

# **Survey of Long-Term Care Facilities: Feedback on PRC Role 2003**

**Part of Initiative #8:  
Psychogeriatric Resource Consultants  
Ontario's Strategy for Alzheimer Disease and  
Related Dementias**

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## I. Background

In Spring 2003 a survey was sent to all long-term care (LTC) facilities in Ontario. The purpose of the survey was twofold:

1. to gather information on individuals who participated in the P.I.E.C.E.S. training between 1998 and 2003 and
2. to obtain feedback on the role of the Psychogeriatric Resource Consultant (PRC) (funded through Initiative #8 of Ontario's Alzheimer Strategy).

The following provides a summary of the feedback obtained on the PRC role. A summary of the results on the P.I.E.C.E.S. training can be found in a separate document.

## II. Method

To assist in the development of the survey instrument, a subcommittee was struck. The subcommittee included Directors of Care and In-house PRPs from LTC facilities from different Ministry of Health and Long-Term Care (MOHLTC) regions across the province, as well as a PRC. The subcommittee provided input into the survey instrument in order to increase the likelihood that the tool would be applicable and easily understood by those completing the survey.

Lists of LTC facilities across the province obtained from the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), the Ontario Long-Term Care Association (OLTCA), and the MOHLTC, were used to identify the facilities to be surveyed.

## III. Response Rate

A total of 555 LTC facilities were surveyed. Of these, 439 (79.1%) responded (see Table 1).

**Table 1: Response Rate**

Number of LTC Facilities Surveyed	Number of Responses Received	Response Rate
555	439	79.1%

The surveys were sent to the Administrator of each facility. However included with the survey was a note to the Administrator indicating that another individual in the facility may be the most appropriate to complete the survey (e.g., the DOC); the Administrator was asked to forward the survey to the most appropriate individual. In 67% of cases, the DOC/DON completed the survey. Administrators completed the survey in almost 8% of cases, and in 22% of cases another individual completed the survey (e.g., an RN, Nurse manager, Social Worker or In-house PRP) (see Table 2).

**Table 2: Role of Person who Completed the Survey**

Role of Person who Completed the Survey	Percent (Number) of Cases (N=439)
Administrator	7.7% (34)
Director of Care (DOC) / Nursing (DON) (or Assistant)	67.0% (294)
DOC/DON & another person	1.4% (6)
Other **	21.9% (96)

\* Percentages may not sum to 100% because of missing values.

\*\* "Other" includes: RN, Nurse Manager, Social Worker, In-house PRP

#### IV. Feedback on the PRC Role

Through previous research, it was found: that there were differences in the psychogeriatric resources available across Ontario; that the terms used to describe these resources varied; and that not all providers were aware of the actual names of these resources. As a result, in order to increase confidence in the data obtained, the PRC(s) who served each individual facility were identified on the survey as the PRC(s) for that particular facility. Respondents were asked to respond to the questions based on that individual's involvement in the facility.

When asked if the staff in their facility had been in contact with the PRC, 83% of respondents said “yes”, 7% said “no” and just under 3% were “unsure” (see Table 3a).

**Table 3a: Contact between PRCs and LTC Facility Staff**

Have any of the staff in your LTC facility been in contact with the PRC(s) (either face-to-face, by phone or by email)?	Percent (and Number) of Responses (N=439)
No	7.3% (32)
Yes	82.5% (362)
Unsure	2.7% (12)

\* Percentages may not sum to 100% because of missing values.

Among those whose staff had **not** been in contact with the PRC (N=32), 12 reported that they were not aware of the PRC role, 12 indicated that their facility had not needed this type of resource, and 5 reported not being in contact for other reasons (see Table 3b).

**Table 3b: If no Contact, Why Not?**

If the LTC facility have not been in contact, why not?	Percent (and Number) of Responses (N=32)
Not aware of the PRC role	37.5% (12)
Have not needed to access this type of resource	37.5% (12)
Other **	15.6% (5)

\* Percentages may not sum to 100% because of missing values.

\*\* “Other” includes: lack of time and that the PRC was new to the area.

Of those facilities that reported being in contact with their PRC(s) (N=362), the average number of times that the PRC had been accessed in the previous six months was 5.5 (SD=6.4), ranging from 0 – 67 times (see Table 3c).

**Table 3c: If Contact with the PRC, Number of Times Accessed in Previous 6 Months**

If the LTC facility staff have been in contact with the PRC, approximately how many times has the PRC(s) been accessed in the previous 6 months?	
Mean	5.5 times
SD	6.4
Range	0 – 67 times

The respondents were asked to rate how satisfied they were with the type of assistance that the PRC had provided their staff (using a 5-point scale where 1 = “not at all satisfied” and 5 = “very satisfied”). The average rating was 4.1 or “satisfied” (see Table 3d).

**Table 3d: Satisfaction with Assistance Provided by PRC**

How satisfied are you with the type of assistance the PRC(s) has been able to provide your staff?	Not at all Satisfied (1)	Somewhat Satisfied (2)	Quite Satisfied (3)	Satisfied (4)	Very Satisfied (5)	Mean (SD)
	1.7% (6)	9.4% (34)	13.3% (48)	26.3% (95)	47.8% (173)	4.1 (1.1)

\* Percentages may not sum to 100% because of missing values.

When asked if the service provided by the PRC met their expectations, 84% of respondents said “yes”, 9% said “no” and less than 1% said “yes and no” (see Table 3e). The respondents were then asked to explain their answer. A summary of their feedback is provided in Table 3f.

**Table 3e: Is the Service Provided by the PRC what you Expected?**

Is the service provided by the PRC what you expected?	Percent (and Number) of Responses (N=362)
No	9.4% (34)
Yes	82.9% (300)
Yes & No	0.6% (2)

\* Percentages may not sum to 100% because of missing values.

**Table 3f: Is the Service Provided by the PRC what you Expected – Please explain.**

**Summary of Comments from those Responding “No”:**

- different expectations:
  - expected hands-on focus (assessment) versus education (6)
  - expected more frequent / regular visits (geography and workload of PRC sometimes an issue) (5)
  - expected education and use of case studies (sometimes versus didactic style) (4)
  - expected more education of staff (2)
  - expected In-house PRP to be a participant in the education (1)
  - expected PRC to respond to the needs of all LTC residents (e.g., 47 yr old with MS) (1)
  - expected PRC to serve as a liaison between facility and outreach team (1)
- timeliness of response / feedback after a visit (5)
- role clarification and how the role functions required (2)
- suggested recommendations already implemented or too costly (1)

**Summary of Comments from those Responding “Yes”:**

- appreciate support, advice, ideas provided (in some cases reported assisting residents) (63)
- happy with role; more than was expected (24)
- good rapport with staff; staff comfortable with PRC (21)
- accessible / timely response (18)
- knowledgeable (16)
- supportive of In-house PRPs and/or P.I.E.C.E.S. training (13)
- happy with role, although there aren't always changes with the resident (3)

- staff feel valued / listened to (2)
- need clarification between role of PRC versus Outreach Team (2)
- other \*\* (8)

\* Note: Within each section, more than one response could be provided.

\*\* “Other” includes: should use PRC more often; would help to have another PRC; need more in-depth assessment of residents; PRC should be able to speak French; PRC helped to establish network; need more psychogeriatric support.

The respondents were then asked to rate the success of the PRC role in terms of two things: (1) supporting the facility’s In-house PRP / Team and (2) supporting staff within the facility. Both of these assessments were made on a 7-point scale (where 1 = “not at all successful” and 7 = “extremely successful”); results are found in Tables 4 and 5, respectively.

In terms of supporting the In-house PRP / Team, the average rating was 4.84 or approaching “quite successful”.

**Table 4: Success of PRC Role in terms of Supporting the In-House PRP/Team (N=362)**

Not at All Successful (1)	Limited Success (2)	Somewhat Successful (3)	Fairly Successful (4)	Quite Successful (5)	Very Successful (6)	Extremely Successful (7)	Mean (SD)
2.8% (10)	9.1% (33)	6.6% (24)	12.7% (46)	24.4% (88)	28.5% (103)	10.8% (39)	4.84 (1.6)

\* Percentages may not sum to 100% because of missing values.

In terms of supporting staff within the facility, the average rating was similar (4.94) or “quite successful”.

**Table 5: Success of PRC Role in terms of Supporting LTC Facility Staff (N=362)**

Not at All Successful (1)	Limited Success (2)	Somewhat Successful (3)	Fairly Successful (4)	Quite Successful (5)	Very Successful (6)	Extremely Successful (7)	Mean (SD)
2.2% (8)	8.3% (30)	6.6% (24)	12.7% (46)	25.2% (91)	27.1% (98)	13.6% (49)	4.93 (1.6)

\* Percentages may not sum to 100% because of missing values.

Finally, the respondents were invited to make other comments about the role of the PRC. These comments are summarized in Table 6.

**Table 6: Other Comments about the PRC Role**

<p><b>Other Comments about the PRC Role:</b></p> <ul style="list-style-type: none"> <li>▪ happy with PRC role / found role beneficial / please continue role (85)</li> <li>▪ PRC(s) in area are new (or new to facility) / plan to access more or in new ways (15)</li> <li>▪ concerns with accessibility / timeliness of response <ul style="list-style-type: none"> <li>- limited time available by PRC – affects accessibility (4)</li> <li>- need more frequent / regular contact with PRC (4)</li> <li>- multiple roles played by PRC affects accessibility (2)</li> <li>- large geographic area of PRC affects accessibility (1)</li> </ul> </li> <li>▪ PRCs are supportive of the In-house PRPs and/or P.I.E.C.E.S. training (10)</li> <li>▪ facility has had limited interaction with PRC or have not accessed PRC; therefore, difficult to assess (8)</li> <li>▪ PRC is accessible / provides timely service (7)</li> <li>▪ more information about PRC role and how they can assist a facility is required (7)</li> <li>▪ more variety in education (e.g., provide more one-on-one education, use different teaching methods, provide information on a greater number of topics, provide education to all staff) (5)</li> <li>▪ need more PRCs / more PRC time (4)</li> <li>▪ unaware of who PRC is / the PRC role (in some cases, indicated confusion with other roles) (3)</li> <li>▪ would like PRC to speak French (1)</li> <li>▪ other * (21)</li> </ul>
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\* “Other” includes: funding required for more LTC facility staff and for In-house PRP role; staff turnover makes education challenging; PRCs should have a nursing background; role of PRC redundant; PRC did not provide practical or useful suggestions; and want more education on assessment tools.

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