



Administrative Report

Office of the Administrator, Sun Parlor Home

To: Warden MacDonald and Members of Essex County Council

From: Jayne Brooks-Keller
Administrator, Sun Parlor Home

Date: Wednesday, June 05, 2024

Subject: SPH Resident Satisfaction Survey Results

Report #: 2024-0605-SPH-R02-JBK

Purpose

To provide County Council, as the members of the Committee of Management for the Sun Parlor Long Term Care Home (the "**Home**"), information regarding the 2023 Resident Satisfaction Survey (the "**Survey**") results.

Background

The *Fixing Long-Term Care Homes Act* states that every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.

The surveys are utilized to collect and review feedback on our everyday responsibilities, such as: communication, nursing care, professional services, management of medical conditions, general safety, daily resident care, mealtimes, activities & exercise, special events, maintenance of the home, management of the general environment & resident rooms, etc. Evaluation and follow up with residents throughout the year allow us to adapt and make changes to better serve our resident population.

Discussion

In order to better understand resident needs and expectations, the Survey seeks feedback on services and programs provided at the Home. This input

enables the team to examine resident focused operations to improve service delivery and promote a positive experience for residents and families.

The results of the Survey are shared with the residents at Resident Council and with families and caregivers at Circle of Family and Friends. The residents have the opportunity to identify key areas of focus for the Home to work on this year.

Results are also shared with team members and posted in the Home for the public to view. Further, the results are incorporated into the Continuous Quality Improvement plan for the Home.

The summary report included as Appendix 1 shows the results of the Survey from 2021, 2022, and 2023. Areas highlighted in neon yellow are changes or additions to the Survey questions. Areas highlighted in green are considered acceptable results (85% or higher), while yellow highlighted areas have been identified as needing future improvement (75%-85%). Finally, areas highlighted in red require focus now (<75% or decreased >3%). An up arrow indicates improvement from the previous year of over 2% and the down arrow indicates worsened results of over 2%.

Overall, the general satisfaction rating of 100% continues to be the most successful section of the Survey and we are very proud of this outcome.

Financial Implications

There are no financial implications with this declaration of compliance.

Consultations

Brittany Roach, Assistant Director of Care/Quality Lead

Recommendation

It is recommended that report 2024-0605-SPH-R02-JBK, Resident Satisfaction Survey Results be received for information.

Approvals

Respectfully Submitted,

Jayne Brooks Keller

Jayne Brooks-Keller, Administrator, Sun Parlor Home

Concurred With,

Brittany Roach

Brittany Roach, ADON Quality Lead

Concurred With,

Sandra Zwiers

Sandra Zwiers, MAcc, CPA, CA, Chief Administrative Office

Appendix	Title
1	2023 Resident Satisfaction Survey Results - Summary