

***Hospital Report 2007: Complex Continuing Care***  
**Patient and Family Satisfaction Technical Report**

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## Overview

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Between October 2006 and April 2007, thousands of Complex Continuing Care (CCC) patients and/or their families were surveyed regarding their satisfaction with the quality of care they or their relative received earlier that year. When a loved one is in a CCC setting for any length of time, their family often plays an integral role in the care and care planning processes. Directly measuring patient and family perspectives on the care they receive in CCC is fundamental to hospitals' understanding of how well they care for the chronically ill patient population. Patients in both freestanding CCC hospital beds and CCC unit beds within acute care hospitals, and their families, were surveyed.

It is important to acknowledge that hospitals can obtain client feedback in many ways, including patient and family councils, focus groups, and town-hall meetings. For this Report, however, only patient and family satisfaction surveys were used to gauge client perspectives and satisfaction.

Sex<sup>1</sup>-stratified data and analyses are provided at a hospital and aggregate levels (i.e. peer group and provincial) in the E-Scorecard.

## Methodology

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### Data Sources

Patient and family perspectives on the quality of care in CCC programs were obtained through separate surveys that were administered on behalf of hospitals by NRC+Picker Canada. The Long-Term Care Resident Evaluation Survey (LTCRES) and the Long-Term Care Family Survey, for patients and families respectively, have a 10-year history of development and refinement, based on research and field experience in four Canadian provinces. Details of the original development of these tools are documented in the research literature.

### French-Language Translation

The final English versions of the patient and family surveys were translated into French by translators at a Quebec research company, SOM Inc. The French versions were then back-translated by staff from NRC Picker Canada to confirm that question meaning was maintained. Fully bilingual interviewers were hired to conduct the interviews for patients who spoke French. The Patient and Family Survey questions are listed in Appendix A along with the French translation, the distribution of responses among the response options, and the scoring rules.

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<sup>1</sup> Sex is biological maleness and femaleness. Gender is made up of multiple dimensions, and reflects the interaction of sex with other economic, cultural, environmental, social characteristics (e.g., age, income, ethnicity, social support), as well as roles ascribed to the sexes, and relations between the sexes. Because of the limited availability of other gender-related variables in routinely collected hospital data, the analysis is limited to sex. Pursuing gender-based analysis is an important long-term goal.

## **Hospital Participation**

Twenty One (21) of the 106 Ontario hospital corporations providing complex continuing care participated in the CCC Patient and Family Satisfaction Surveys, enabling them to be included in the Patient and Family Satisfaction quadrant.

For some of the other hospital sectors, a hospital's participation in the patient satisfaction survey is required in order to participate in the report for the sector. However, due to the higher fixed costs of conducting patient interviews rather than mail surveys, and the small sample size at some hospitals, participation in this quadrant was not a prerequisite for participation in Hospital Report 2007: Complex Continuing Care.

## **Survey Process**

Data collection (surveying) took place between October 2006 and April 2007.

### **Patient Selection and Interview**

Complex continuing care patients and their corresponding most significant visitor/family member were eligible to participate in the interviews/surveys. The interview list generated for each participating hospital was a census of the patients in the CCC program approximately three to four weeks prior to the interviewing period. Patients were not pre-screened based on their cognitive or physical ability. The only patients excluded from the list of patients eligible to be interviewed were those in respite or palliative care.

Interviewers made up to three attempts to interview each patient. If a patient refused to be interviewed or, if the interview could not be completed after three attempts, a patient was not able to respond to the questions, or if the patient was too ill, then no data were collected. The patient was then counted as a non-responder. The interviewers, based on their training by NRC Picker Group Canada, made the judgment of whether or not the patient was capable of responding to the questions. In circumstances where a decision about a patient's capability was not clear to the interviewer, the interviewer consulted with the rest of the interview team at a daily meeting. If there was still any doubt, the NRC Picker Group Site Supervisor made the final decisions regarding patients' capability to participate.

### **Significant Visitor/Family Selection and Interview Process**

The Family Survey was sent to the person who visited the patient most frequently, as reported by the hospital, regardless of whether that person was an immediate family member, distant relative, or friend. The survey was not automatically sent to the next of kin or the substitute decision-maker, nor was it sent to paid companions or those with power of attorney who did not visit the hospital. The requirement that the person filling out the survey be the 'most frequent visitor' ensured that the respondent was familiar with the hospital and could answer the questions knowledgeably. Reminder letters were sent to these visitors approximately ten working days after the first mailing. Facilities also had the option of calling these visitors to encourage their participation.

### **Consent**

*a) Informing patients and families prior to the survey*

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The hospitals were instructed by the survey vendor (NRC+Picker Canada) to notify patients and family members about the Complex Continuing Care Evaluation Survey in the weeks prior to data collection. Hospitals may use posters, newsletters, meetings and/or any other means to inform patients and families about the upcoming survey.

### *b) Consent process at the time of the survey*

Verbal consent was obtained from the patient prior to starting an interview. Written consent was not required since many of the patients have physical limitations that preclude this. Interviewers were instructed to first approach the patient as a visitor. Once communication was established and the patient was comfortable, the patient was made aware of the purpose of the survey, selection criteria (random or census), type of questions in the survey, length of time to complete an interview, person overseeing the survey and data handling to ensure confidentiality. The patient was then asked whether he/she would like to be interviewed. If a patient said 'no' he/she was thanked for their time and the interview is not pursued. However, if the patient was interested in continuing, the interviewer either set up an appointment or proceeded with the interview, at the choice of the patient.

The first task was to create as much privacy as possible. Ideally, the patient was moved to a private room but this is not always possible. The interviewer did everything possible to establish privacy. Once privacy was established, the interviewer read the following statement of confidentiality and again asked the patient if he/she would like to participate. The following statement was also read to the patient:

“Statement of Confidentiality and Voluntary Participation:

The information you provide is completely confidential. Your name, your room number or your exact date of birth will not appear anywhere on this questionnaire. No one will know your individual answers. Your participation is completely voluntary; you do not have to proceed with this survey interview if you don't want to. Your care at (Facility name) will not be affected in any way, whether or not you decide to complete this interview. The main purpose of this questionnaire is to find out how (patients and) residents feel about living here to help (Facility name) provide the best possible care. Please don't hesitate to be totally honest about each question.

If, at any time, you want to stop, or you have something to say, please feel free to interrupt me. If there are certain questions you find difficult or don't feel comfortable answering, simply let me know.

Before we begin do you have any questions?”

With respect to the family survey, return of a completed survey was taken as implied consent for participation.

### **Confidentiality**

To ensure confidentiality, patients and significant visitor/family were assigned identification numbers and names were not recorded on the survey forms. To further ensure that confidentiality was maintained, results from the survey are only presented in summary form. Comments provided by patients and family members were examined so that any information that could identify patients, families or staff was removed prior to feeding the information back to the hospitals. Each family member/visitor received a survey, a letter from senior management (explaining the purpose of the survey and the name and phone number of the appropriate contact for their questions) and a postage-

paid return envelope addressed to NRC+Picker Canada. NRC+Picker Canada processed the outgoing and incoming mailings.

## **Data Quality and Completeness**

### **Selection and Training of Interviewers**

NRC+Picker Group Canada recruited interviewers from towns and cities across Ontario. Interviewers were selected based on previous experience working with an elderly population and ideally had university or college level clinical training. A two-day training session, and an orientation session at each facility was held for the interviewers. Three teams of interviewers were formed: one in Toronto, one in London and one in Ottawa. Interview teams were assigned to the participating hospitals and spent anywhere from two days to three weeks per site, depending on the number of patients to be interviewed. Interviewers were trained on proper procedures for conducting a standardized interview and they were given detailed instruction and skill building on how to communicate with people with differing levels of cognitive and physical functioning. Role playing and on-site experiences with patients were included in the training to ensure the interviewers had the necessary skills.

### **Interview Quality Assurance**

Several quality assurance processes were used to ensure the quality of the interviewing, including ongoing monitoring by a site supervisor and peer monitoring among the interviewers. Interview data were examined to ensure the response codes entered were legible and within the appropriate ranges and to ensure that skip patterns were followed.

### **Data Entry**

Survey data were entered into SPSS software using the SPSS data entry module.

## **Overall Response Rates**

### **Patient Interviews**

The sample or eligibility list was created from the census of patients in the hospital approximately three to four weeks prior to the start of interviewing. Complete or partial responses were obtained from 42.1% of the CCC patient census at participating hospitals (1088/2582).

Reasons for non-participation were: patient too ill or cognitively impaired to respond to the survey; patient had died or been transferred out of the facility between the time that the sample list was drawn up and the time that the interviewing took place; patient not found/available; language barrier (patient not able to speak/understand English or French); refusal and reason not specified. Among all patients who could possibly be expected to complete a survey (that is, excluding the patients who had died, or who were discharged or moved, or were too ill or cognitively impaired at the time of interview), the cooperation rate was 52.8% (1088/2060).

The patient response rate at individual hospitals ranged from 20% to 89%.

**Family Interviews**

Complete or partial responses were obtained from 1086 (48%) of the 2267 “most significant visitors” to whom surveys were mailed. The rest of the patients in the participating hospitals did not have “most significant visitors”/family members identified. Family survey response rates for individual hospitals ranged from 35% to 60%.

## Developing the Indicators

Each survey is divided into domains. The domains contain a series of questions that were logically and/or statistically grouped to enquire about patients' and family members' experience in each of the broad areas that had been identified as important during the survey development process. The Hospital Report indicators reflect these domains. The specific questions that are combined to create each indicator are listed in Appendix A.

### Calculating the Indicator Scores

The hospital-level indicators are calculated in three steps:

The raw item responses are converted to a dichotomous score indicating whether the response was "positive" or a "problem". Items were coded as not score-able or not valid if the data was missing or had "Don't Know" or "Not Applicable" as a response.

For each individual respondent, the proportion (percentage) of positive responses among the items in each indicator domain was calculated. The domains are comprised of conceptually related survey items. An individual had to have provided valid, score-able responses to a minimum number of questions in a domain in order for a domain score to be calculated for that individual (see below for details).

A hospital's indicator score was calculated by taking the mean of individuals' scores for the relevant domain among respondents at that hospital.

In general, when scale or index totals based on survey data are calculated, data are only included from respondents who provide valid data for all items in the scale or index. However, due to the relatively small number of CCC patients (and thus small survey sample size) at many of the participating hospitals it was important to be able to use data from as many respondents as possible. In order to conserve data and maximize the number of individual respondents contributing to each hospital indicator score, each individual's domain score was calculated based on the number of questions in the domain for which he/she had provided a valid (score-able) response. However, as a data quality standard, and to ensure greater stability in the calculation of the indicator scores, a minimum level of completeness in responses was required. To be included in the calculation of a patient satisfaction indicator, respondents had to have provided valid score-able responses (that could be classified as "positive" or "not positive") to more than half of the items in the domain. For the Family Survey, respondents had to have provided valid responses to more than 75% of the items in a domain to be included in calculation of a family satisfaction indicator. The only exceptions to these minimums were in the scoring of two indicators from the Family Survey: (1) for the Patient Care and Services domain, six out of ten questions needed to be score-able and (2) for the Global domain, all five questions had to have score-able responses.

With respect to the Global indicator, analyses using the earlier data from Hospital Report 2005 as shown that the difference in the average hospital score when the Family Global indicator was calculated with five versus four score-able questions was larger than was seen for any other indicator and there was a definite bias towards lower scores when only four questions were used. Therefore, we required that all five questions in this domain be score-able in order for the patient to be included in the indicator calculation. The issue concerning the Activities indicator, from the Patient Survey, is elaborated in

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the next sub-section on some differences between NRC+Picker and Hospital Report methodology for indicator calculation.

<b>Survey Domain (Number of questions in the domain)</b>	<b>Number of questions required to be score-able</b>
<b>Patient Survey</b>	
Living Environment (9)	5
Food (8)	5
Activity (10)	6
Staff (8)	5
Dignity (6)	4
Autonomy (9)	5
Medical Care and Treat. (5)	3
<b>Family Survey</b>	
Global (5)	5
Environment (4)	3
Communication (8)	6
Care and Services (10)	6
Activities (2)	2

### **Differences between NRC+Picker and Hospital Report indicator calculation methods**

The score for the indicators reported in Hospital Report may differ from those distributed to hospitals directly by NRC+Picker Canada (formerly Smaller World Communications Inc.) due to differences in the scoring methodology. NRC+Picker Canada includes data from all respondents in their calculations rather than require that individuals provide responses to a minimum number of score-able items in order for their data to be included in an indicator score calculation.

There are also other slight differences between how NRC+Picker Group calculated the indicators and how they were calculated for Hospital Report 2007: Complex Continuing Care. For the Global Quality indicator from the Family Survey we included the item "Would you recommend this facility to family or friend?" (NRC# 16706), whereas this is not included in this indicator as calculated by NRC+Picker Group

### **Psychometric Properties of the Indicators**

#### **Patient Survey Indicator Reliability**

Psychometric results in this section are the same as those presented in previous CCC Patient and Family Satisfaction Technical Summaries. As these were the results that were used to build the current indicators, they are included for historical purposes, and do not need to be updated using the most current cuts of data.

The following table summarizes each of the patient satisfaction indicators, including the number of questions in each domain, the average correlation between the items in each domain and the Cronbach's alpha for estimating reliability.

Indicator	Number of Questions	Average Inter-Item Correlation	Cronbach's Alpha
Living Environment	9	0.206	0.706
Food	8	0.295	0.774
Activities	10	0.282	0.795
Staff	8	0.423	0.852
Dignity	6	0.351	0.774
Autonomy	9	0.251	0.750
Medical Care and Services	5	0.350	0.714

The average inter-item correlations in all except the Staff and Medical Care and Services indicators are relatively low. These low inter-item correlations are expected due to the fact that the survey questions were designed to each capture discrete elements of care that are important to patients and upon which continuing care facilities can intervene. The survey domains were not designed as scales, where the individual items are all intended to capture elements of the same construct. The grouping of items into domains (and thus, indicators) was based more on their conceptual relationships than on evidence from formal statistical methods for scale definition (factor analysis).

#### **Family Survey Indicator Reliability**

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The following table summarizes for each of the family satisfaction indicators, the number of questions within each domain, the average correlation between the items of each domain, and the Cronbach's Alpha for estimating reliability.

Indicator	Number of Questions	Average Inter-Item Correlation	Cronbach's Alpha
Global Quality	5	0.577	0.830
Living Environment	4	0.379	0.706
Communication with Staff	8	0.413	0.827
Patient Care and Services	10	0.494	0.904
Activities	2	0.733	0.846

### Correlation of Indicator Domain Scores (at individual respondent level)

The relationship among the indicators is revealed through an analysis of the correlation between the different indicator domain scores. Individual respondents' domain scores were correlated among all bivariate combinations of indicators (separately for the patient and family indicators). There were only weak to moderate correlations among the Patient Survey indicators, indicating that the various indicators are tapping into fairly discrete domains of the patient experience. For the Family Survey, there were strong correlations among the Global, Communication, and Patient Care and Services domains and only weak to moderate correlation of those domains to the Environment or the Activities domains. These latter two were also only weakly correlated with each other. These correlations among the indicator domains are shown in the correlation matrix tables on the next page. The short-form names of the indicator domains (as they appear in the correlation matrix tables) are:

Patient Survey:		Family Survey:	
Short-form name	Indicator Domain	Short-form name	Indicator Domain
Envir5	Living Environment	FGlob5	Global
Food5	Food and Food Services	FEnvir3	Living Environment
Activ6	Activities	FCare6	Care and Services
Staff5	Staff	FCom7	Communication with Staff
Dign5	Dignity	FAct2	Activities
Auton6	Autonomy		
Treat3	Medical Care and Treatment		

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Correlation of Indicator Domain Scores (at individual respondent level): Patient Survey

		envir5	food5	activ6	staff5	dign4	auton5	treat3
envir5	Pearson Correlation	1	.526(**)	.432(**)	.555(**)	.575(**)	.445(**)	.371(**)
	Sig. (2-tailed)	.	.000	.000	.000	.000	.000	.000
	N	1653	1525	1014	1537	1531	1501	1489
food5	Pearson Correlation	.526(**)	1	.454(**)	.500(**)	.467(**)	.380(**)	.364(**)
	Sig. (2-tailed)	.000	.	.000	.000	.000	.000	.000
	N	1525	1531	962	1443	1440	1411	1401
activ6	Pearson Correlation	.432(**)	.454(**)	1	.530(**)	.442(**)	.461(**)	.425(**)
	Sig. (2-tailed)	.000	.000	.	.000	.000	.000	.000
	N	1014	962	1015	997	989	978	970
staff5	Pearson Correlation	.555(**)	.500(**)	.530(**)	1	.731(**)	.611(**)	.557(**)
	Sig. (2-tailed)	.000	.000	.000	.	.000	.000	.000
	N	1537	1443	997	1540	1499	1476	1467
dign4	Pearson Correlation	.575(**)	.467(**)	.442(**)	.731(**)	1	.579(**)	.483(**)
	Sig. (2-tailed)	.000	.000	.000	.000	.	.000	.000
	N	1531	1440	989	1499	1535	1482	1469
auton5	Pearson Correlation	.445(**)	.380(**)	.461(**)	.611(**)	.579(**)	1	.501(**)
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.	.000
	N	1501	1411	978	1476	1482	1504	1461
treat3	Pearson Correlation	.371(**)	.364(**)	.425(**)	.557(**)	.483(**)	.501(**)	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.
	N	1489	1401	970	1467	1469	1461	1493

\*\* Correlation is significant at the 0.01 level (2-tailed).

† The scores being correlated in the above tables are the percentage of items in the indicator domains for which individual patients gave a “positive” response. That is, the correlation is between individual respondents’ scores in the different domains. Pairwise deletion was used.

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### Correlation of Indicator Domain Scores (at individual respondent level): Family Survey

		fglob5	fenv3	fcom7	fcare8	fact2
fglob5	Pearson Correlation	1	.429(**)	.706(**)	.836(**)	.341(**)
	Sig. (2-tailed)	.	.000	.000	.000	.000
	N	1229	1205	1143	1170	978
fenv3	Pearson Correlation	.429(**)	1	.457(**)	.472(**)	.418(**)
	Sig. (2-tailed)	.000	.	.000	.000	.000
	N	1205	1412	1304	1306	1109
fcom7	Pearson Correlation	.706(**)	.457(**)	1	.773(**)	.364(**)
	Sig. (2-tailed)	.000	.000	.	.000	.000
	N	1143	1304	1329	1254	1042
fcare8	Pearson Correlation	.836(**)	.472(**)	.773(**)	1	.344(**)
	Sig. (2-tailed)	.000	.000	.000	.	.000
	N	1170	1306	1254	1334	1062
fact2	Pearson Correlation	.341(**)	.418(**)	.364(**)	.344(**)	1
	Sig. (2-tailed)	.000	.000	.000	.000	.
	N	978	1109	1042	1062	1125

\*\* Correlation is significant at the 0.01 level (2-tailed).

† The scores being correlated in the above tables are the percentage of items in the indicator domains for which individual patients gave a “positive” response. That is, the correlation is between individual respondents’ scores in the different domains. Pairwise deletion was used.

## Assessing Relative Performance

In Hospital Report 2007, shading designated whether a hospital’s performance on each indicator was above average, average or below average. Hospitals had to have a minimum of 30 valid responses for an indicator in order to be included in the performance allocation exercise for that indicator. The number of hospitals with sufficient sample size to be included varied from 8 to 12, depending on the indicator. The following describes the method for assigning hospitals into their relative performance groupings.

For the patient and family satisfaction indicators, two criteria were used to assess each hospital’s performance. First, a determination was made of whether or not the hospital’s indicator value was statistically different from the mean of hospital indicator scores (the ‘provincial performance target’), calculated using only the indicator scores belonging to the hospitals that passed the volume screen (30 valid responses) to have their score displayed in the Executive Summary. The finding that a hospital’s indicator value was statistically higher than the ‘target’ was sufficient to assign the hospital to the above average performance category. However, the criterion of statistical difference alone was considered insufficient when designating hospitals as having below average

performance. The calculation of statistical significance relies heavily on sample size, and hospitals in this project had dramatically different sample sizes. For example, hospitals' sample sizes ranged from 44 to 172 for the "Medical Care and Treatment" indicator on the patient survey and from 32 to 173 for the "Living Environment" indicator on the family survey. Given equal-sized differences from the average indicator value, a hospital with a larger sample size is more likely to be found significantly different from the average. Therefore, in order not to "penalize" hospitals from which larger samples of data were available, a second criterion, described below, was used for assigning hospitals to the below average performance category.

**Procedure for Determination of a Hospital's Performance Category**

1. To determine if a hospital's indicator value was significantly different than the Provincial Performance Target, a 95% confidence interval was constructed using the hospital's indicator value, number of patients (survey respondents) included in the indicator calculation, and the standard deviation.
2. If the lower end of the confidence interval was above the provincial target, the hospital was said to have a significantly above-average performance.
3. If the upper end of the confidence interval was below the provincial target, the hospital was considered to have a potentially lower than average score.
4. To get a below average designation, however, the upper end of a hospital's confidence interval had to be below the provincial target (that is step 3), and the hospital's indicator value had to be lower than that of all hospitals for which the indicator value was not statistically discernible from the provincial target (the low performance cut-point).

Low Performance Cut-points used in Assigning Hospitals to Below Average Performance Rating Patient Satisfaction Response Options and Distributions by Domain

Family Survey Indicators Low cut-point		Patient Survey Indicators Low cut-point	
Global	77.2881	All Indicator Questions	67.9705
Living Environment	54.9479	Living Environment	66.3645
Communication with Staff	74.9741	Food and Food Services	69.7056
Patient Care and Services	72.4563	Staff	60.5820
Activities	50.0000	Activities	67.9167
		Dignity	72.2637
		Autonomy	64.1901
		Medical Care and Treatment	78.8542

## Reporting Results by Sex

The indicator quantifying the difference between rates for women and men [i.e. (F-M)] is the value of the difference between women and men - or a value for "equity". The E-scorecard will include hospital-level means by sex for each indicator, as well as the sex difference values [i.e. (F-M)] and an indication of the direction (i.e.  $F > M$  or  $M > F$ ) and the statistical significance of these values.

In terms of interpretation, if this value [i.e. (F-M)] is negative, males have higher scores than females; if this value is positive, females have higher scores than males. A value of "0" is used as the benchmark as it represents true equity between women and men. Furthermore, if a hospital's 95% confidence interval around their specific value of the difference between women and men for a given indicator includes zero, then the hospital is said to have no statistically significant sex difference for that indicator (which is preferred). If a hospital's 95% confidence interval around their specific value of the difference between women and men for a given indicator does not include zero and is negative, then the hospital is said to have unequal (i.e.  $M > F$ ) performance or a statistically significant sex difference, in which males have a higher score than females. If a hospital's 95% confidence interval around their specific value of the difference between women and men for a given indicator does not include zero and is positive, then the hospital is said to have unequal ( $F > M$ ) performance or a statistically significant sex difference, in which females have a significantly higher score than males. As "equity" is the most desirable finding, hospitals with no statistically significant sex difference values are appear on the e-scorecard shaded in green, indicating a desirable sex difference performance allocation. Those with significant sex differences are shaded in red, indicating an undesirable sex difference performance allocation.

Hospital-level means by sex, and sex difference values are not calculated for any hospital that has fewer than 5 male, or fewer than 5 female valid scores. Sex difference values are not assigned a performance allocation and colour code (green or red) if the hospital did not pass the 30-case volume screen to have their data displayed and subject to performance allocation in the Executive Summary.

Appendix A: Patient and Family Survey Questions, Response Options, Response Distributions, and Scoring Rule

**Patient Satisfaction Response Options and Distribution by Domain**

**Living Environment**

NRC Number	Questionnaire Item	Response Options	Scoring
16585	Is this a comfortable place to live? Est-ce un endroit confortable pour vivre?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16586	Do you have enough privacy? Avez-vous assez de moments de vie privée?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16587	Are your personal belongings safe here? Est-ce que vos effets personnels sont en sécurité ici?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16588	Is the residence clean and tidy? Est-ce que la résidence est propre et bien rangée?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Positive Problem Not Scored Not Scored
16589	Is your room how you would like it to be? Est-ce que votre chambre est comme vous aimeriez qu'elle soit?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16590	Is it possible that you could hurt yourself and a staff member would not know? Est-il possible que vous vous blessiez sans qu'un membre du personnel s'en aperçoive?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Problem Problem Positive Not Scored Not Scored
16591	Does the noise around here bother you? Est-ce que le bruit ambiant vous dérange?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Problem Problem Positive Not Scored Not Scored

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16592	Does this place need fixing up? (For example, repairs, decorating, or painting?) Est-ce que l'endroit a besoin de rénovations?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Problem Problem Positive Not Scored Not Scored
16593	Does the smell around here bother you? Est-ce que l'odeur alentour d'ici vous dérange?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Problem Problem Positive Not Scored Not Scored

### Food and Food Services Activities

NRC Number	Questionnaire Item	Response Options	Scoring
16594	Are there enough different kinds of food to choose from? Y a-t-il une variété suffisante d'aliments parmi lesquels vous pouvez choisir?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16595	Can you get the type of foods you like to eat? Pouvez-vous obtenir le type de nourriture que vous aimez manger?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16596	Is the taste of the food o.k.? Est-ce que le goût de la nourriture est correct?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16597	Is the temperature of the food o.k.? Est-ce que la température de la nourriture est correcte?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16598	Are you given the right amount of food? Est-ce qu'on vous donne la bonne quantité de nourriture?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16599	When you are hungry is food available? Quand vous avez faim, y a-t-il de la nourriture disponible?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

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16600	Do you get help to eat when you need it? Recevez-vous de l'aide pour manger quand vous en avez besoin?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16601	Are you given enough time to eat? Est-ce qu'on vous donne assez de temps pour manger?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

### Activity

NRC Number	Questionnaire Item	Response Options	Scoring
16603	Are you told about what activities are available? Vous dit-on quelles activités sont disponibles?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16604	Do you participate in the activities here? Participez-vous aux activités offertes ici?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16605	Is there enough opportunity for you to do personal activities such as reading, watching TV, writing letters, visiting with family, etc.? Avez-vous suffisamment d'occasions de faire des activités personnelles comme lire, regarder la télévision, écrire des lettres, visiter la famille, etc.?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16606	Are there enough trips and outings? Y a-t-il suffisamment de voyages et de sorties?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16607	Is there enough entertainment? Y a-t-il suffisamment de divertissements?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

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16608	Are there enough games offered? Y a-t-il suffisamment de jeux offerts?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16609	Are there enough activities for you that use your mind? Y a-t-il suffisamment d'activités pour vous qui stimulent votre esprit?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16610	Are there enough activities for you on the unit? Y a-t-il suffisamment d'activités pour vous dans votre unité de soin?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16611	Are activities offered at the right time for you? Les activités sont-elles offertes au bon moment pour vous?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16612	Do you get the help you need with activities? Avez-vous l'aide dont vous avez besoin pour les activités?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

### Staff

NRC Number	Questionnaire Item	Response Options	Scoring
16613	Do the staff show you that they care about you? Est-ce que le personnel vous démontre qu'il se préoccupe de vous?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16614	Do the staff respect your wishes? Est-ce que le personnel respecte vos désirs?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

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16615	Do the staff try to understand what you're feeling? Est-ce que le personnel essaie de comprendre ce que vous ressentez?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16616	Do the staff help you when you need it? Est-ce que le personnel vous aide lorsque vous en avez besoin?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16618	When the staff come to your room, do they tell you what they have come for? Lorsqu'un membre du personnel vient dans votre chambre, est-ce qu'il vous dit pourquoi il y est venu?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16619	Are the staff skilled and knowledgeable? Est-ce que le personnel est qualifié et s'y connaît?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16620	Do the staff answer promptly when you call? Est-ce que le personnel répond rapidement lorsque vous appelez?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16621	Do the staff involve you in decisions about your care? Est-ce que le personnel vous implique dans les décisions relatives à vos soins?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

### Dignity

NRC Number	Questionnaire Item	Response Options	Scoring
16622	Do the staff call you by name? Est-ce que le personnel vous appelle par votre nom?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

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16624	Is your personal and physical privacy respected? Est-ce votre intimité physique et personnelle est respectée?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16627	Do the staff ever make you feel like you are a burden? Est-il déjà arrivé que le personnel fasse en sorte que vous vous sentiez comme un fardeau?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Problem Problem Positive Not Scored Not Scored
16628	Do the staff ever take advantage of you? Est-ce que le personnel a déjà profité de vous?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Problem Problem Positive Not Scored Not Scored
16629	Do you ever feel ignored by staff? Vous êtes-vous déjà senti ignoré par le personnel	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Problem Problem Positive Not Scored Not Scored
16630	Are you treated the way you want to be treated? Êtes-vous traité de la façon dont vous voulez être traité	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

### Autonomy

NRC Number	Questionnaire Item	Response Options	Scoring
16631	Are you encouraged to participate in decisions about your care? Vous encourage-t-on à participer aux décisions relatives à vos soins?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16632	Do YOU decide what you are going to do each day? Est-ce VOUS qui décidez ce que vous allez faire chaque jour?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16633	Do you feel you can express your feelings and opinions around here? Avez-vous l'impression que vous pouvez exprimer vos sentiments et vos opinions ici?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

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16635	Are you free to come and go as you please? Êtes-vous libre d'aller et venir comme il vous plaît?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16636	Are you ever forced to do things that you don't want to do? Arrive-t-il que l'on vous force à faire des choses que vous ne voulez pas faire?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Problem Problem Positive Not Scored Not Scored
16637	Will staff get back at you if you say/do something they don't like? Est-ce que le personnel va vous revenir si vous dites ou faites des choses qu'il n'aime pas?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Problem Problem Positive Not Scored Not Scored
16639	Can you choose when to have your bath or shower? Pouvez-vous choisir quand prendre votre bain ou votre douche?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16640	Are you free to make your own choices? Avez-vous suffisamment de liberté pour faire vos propres choix?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16643	Are your spiritual or religious needs met here? Vos besoins spirituels ou religieux sont-ils satisfaits ici?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

### Medical Care and Treatment

NRC Number	Questionnaire Item	Response Options	Scoring
16644	Are you helped if you are in pain or uncomfortable? Est-ce qu'on vous aide si vous avez des douleurs ou si vous êtes inconfortable?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16645	Can you talk to a doctor when you need to? Pouvez-vous parler à un docteur quand vous en avez besoin?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

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16646	Do you receive the treatments and medication you need? Recevez-vous les traitements et médicaments dont vous avez besoin?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16647	If you are not feeling well, do you get the medical help you need? Si vous ne vous sentez pas bien, recevez-vous l'aide médicale nécessaire?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16648	Do you receive therapy if you need it? Recevez-vous de la thérapie si vous en avez besoin?	1 Yes 2 Sometimes 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

[These overall quality rating questions were not used in a Hospital Report indicator]

NRC Number	Questionnaire Item	Response Options	Scoring
16649	[This item not used in a Hospital Report indicator] If long term care were needed for another family member or friend, would you recommend this facility? Si des soins à long terme devenaient nécessaires pour un autre membre de votre famille ou un ami, recommanderiez-vous cet établissement?	1 Yes 2 No 3 Maybe 89 Not applicable 79 Don't Know Missing	Positive Problem Problem Not Scored Not Scored
16650	[This item not used in a Hospital Report indicator] Overall, how would you rate the quality of care and services you receive here? Globalement, comment évaluez-vous la qualité des soins et services que vous recevez ici?	1 Terrible 2 Poor 3 Fair 4 Good 5 Excellent 89 Not applicable 79 Don't Know Missing	Problem Problem Problem Positive Positive Not Scored Not Scored

**Family Satisfaction Response Options and Distribution by Domain****Global Quality**

NRC Number	Questionnaire Item	Response Options	Scoring
16702	How would you rate the facility at taking care of your family member's needs? Comment évaluez-vous l'établissement en ce qui a trait à la façon dont il s'occupe des besoins du membre de votre famille	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16703	How would you rate the facility at maintaining your family member's dignity? Comment évaluez-vous l'établissement en ce qui a trait au maintien de la dignité du membre de votre famille?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16704	How would you rate the staff at providing tender, loving care? Comment évaluez-vous le personnel quant à sa façon de donner des soins tendres et affectueux?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16705	Overall, how would you rate the quality of care and services provided? Globalement, comment évaluez-vous la qualité des soins et services dispensés?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16706	Would you recommend this facility to family or friend? Si ce type de soin était requis par un autre membre de votre famille ou un ami, recommanderiez-vous cet établissement?	1 Definitely not 2 Probably not 3 Probably 4 Definitely 89 Not applicable 79 Don't know Missing	Problem Problem Problem Positive Not Scored Not Scored

**Living Environment**

NRC Number	Questionnaire Item	Response Options	Scoring
16671	Does your family member's room meet his/her specific needs? Estce que la chambre du membre de votre famille répond à ses besoins spécifiques?	1 Yes 2 Somewhat 3 No 89 Not applicable 78 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16672	Does the layout of the facility meet your family member's needs? Estce que l'aménagement de l'établissement répond aux besoins du membre de votre famille?	1 Yes 2 Somewhat 3 No 89 Not applicable 78 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16673	Are you encouraged to bring your family member's personal things into the room? Vous incite-t-on à apporter des biens personnels du membre de votre famille dans sa chambre?	1 Yes 2 Somewhat 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16674	Is there a comfortable place for you to visit with your family member? Y a-t-il un endroit confortable où vous pouvez visiter le membre de votre famille?	1 Yes 2 Somewhat 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

**Communication with Staff**

NRC Number	Questionnaire Item	Response Options	Scoring
16677	How would you rate staff at keeping you informed about your family member? Comment évaluez-vous le personnel quant à la façon dont il vous tient informé au sujet du membre de votre famille?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16678	How would you rate staff at involving you in planning your family member's care? Comment évaluez-vous le personnel quant à sa façon de vous impliquer dans la planification des soins du membre de votre famille?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored

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16679	How would you rate the staff's politeness and courtesy towards you? Comment évaluez-vous le personnel relativement à sa politesse et sa courtoisie à votre égard?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16680	How would you rate staff at responding patiently to your questions and concerns? Comment évaluez-vous le personnel quant à sa patience pour répondre à vos questions et préoccupations?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16681	Do you feel welcome on the unit? Avez-vous l'impression d'être le(la) bienvenu(e) dans l'unité de soins?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16684	[This item not used in a Hospital Report indicator] How are the staff at appreciating your help? Comment le personnel est-il dans son appréciation de votre aide?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16685	How would you rate your relationship with the staff? Comment évaluez-vous votre relation avec le personnel?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16693	Do the staff follow up with your requests? Est-ce que le personnel donne suite à vos demandes?	1 Yes 2 Somewhat 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16696	Do you know who to talk to in order to get information about your family member? Savez-vous à qui vous adresser pour obtenir de l'information concernant le membre de votre famille?	1 Yes 2 Somewhat 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

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**Care and Services**

NRC Number	Questionnaire Item	Response Options	Scoring
16686	How would you rate the facility at keeping track of your family member's personal belongings? Comment évaluez-vous l'établissement quant à la façon dont on y garde trace des effets personnels du membre de votre famille?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16687	How would you rate the hygiene and cleanliness of the way things are done around here? Comment évaluez-vous l'hygiène et la propreté de la façon dont on fait les choses ici?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16688	How would you rate the facility at providing you with a way to deal with concerns or complaints you have? Comment évaluez-vous l'établissement quant à sa façon de prendre en compte vos préoccupations ou plaintes?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16689	How is your comfort level with knowing that your family member is well taken care of when you are not there? Quel est votre niveau de confort quant à l'assurance que vous avez qu'on prend bien soin du membre de votre famille lorsque vous n'êtes pas là?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16690	How would you rate the staff at putting residents' needs first? Comment évaluez-vous le personnel pour faire passer les besoins des résidents en premier?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16691	How would you rate staff at knowing what your family member's care requirements are? Comment évaluez-vous le personnel quant à sa connaissance des soins requis par le membre de votre famille?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored

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16692	How would you rate the quality of medical/physician care? Comment évaluez-vous la qualité des soins médicaux?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16699	It is important to treat all residents with respect, to be patient with them, and address them in an appropriate manner. How would you rate the facility in these areas? Il est important de traiter tous les résidents avec respect, d'être patient avec eux et de s'adresser à eux de façon appropriée. Comment évaluez-vous l'établissement sur ces dimensions?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored
16700 3	It is important that residents are treated according to their specific needs, are encouraged to be independent, are offered appropriate activities and that the proper amount of time is taken to feed them. How would you rate the facility at providing this type of individualized care to your family member? Il est important que les résidents soient traités selon leurs besoins spécifiques, qu'ils soient encouragés à être indépendants, qu'on leur offre des activités appropriées et qu'on leur consacre tout le temps nécessaire pour les alimenter. Comment évaluez-vous l'établissement quant à la façon dont il fournit ce type de soins personnalisés au membre de votre famille?	1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing	Problem Problem Positive Positive Positive Not Scored Not Scored

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16701 2	<p>In order to maintain resident dignity, certain care processes must take These include such things as keeping residents changed and clean and prepared for the day, toileting them when needed, ensuring they get the help they need to eat and ensuring residents are kept physically comfortable. How would you rate staff at looking after these things for your family member? Pour maintenir la dignité des résidents, on doit leur administrer certains soins. Ceci peut inclure des choses telles que maintenir les résidents propres et changés et les préparer pour la journée, les aider à aller aux toilettes lorsque nécessaire, s'assurer qu'ils ont l'aide requise pour manger et s'assurer que les résidents sont toujours confortables physiquement. Comment évaluezvous le personnel quant à ces aspects, pour le membre de votre famille?</p>	<p>1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent 89 Not applicable 79 Don't know Missing</p>	<p>Problem Problem Positive Positive Positive Not Scored Not Scored</p>
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### Activities

NRC Number	Questionnaire Item	Response Options	Scoring
16675	Do you feel there are enough activities for your family member? Avez-vous l'impression qu'il y a suffisamment d'activités pour le membre de votre famille?	<p>1 Yes 2 Somewhat 3 No 89 Not applicable 79 Don't know Missing</p>	<p>Positive Problem Problem Not Scored Not Scored</p>
16676	Do you feel there is enough entertainment? Avez-vous l'impression qu'il y a suffisamment de divertissements?	<p>1 Yes 2 Somewhat 3 No 89 Not applicable 79 Don't know Missing</p>	<p>Positive Problem Problem Not Scored Not Scored</p>

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Assistance with Eating [Not used in Hospital Report due to extent of non score-able data in these items]

NRC Number	Questionnaire Item	Response Options	Scoring
16694	[This item not used in a Hospital Report indicator] Do you feel the facility has enough staff to look after resident needs? Avez-vous l'impression que l'établissement a suffisamment de personnel pour répondre aux besoins des résidents?	1 Yes 2 Somewhat 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16697	[This item not used in a Hospital Report indicator] Does your family member receive the help he/she needs to eat? Est-ce que le membre de votre famille reçoit l'aide dont il ou elle a besoin pour manger?	1 Yes 2 Somewhat 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored
16695	[This item not used in a Hospital Report indicator] Do the staff take the proper amount of time to feed your family member? Est-ce que le personnel prend tout le temps nécessaire pour nourrir le membre de votre famille?	1 Yes 2 Somewhat 3 No 89 Not applicable 79 Don't know Missing	Positive Problem Problem Not Scored Not Scored

1. Norton PG, van Maris B, Soberman L, Murray M. (1996). Satisfaction of residents and families in long termcare: I. Construction and application of a tool. *Quality Measurement in Health Care*, 4(3): 38-46
2. van Maris B, Soberman L, Murray M, Norton PG. (1996). Satisfaction of residents and families in long term care: II. Lessonslearned. *Quality Measurement in Health Care*, 4(3): 47-53
3. Soberman L, Murray M, Norton PG, van Maris B. (2000). The domains of satisfaction in long-term care. In *Satisfaction Surveys in Long-term Care*. (Cohen-MansfieldJ, Ejaz FK and Werner P, eds.) Springer Publ. Co. New York.