

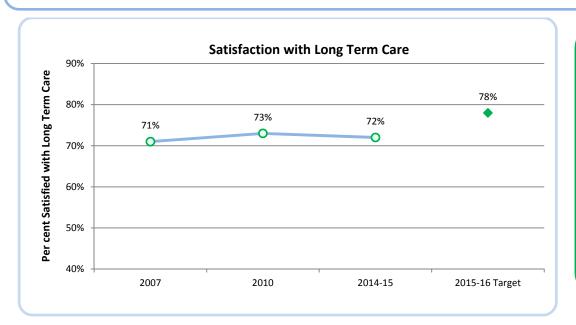
Satisfaction with Long-Term Care

Measure Definition

This measures the percentage of families of long-term care residents who rate their overall care as 8, 9 or 10 out of 10, where zero is the lowest level of satisfaction possible and 10 is the best. Information for this measure is collected through a survey of family members whose relative is a resident in long-term care.

Understanding this Measure

Measuring family satisfaction with the care that is being delivered to residents is an important component of managing the quality of Alberta's long-term care services. The survey is administered by the Health Quality Council of Alberta every two – three years.



How Do We Compare?

Comparable national data is not available for this measure.

Satisfaction with Long-Term Care	2007	2010	2014-15	2015-16 Target
Provincial	71%	73%	72%	78%
South Zone	80%	80%	80%	81%
Calgary Zone	65%	70%	70%	76%
Central Zone	78%	80%	77%	81%
Edmonton Zone	67%	70%	70%	76%
North Zone	80%	82%	76%	83%



Satisfaction with Long-Term Care – Actions

Provincial/ Strategic Clinical Network (SCN)	 SCNs are working collaboratively on the Appropriate Use of Antipsychotics (AUA) project to guide care for persons with dementia. The Resident Assessment Instrument (RAI) quality indicator for AUA improved from a baseline of 26.8% Q4 2011-12 to 18.3% in Q3 2015-16. This exceeds the AUA target of 20% expected to be obtained by 2017-18. Approximately 800 long-term care (LTC) residents were taken off antipsychotics. Expanding AUA work to ten supportive living sites. The new Visitation and Family Presence Directive came into effect for all LTC, designated supportive living settings and contracted partners.
South	 The Continuing Care Resolution Reporting Team continues to receive concerns via Health Link. All questions and concerns from clients and families have been addressed. Family Care conferences occurring in all LTC sites. Implementing AUA.
Calgary	 Working with continuing care sites to provide support for sites where families and residents have concerns, or are dissatisfied with aspects of their care and to find ways to improve their experience. Reviewed survey with HQCA at Integrated Continuing Care Steering Committee and suggestions for further detailed survey examined.
Central	 Continued actions to sustain AUA at all LTC sites. Worked with continuing care sites to support families and residents with concerns or are dissatisfied with care through the patient engagement team. Reviewed survey results and developing action plans to address issues identified in the family satisfaction survey.
Edmonton	 Sites are reviewing, monitoring and responding to findings of the HQCA LTC survey. Based on results of the HQCA satisfaction survey results for Designated Supportive Living 2013-14, operators developed quality improvement plans with a larger focus on sites that ranked in the bottom quartile.
North	 Centralized placement work completed through implementation of a virtual team and intake processes. Implementing AUA.

IN SUMMARY

AHS and continuing care operators continuously analyze available resident outcome data to find opportunities for quality improvement.

On June 10, 2015, CIHI and AHS began publicly reporting on nine long term care quality indicators focused on safety, appropriateness and effectiveness of care. The websites feature health indicators, which are reported provincially, by zones and by sites and presented in a way that is accessible to the public.

DID YOU KNOW

Appropriate Use of Antipsychotics (AUA) guides the appropriate use of antipsychotic drugs and the education of staff on other ways to care for persons with dementia thereby improving safety and quality of life for residents.

The Resident Assessment
Instrument (RAI) is a standardized
tool that focuses on the functioning
and quality of care of residents in
long-term care. A lower percentage
is desirable as it indicates a lower
proportion of long-term care
residents who received a
potentially inappropriate
antipsychotic medication.

Visitation and Family Presence
Directive reinforces that visitation
and family presence are integral to
clients' safety, healing process,
wellbeing and quality of life. The
directive provides temporary
governance until a policy/
procedure is developed.