

Home and Community Care Client Experience Survey

This survey will help us understand your experience as a home care client and point out where we can make services better. It will take approximately 20 minutes to complete. What you tell us is confidential and taking part is voluntary. Your responses will not have an impact on your current, or future, home care service(s) in any way. **If you are unable to respond to the survey on your own, a caregiver may assist you in responding or they may respond on your behalf.**

This survey uses “*home care provider*” to refer to the Local Health Integration Network (LHIN) care coordinator who arranges your care plan, as well as any agency care coordinators, and all service providers who come to your home to deliver services.

INSTRUCTIONS:

- Put an ‘X’ clearly inside one box that best describes your experience using a **black or blue pen**.
- If you make a mistake, just strike out the mistake and put the ‘X’ in the correct box.
- If you cannot answer a question, or do not want to answer it, please leave it blank and move on to the next question.
- Please **DO NOT** write your name, address or the names of your providers anywhere on the questionnaire.
- When you have completed the survey, please return it in the prepaid envelope provided.

We thank you for your time.

NEED MORE HELP?

For help completing this questionnaire, **or if you wish to complete the survey online or over the telephone**, please call the survey helpline at <insert helpline number> or email us at <insert email address>.

Planning your home care...

Thinking about the Home and Community Care services you receive from your home care providers, please answer the following questions about your experience with planning your home care.

1. When you first started getting home care, did someone tell you what care and services you would get?
 - Yes
 - No
 - Do not know / Do not remember

2. Were you asked in which language you would like to receive your home care services?
 - Yes
 - No
 - Do not know / Do not remember

3. Were you involved in planning your home care as much as you wanted to be?
 - Not at all
 - Somewhat
 - Mostly
 - Fully
 - I did not want to be involved.
 - Do not know / Do not remember

4. Did your home care providers include your family/caregiver in planning your home care?
 - Not at all
 - Somewhat
 - Mostly
 - Fully
 - I do not have family or caregivers.
 - I did not want my family/caregiver to be included.
 - Do not know / Do not remember

5. Were your values, identity(ies), language preferences, and culture considered when planning your home care?
 - Not at all
 - Somewhat
 - Mostly
 - Fully
 - Do not know / Do not remember

6. Did your home care start when you needed it?
 - Yes
 - No
 - Do not know / Do not remember

Accessing home care...

Please answer the following questions about your current experience accessing Home and Community Care services, and how well your home care needs are met by your home care providers.

7. Do you understand what home care services you should receive?
 - Not at all
 - Somewhat
 - Mostly
 - Fully

8. Do you have all the equipment and supplies you need to continue to live at home? (e.g., walker, incontinence supplies, etc.)
 - Not applicable / I do not need any equipment or supplies.
 - Yes, I have all the equipment and supplies needed.
 - I am missing important equipment and supplies, and I do not know how to obtain them.
 - I am missing important equipment and supplies because I cannot afford them.
 - I am missing important equipment and supplies for other reasons.

9. Are you receiving the right types of home care services for your needs?
 - Not at all
 - Somewhat
 - Mostly
 - Totally

10. Do you receive enough hours of home care?
 - I need a lot more.
 - I need a little more.
 - I receive enough.
 - I receive more than enough.

11. How often are home care visits arranged at a time that works for you?
 - Never
 - Sometimes
 - Usually
 - Always

12. Are you able to make changes to your home care services if needed?
 - Not applicable / My needs have not changed.
 - Never
 - Sometimes
 - Usually
 - Always

13. At any point in time, if you needed further support, did a home care provider connect you to other services (e.g., transportation, day programs, Meals on Wheels) that were helpful to you?
- Not applicable / I did not need further support.
 - Yes, I was connected to enough of the right services.
 - Yes, I was connected, but they were not the right ones.
 - Yes, I was connected to the right ones, but I needed more services.
 - No, I was not connected to other services.
 - Do not know / Do not remember
14. What **additional** help do you need? (Including current home care services, as well as additional things that are not funded.) **Please select all that apply.**
- Not applicable / I do not need any additional help.
 - Personal support (including mobility and personal care such as toileting, dressing or bathing)
 - Nursing and medical treatments (e.g., managing medications, wound care, etc.)
 - Physiotherapy
 - Other special therapies (e.g., speech/swallowing therapy, occupational therapy, counseling, etc.)
 - Social visits and/or recreational activities
 - Transportation (e.g., getting to appointments, vehicle modification, taxis, parking for medical appointments, etc.)
 - Housework and laundry
 - Meal preparation (e.g., cooking)
 - Shopping for food or other essentials
 - Other home support services, not listed here.
15. In the past year, what services have you, or your family, paid for yourselves? **Please select all that apply.**
- Not applicable / I do not have to pay for any of my home care services.
 - Home care equipment (e.g., shower bars, hospital bed, walker, etc.)
 - Home modification and/or equipment installation (e.g., wheelchair ramp, bathroom grab bars, etc.)
 - Personal support (including mobility and personal care such as toileting, dressing or bathing)
 - Nursing and medical treatments (e.g., managing medications, wound care, etc.)
 - Physiotherapy
 - Other special therapies (e.g., speech/swallowing therapy, occupational therapy, counseling, etc.)
 - Transportation (e.g., getting to appointments, vehicle modification, taxis, parking for medical appointments, etc.)
 - Housework and laundry
 - Meal preparation (e.g., cooking)
 - Shopping for food or other essentials
 - I cannot afford to pay for additional services.
 - Other home support services, not listed here.

Communication...

The following questions ask about your experience communicating with your home care providers.

16. How often do home care providers introduce themselves and explain their role in your home care?
- Never
 - Sometimes
 - Usually
 - Always
 - Do not know / Do not remember

17. Do you feel that your home care providers listen carefully to you?
- Never
 - Sometimes
 - Usually
 - Always
18. How often are you able to communicate with your home care providers in the language in which you are most comfortable?
- Never
 - Sometimes
 - Usually
 - Always
19. Do home care providers explain things in a way that is easy to understand?
- Never
 - Sometimes
 - Usually
 - Always
20. If you were **not able** to understand what your home care providers said, was it for any of the following reasons?
Please select all that apply.
- Language barrier
 - Use of jargon/technical terms
 - Spoke too fast
 - Not listening/paying attention
 - Other reasons, not listed here.
 - Not applicable / I have no difficulty understanding.
21. Is there someone who is reliable in responding to any questions or issues that you may have about your home care?
- Never
 - Sometimes
 - Usually
 - Always
 - Not applicable / I have not had any questions.
22. Do you experience a lack of communication between your different home care providers that negatively affects your home care? (e.g., one staff member not informing other providers about the care plan)
- Never
 - Sometimes
 - Usually
 - Always
23. Do you have problems because there are different people providing care? (e.g., with personal support services, or with nursing care)
- Not applicable / I only have one provider coming to my home.
 - Never
 - Sometimes
 - Usually
 - Always

24. How often do your home care providers notify you in a timely manner if there is a change in services or service times?

- Not applicable / I have not had any changes in the timing of appointments.
- Never
- Sometimes
- Usually
- Always

25. How often do you understand the next steps in your home care? (e.g., the services that will be provided and the things that you need to do to manage your health)

- Never
- Sometimes
- Usually
- Always

Home care providers...

The next questions ask about your experience with home care providers, both staff members who organized your care as well as providers who come to your home to provide care.

26. How often do your home care providers arrive when they are scheduled to?

- Never
- Sometimes
- Usually
- Always

27. How often do changes in appointments/service times by home care providers negatively affect your care?

- Never
- Sometimes
- Usually
- Always
- Not applicable / I have not had any changes in the timing of appointments.

28. Do your home care providers stay long enough to provide the care you need?

- Never
- Sometimes
- Usually
- Always

29. Do your home care providers help you with the things you need...that matter to you?

- Never
- Sometimes
- Usually
- Always

30. Do your home care providers treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

31. Do your home care providers have the necessary skills to provide you with good home care?
- Never
 - Sometimes
 - Usually
 - Always
 - Do not know / Do not remember
32. Do you feel safe receiving home care from your home care providers?
- Never
 - Sometimes
 - Usually
 - Always
33. Do you believe you were harmed because of an error, mistake or by something your home care providers did not do?
- No
 - Yes, and there was a good follow-up to address the problem.
 - Yes, but there was not a good enough follow-up to address the problem.
34. What is your experience with the complaint process?
- Not applicable / I have not needed to complain.
 - I do not know how to make a complaint.
 - I know how, but it is difficult to make a complaint.
 - I know how, but I do not feel comfortable making a complaint.
 - I made a complaint, but not enough was done to address my complaint.
 - I made a complaint and it was resolved to my satisfaction.
 - Do not know / Do not remember
35. Has a home care provider ever shared information with anyone that you did not consent to?
- Yes
 - No
 - Do not know / Do not remember

After Your Hospital Stay...

The following questions are about coming home after being in hospital. **If you have not been discharged from hospital at the start of your recent home care or in the past six (6) months, please skip to question #43.**

If you **were** hospitalized at the start of your recent home care, or in the past six (6) months... Do you agree with the following statements:

36. The hospital took my preferences and those of my family, or caregiver, into account in deciding what my health needs would be when I left the hospital.
- Not applicable / I was not hospitalized at the start of my recent home care, or in the past six (6) months.
 - Strongly disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Do not know / Do not remember

37. When I left the hospital, I had a good understanding of the things that I was responsible for in managing my health.
- Not applicable / I was not hospitalized at the start of my recent home care, or in the past six (6) months.
 - Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Do not know / Do not remember
38. When I left the hospital, I clearly understood the purpose for taking each of my medications.
- Not applicable / I was not hospitalized at the start of my recent home care, or in the past six (6) months.
 - Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Do not know / Do not remember
39. When you left the hospital, did you know whom to contact if you had a question about your condition or treatment?
- Not applicable / I was not hospitalized at the start of my recent home care, or in the past six (6) months.
 - Yes
 - No
 - Do not know / Do not remember
40. After you left the hospital, did your home care providers seem well informed and up-to-date about the care you received in the hospital?
- Not applicable / I was not hospitalized at the start of my recent home care, or in the past six (6) months.
 - Not at all
 - Somewhat
 - Mostly
 - Fully
 - Do not know / Do not remember
41. Were there times when people from the hospital and your home care providers told you different things that did not make sense together about your care?
- Not applicable / I was not hospitalized at the start of my recent home care, or in the past six (6) months.
 - Never
 - Sometimes
 - Usually
 - Always
 - Do not know / Do not remember
42. Were your care needs met after you were discharged from the hospital?
- Not applicable / I was not hospitalized at the start of my recent home care, or in the past six (6) months.
 - Not at all
 - Somewhat
 - Mostly
 - Totally

After Your Home Care Ended... [only asked for discharged clients]

The following questions ask about your experience once Home and Community Care services ended. Please consider the time when you were discharged from home care. **If you have not been discharged, please skip to question #46 in the section entitled "About you..." below.**

43. After your home care services ended, if you needed further support, did your home care providers help connect you to other services in the community?
- Not applicable / I have not been discharged from home care.
 - I did not need further support.
 - Yes, I was connected to enough of the right community services.
 - Yes, I was connected, but they were not the right ones.
 - Yes, I was connected to the right ones, but I needed more services.
 - No, I was not connected to other community services.
 - Do not know / Do not remember
44. How prepared did you feel for your home care services to end?
- Not applicable / I have not been discharged from home care.
 - Not at all
 - Somewhat
 - Mostly
 - Fully
 - Do not know/ Do not remember
45. Do you know whom to contact if you need home care again?
- Not applicable / I have not been discharged from home care.
 - Yes
 - No

Overall

Please rate your home care experience.

46. Thinking of the home care services you and other members of your household received in the past 12 months, how helpful were they in allowing you/them to stay at home?
- Not applicable / The reason for my home care was unrelated to staying at home (e.g., wound care).
 - Not helpful
 - Somewhat helpful
 - Very helpful
47. Overall, how would you rate Home and Community Care services?
- Poor
 - Fair
 - Good
 - Very Good
 - Excellent

48. Thinking about the overall quality of care from your home care providers, would you say it was...?
- Far below what I expected
 - Somewhat below what I expected
 - About what I expected
 - Somewhat better than I expected
 - Far better than I expected

About you...

The following questions are for us to know more about the clients we serve.

49. Who was the main person or people that filled in this questionnaire?
- The service user/client
 - A friend or relative of the service user/client
 - Both service user/client and friend or relative, together
 - The service user/client with the help of a health professional
50. What best describes your race/ethnicity? **Please select all that apply.**
- White
 - Black
 - East or Southeast Asian
 - South Asian
 - Latino
 - You do not have an option that applies to me.
51. Do you self-identify as a Francophone?
- Yes
 - No
52. Do you self-identify as an Indigenous person?
- No
 - Yes, First Nation (Status/Non-Status Indian)
 - Yes, Métis
 - Yes, Inuk (Inuit)
 - Yes, I use an alternative term to describe my Indigenous ancestry and/or identity (e.g., Anishinaabe, Treaty #3)
53. What is your age?
- Under 18
 - 18-24 years old
 - 25-34 years old
 - 35-44 years old
 - 45-54 years old
 - 55-64 years old
 - 65-74 years old
 - 75-84 years old
 - 85-94 years old
 - 95+ years old
54. What sex were you assigned at birth?
- Male
 - Female

55. Which of the following describes your present gender identity?

- Woman
- Man
- Two-spirit
- Trans woman
- Trans man
- I identify as something other than the options listed above (e.g., genderqueer, crossdresser, etc.).

56. Do you consider yourself to be...?

- Heterosexual / Straight
- Homosexual / Gay / Lesbian
- Two-Spirit
- Bisexual
- I identify as something other than the options listed above (e.g., asexual, demisexual, etc.).

The next questions ask about how you feel in your current living situation.

57. How often do you feel isolated from others?

- Never
- Sometimes
- Usually
- Always

58. How often do you feel left out?

- Never
- Sometimes
- Usually
- Always

59. How often do you feel that you lack companionship?

- Never
- Sometimes
- Usually
- Always

60. Do you ever worry about losing your home or place to live?

- Never
- Sometimes
- Usually
- Always

61. Do you ever have difficulty making ends meet/paying your bills at the end of the month?

- Never
- Sometimes
- Usually
- Always

62. After paying your monthly bills, do you typically have enough money left for food?

- Never
- Sometimes
- Usually
- Always

Comments

We are interested in any additional comments you might have about your home care service and providers. (Please avoid sharing your name and the name of your provider.)

63. Do you want to share anything about your experience with home care that works well for you?

64. Do you want to share anything about your experience with home care that does not work well for you?

65. Do you have any suggestions for how your home care services could be improved?

Thank you for your time!