



2018 SURVEY

Beyond Satisfaction:
Results of the 2018 edition
of the Home Care Survey

Who we are

New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost. The New Brunswick Health Council will foster this transparency, engagement, and accountability by engaging citizens in a meaningful dialogue, measuring, monitoring, and evaluating population health and health service quality, informing citizens on health system performance and recommending improvements to the Minister of Health.

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Introduction

New Brunswickers have a right to know about the quality of publicly funded home care services from the perspective of clients who are receiving these services.

There are two different types of publicly funded home care services in New Brunswick, as seen in the diagram below.



Categories of publicly funded home care programs in NB

Managed by
Medavie Health Services
New Brunswick

Delivered by
EM/ANB Inc.

Funded by
Department of Health

Services from the Extra-Mural Program

- Short-term care
- Chronic care
- Palliative care
- Home oxygen services
- Rehabilitation services
- Simplified access to long-term care

Provided by

- Registered nurses
- Licensed practical nurses
- Social workers
- Respiratory therapists
- Registered dietitians
- Physiotherapists
- Occupational therapists
- Speech-language pathologists
- Rehabilitation assistants

Home support services

- Bathing
- Grooming or dressing
- Meal preparation
- Housekeeping (cleaning, laundry)
- Feeding or nutrition care
- Transferring from place to place inside the home
- Respite care
- Help with shopping or errands
- Other

Provided by

- Home support workers

Managed by
Department of Social
Development

Delivered by home
support agencies or
private individuals under
the Long Term Care
Program or Disability
Support Program

**Funded (entirely or
partially) by** Department
of Social Development

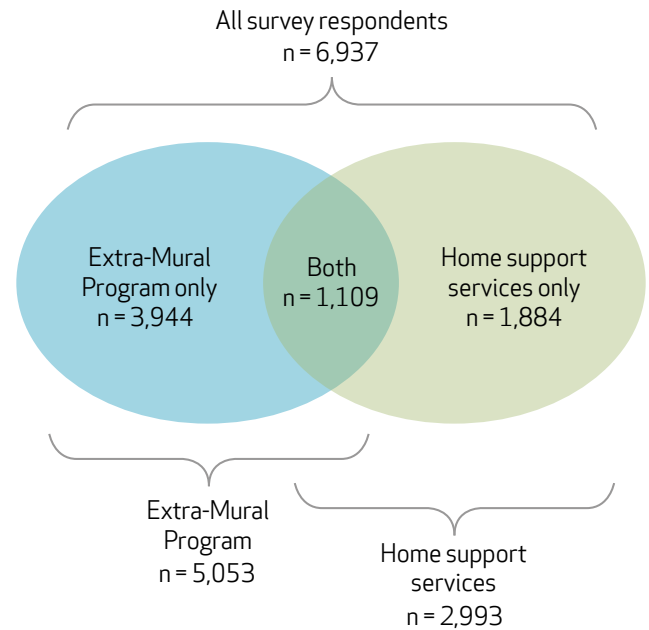
What is the New Brunswick Home Care Survey?

The New Brunswick Home Care Survey measures the experience of New Brunswickers receiving home care services, including their satisfaction and other measures of the quality of services received. This survey is conducted every three years, with previous editions released in 2012 and 2015. For the 2018 edition of the Home Care Survey, responses were completed between March and May 2018.

A total of 14,068 bilingual questionnaires were mailed throughout New Brunswick to clients who had recently received home care services. Of the questionnaires that were mailed, 6,937 (49%) were returned. Both types of publicly funded home care services were evaluated in this survey. A total of 5,053 questionnaires were returned for services under the Extra-Mural Program, and a total of 2,993 were returned for home support services.

	Clients who received a survey	Clients who responded	Response rate
Extra-Mural Program	10,217	5,053	49%
Home support services	6,042	2,993	50%
Total	14,068*	6,937	49%

*Some clients received both surveys



Is high client satisfaction always equivalent to a high quality of services?

Measuring care experiences from the citizen's perspective on a regular basis has been identified as a crucial step towards defining areas of improvement and monitoring the impact of change. The overall satisfaction with services received from the Extra-Mural Program has been 95% or higher for all three editions of the New Brunswick Health Council (NBHC)'s Home Care Survey (2012, 2015, and 2018). At the same time, a number of indicators measuring the quality of services have shown less favourable results. How should we understand this?

Satisfaction can include many factors for clients beyond the quality of services. For some, overall satisfaction can be high because the opportunity to remain home may outweigh any quality issues with the service itself. Likewise, clients with multiple chronic health conditions may report a high satisfaction based on the friendliness of staff; however, the services they received can be provided in a way that does not help them properly manage their health condition and does not prevent an unnecessary hospital admission.

To ensure that we capture the most accurate picture possible, the NBHC asks questions about satisfaction as well as specific dimensions of health service quality. Specific areas of quality can then be identified for improvement by those responsible for service delivery.

For those who have wondered why the NBHC continues to conduct care experience surveys when satisfaction rates are high, it is the continued fulfillment of our mandate to assess citizen satisfaction with health services as well as other measures of the quality of those services. As long as areas for improvement continue to be identified, the NBHC will continue to conduct home care surveys every three years.

Informing on the quality of services

A high level of satisfaction does not necessarily represent a high quality of services. When satisfaction is high but performance measures are poor under dimensions of care such as accessibility, effectiveness, efficiency, and safety, this points to opportunities for improvement in the quality of services. Without these improvements, home care programs may not be meeting one or more of these key objectives:

- Helping citizens manage their health condition
- Responding to citizens' home support needs
- Preventing unnecessary hospital admissions or ER visits
- Allowing people to stay in their homes as long as possible

The NBHC's Home Care Survey has been designed to capture more than just the overall satisfaction with services received. Survey results are provided for specific areas of care that aim to provide a comprehensive view of the quality of services from the client's perspective.

How does the NBHC inform on the quality of services? In the absence of performance targets, the NBHC does not identify care experiences as being of "high

quality” or “low quality.” Instead, the NBHC brings attention to areas likely in need of improvement. If performance targets were set by those responsible for program delivery, the NBHC could provide a better picture of the quality of services, by informing the public and program managers on whether or not a performance target has been met and possible priorities for improvement.

In this report, the NBHC informs on the variations that exist across geographic regions. Although the overall satisfaction is generally high for home care services in New Brunswick, large variations for several key indicators, as highlighted in the results of the 2018 edition of the survey, can be an indication that services are not equitable.

Likewise if a geographic region is at the lower end of performance for several key care experience indicators, this may also be a sign that program delivery challenges exist that should be explored by those responsible.

Highlighting variability or multiple instances of less favourable results can improve the quality of home care services, by recognizing New Brunswick communities that perform poorly, and learning from the communities that perform better. Citizens expect to receive a consistent level of services from their home care programs regardless of where they live or to which population groups they belong.

What was evaluated

The NBHC evaluated the quality of services of the Extra-Mural Program using 14 key indicators that cover accessibility, appropriateness, safety, communication, satisfaction, and availability of services. For home support services, we have 12 key indicators covering the same categories.

	EMP	HSS
Accessibility		
• My services started as soon as I thought I needed them	X	X
• I always get served in my preferred language - When English is preferred	X	X
• I always get served in my preferred language - When French is preferred	X	X
Appropriateness		
• The staff/home support worker always seemed informed about all the services I received at home	X	X
• The staff gave me the information I needed to take care of myself (strongly agree)	X	
• My family caregivers were given information when they needed it (strongly agree)	X	X
Safety		
• The staff talked with me about all the medications I was taking	X	
• I was harmed because of an error or mistake	X	X

	EMP	HSS
Communication		
• The staff/home support worker always explained things in a way that was easy to understand	X	X
• The staff/home support worker always treated me with courtesy and respect	X	X
Satisfaction		
• My experience of the services received was favourable (8, 9 or 10 on a scale of 0 to 10)	X	X
• I am very satisfied with the number of times I received services	X	X
Availability of services		
• I have experienced limits or reductions in the types of services available	X	X
• I have experienced limits or reductions in the duration of services or the number of hours available	X	X

EMP = Extra-Mural Program
HSS = Home support services

Results for the Extra-Mural Program

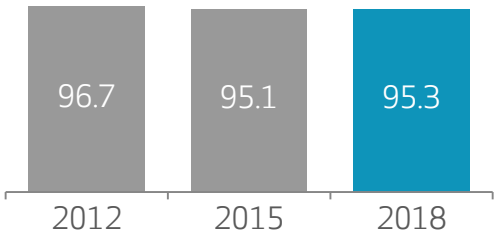


What is the Extra-Mural Program?

The Extra-Mural Program (EMP) provides home health services under acute, palliative, chronic, rehabilitative and supportive care. Services include medical, occupational therapy, physiotherapy,

respiratory therapy, social work, clinical dietetics, speech language pathology, pharmacy, as well as nursing care. Services from the EMP are funded entirely by the Department of Health.

Overall satisfaction with Extra-Mural Program (%)

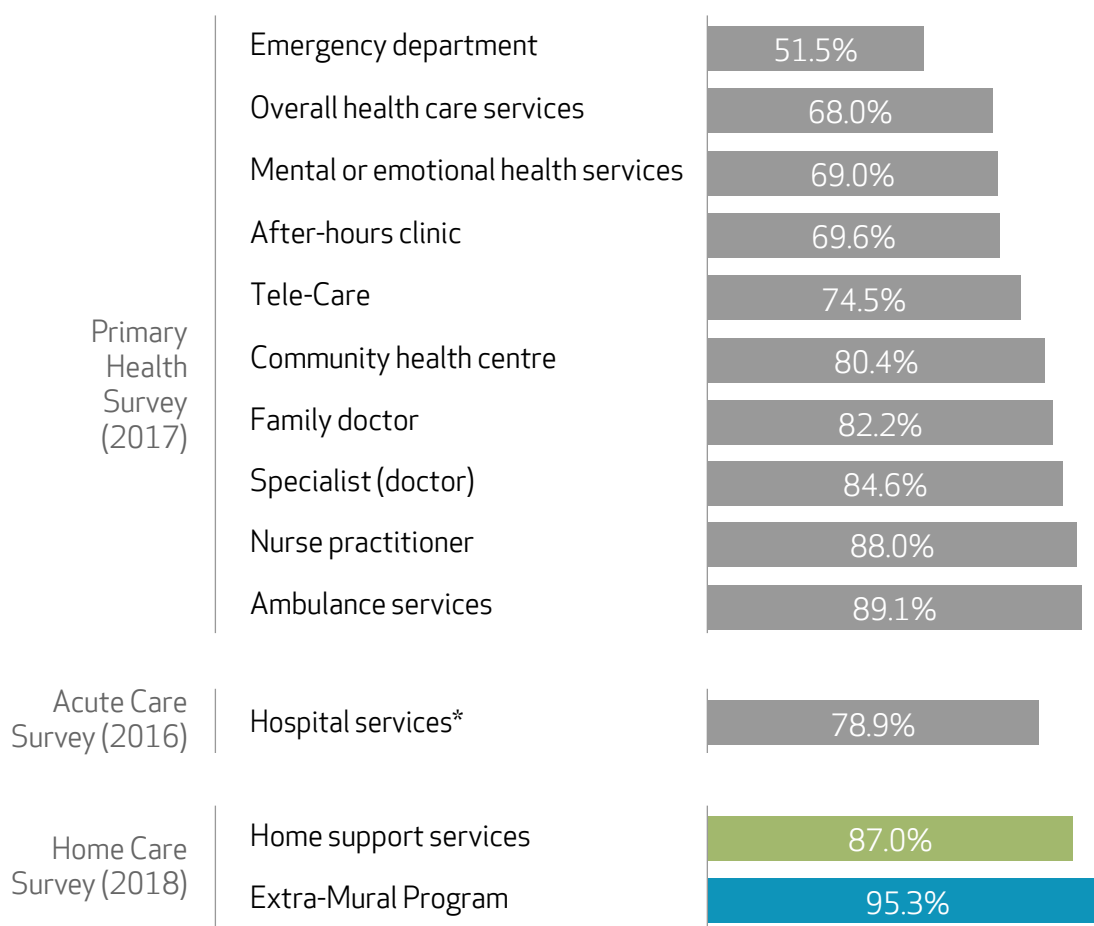


When asked to rate the services they received from staff at the Extra-Mural Program, 95.3% of clients responded favourably by giving an 8, 9 or 10 on a scale of 0 to 10. In previous editions of the survey, the overall satisfaction with services was 95.1% (2015) and 96.7% (2012).

Extra-Mural Program

In the last three years, the NBHC has asked New Brunswickers to share their experiences and satisfaction with several types of health services. With respect to overall satisfaction, services received from the Extra-Mural Program have the highest positive rating among the services evaluated by the NBHC.

Favourable rating of services (8, 9 or 10 on a scale of 0 to 10) by type of service



*Medical, surgical or maternity unit

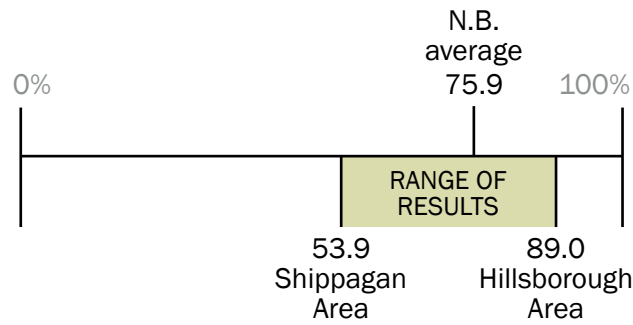
Extra-Mural Program

Indicators with large variations in service quality within New Brunswick

Although overall satisfaction is high, we continue to observe large variations in the quality of services received from the Extra-Mural Program across different N.B. communities. Review of variations in the quality of services across different regions of the province by those responsible is an important part of the planning process because it can guide priorities and help address the gaps in services.

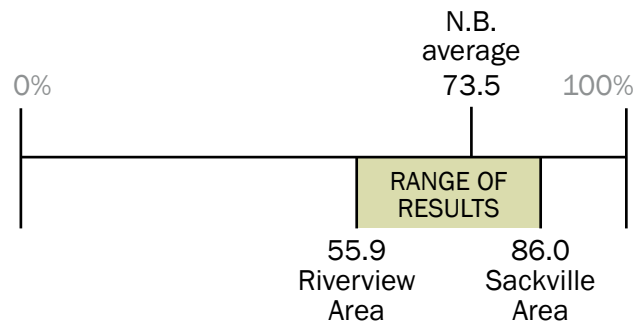
INDICATOR 1

I am very satisfied with the number of times I received services



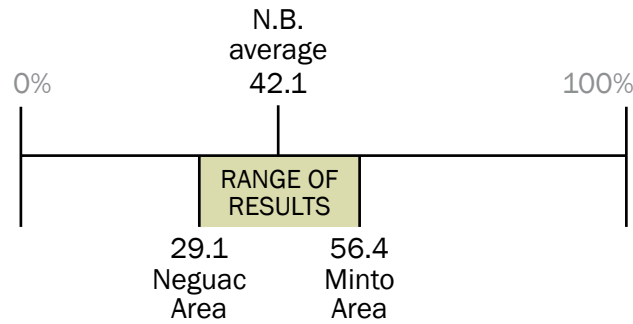
INDICATOR 2

The staff always seemed informed about all the services I received at home



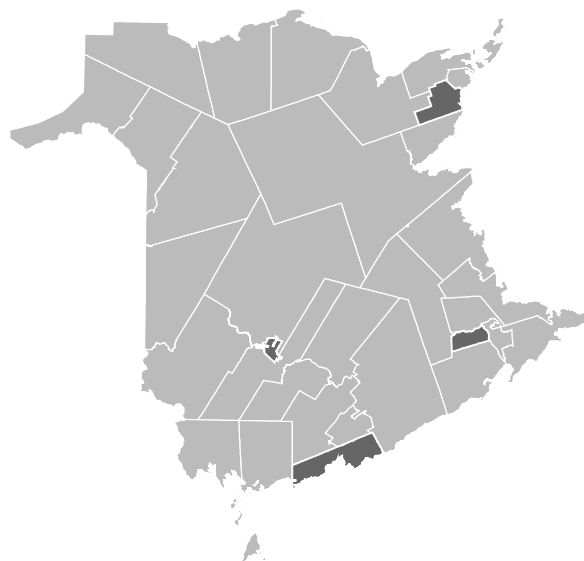
INDICATOR 3

My family caregivers were given information when they needed it (% strongly agree)



Communities with unfavourable results for multiple indicators

The exercise of looking at the range of survey results across all 33 communities revealed that some communities are at the lower end of quality across multiple indicators. The following communities have some of the least favourable results in the province for multiple indicators:



Saint John Area

	Result	Rank
My services started as soon as I thought I needed them	90.9%	29/33
The staff talked with me about all the medications I was taking	78.9%	28/32
The staff always explained things in a way that was easy to understand	81.9%	29/33
My experience of the services received was favourable (8, 9 or 10 on a scale of 0 to 10)	92.8%	33/33

City of Fredericton

	Result	Rank
My services started as soon as I thought I needed them	90.7%	31/33
The staff talked with me about all the medications I was taking	75.4%	32/32
I have experienced limits or reductions in the types of services available	10.8%	30/33

Tracadie Area

	Result	Rank
The staff always seemed informed about all the services I received at home	60.3%	28/29
The staff always explained things in a way that was easy to understand	80.1%	31/33
I am very satisfied with the number of times I received services	61.8%	29/33

Riverview Area

	Result	Rank
My services started as soon as I thought I needed them	89.2%	33/33
The staff always seemed informed about all the services I received at home	55.9%	29/29
The staff always explained things in a way that was easy to understand	76.2%	33/33

Note: As some communities had a low number of respondents, rankings may include fewer than 33 communities.

Extra-Mural Program Key indicator results				2018 highest and lowest	
	N.B. 2012	N.B. 2015	% N.B. 2018	across 7 health zones	across 33 communities
ACCESSIBILITY					
• My services started as soon as I thought I needed them	93.0	94.3	94.1	92.8 (Zone 2) to 95.0 (Zone 1)	89.2 (Riverview) to 100 (Salisbury)
• I always get served in my preferred language - when English is preferred	97.5	96.8	96.9	90.1 (Zone 4) to 97.4 (Zone 2)	94.4 (Minto) to 100 (Quispamsis) ²
• I always get served in my preferred language - when French is preferred	92.7	92.3	92.0	91.6 (Zone 6) to 95.9 (Zone 1) ²	89.9 (Shippagan) to 98.5 (Shediac) ²
APPROPRIATENESS					
• The staff always seemed informed about all the services I received at home	77.1	73.3	73.5	66.8 (Zone 6) to 80.5 (Zone 5)	55.9 (Riverview) to 86.0 (Sackville) ²
• The staff gave me the information I needed to take care of myself (strongly agree)	49.3	48.3	49.6	47.6 (Zone 3) to 56.0 (Zone 5)	39.3 (Neguac) to 62.1 (Dieppe)
• My family caregivers were given information when they needed it (strongly agree)	42.8	42.3	42.1	40.1 (Zone 7) to 45.0 (Zone 4)	29.1 (Neguac) to 56.4 (Minto) ²
SAFETY					
• The staff talked with me about all the medications I was taking	72.3	83.4	84.1	81.3 (Zone 5) to 87.6 (Zone 7)	75.4 (Fredericton) to 94.6 (Florenceville-Bristol) ²
• I was harmed because of an error or mistake ¹	0.7	1.3	1.4	1.4 (Zone 2) to 2.1 (Zone 4) ²	n/a
COMMUNICATION					
• The staff always explained things in a way that was easy to understand	90.4	86.0	86.4	82.3 (Zone 6) to 88.6 (Zone 1)	76.2 (Riverview) to 93.7 (Grand Bay-Westfield)
• The staff always treated me with courtesy and respect	96.4	93.6	94.5	91.5 (Zone 4) to 96.6 (Zone 5)	88.8 (Kedgwick) to 99.1 (Dalhousie)
SATISFACTION					
• My experience of the services received was favourable (8, 9 or 10 on a scale of 0 to 10)	96.7	95.1	95.3	94.8 (Zone 2) to 96.2 (Zone 7)	92.8 (Saint John) to 98.1 (Caraquet, Dieppe)
• I am very satisfied with the number of times I received services	76.1	75.8	75.9	61.4 (Zone 6) to 81.7 (Zone 2)	53.9 (Shippagan) to 89.0 (Hillsborough)
AVAILABILITY OF SERVICES					
• I have experienced limits or reductions in the types of services available ¹	7.6	8.2	6.9	5.1 (Zone 7) to 12.7 (Zone 5)	2.0 (Caraquet) to 14.6 (Dalhousie)
• I have experienced limits or reductions in the duration of services or the number of hours available ¹	7.6	6.6	6.6	4.8 (Zone 6) to 10.5 (Zone 5)	2.3 (Salisbury) to 12.9 (Dalhousie)
Provincial respondent counts are as follows: - 3,153 for 2012 - 4,757 for 2015 - 5,053 for 2018		1: For these indicators, a lower value is better		2: Some zones or communities were excluded from this range due to low respondent counts	
				n/a: Data was suppressed due to low respondent counts	

Results for home support services

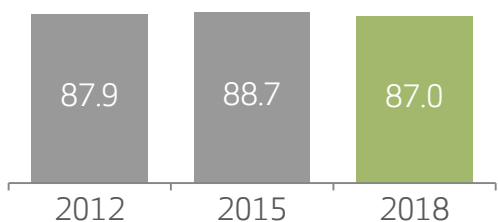


What are home support services?

Home support services are provided to clients in need of personal care, such as housekeeping (cleaning, laundry), meal preparation, bathing, feeding or nutrition care. These services are provided by home support workers. Home support services in New Brunswick are funded entirely or partially by the Department of Social Development,

under the Long Term Care Program or the Disability Support Program. The Department of Social Development either retains the services of a home support agency on behalf of its clients, or clients may choose to receive services from private individuals.

Overall satisfaction with home support services (%)



When asked to rate the services they received from home support workers, 87.0% of clients responded favourably by giving an 8, 9 or 10 on a scale of 0 to 10. In previous editions of the survey, the overall satisfaction with services was 88.7% (2015) and 87.9% (2012).

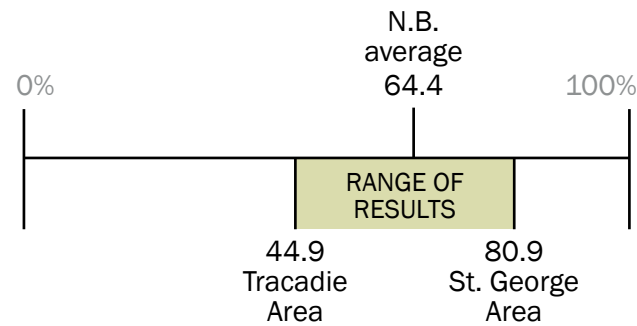
Home support services

Indicators with large variations in service quality within New Brunswick

We continue to observe large variations in the quality of home support services across different N.B. communities. Review of variations in the quality of services across different regions of the province by those responsible is an important part of the planning process because it can guide priorities and help address the gaps in services.

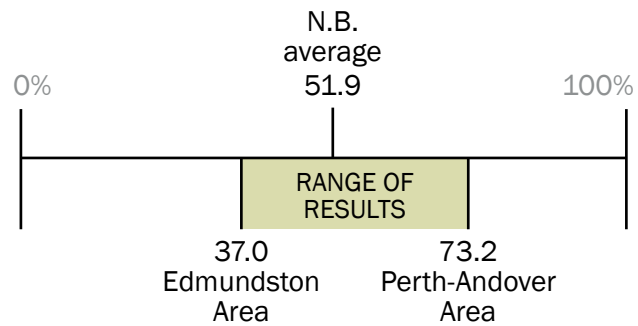
INDICATOR 1

I am very satisfied with the number of times I received services



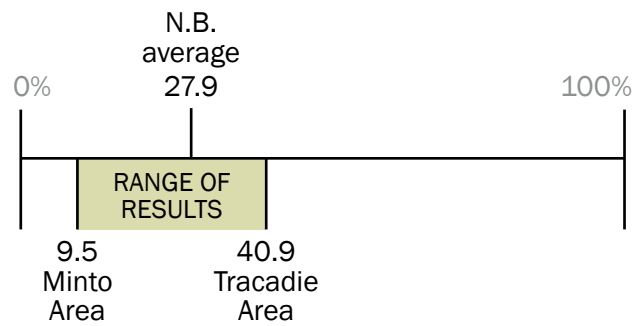
INDICATOR 2

My home support worker always seemed informed about all the services I received at home



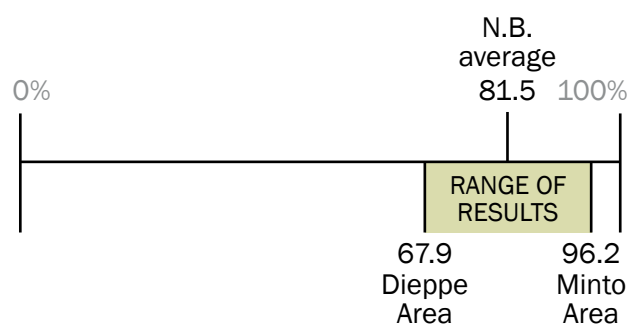
INDICATOR 3

I have experienced limits or reductions in the duration of services or the number of hours available



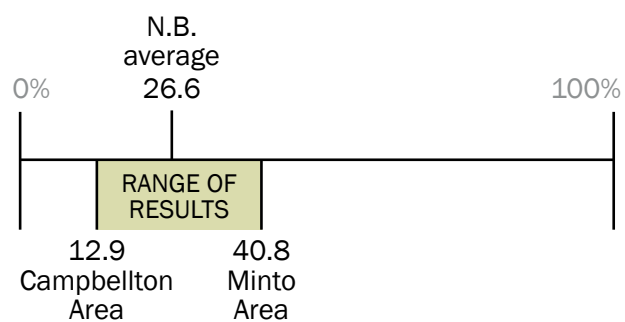
INDICATOR 4

My services started as soon as I thought I needed them



INDICATOR 5

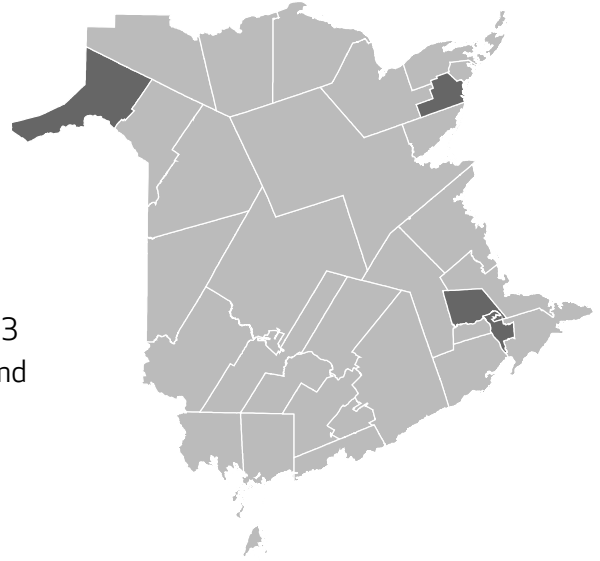
My family caregivers were given information when they needed it (% strongly agree)



Home support services

Communities with unfavourable results for multiple indicators

The exercise of looking at the range of survey results across all 33 communities revealed that some communities are at the lower end of quality across multiple indicators. The following communities have some of the least favourable results in the province for multiple indicators:



Edmundston Area

	Result	Rank
My home support worker always seemed informed about all the services I received at home	37.0%	17/17
My home support worker always explained things in a way that was easy to understand	68.3%	25/26
I am very satisfied with the number of times I received services	45.6%	24/26
I have experienced limits or reductions in the types of services available	33.8%	26/26

Dieppe Area

	Result	Rank
My services started as soon as I thought I needed them	67.9%	26/26
My home support worker always explained things in a way that was easy to understand	66.3%	26/26
My home support worker always treated me with courtesy and respect	76.1%	26/26
My experience of the services received was favourable (8, 9 or 10 on a scale of 0 to 10)	78.2%	26/26

Tracadie Area

	Result	Rank
I am very satisfied with the number of times I received services	44.9%	26/26
I have experienced limits or reductions in the duration of services or the number of hours available	40.9%	26/26

City of Moncton

	Result	Rank
My services started as soon as I thought I needed them	74.0%	25/26
I have experienced limits or reductions in the types of services available	29.7%	24/26

Note: As some communities had a low number of respondents, rankings may include fewer than 33 communities.

Home support services Key indicator results

N.B.
2012

%
N.B.
2015

N.B.
2018

2018 highest and lowest
across
7 health zones

across
33 communities

ACCESSIBILITY

• My services started as soon as I thought I needed them	80.1	79.4	81.5	76.9 (Zone 1) to 85.5 (Zone 3)	67.9 (Dieppe) to 96.2 (Minto)
• I always get served in my preferred language - when English is preferred	97.3	96.1	95.2	81.9 (Zone 4) to 96.7 (Zone 2)	86.4 (Bathurst) to 100 (St. George, Nackawic)
• I always get served in my preferred language - when French is preferred	90.7	91.6	91.1	76.0 (Zone 1) to 95.3 (Zone 6)	85.4 (Campbellton) to 96.9 (Bathurst)

APPROPRIATENESS

• My home support worker always seemed informed about all the services I received at home	67.8	55.9	51.9	38.5 (Zone 4) to 65.4 (Zone 5)	37.0 (Edmundston) to 73.2 (Perth-Andover)
• My family caregivers were given information when they needed it (strongly agree)	27.3	28.7	26.6	19.9 (Zone 5) to 29.4 (Zone 3)	12.9 (Campbellton) to 40.8 (Minto)

SAFETY

• I was harmed because of an error or mistake ¹	1.8	2.5	2.5	1.5 (Zone 3) to 6.9 (Zone 4)	n/a
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COMMUNICATION

• My home support worker always explained things in a way that was easy to understand	84.5	77.8	77.2	73.5 (Zone 4) to 83.9 (Zone 7)	66.3 (Dieppe) to 86.5 (St. Stephen)
• My home support worker always treated me with courtesy and respect	90.3	86.4	85.5	83.1 (Zone 4) to 90.8 (Zone 5)	76.1 (Dieppe) to 98.3 (Neguac)

SATISFACTION

• My experience of the services received was favourable (8, 9 or 10 on a scale of 0 to 10)	87.9	88.7	87.0	84.5 (Zone 2) to 91.2 (Zone 7)	78.2 (Dieppe) to 100 (Neguac)
• I am very satisfied with the number of times I received services	70.6	65.8	64.4	49.8 (Zone 4) to 70.8 (Zone 3)	44.9 (Tracadie) to 80.9 (St. George, Minto)

AVAILABILITY OF SERVICES

• I have experienced limits or reductions in the types of services available ¹	19.8	23.0	22.5	19.3 (Zone 6) to 29.9 (Zone 4)	11.4 (Minto) to 33.8 (Edmundston)
• I have experienced limits or reductions in the duration of services or the number of hours available ¹	25.6	30.4	27.9	25.9 (Zone 1) to 29.5 (Zone 2)	9.5 (Minto) to 40.9 (Tracadie)

Provincial respondent counts are as follows:
- 1,905 for 2012
- 2,796 for 2015
- 2,993 for 2018

Some zones or communities were excluded from the range due to low respondent counts.

1: For these indicators, a lower value is better.

n/a: Data was suppressed due to low respondent counts.

The importance of benchmarks and targets

When an independent organization such as the NBHC conducts regularly scheduled home care surveys, benchmarks are created and the change from survey to survey can be publicly reported. While knowing how the program performance is changing is useful and informative for New Brunswickers, it doesn't give them a clear idea of what performance they should be expecting from those responsible. For this, performance targets are required.

Leaders who plan program services can use these benchmarks to set performance targets, which can then be incorporated into the reporting of survey results. How can this benefit reporting?

If we look at a Department of Social Development performance target for home support services based on administrative data, "average wait time for a home care assessment," which has a target of 85 days, we see that the provincial average of 60 days is much better than the target. Looking at the results by region shows us that the provincial average hides the performance in Moncton of 88 days, which fails to meet the target, as well as the extremely high performance of 40 days in the Acadian Peninsula. Targets provide New Brunswickers with a basis for their service expectations, and provide program managers with feedback on priority areas for improvement and locations with possible best practices.

We therefore call on the organizations responsible for the publicly funded home care programs to establish performance targets for key care experience indicators such as those listed in this report. If this can be achieved, the NBHC can use these performance targets to provide enhanced reporting for the 2021 edition of the Home Care Survey, which will benefit both the public and those responsible for the programs. This improved reporting will assist the public in understanding program challenges and supporting change as well as clearly identifying geographic regions and population groups that are not meeting these targets.

An additional thought about benchmarks

Benchmarks are especially important whenever significant changes occur to the delivery or management of services, as they make it possible to evaluate the impact of those changes. Prior to January 1, 2018, services from the Extra-Mural Program were managed by New Brunswick's two regional health authorities, Horizon Health Network and Vitalité Health Network. As of January 1, 2018, EMP services are managed by Medavie Health Services New Brunswick (MHSNB).

Under its contract with MHSNB, the Department of Health will inform the public on the performance of the Extra-Mural Program, with a list of key performance indicators (KPI) as well as benchmarks and targets. One of these KPIs is the overall satisfaction from the NBHC's Home Care Survey, with a performance target of 95%.

If not for the 2012 and 2015 editions of the Home Care Survey, where citizens reported an overall satisfaction of at least 95%, what performance target would have been used in the contract with

MHSNB? As an example, if no prior surveys had been conducted and the target for overall satisfaction was set at 80%, which is close to the overall satisfaction reported by the NBHC for inpatient hospital services, the bar would have been set very low for MHSNB to reach this target. Even if a target was based on overall satisfaction measured by other jurisdictions across Canada, for example 90%, the bar would have been set lower than the performance achieved in New Brunswick prior to the province's contract with MHSNB.

While the results of the 2018 edition of the Home Care Survey do not provide a sense of the full impact that the province's contract with MHSNB may have had on care experiences (questionnaires were mailed between March and May 2018), the next edition in 2021 will clearly evaluate care experiences for services managed by MHSNB.