Masters (Nursing)
□ Other (Please Specify): _________________
Work Activities

8) For each of the following care activities, what proportion (in percentage) is completed by Registered Nurses, Registered Practical Nurses, Personal Care Staff (Personal Support Workers, Health Care Aides, Nursing Aides, Nursing Attendants) and other staff? 

*Please note: Each row should add up to 100%.*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Registered Nurses (RN)</th>
<th>Registered Practical Nurses (RPN)</th>
<th>Personal Care Staff</th>
<th>Other Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case management/coordination (including assessment and planning)</td>
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<tr>
<td>Treatment for chronic and acute illness (excluding medication administration and personal care)</td>
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<tr>
<td>Medication administration</td>
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<tr>
<td>Personal care (assisting with, and supervision in the carrying out of activities of daily living (including feeding))</td>
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<tr>
<td>Communication with residents and their families</td>
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<td>Data entry</td>
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</table>

9) Has this LTC Home completed a Medication Safety Self-Assessment (MSSA) developed by the Institute for Safe Medication Practices Canada (ISMP Canada)?

- [ ] Yes
- [ ] No

10) Has this LTC Home taken any action based on the results of the MSSA?

- [ ] No
- [ ] Yes (please describe action taken).: ________________________________
11) 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

12) In each of the following instances, do staff undertake a medication review that includes:

<table>
<thead>
<tr>
<th></th>
<th>I. Create the most complete and accurate list possible of all current medications for each resident - Best Possible Medication History (BPMH)</th>
<th>II. Compare the BPMH against physician's orders</th>
<th>III. Identify and bring any discrepancies to the attention of the physician and, if appropriate, make changes to the orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial admission from acute care hospital or community</td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>Admission from other LTC home</td>
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<td>✗</td>
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<tr>
<td>Quarterly</td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>Readmission from acute care hospital</td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>Discharge</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
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</tbody>
</table>
**Staff Expected Skills and Competencies**

13) Please rate your Registered Nurses' (RN) skills/competencies, as they are described for your home, in each of the following resident care areas.

<table>
<thead>
<tr>
<th></th>
<th>Far Below Expected Skills or Competencies</th>
<th>Moderately Below Expected Skills or Competencies</th>
<th>Meets Expected Skills or Competencies</th>
<th>Moderately Above Expected Skills or Competencies</th>
<th>Far Above Expected Skills or Competencies</th>
<th>No Expected Skills or Competencies</th>
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</thead>
<tbody>
<tr>
<td>Abuse recognition and prevention</td>
<td>☐</td>
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<tr>
<td>Mental health issues, including caring for persons with dementia</td>
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<td>Behaviour management</td>
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<td>Pain management, including pain recognition of specific and non-specific signs of pain</td>
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<tr>
<td>Fall prevention and management</td>
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<tr>
<td>Continence care and bowel management</td>
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<tr>
<td>Skin and wound care</td>
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<td>Palliative care</td>
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</table>
14) Please rate your *Registered Practical Nurses' (RPN)* skills/competencies, as they are described for your home, in each of the following resident care areas.

<table>
<thead>
<tr>
<th>Category</th>
<th>Far Below Expected Skills or Competencies</th>
<th>Moderately Below Expected Skills or Competencies</th>
<th>Meets Expected Skills or Competencies</th>
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</table>
15) Please rate your personal care staff's (personal support workers, health care aides, nursing attendants and nursing aides) skills/competencies, as they are described for your home, in each of the following resident care areas.

<table>
<thead>
<tr>
<th>Area</th>
<th>Far Below Expected Skills or Competencies</th>
<th>Moderately Below Expected Skills or Competencies</th>
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</table>
16) Skills/competencies descriptions are incorporated into, or form the basis of (please select all that apply):

- □ Job postings/job descriptions
- □ Job interview questions
- □ Staff orientation sessions
- □ Staff training, learning and development activities
- □ Individual performance evaluations
Quality Improvement Initiatives

17) Does your LTC Home have an active QI initiative or program for the following topics? (Please select all that apply)

☐ Pressure Ulcers
☐ Falls
☐ Continence
☐ Consistent Assignment
☐ Emergency Department Utilization
☐ Resident Responsive Behaviours
☐ Medication Safety
☐ Other (Please list)

Pressure Ulcers

18) How many team members always or nearly always participate in the pressure ulcer prevention QI team/program meetings?

___________________________________________ number of team members

19) Who participates always or nearly always in the pressure ulcer prevention QI team/program meetings? (Please select all that apply)

☐ RN/RPN Staff
☐ Personal care staff (PSW, HCA, Nursing Attendants and Nursing Aides)
☐ Nurse Practitioner
☐ Clinical Nurse Specialist/Nurse Clinician
☐ Infection Control Practitioner
☐ Wound Care Nurse
☐ Physician
☐ Dietician
☐ Enterostomal Therapist
☐ Physiotherapist
☐ Occupational Therapist
☐ Pharmacist (including contract or consultant)
20) **How frequently are pressure ulcer prevention QI team/program meetings held at your Home?** (Please select the option the most closely matches your Home)

- Weekly
- Bi-Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- As needed
- No Team/Program Meetings

21) **Does your Home use Plan-Do-Study-Act (PDSA) cycles to test pressure ulcer prevention QI activities?**

- Never
- Rarely
- Sometimes
- Often
- Always
22) Which of the following activities are *always or nearly always* included in the pressure ulcer prevention activities? (Please select all that apply)

- [ ] Risk assessment using a tool that has been tested for validity and reliability (ex. InterRAI-PURS, Braden, Norton) on admission/readmission, quarterly and upon change in status

- [ ] Pressure-relieving mattresses or foam overlay

- [ ] Individualized repositioning program based on the individual's condition and the support surfaces used

- [ ] Nutritional assessment upon admission and change in status, and concomitant use of nutritional supports/supplements for nutritionally compromised individuals

- [ ] Use skin emollient for high-risk residents with dry skin

- [ ] Foam cleansing for high-risk residents requiring incontinence care

- [ ] Use of the Pressure Ulcer Scale for Healing (PUSH) tool or Bates-Jensen Wound Assessment Tool (BWAT), formerly known as the Pressure Sore Status Tool (PSST), to assess the progress of healing of existing pressure ulcers

- [ ] None of the above activities
Falls Prevention

23) How many team members *always or nearly always* participate in the falls prevention QI team/program meetings?

________________________________________________________________________ number of team members

24) Who participates *always or nearly always* in the falls prevention QI team/program meetings? (Please select all that apply)

☐ RN/RPN Staff
☐ Personal care staff (PSW, HCA, Nursing Attendants and Nursing Aides)
☐ Nurse Practitioner
☐ Clinical Nurse Specialist/Nurse Clinician
☐ Infection Control Practitioner
☐ Physician
☐ Dietician
☐ Physiotherapist
☐ Occupational Therapist
☐ Pharmacist (including contract or consultant)
☐ Director of Care/Director of Nursing
☐ Administrator
☐ Resident Council
☐ Family Council
☐ No Team/Program Meetings
☐ Other (Please list)

25) How frequently are falls prevention QI team/program meetings held at your Home? (Please select the option the most closely matches your Home)

☐ Weekly
☐ Bi-Weekly
☐ Monthly
☐ Quarterly
☐ Semi-Annually
☐ Annually
☐ As needed
☐ No Team/Program Meetings
26) **Does your Home use Plan-Do-Study-Act (PDSA) cycles to test falls prevention QI activities?**

- Never
- Rarely
- Sometimes
- Often
- Always

27) **Which of the following activities are *always or nearly always* included in the falls prevention activities? (Please select all that apply)**

- Risk assessment using a validated tool (ex. Morse Fall Scale or RAI-MDS) on admission, change of status and at regular intervals
- Screen for physical and functional status, osteoporosis, cognitive impairment and visual acuity
- Periodic medication review, in consultation with physician and pharmacist, to identify medication related falls risk (including polypharmacy and psychotropic medications)
- Strength and balance program
- Hip-protectors for residents identified at high risk of fractures associated with falls
- Environmental modifications (ex. lighting, trips hazards, bed height, floor mat, chair alarms etc.)
- Least restraints
- None of the above activities
Continence

28) How many team members *always or nearly always* participate in the continence promotion QI team/program meetings?

____________________________________________ number of team members

29) Who participates *always or nearly always* in the continence promotion QI team/program meetings? (Please select all that apply)

- □ RN/RPN Staff
- □ Personal care staff (PSW, HCA, Nursing Attendants and Nursing Aides)
- □ Nurse Practitioner
- □ Clinical Nurse Specialist/Nurse Clinician
- □ Infection Control Practitioner
- □ Physician
- □ Dietician
- □ Pharmacist (including contract or consultant)
- □ Director of Care/Director of Nursing
- □ Administrator
- □ Resident Council
- □ Family Council
- □ No Team/Program Meetings
- □ Other (Please list)

30) How frequently are continence promotion QI team/program meetings held at your Home? (Please select the option the most closely matches your Home)

- □ Weekly
- □ Bi-Weekly
- □ Monthly
- □ Quarterly
- □ Semi-Annually
- □ Annually
- □ As needed
- □ No Team/Program Meetings
31) Does your Home use Plan-Do-Study-Act (PDSA) cycles to test continence promotion QI activities?

□ Never
□ Rarely
□ Sometimes
□ Often
□ Always

32) Which of the following activities are always or nearly always included in the continence promotion activities? (Please select all that apply)

□ Assessment using RAI-MDS on admission/readmission, quarterly and change of status and supplementary assessments where appropriate

□ Medication review, in consultation with physician and pharmacist, to identify medication-related risk of incontinence

□ Initiate 3-day voiding record for residents with incontinence

□ Toilet routine/prompted voiding schedule based on residents needs

□ Kegel Exercises

□ Caffeine avoidance

□ None of the above activities
Consistent Assignment

33) How many team members *always or nearly always* participate in the consistent assignment QI promotion team/program meetings?

____________________________________________  number of team members

34) Who participates *always or nearly always* in the consistent assignment promotion QI team/program meetings? (Please select all that apply)

☐ RN/RPN Staff
☐ Personal care staff (PSW, HCA, Nursing Attendants and Nursing Aides)
☐ Nurse Practitioner
☐ Clinical Nurse Specialist/Nurse Clinician
☐ Infection Control Practitioner
☐ Physician
☐ Dietician
☐ Pharmacist (including contract or consultant)
☐ Director of Care/Director of Nursing
☐ Administrator
☐ Resident Council
☐ Family Council
☐ No Team/Program Meetings
☐ Other (Please list)

35) How frequently are consistent assignment promotion QI team/program meetings held at your Home? (Please select the option the most closely matches your Home)

☐ Weekly
☐ Bi-Weekly
☐ Monthly
☐ Quarterly
☐ Semi-Annually
☐ Annually
☐ As needed
☐ No Team/Program Meetings
36) Does your Home use Plan-Do-Study-Act (PDSA) cycles to test consistent assignment promotion QI activities?

☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

37) Which of the following activities are always or nearly always included in the consistent assignment promotion activities? (Please select all that apply)

☐ Communicate action plan to staff, residents and families for feedback
☐ Consider a mutual commitment to consistent assignment with collective bargaining units
☐ Develop or review policy in your LTC home to ensure it reflects changes related to consistent assignment
☐ Ensure nurse leaders are fair and equitable in the planning of consistent assignment based on relative needs to care for each resident
☐ Identify trends and patterns that influence staffing (resident population, resident home areas, shifts, holidays, etc.)
☐ None of the above activities
Emergency Department Utilization

38) How many team members *always or nearly always* participate in the emergency department utilization QI team/program meetings?

____________________________________________ number of team members

39) Who participates *always or nearly always* in the emergency department utilization QI team/program meetings? (Please select all that apply)

- RN/RPN Staff
- Personal care staff (PSW, HCA, Nursing Attendants and Nursing Aides)
- Nurse Practitioner
- Clinical Nurse Specialist/Nurse Clinician
- Infection Control Practitioner
- Physician
- Dietician
- Pharmacist (including contract or consultant)
- Director of Care/Director of Nursing
- Administrator
- Resident Council
- Family Council
- No Team/Program Meetings
- Other (Please list)

40) How frequently are emergency department utilization prevention QI team/program meetings held at your Home? (Please select the option the most closely matches your Home)

- Weekly
- Bi-Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- As needed
- No Team/Program Meetings
41) Does your Home use Plan-Do-Study-Act (PDSA) cycles to test emergency department utilization QI activities?

□ Never
□ Rarely
□ Sometimes
□ Often
□ Always

42) Which of the following activities are *always or nearly always* included in the emergency department utilization activities? (Please select all that apply)

□ Early recognition
□ Early treatment of a status change with insulin titration
□ Early treatment of CHF with fluid balance
□ Early treatment of dehydration with fluids
□ Early treatment of pneumonia and UTIs with antibiotics
□ Routine tests are arranged in-house
□ Protocol for clinical feedback
□ None of the above activities
Resident Responsive Behaviours

43) How many team members *always or nearly always* participate in the resident responsive behaviours QI team/program meetings?

____________________________________________ number of team members

44) Who participates *always or nearly always* in the resident responsive behaviours QI team/program meetings? (Please select all that apply)

☐ RN/RPN Staff
☐ Personal care staff (PSW, HCA, Nursing Attendants and Nursing Aides)
☐ Nurse Practitioner
☐ Clinical Nurse Specialist/Nurse Clinician
☐ Infection Control Practitioner
☐ Physician
☐ Dietician
☐ Pharmacist (including contract or consultant)
☐ Director of Care/Director of Nursing
☐ Administrator
☐ Resident Council
☐ Family Council
☐ Other (Please list)
☐ No Team/Program Meetings

45) How frequently are resident responsive behaviours QI team/program meetings held at your Home? (Please select the option the most closely matches your Home)

☐ Weekly
☐ Bi-Weekly
☐ Monthly
☐ Quarterly
☐ Semi-Annually
☐ Annually
☐ As needed
☐ No Team/Program Meetings
46) Does your Home use Plan-Do-Study-Act (PDSA) cycles to test resident responsive behaviours QI activities?

☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

47) Which of the following activities are *always or nearly always* included in the responsive behaviours QI activities? (Please select all that apply)

☐ On admission, assess and document behaviour history, risk, triggers, strategies
☐ Review all behaviour episodes in team huddle
☐ Reduce noise
☐ Create a standardized risk assessment algorithm for situations of escalating behaviour
☐ Regularly review behaviour patterns with the Dementia Observation System (DOS)
☐ Involve residents and families in care planning and give families a copy of the plan
☐ Obtain resident's life history
☐ Implement regular pain assessment and management processes
☐ Implement individualized toileting routines
☐ Optimize vision and hearing
☐ Avoid antipsychotics unless indication of psychotic condition
☐ Utilize communication best practices in dementia
☐ None of the above activities
Medication Safety

48) How many team members *always or nearly always* participate in the medication safety QI team/program meetings?

________________________________________________________________________ number of team members

49) Who participates *always or nearly always* in the medication safety QI team/program meetings? (Please select all that apply)

- [ ] RN/RPN Staff
- [ ] Personal care staff (PSW, HCA, Nursing Attendants and Nursing Aides)
- [ ] Nurse Practitioner
- [ ] Clinical Nurse Specialist/Nurse Clinician
- [ ] Infection Control Practitioner
- [ ] Physician
- [ ] Dietician
- [ ] Pharmacist (including contract or consultant)
- [ ] Director of Care/Director of Nursing
- [ ] Administrator
- [ ] Resident Council
- [ ] Family Council
- [ ] Other (Please list)
- [ ] No Team/Program Meetings

50) How frequently are medication safety QI team/program meetings held at your Home? (Please select the option the most closely matches your Home)

- [ ] Weekly
- [ ] Bi-Weekly
- [ ] Monthly
- [ ] Quarterly
- [ ] Semi-Annually
- [ ] Annually
- [ ] As needed
- [ ] No Team/Program Meetings
51) Does your Home use Plan-Do-Study-Act (PDSA) cycles to test medication safety QI activities?

☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

**LTC Homes Act**

52) What changes have been introduced in this LTC Home that relate to the new *LTC Homes Act*?

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**Residents First**

53) Is this Home participating in Health Quality Ontario's (formerly the Ontario Health Quality Council) *Residents First* program?

☐ Yes
☐ No

54) What changes have been introduced in this LTC Home that relate to Health Quality Ontario’s *Residents First* program?
Public Reporting

43) Did this home participate in Health Quality Ontario's voluntary Public Reporting program in 2010 and/or 2011?

☐ Yes
☐ No

44) What changes have been introduced in this LTC Home that relate to Health Quality Ontario's Public Reporting program?

Open Ended Questions on Quality Improvement

55) How does your Home work to improve quality?

56) If you have any additional comments, please include these in the space below.

Thank You!

Thank you for taking our survey. Your response is an important contribution to our understanding of quality and quality improvement in Ontario's LTC Homes.