New Brunswick Health Council | Conseil de la santé du Nouveau-Brunswick

Engage. Evaluate. Inform. Recommend.
Engager. Évaluer. Informer. Recommander.

NEW BRUNSWICK HOME CARE SURVEY

For home care services received from the Extra-Mural Program

***MARKING INSTRUCTIONS**:*

*Please **fill in ● or place a check ☑ in the circle** that best describes your experiences with home care services. If you wish, a friend, family member or volunteer can complete this survey on your behalf. Thank you!*

1. Please indicate if you are completing this survey …

- ○1 About your own home care services
- ○2 On behalf of the patient, and we will be completing the survey together
- ○3 I will be answering all questions on behalf of the patient

HOME CARE SERVICES YOU HAVE RECEIVED FROM THE EXTRA-MURAL PROGRAM

In this survey, home care includes health care services that can be provided by a nurse, nurse practitioner, licensed practical nurse, social worker, physiotherapist, occupational therapist, speech language pathologist, respiratory therapist, dietitian, personal care attendant, or rehabilitation assistant.

If you have never received these home care services, please fill in the circle below and return this questionnaire using the pre-paid envelope. This will help us keep track of the number of questionnaires that may have been sent by mistake. Thank you.

- ○1 I have never received these home care services

2. Please choose the statement that best describes your situation:

- ○1 I have not yet received any Extra-Mural services, but I will → **Go to Question 43**
- ○2 I stopped receiving Extra-Mural services more than 2 months ago → **Go to Question 4**
- ○3 I stopped receiving Extra-Mural services within the last 2 months
- ○4 I am currently receiving Extra-Mural services

3. Have you received home care services from any of the following health professionals in the last 2 months? Please select all that apply:

○1 Nurse	○6 Social worker
○2 Physiotherapist	○7 Dietitian
○3 Occupational therapist	○8 Rehabilitation assistant
○4 Speech language pathologist	○66 Other (please specify: _____)
○5 Respiratory therapist	○0 Not applicable

4. Did Extra-Mural services start as soon as you thought you needed it?

○1 Yes ○2 No ○0 Not applicable ○8 Do not know

LANGUAGE OF SERVICE

5. Under the Official Languages Act, you have the right to be served in either English or French. Of these two languages, which is your preference when receiving services?

O1 English O2 French O3 No preference

6. When you first started receiving home care services from the Extra-Mural Program, did someone from the program offer to give you these services in the language (English or French) of your choice?

O1 Yes O2 No O0 Not applicable O8 Do not know

Please add some details if you have selected "No".

_____

_____

_____

7. During your interaction(s) with the home care services from the Extra-Mural Program in the last 2 months, how often did you receive the services in the language you preferred?

O1 Never O2 Sometimes O3 Usually O4 Always
O0 Not applicable O8 Do not know

8. In the last 2 months, did you have a language problem with Extra-Mural staff?

O1 Yes O2 No O0 Not applicable O8 Do not know

9. Is there anything you would like to add about the language of services you received?

_____

_____

_____

WHEN YOU FIRST STARTED RECEIVING SERVICES

10. Did you receive services from this program after a visit to a hospital or rehabilitation center?

O1 Yes O2 No → **Go to Question 12** O8 Do not know → **Go to Question 12**

11. Did the staff at the hospital or rehabilitation center explain to you what services you would be receiving from the Extra-Mural Program?

O1 Yes O2 No O0 Not applicable O8 Do not know

12. Does your personal family doctor or nurse practitioner seem informed and up-to-date about your home care services?

O1 Yes O2 No O0 Not applicable / I do not have a family doctor or nurse practitioner
O8 Do not know

13. When you first started receiving Extra-Mural services, did someone from the program talk with you about how to set up your home so you can move around safely?

O1 Yes O2 No O0 Not applicable O8 Do not know

14. When you first started receiving Extra-Mural services, did someone from the program talk with you about all the prescription and over-the-counter medicines you were taking?

O1 Yes O2 No O0 Not applicable O8 Do not know

15. When you first started receiving Extra-Mural services, did someone from the program ask to see all the prescription and over-the-counter medicines you were taking?

O1 Yes O2 No O0 Not applicable O8 Do not know

16. Please indicate the extent to which you agree or disagree with the following statement: "When I first started receiving Extra-Mural services, the program staff allowed me to set my goals and priorities."

○1 Strongly disagree ○2 Disagree ○3 Neutral ○4 Agree ○5 Strongly agree
○0 Not applicable ○8 Do not know

SERVICES RECEIVED IN THE LAST 2 MONTHS

If you stopped receiving services more than 2 months ago, go to Question 33.

17. Did you receive Extra-Mural services from more than one person in the last 2 months?

○1 Yes ○2 No ○8 Do not know

18. In the last 2 months, how often did Extra-Mural staff seem informed and up-to-date about all the care or treatment you received at home?

○1 Never ○2 Sometimes ○3 Usually ○4 Always
○0 Not applicable ○8 Do not know

19. In the last 2 months, how often have you received conflicting or different information from different Extra-Mural staff?

○1 Never ○2 Sometimes ○3 Usually ○4 Always
○0 Not applicable ○8 Do not know

20. In the last 2 months, how often did Extra-Mural staff keep you informed about when they would arrive at your home?

○1 Never ○2 Sometimes ○3 Usually ○4 Always
○0 Not applicable ○8 Do not know

21. In the last 2 months, how often did Extra-Mural staff do each of the following:

a) Treat you as gently as possible?

○1 Never ○2 Sometimes ○3 Usually ○4 Always
○0 Not applicable ○8 Do not know

b) Explain things in a way that was easy to understand?

○1 Never ○2 Sometimes ○3 Usually ○4 Always
○0 Not applicable ○8 Do not know

c) Listen carefully to you?

○1 Never ○2 Sometimes ○3 Usually ○4 Always
○0 Not applicable ○8 Do not know

d) Treat you with courtesy and respect?

○1 Never ○2 Sometimes ○3 Usually ○4 Always
○0 Not applicable ○8 Do not know

22. Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from Extra-Mural staff in the last 2 months?

Worst home health care possible										Best home health care possible
0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

23. In the last 2 months, did you receive Extra-Mural services in any of the following ways? Please select all that apply:

- ○1 Services provided in your home
- ○2 Information provided over the telephone
- ○3 Information provided by email
- ○4 Information provided by video (virtual)
- ○5 A monitor placed in your home that can measure heart rate, blood pressure, oxygen levels, temperature, or weight
- ○6 Services delivered in any other form (please specify: _____)

24. In the last 2 months, did you contact the office of the Extra-Mural Program to get help or advice?

○1 Yes ○2 No → **Go to Question 26** ○8 Do not know → **Go to Question 26**

25. When you contacted this program's office, did you always receive the help or advice you needed?

○1 Yes ○2 No ○0 Not applicable ○8 Do not know

26. How much time per visit, on average, did you spend with Extra-Mural staff in the last 2 months?

- ○1 Less than 30 minutes
- ○2 30 minutes to less than 1 hour
- ○3 1 hour to less than 2 hours
- ○4 2 hours or more
- ○0 Not applicable
- ○8 Do not know

27. In the last 2 months, how often did you receive Extra-Mural services, on average?

- ○1 Every day
- ○2 A few times a week
- ○3 Once a week
- ○4 2 or 3 times a month
- ○5 Once a month
- ○6 Only once in the last 2 months
- ○0 Not applicable
- ○8 Do not know

28. How satisfied are you with the number of times you received Extra-Mural services in the last 2 months?

○1 Very dissatisfied ○2 Somewhat dissatisfied ○3 Neither satisfied nor dissatisfied ○4 Somewhat satisfied ○5 Very satisfied

○0 Not applicable ○8 Do not know

29. In the last 2 months, how often did Extra-Mural staff wash their hands or use hand sanitizer before providing person-to-person care?

○1 Never ○2 Sometimes ○3 Usually ○4 Always

○0 Not applicable ○8 Do not know

30. In the last 2 months, did you have any problems with the Extra-Mural staff?

○1 Yes ○2 No ○0 Not applicable ○8 Do not know

31. Thinking of the home care services you received through this program in the last 2 months, did these services help you stay at home?

○1 Yes ○2 No ○0 Not applicable ○8 Do not know

32. Thinking of the services you received from the Extra-Mural Program in the last 2 months, is there anything else that could have been done to help you stay at home?

○1 Yes, please specify: _____

_____

_____

○2 No ○0 Not applicable ○8 Do not know

SERVICES RECEIVED IN THE LAST 12 MONTHS

33. Please indicate the extent to which you agree or disagree with the following statements:

a) In the last 12 months, the Extra-Mural program professionals gave me the information I needed to take care of myself.

○₁ Strongly disagree ○₂ Disagree ○₃ Neutral ○₄ Agree ○₅ Strongly agree
○₀ Not applicable ○₈ Do not know

b) In the last 12 months, the Extra-Mural program professionals encouraged me to do things for myself if I could.

○₁ Strongly disagree ○₂ Disagree ○₃ Neutral ○₄ Agree ○₅ Strongly agree
○₀ Not applicable ○₈ Do not know

c) In the last 12 months, the Extra-Mural program professionals kept me well-informed about my progress.

○₁ Strongly disagree ○₂ Disagree ○₃ Neutral ○₄ Agree ○₅ Strongly agree
○₀ Not applicable ○₈ Do not know

d) The program staff and I discussed the type of information they could share with my family and friends.

○₁ Strongly disagree ○₂ Disagree ○₃ Neutral ○₄ Agree ○₅ Strongly agree
○₀ Not applicable ○₈ Do not know

e) In the last 12 months, my family or friends who help me with my care were given the information that they wanted when they needed it.

○₁ Strongly disagree ○₂ Disagree ○₃ Neutral ○₄ Agree ○₅ Strongly agree
○₀ Not applicable ○₈ Do not know

34. In the last 12 months, do you or your family members believe that you were harmed because of an error or mistake as a result of Extra-Mural services?

○₁ Yes, please specify: _____
_____
_____
_____

○₂ No ○₀ Not applicable ○₈ Do not know

35. In the last 12 months, were you admitted to the hospital for a condition that you feel could have been prevented with better services from the Extra-Mural Program?

○₁ Yes ○₂ No ○₀ Not applicable ○₈ Do not know
How many times? _____

36. In the last 12 months, did you have to visit the hospital emergency room during the time you were receiving Extra-Mural services?

○₁ Yes ○₂ No ○₀ Not applicable ○₈ Do not know
How many times? _____

37. In the last 12 months, was there a time when Extra-Mural staff did not take your spiritual or cultural values into account?

○₁ Yes ○₂ No ○₀ Not applicable ○₈ Do not know

38. In the last 12 months, have you needed Extra-Mural services, but there were limits or reductions in the types of services available?

○₁ Yes ○₂ No ○₀ Not applicable ○₈ Do not know

39. In the last 12 months, have you needed Extra-Mural services, but there were limits or reductions in the duration of services or the number of hours available?

○₁ Yes ○₂ No ○₀ Not applicable ○₈ Do not know

40. Do you know who to contact if you want to make a complaint about your home care services?

○₁ Yes ○₂ No ○₈ Do not know

41. Would you recommend this program to your family or friends if they needed home health care?

○₁ Definitely no ○₂ Probably no ○₃ Probably yes ○₄ Definitely yes
○₈ Do not know

42. Is there anything else you would like to tell us about the home care services you got from the Extra-Mural Program or do you have any suggestions for changes that would have improved your experience?

_____

_____

_____

_____

_____

_____

_____

_____

CARE RECEIVED FROM FAMILY AND FRIENDS IN THE LAST 2 MONTHS

These next questions are about unpaid personal care, such as housekeeping, meal preparation or personal hygiene that you may have received from family, friends or volunteers. Do not include care received from home support workers.

43. In the last 2 months, did a friend, family member or volunteer help you with your home care?

○₁ Yes ○₂ No → **Go to Question 47** ○₈ Do not know → **Go to Question 47**

44. In the last 2 months, who has helped you the most with your home care? Please select all that apply:

○₁ Husband, wife or common-law partner
○₂ Mother or father
○₃ Son or daughter
○₄ Grandson or granddaughter
○₅ Other family member
○₆ Friend
○₇ Volunteer
○₆₆ Other (please specify: _____)
○₀ Not applicable

45. In the last 2 months, how often did you receive help with your home care from a friend, family member or volunteer? Please select all that apply:

○₁ Every day
○₂ A few times a week
○₃ Once a week
○₄ 2 or 3 times a month
○₅ Once a month
○₆ Only once in the last 2 months
○₆₆ Other (please specify: _____)
○₀ Not applicable

46. Have you received any of the following services from a friend, family member or volunteer in the last 2 months? Please select all that apply:

- ○1 Bathing
- ○2 Grooming or dressing
- ○3 Meal preparation
- ○4 Housekeeping (cleaning, laundry)
- ○5 Feeding or nutrition care
- ○6 Transferring (from place to place inside the home)
- ○7 Help with errands, such as shopping, banking or doctor's appointment
- ○66 Other (please specify: _____)
- ○0 Not applicable

ABOUT YOU [PATIENT WHO RECEIVED THIS QUESTIONNAIRE]

47. In general, how would you rate your overall health…

○1 Poor ○2 Fair ○3 Good ○4 Very good ○5 Excellent

48. In general, would you say your mental or emotional health is…

○1 Poor ○2 Fair ○3 Good ○4 Very good ○5 Excellent

49. Has a doctor or any other health professional ever diagnosed you with or treated you for any of the following chronic health conditions? Please select all that apply:

- ○01 Arthritis
- ○02 Asthma
- ○03 Emphysema or COPD (chronic obstructive pulmonary disease)
- ○04 Chronic pain
- ○05 Cancer
- ○06 Diabetes
- ○07 Depression
- ○08 Heart disease
- ○09 Stroke
- ○10 High blood pressure or hypertension
- ○11 A mood disorder other than depression, such as bipolar disorder, mania, manic depression or dysthymia
- ○12 Gastric reflux (or GERD)
- ○13 Alzheimer's disease or another form of dementia
- ○14 Anxiety
- ○15 High cholesterol
- ○66 Other (please specify: _____)

50. How confident are you that you can control and manage your health condition?

○1 Not at all confident ○2 Not very confident ○3 Confident ○4 Very confident
○0 Not applicable ○8 Do not know

51. Do you live alone?

○1 Yes ○2 No ○9 Prefer not to answer

52. Which of the following best describes you?

○1 Male ○2 Female ○3 Two spirit
○6 In another way (specify) : _____ ○9 Prefer not to answer

53. In which language are you most comfortable speaking when accessing services?

○1 English ○2 French ○3 Both English and French equally
○4 Mi'kmawi'simk/Mi'kmaq or Wolastoqey/Maliseet ○5 Another language
○9 Prefer not to answer

54. What is the highest grade or level of school that you have completed?

- ○1 8th grade or less
- ○2 Some high school, but did not graduate
- ○3 High school or GED
- ○9 Prefer not to answer
- ○4 College, trade, or technical school diploma / certificate
- ○5 Undergraduate degree
- ○6 Post university / graduate level education

55. People with different backgrounds may have different experiences when accessing health services or programs. The following questions can help us understand how that may influence the way you are treated by individuals and institutions, and whether that may affect your health.

Do you identify with any of the following groups? Please select all that apply:

- ○1 Indigenous (First Nations, Mi'kmaq, Wolastoqewiyik, Maliseet, Passamaquoddy, Inuit, or Métis decent)
- ○2 Persons with a disability or special need
- ○3 2SLGBTQIA+ (Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual and plus sign which reflects the countless affirmative ways in which people choose to self-identify)
- ○4 Immigrants, newcomers and refugees (persons not born in Canada)
- ○5 Black (for example, African, African Canadian, Afro-Caribbean descent)
- ○6 South Asian (for example, East Indian, Pakistani, Sri Lankan)
- ○7 Filipino
- ○8 Arab
- ○9 Chinese
- ○10 Latin American (for example, Hispanic or Latin American descent)
- ○11 Southeast Asian (for example, Vietnamese, Cambodian, Laotian, Thai)
- ○12 Korean
- ○13 West Asian (for example, Iranian, Afghan, Turkish)
- ○14 Japanese
- ○15 White/Caucasian
- ○88 Do not know
- ○99 Prefer not to answer

56. We will not ask you to give us your salary or income; however, to help with better planning for health services that meet citizens' needs, could you tell us in which of the following 3 categories was your total household income this year?

○1 Less than $30,000 ○2 $30,000 to less than $60,000 ○3 $60,000 or more
○8 Do not know ○9 Prefer not to answer

Thank you for taking the time to complete this questionnaire! Your answers are greatly appreciated. Please use the enclosed pre-paid envelope and return this questionnaire to:

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Winnipeg, MB R3C 3N9