

Resident-Family Communication Improvement Survey Results

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CTS 410: Core Capstone Experience

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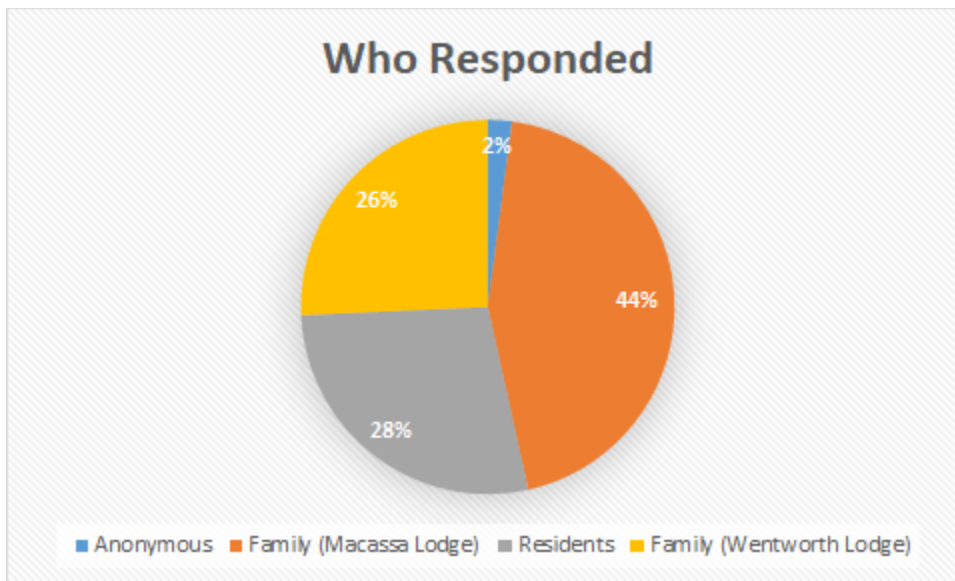
December 7, 2020

Who Responded

The first two questions of the survey were “Are you a resident or someone who has a loved one living at either of the Lodges?” and “Do you or your loved one live at Wentworth Lodge or Macassa Lodge?”

143 people responded

- 3 are anonymous
- 100 are family (63 have loved ones at Macassa Lodge, 37 have loved ones at Wentworth Lodge)
- 40 are residents (32 are residents at Macassa Lodge, 8 are residents at Wentworth Lodge)

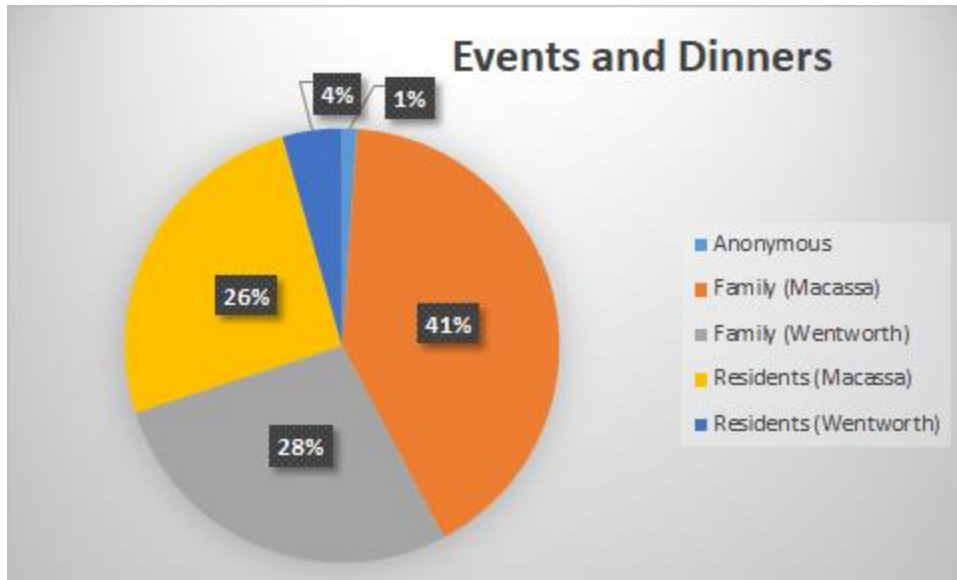


Type of Information They Desire

The third survey question was “What type(s) of information would you like to continue/begin receiving? Please, select all that apply.”

90 people desire information on events and dinners (calendars), (53 did not select this)

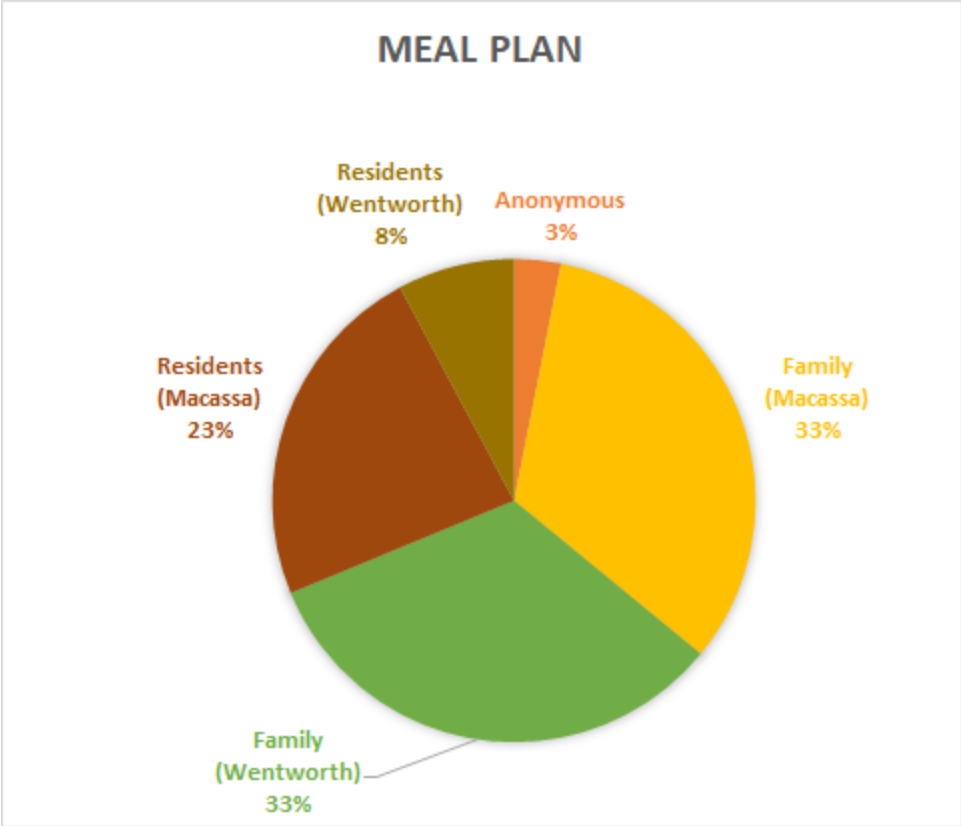
- 1 is anonymous
- 62 are family (37 have loved ones at Macassa Lodge, 25 have loved ones at Wentworth Lodge)
- 27 are residents (23 are residents at Macassa Lodge, 4 are residents at Wentworth Lodge)



A large number of the respondents are interested in receiving information about the activities going on at the Lodges that they or their resident-loved ones can or do participate in.

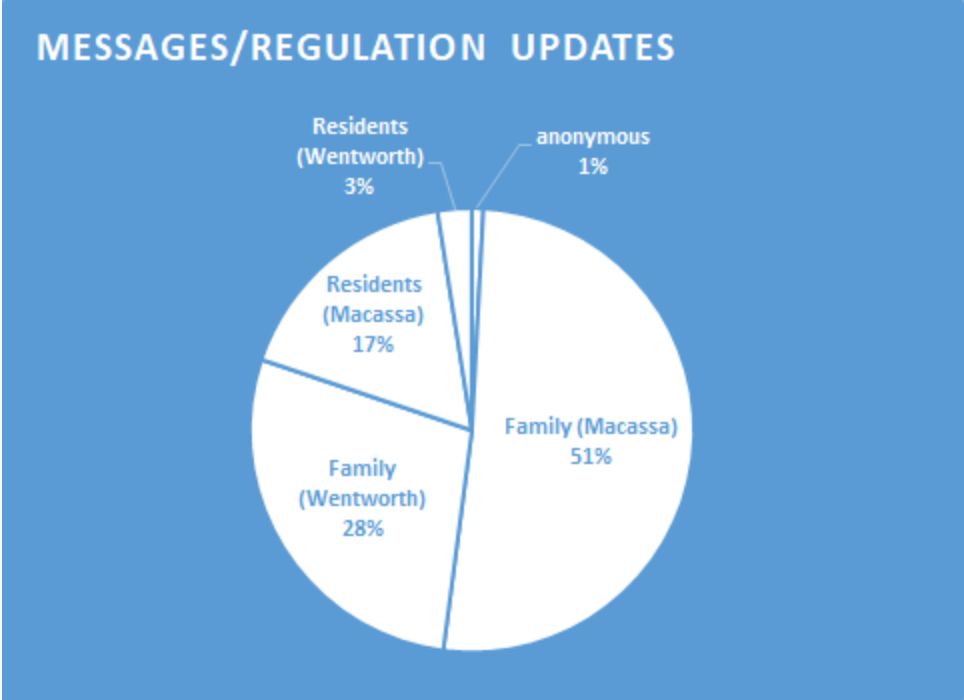
64 people desire information on meal plans, (79 did not select this)

- 2 are anonymous
- 42 are family (21 have loved ones at Macassa Lodge, 21 have loved ones at Wentworth Lodge)
- 20 are residents (15 are residents at Macassa Lodge, 5 are residents at Wentworth Lodge)



121 people desire messages/regulation updates, (22 did not select this)

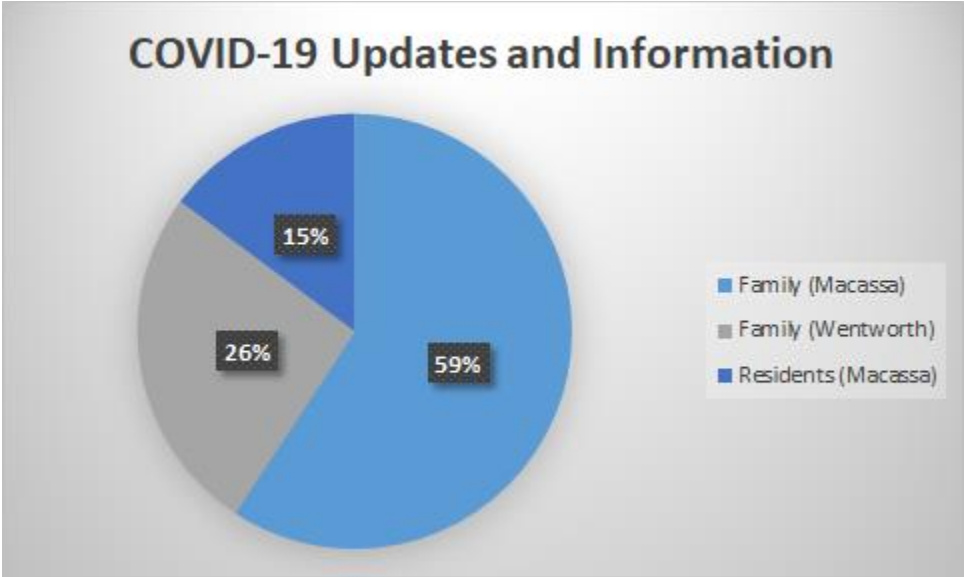
- 1 is anonymous
- 96 are family (62 have loved ones at Macassa Lodge, 34 have loved ones at Wentworth Lodge)
- 24 are residents (21 are residents at Macassa Lodge, 3 are residents at Wentworth Lodge)



Evidently, there is great concern around receiving information and updates regarding Covid-19 regulations.

27 people desire other information, (116 did not select this)

- 0 are anonymous
- 23 are family (16 have loved ones at Macassa Lodge, 7 have loved ones at Wentworth Lodge)
- 4 are residents (4 are residents at Macassa Lodge, 0 are residents at Wentworth Lodge)

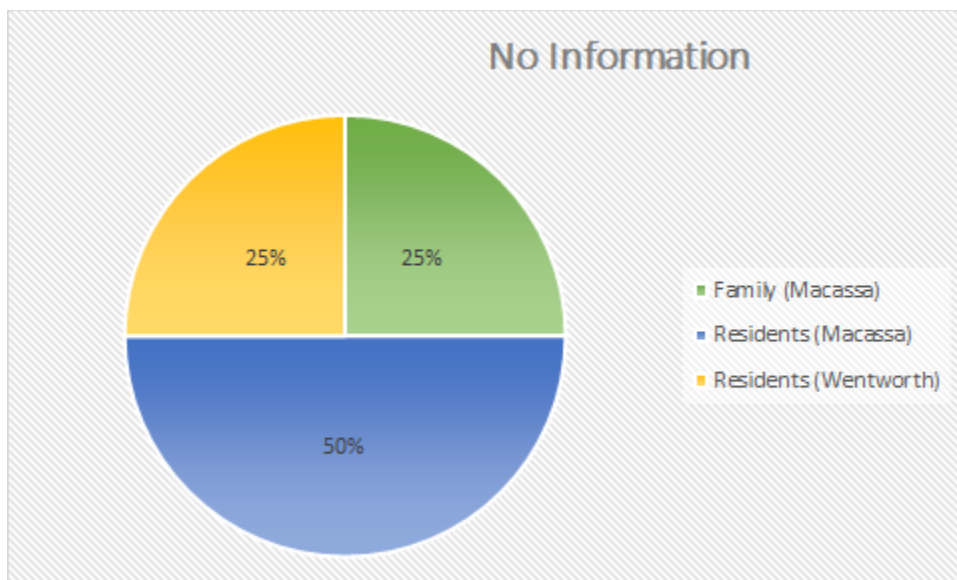


The other information specified:

- Medical updates and overall health and wellbeing of resident loved one (mental/physical, include drug changes, doctor's visits, incidents like behaviour issues, refusal of medication/treatment, falls, equipment failures like hearing aids): 10
- Covid-19 updates (lockdown, visiting rules, outbreaks): 8
- Activities loved one takes part in or could take part in: 4
- Vegetable garden plans: 1
- "Information about bringing in fresh plants": 1
- Administration meeting minutes: 1
- Directory (who to contact at what number in each unit during the week and weekend): 1

4 people desire no information, (139 did not select this)

- 0 are anonymous
- 1 is family (1 has a loved one at Macassa Lodge, 0 have loved ones at Wentworth Lodge)
- 3 are residents (2 are residents at Macassa Lodge, 1 is a resident at Wentworth Lodge)

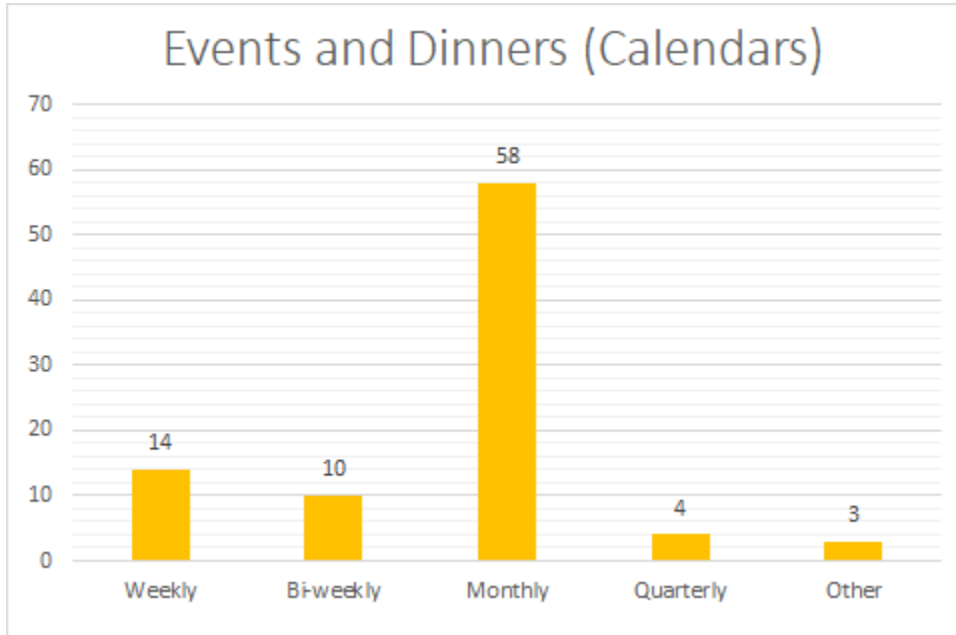


How Often They Would Like the Information

The fourth survey question was "How frequently would you like to receive this information? If it is type specific, please select all that apply and then make any necessary notes in the comments section." The options were "weekly", "bi-weekly", "monthly", "quarterly", "other", or "none". The online version of the survey allowed for specification for each type of information while the printed version lumped them all together and included a comment section.

How often they want information on events and dinners (calendars) (89/90 specified)

- Weekly: 14 or 15.7% (of the 89 responses)
- Bi-weekly: 10 or 11.2%
- Monthly: 58 or 65.2%
- Quarterly: 4 or 4.5%
- Other – when it changes: 3 or 3.4%



Of those who specified how often they would like to receive information on events and dinners, such as in the form of calendars, the average response was “monthly” with little variance.

How often they want information on meal plans (62/64 specified)

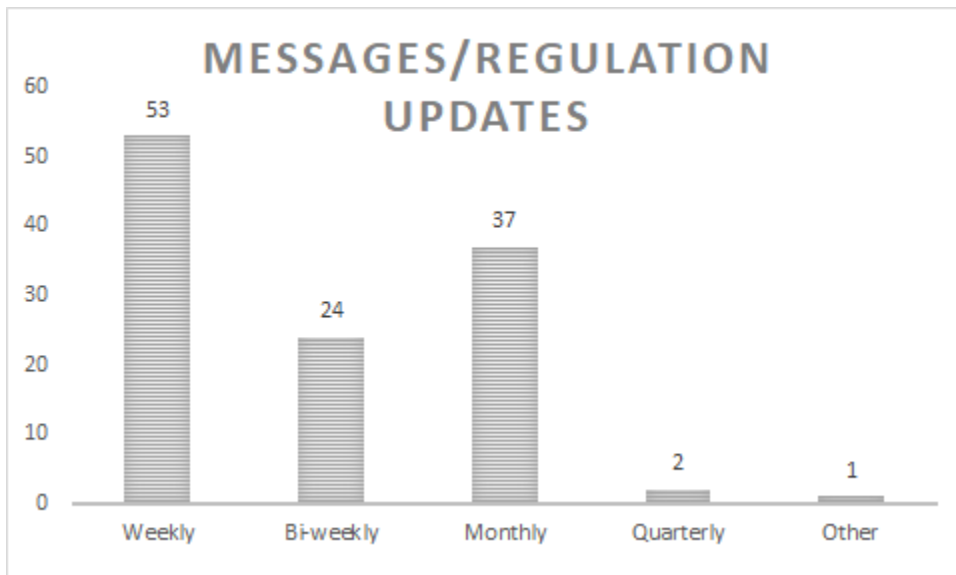
- Weekly: 19 or 30.6% (of the 62 responses)
- Bi-weekly: 10 or 16.1%
- Monthly: 30 or 48.4%
- Quarterly: 2 or 3.2%
- Other – when it changes: 1 or 1.6%



Of those who specified how often they would like to receive information on meal plans, the average response was “monthly” with some variance in a number selecting “weekly” as well.

How often they want messages/regulation updates (119/121 specified)

- Weekly: 53 or 44.5% (of the 119 responses)
- Bi-weekly: 24 or 20.2%
- Monthly: 37 or 31.1%
- Quarterly: 2 or 1.7%
- Other – when it changes: 3 or 2.5%



Of those who specified how often they would like to receive messages and regulation updates, the average response was “weekly” with some variance in a number selecting “monthly” as well.

How often they want other information (11/27 specified)

- Weekly: 5 or 45.5% (of the 11 responses)
- Monthly: 5 or 45.5%
- Quarterly: 1 or 9.1%



Of those who specified how often they would like to receive other information, the average responses were “weekly” and “monthly” and were dependent on the type of information they requested.

- Medical/health updates: Weekly (3), Monthly (2), when there’s change or concern (5)
- Covid updates: Weekly (4), Monthly (2), when there’s change (2)
- Activity involvement: Weekly (1), Monthly (2)
- Directory: Quarterly (1)

The majority of those concerned with receiving medical and health related updates would like to receive them as soon as there is any change or “weekly”. The majority of those concerned with receiving Covid-19 updates would like to receive them “weekly” or as soon as there is any change. Those family members interested in receiving information on their resident-loved one’s involvement in activities would like to receive this information “monthly” or “weekly”. One individual specified that they would like to receive directory updates “quarterly”.

Preferred Method for Receiving Information (Families and Residents)

The fifth question was “How would you like to be informed? Please, rank them in order of preference.” The options were “phone”, “email”, “mail”, “website”, “app or another interactive electronic platform”, “other”, and “none”.

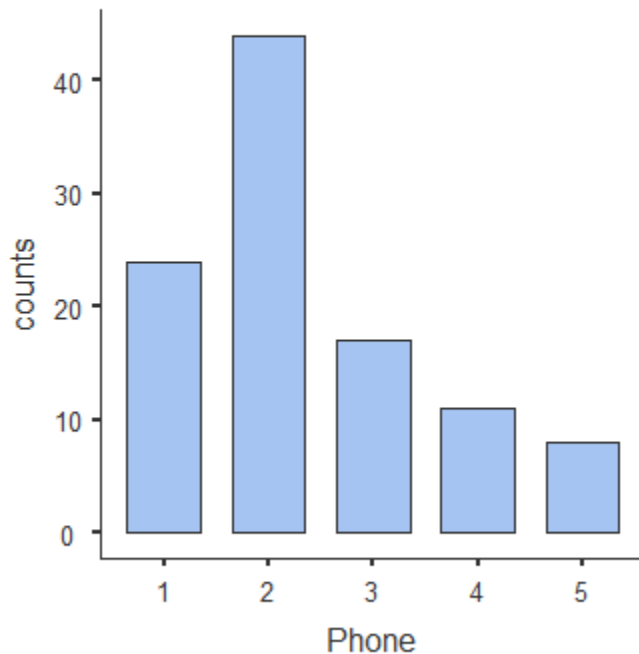
Not all survey participants ranked the six options for methods of receiving information. Particularly, a number of residents who responded using the printed copies selected the few options that they desired and crossed out the rest. For those who did not rank their selections, each of their selections were given a ranking of 1 and the rest were left blank. A latter section will separate the preferences by families and residents to account for this issue.

Phone (104/143 selected this option)

Ranking:

- 1: 24 or 23.1% (of the 104 responses)
- 2: 44 or 42.3%
- 3: 17 or 16.3%
- 4: 11 or 10.6%
- 5: 8 or 7.7%
- 6: 0 or 0%

Phone



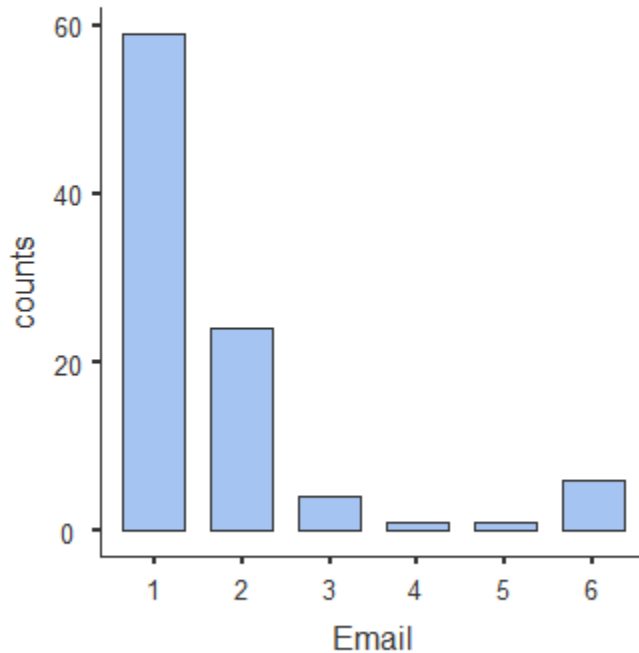
Of those who selected “phone” as a method of receiving information, the majority ranked it as their 2nd preferred method with some variance and 1st being the next ranking.

Email (95/143 selected this option)

Ranking:

- 1: 59 or 62.1% (of the 95 responses)
- 2: 24 or 25.3%
- 3: 4 or 4.2%
- 4: 1 or 1.1%
- 5: 1 or 1.1%
- 6: 6 or 6.3%

Email



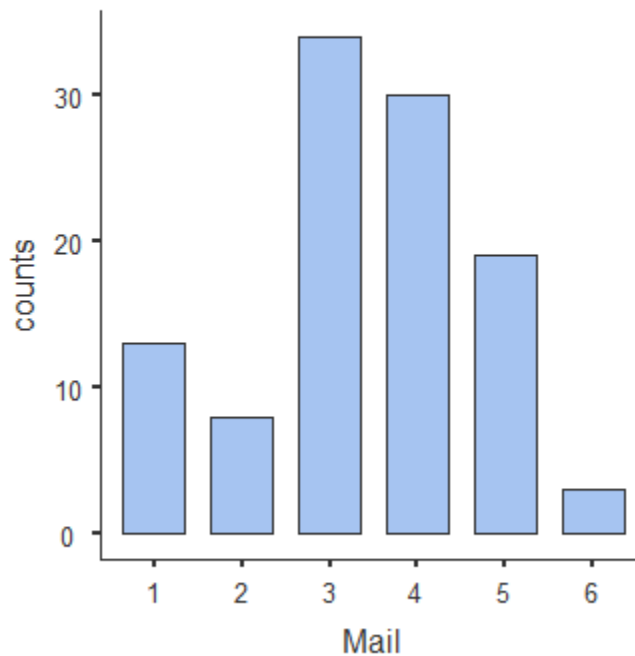
Of those who selected “email” as a method of receiving information, the majority ranked it as their 1st preferred method with little variance and 2nd being the next ranking.

Mail (107/143 selected this option)

Ranking:

- 1: 13 or 12.1% (of the 107 responses)
- 2: 8 or 7.5%
- 3: 34 or 31.8%
- 4: 30 or 28.0%
- 5: 19 or 17.8%
- 6: 3 or 2.8%

Mail



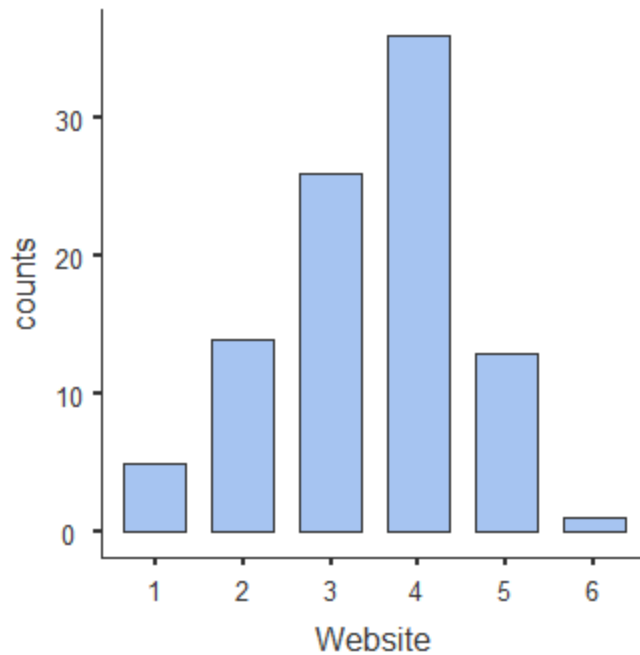
Of those who selected “mail” as a method of receiving information, the majority ranked it as their 3rd preferred method with great variance and 4th being a close next ranking.

Website (95/143 selected this option)

Ranking:

- 1: 5 or 5.3% (of the 95 responses)
- 2: 14 or 14.7%
- 3: 26 or 27.4%
- 4: 36 or 37.9%
- 5: 13 or 13.7%
- 6: 1 or 1.1%

Website



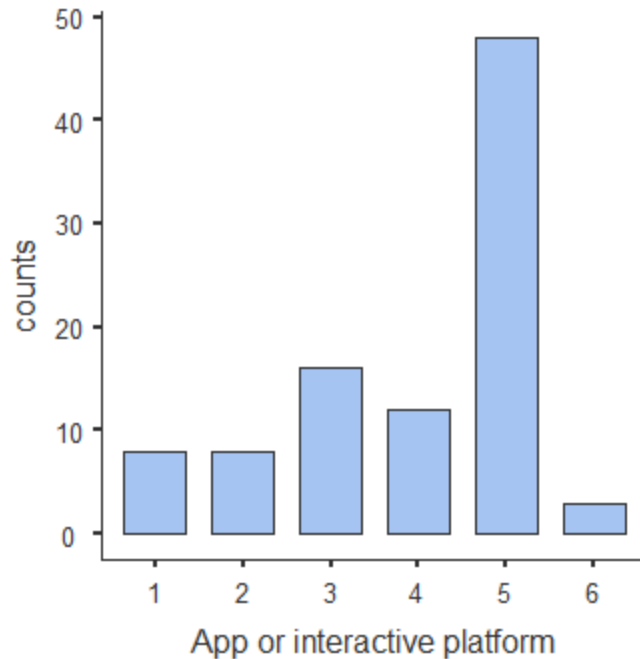
Of those who selected “website” as a method of receiving information, the majority ranked it as their 4th preferred method with some variance and 3rd being the next ranking.

App or interactive platform (95/143 selected this option)

Ranking:

- 1: 8 or 8.4% (of the 95 responses)
- 2: 8 or 8.4%
- 3: 16 or 16.8%
- 4: 12 or 12.6%
- 5: 48 or 50.5%
- 6: 3 or 3.2%

App or interactive platform



Of those who selected “phone app or another interactive electronic platform” as a method of receiving information, the majority ranked it as their 5th preferred method with little variance and 3rd being the next ranking.

Other (129/143 selected this option)

Descriptions and groupings of other preferred methods of receiving information:

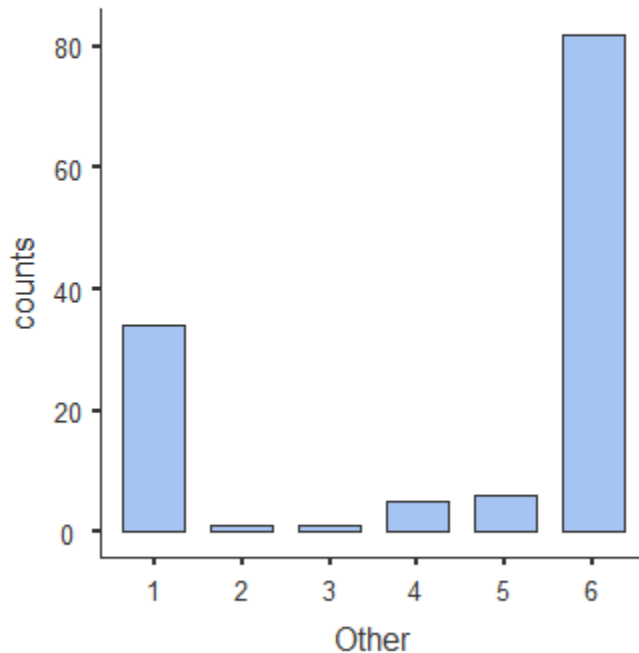
- Family Newsletter (1 family member)
- Updated phone directory for Macassa Lodge (1 family member)
- Facetime/virtual communication meetings (2 family members)
- Text (1 family member)
- In person (22 residents, 1 caregiver family member)
 - 1 said could make an announcement at meals
- Residents Council (4 residents)
- Paper/printed (10 residents)
 - 1 said a notice at the door in their room
- Macassa TV (2 residents)

- “Depending on the importance of the information, a phone text is ideal for urgency, but not everyone has technology, so this question is not a fair question. Email is ideal for many but not all. Access to have this information on a website would be very useful, that way many can access.” (1 family member)
- “It would be lovely to have a proper website to go to for information - something that could, at the very least, show the monthly Macassa calendar.” (1 family member)

Ranking:

- 1: 34 or 26.4% (of the 129 responses)
- 2: 1 or 0.8%
- 3: 1 or 0.8%
- 4: 5 or 3.9%
- 5: 6 or 4.7%
- 6: 82 or 63.6%

Other



Of those who selected “other” as a method of receiving information, the majority ranked it as their 6th preferred method with some variance and 1st being the next ranking.

In summary, the collective preference of the families and residents is that information be communicated by email, phone, mail, a website, an app or interactive platform, and other methods, respectively.

Preferred Method for Receiving Information (Families vs Residents)

Families' preferences by mean:

- 1: Email (1.72)
- 2: Phone (2.43)
- 3: Website (3.43)
- 4: Mail (3.66)
- 5: App or interactive platform (3.95)
- 6: Other (5.73)

The preference of the family members, alone, is that information be communicated by email, phone, a website, mail, an app or interactive platform, and other methods, respectively. Notice, without the input of the residents, "website" jumped ahead of "mail" in ranking.

Residents' preferences by mean:

- 1: Other (1.06)
- 2: Mail (1.33)
- 3: Phone (1.57)

Recall, the majority of the residents who responded using the paper copies of the survey did not rank their preferences but circled the methods of receiving information that they desired. The selections without rankings were each given a 1, and the rest were left blank. The preference of the residents, alone, is that information be communicated by other methods, mail, and phone, respectively. The other methods that were suggested are recorded below, along with the number of residents who suggested them.

- In person (22 residents, as well as 1 caregiver family member) (1 said could make an announcement at meals)
- Paper/printed (10 residents) (1 said a notice at the door in their room)
- Residents Council (4 residents)
- Macassa TV (2 residents)

In summary, printed notices and in-person communication are the residents' preferred methods of receiving information, such as regulation updates, activity calendars, and meal plans. Residents' Council and TV Tours are other requested methods for receiving information. "Mail" and "phone" were the other preferences.

Best Time of Day/Week to Talk with Family/Resident

The sixth question was “What time of day is generally best for you to communicate with your loved one(s)? If it is important to you to note which day of the week, please use the comment section.” The options were “morning”, “afternoon”, “evening”, “other”, or “none”. The online version of the survey allowed for specification of days of the week and times on those days while the printed version only allowed for specification of days of the week through the comment section.

Family members’ responses of preferred times to communicate with their resident-loved ones are scattered throughout the week, with weekday evenings seeming to be more preferred than daytime. 28% responded with any day any time.

Residents’ responses of preferred times to communicate with their family tended to be specific times but of any day, and 40% responded with any day any time. Very few residents specified a certain day of the week as preferable, possibly on account of the printed survey’s formatting.

To learn more about these specific times that family members and residents would prefer to be in communication, the staff of the Lodges can refer to the Excel spreadsheet with the survey results.

Additional Comments

The seventh and final question was “Are there any specific resident-family communication improvements that you would like to see happen? If so, please describe them below.” While there were many who left this section blank or stated that they had no comments to make, there were also a number of detailed responses. We recommend that the staff of the Lodges review each comment carefully. Following is just a summary of these responses.

About 12 of the comments were about communication with the staff, most written by family but a couple by residents. Generally, they want more information about the medical and health status of the residents. Regular, personal updates on the wellbeing of the residents is critical, especially during this time of the pandemic. Hearing from medical staff, the charge nurse, or a full time RPN regarding both physical and mental health, as frequently as is manageable, or even bi-weekly or monthly, would be greatly appreciated. Examples of what the survey participants would like to hear about are eating patterns, weight loss, ear wax removal, changing of hearing aid batteries, medication lists, sleeping patterns, mental status, and the scheduling of family visits.

About 34 of the comments were about communication between the residents and family members. Some described their urgency and how frequently they would like to be in communication, and a few even gave days and times. A number of participants suggested methods for this relational communication such as phone calls, Zoom, FaceTime, Skype,

Microsoft Teams or Google Meet, and more in-person visiting during the pandemic. Some explained ways to improve the use of these methods such as headphones for hearing, the assistance of a recreationalist to set up and end phone calls, arranged video calls, Facetimeing more than once a week during the pandemic if caregivers cannot visit, mounted tablets so they don't need to be held, tablets instead of phones for bigger visuals, charged and functioning tablets or a phone call to inform that there has been an issue, having the residents sitting in an upright position for phone or video calls, and rotation of caregivers during the pandemic.

About 12 of the comments were about communication from the staff, including its content and quality. Regarding the time of the Covid-19 pandemic a family member would like to receive updates on the stimulating activities available to the residents, and the availability of hairdressing and foot care. Family members and residents would also like immediate and accurate updates on outbreaks, rules and regulations, what they can and cannot do, and how it affects appointments. Regarding emails, there are requests for more clarity, full disclosure of meaningful information to caregivers, and unison among staff interpretations of any given information. Regarding phone calls, a couple family members have shared that staff have been difficult to get a hold of and that voicemail messages are not being returned. Regarding annual update meetings, one family member suggested that a written summary on the overall status of their resident-loved one would be helpful, especially if some staff are not available to present their own element of the update. Their comment suggested that staff need to be committed to these meetings and not be in a rush, since the family members make time to meet with the staff, but they also recognized that staff have other responsibilities. Regarding caregivers, one survey participant requested that all caregiver family members are provided with the information, rather than just one of them. Another requested that the exact role, rights, and privileges of designated caregivers be given in writing. A few of the remaining comments were on the content of what is communicated by staff. One survey participant stated that "resident incident reports should indicate if they are ministry reportable or just informative." Another would like it to be communicated to family members when regular staff are away and being replaced by new staff. Finally, an individual is curious about what is going on in the Lodges, what the recreational staff do, and the challenges that are faced by the staff. They also asked "What suggestions do you have for family members concerned with their loved one's welfare? Can you pass along relevant articles from the Alzheimer's association, CARP, etc.?"

There were a couple of unique and less relevant comments that are still worth noting. One individual is concerned that the delivering of packages should be done in a way that confidentiality is not breached and that items do not go missing, and suggested that packages should be left indoors. Another suggested that the Lodges "could use a few more parking spaces."

A few responses were positive, giving encouragement and stating that the homes are providing good communication and doing a good job. For example, one resident said, “You are all angels,” and another said, “I think this has got to be the best place to be.”

Our Thoughts on the Survey

We think our survey was really asking two things: how the families and residents would like to receive information in general, and how and when they would like to communicate with each other. We do not know whether or not it served its purpose effectively or if two separate surveys would have been better – the families and residents could have chosen to participate in whichever one(s) applied to them or that they were concerned about.

One comment related to the survey was, “Make it so we can select how we receive the information and the types of information.” While the participants were given the option to select how often they would receive their chosen types of information, they were not given the opportunity to specify which method of receiving information would be preferable for their chosen types of information. For example, a family member could prefer to receive medical updates on their resident-loved one via email, phone or text, while they might prefer to view events and activities information on a website or in the form of a printed calendar in the mail. For this reason, the rankings of the methods of receiving information could be insignificant or less helpful than assumed. The only way participants could specify these preferences was through the comments section, so it is critical that the staff of the Lodges review the additional comments that are recorded in the Excel spreadsheet.