



National
Nursing Home
Experience
Survey



International Review of Nursing Home Experience Surveys 2026

About the National Care Experience Programme

The National Care Experience Programme (NCEP) engages with people who use health and social care services, and their families, to learn about their experiences of care. It is a shared initiative of the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE), the Mental Health Commission and the Department of Health, with representatives of people using services providing their input at each stage of the programme.

The NCEP implements programmes of engagement across a range of care areas. Feedback is gathered at each stage of the care journey - from the community, through to hospital admission and post-discharge - to better understand the continuity of care from the perspectives of people using these services. This approach also allows for targeted improvements in communication, coordination, and overall care by identifying gaps or inefficiencies that exist in how people move between settings.

The NCEP currently operates programmes of engagement in the following areas of care:

- Inpatient
- Maternity
- Maternity bereavement
- Nursing homes
- End of life
- Mental health
- Cancer care (in development).

The aim of each programme of engagement is to learn from people's feedback on their care experiences, to identify what is working well and what needs to be improved in that particular area of care. The findings are published and widely disseminated to support and enable sustained improvements in people's care experiences. Service providers are supported to understand what the survey findings mean for them and to identify priority areas for quality improvement initiatives.

The NCEP team actively engages in academic research and develops educational material to further disseminate key findings and to help people understand experiences of care across Ireland's health and social care system. All NCEP publications and academic papers are published [here](#). A key priority of the NCEP is to facilitate secondary use of the data by researchers, healthcare staff, policy-makers and other data users to further our understanding of people's care experiences and inform improvements across the system. Find out more at www.yourexperience.ie.

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This report was led by staff in the National Care Experience Programme team at the Health Information and Quality Authority (HIQA).

Name	Role
Caroline Walsh	Analyst
Kate McKeone	Research Officer
Elaine Meehan	Programme Manager

The following individuals from HIQA also contributed to the work undertaken to inform this report: Rachel Flynn, Tracy O’Carroll, Ella Tuohy, Amal John James, Tina Boland, Adrienne Davis, Fiona Geaney, Elena Vaughan and Clara Stein.

Organisations that assisted HIQA in providing information, in writing or through meetings, included: Australian Department of Health, Disability and Ageing, Office of the Seniors Advocate (British Columbia) and The British Columbia Office of Patient Centred Measurement.

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1. Introduction

In Ireland, national health policy highlights the importance of engaging with people who use health and social care services and capturing their care experiences to inform quality improvements. The Department of Health's Statement of Strategy 2025-2028 commits to improving health and wellbeing for all and delivering the right care in the right place at the right time.⁽¹⁾ The strategy sets out a number of actions and outcomes including increased public, patient and stakeholder engagement, participation and empowerment.

Person-centred care refers to a holistic approach to care that incorporates the various dimensions of well-being, including a person's context and individuality, preferences and beliefs.⁽²⁾ Taking a person-centred approach and focusing on the person receiving health or social care has been widely recognised as a core component of quality healthcare, alongside responsiveness and safety.⁽³⁾

Accurately evaluating lived experience data helps us to understand the complex aspects of care quality. Collecting data on lived experiences of people who use health and social care services allows us to compare service performance and establish areas for improvement in health and social care services.⁽⁴⁾ Nursing home residents' perspectives of person-centeredness is associated with satisfaction and care outcomes in nursing homes.⁽⁵⁾

Surveys have been widely used as a method of obtaining care experience data. They provide organisations with information regarding aspects of care that are of specific interest to people who use health and social care services.⁽⁶⁾ Care experience surveys have been adopted at a national level by many countries due to the many benefits that have been gained by stakeholders including service providers, people who use the services, members of the public, national policy-makers, and regulators. For example, care experience surveys can result in improved communication and health outcomes for people using services, improved efficiency for health and social care professionals, and enhanced strategic decision-making.^(7, 8)

For health and social care providers, the data collected by care experience surveys helps to identify areas for improvement, provides assurance regarding the care being provided, and facilitates benchmarking with care experience both nationally and internationally. As care experience surveys are tools that can inform management of the quality and safety of care provided, they drive accountability across the health and social care system. Furthermore, they provide legislators with data to inform policy development and implementation. They also inform the development of national care standards, in addition to monitoring and regulation programmes for services.

National context for the nursing home experience survey in Ireland

The National Nursing Home Experience Survey (NNHES) was conducted by the National Care Experience Programme (NCEP) for the first time in 2022.⁽⁹⁾ This survey offered a representative sample of nursing home residents and their family members or friends the opportunity to share their experiences of nursing home care. The purpose of the survey was to learn from the experiences of nursing home residents and their family and friends in order to improve the care provided in Irish nursing homes.

Findings of the 2022 survey indicated that both groups were particularly positive about the living environment in the nursing homes, and the staff and caregivers. However, scores for the individual themes and for individual questions indicated room for improvement in particular aspects of care such as accessing advocacy supports, information on moving into the nursing home, and being involved in planning ahead for changes in residents' circumstances.⁽⁹⁾

Extensive engagement took place to support participating nursing homes, and organisations that represent them, to understand and use the findings of the survey. The findings have been used by the Department of Health to help inform the development of policy and strategy in relation to nursing home care as appropriate. Finally, the findings of the survey have helped to inform the development of implementation tools used in health and social care and HIQA's regulation of nursing homes.^(10, 11) The lowest scoring question in the 2022 NNHES related to accessing advocacy services. This finding informed the development of resources on The Fundamentals of Advocacy in health and social care to enhance understanding of advocacy among health and social care staff and enable staff to better support people using services to advocate for themselves and to access advocacy services.⁽¹⁰⁾

1.1 Purpose of this international review

This international review was undertaken to inform the next iteration of the National Nursing Home Experience Survey, due to be implemented in 2027. The purpose of this review was to identify recent developments in relation to nursing home experience surveys in other jurisdictions. It represents an update to the international review that was published in 2021 to inform the first nursing home survey.⁽¹²⁾

1.1.1 Objectives

The specific objectives of this review were to:

- investigate updates to survey tools and questionnaires
- explore changes with regard to the methods used to administer surveys to nursing home residents
- explore how nursing home survey findings are reported and used

- identify additional national or large-scale nursing home programmes of engagement conducted in other jurisdictions since 2021.

2. Methodology

In 2021, the *International Review of Nursing Home Experience Surveys* was published by the NCEP.⁽¹²⁾ The jurisdictions included in the 2021 review were chosen following a desktop search that identified a range of initiatives that, at the time, helped to inform NCEP's best practice approach when first implementing a national nursing home experience survey. Each jurisdiction included in the 2021 review had developed and implemented national or large-scale nursing home surveys. Jurisdictions were chosen on the basis that relevant and current information was readily available and there was access to key personnel. The four jurisdictions included in the 2021 review were:

- Australia
- British Columbia, Canada
- The Netherlands
- United States of America (USA).

This current review comprised an update of the 2021 review and hence, the same four jurisdictions were included. A desktop search was also performed to identify additional national or large-scale nursing home surveys implemented in other jurisdictions since the publication of the 2021 review. Jurisdictions were again considered for inclusion on the basis that relevant and current information were readily available. One jurisdiction that had implemented a revised nursing home experience survey was identified for inclusion:

- Alberta, Canada.

2.1 Defining the scope and eligibility criteria

In Ireland, the term nursing home is used to describe long-term residential care which is provided to older people whose own home is no longer suitable to provide the care that they need. Various terms are used internationally to describe nursing homes including:

- residential aged care
- continuing care
- long-term care homes or facilities.

The various terms are sometimes used interchangeably within jurisdictions. Nursing home care differs from 'home care' and 'assisted living' which usually describe services that support an individual to live and complete everyday tasks in their own home.

For the purpose of this review, nursing home surveys were defined as large-scale initiatives to ask people residing in facilities that provide long-term residential care to older people, about their experience of care.

2.2 Search Strategy

The key organisations that play a role in managing and administering surveys in each jurisdiction were identified. A search of each organisation’s website was performed to identify all relevant resources. See Appendix 1 for a list of the key organisations in each jurisdiction.

A Google site search was performed for each relevant organisation’s website. For each website search, a search string specifying each of the three relevant concepts was applied, and results were restricted to the period 2020-2025. The eligibility criteria for inclusion in this review are outlined in **Table 1**. The first 100 results were reviewed and systematically recorded in an Excel file. Relevant information was extracted and organised into a structured table.

Table 1. Eligibility criteria for inclusion in this international review

	Inclusion	Exclusion
Concept 1	Nursing home Long-term residential care Aged care Continuing care	Home care Assisted living Post-acute care Step-down care
Concept 2	National-level or large-scale survey	Local survey
Concept 3	Experience of care Perspectives of residents or proxy such as a representative, relative or friend.	Staff accounts or experiences included only

2.3 Data extraction

Information on the following was extracted from the resources identified from each jurisdiction:

- name of the survey
- name of organisation that administers the survey
- survey year
- population or sample
- sampling strategy
- eligibility criteria
- survey items (or questions)
- mode of administration.

Documents and websites that were published in languages other than English were translated with DeepL Translate, an AI-powered translation software.⁽¹³⁾

2.4 Discussions with key organisations

Information gathered for Australia and British Columbia, Canada was verified through semi-structured interviews with key individuals from relevant organisations. These individuals were identified by emailing the relevant unit or department of the organisation with a brief description of the project and an overview of what the meetings would entail. The relevant individuals were subsequently nominated to participate by their respective organisations (see Appendix 2). All of the individuals that participated were involved in the development and or management of nursing home experience surveys in their jurisdiction. Semi-structured interview schedules were prepared for each meeting and modified as required to include relevant questions for each jurisdiction. The purpose of these meetings was to gather clarity around specific elements of the resident experience surveys and a deeper understanding as to what worked well or didn't work well in practice. For example, Appendix 3 outlines the interview schedule for a meeting with members of the Resident Experience and Food Policy Section, at the Department of Health, Disability and Ageing in Australia. Following each meeting, notes were drafted and information was organised based on relevance to each question.

Attempts to schedule meetings with relevant organisations in the Netherlands, the USA and Alberta were unsuccessful. Therefore, information for these three jurisdictions was gathered via the desktop searches only.

2.5 Data analysis and presentation

Information on current practices and trends in nursing home experience surveys in each jurisdiction was documented and presented in a narrative format. Tables have been used throughout to summarise key points and findings.

The following sections of this report provide a review of resident experience surveys conducted in:

- Australia
- British Columbia, Canada
- The Netherlands
- United States of America (USA)
- Alberta, Canada.

This report outlines the operational, governance and reporting processes employed for each survey.

3. Overview of previously reviewed jurisdictions

This section provides an overview of developments in each jurisdiction. The nursing home experience surveys implemented in Australia and British Columbia, Canada have undergone a revision process in recent years. While there were no updates found in relation to the nursing home experience survey implemented in the Netherlands, two new initiatives were introduced in recent years to support its implementation. There were no new developments found in relation to the nursing home experience surveys implemented in the USA. A summary of nursing home experience surveys in each jurisdiction is set out in **Table 2**.

Table 2. Overview of nursing home experience surveys in each jurisdiction

	Australia	British Columbia, Canada	The Netherlands	United States of America
Name of survey	Residents' Experience Survey	Every Voice Counts: Long-Term Care Resident and Visitor Survey	Consumer Quality-Index (CQ-Index) for Long-term Care	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Nursing Home Survey
Lead organisation	Department of Health, Disability and Ageing	Office of the Seniors Advocate	Dutch Centre of Excellence for Care and Support (Vilans)	Agency for Healthcare Research and Quality
Most recent survey year	2024	2022/2023	Unclear	Unclear
Nursing home sampling	All residential aged care homes	All publicly subsidised long-term care homes	All nursing homes	All nursing homes
Resident sampling	Stratified random sampling	All eligible residents and their frequent visitors	All eligible residents	All residents and their family members, including short-term residents post discharge.
Number of survey participants	Over 36,000 residents	10,872 residents 7,880 frequent visitors	Not reported	Unclear
Response rates	20% of residents	50% of residents 28% of visitors	Unknown	Not applicable
Mode of administration	Face-to-face interviews Group interview option for First Nations Australians*	Residents: Face-to-face interviews Frequent visitors: online survey, telephone or paper survey	Face-to-face interviews	Face-to-face for current residents, all others by mail.
Frequency of administration	Annually	Every five years	Every two years as part of accreditation process	Annually

*First Nations Australians encompass Aboriginal and Torres Strait Islander peoples; they comprise hundreds of groups that have their own distinct set of languages, histories and cultural traditions.⁽¹⁴⁾

3.1 Australia

The following is an overview of the Residents' Experience Survey (formerly known as the Consumer Experience Survey of Residents in Residential Aged Care Services) which is an initiative of the Australian Government's Department of Health, Disability and Ageing.

3.1.1 Background

The Residents' Experience Survey (RES) was introduced in response to a key finding of the Royal Commission into Aged Care Quality and Safety about the lack of data on the quality of aged care services.⁽¹⁵⁾ First undertaken in 2022, the RES replaced the Consumer Experience Survey of Residents in Residential Aged Care Services, which was part of the audit and accreditation process.

The RES is an initiative of the Department of Health, Disability and Ageing, which partners with an independent third party to deliver the survey on its behalf. It is conducted in residential aged care homes on an annual basis, face-to-face with residents.⁽¹⁶⁾ Four rounds of the RES have now been completed, in 2022, 2023, 2024 and 2025. At the time of publication of this review, the 2026 survey round had commenced.⁽¹⁷⁾ The most recently reported survey data is from 2024.⁽¹⁸⁾ A total of 36,221 residents across 2,603 residential aged care homes participated in the 2024 round of RES.

The RES covers three main themes (the care environment, resident satisfaction, and autonomy) and the questionnaire comprises 14 questions on several topics, including:

- staff knowledge
- communication
- quality care
- food
- ways a residential aged care home can improve.

3.1.2 Purpose

The purpose of the RES is to give residential aged care home residents the opportunity to provide insights into the quality of the care and services they receive. Findings of the RES are used to provide residential aged care home providers with information on what is working well and what can be improved on to help older people and their families and carers to make informed choices about their residential aged care home. The survey findings are used to encourage transparency and commitment to quality improvement in nursing homes in Australia.⁽¹⁹⁾ All residential aged care home providers are encouraged to participate in the RES, the results of which are used to calculate each home's 'Residents' Experience in Star Ratings'.⁽¹⁹⁾

The Star Ratings provide a nationally consistent benchmark to monitor, compare and improve residential aged care services.

3.1.3 Publication of findings

Information about the survey and the findings from each survey round are published on the website of the Department of Health, Disability, and Ageing. Summary factsheets highlight the key findings from each survey round, compare findings with previous years, and set out positive changes and areas for improvement.⁽¹⁸⁾ More detailed reports are published periodically, detailing multiple years of RES findings.⁽²⁰⁾

3.1.4 Developments since the 2021 review

As outlined in section 2.1.1, the RES replaced the Consumer Experience Survey of Residents in Residential Aged Care Services. There are key differences between the two surveys in terms of the objectives, administration, methodology, themes and questions, outputs and impact, and cultural-specific approaches, including:

Objectives

The Consumer Experience Survey of Residents in Residential Aged Care Services aimed to provide information about residents' experiences of the quality of care they received in residential aged care services in Australia. Additionally, the survey results had to be published to inform quality improvement initiatives and to provide public information about the performance and quality of residential aged care services.

The objectives of the RES are to offer residents the opportunity to share their experiences of the care they receive, to provide residential aged care homes with feedback, and to facilitate older people and their loved ones to have more autonomy to make informed decisions about their experience. While the RES is not part of the audit and accreditation process, it is intended to support aged care homes in improving residents' experiences by providing participating homes with information on what is working well and what can be improved at their service. The RES is used in the calculation of each home's Star Rating (discussed below under *Outputs and impact*) and the results of the survey are made publicly available.

Administration

The Aged Care Quality and Safety Commission was responsible for undertaking the Consumer Experience Survey. The survey was developed in collaboration with the Australian Institute of Primary Care and Ageing at La Trobe University and auditors were responsible for its administration.

Responsibility for the RES sits with the Department of Health and Aged Care which collaborates with independent third parties (HealthConsult and Access Care Network Australia) to deliver the survey on its behalf to residents. Prior to the RES, the

Consumer Experience Survey was delivered during the audit period. Since 2022, there is now a defined survey period from February to October.

Methodology

For the Consumer Experience Survey, systematic random sampling was used to reduce the risk of selection bias, with a minimum of 10-12% of residents from each centre surveyed to ensure consistency.

For the RES, a stratified random sampling approach is utilised with the aim to survey 20% of residents at each eligible centre. Two groups are employed: one for "special needs" (40%) and one for all other residents (60%). "Special needs" groups are defined by the Aged Care Act 1997 and includes groups such as First Nations Australians*, people with disabilities and LGBTQIA+ people. Steps were taken to increase engagement with diverse groups (for example, surveyors wore rainbow lanyards).

Similar to the Consumer Experience Survey, the RES involves face-to-face structured interviews which take about 10 to 30 minutes to complete with each resident. For the RES, if a person is unable to speak for themselves or would prefer a trusted representative to speak on their behalf, the survey can be completed by a resident's representative, once they are formally appointed representatives registered with My Aged Care.⁽²¹⁾

The RES was designed to enable older people with cognitive impairment to participate. Trained survey teams experienced in working with people with cognitive impairment supported residents to complete the survey using visual prompts such as infographics and images and or presenting the questions in writing as required.⁽²¹⁾

Questionnaire

The Consumer Experience Survey had 10 questions, two of which were open-ended questions.

The RES consists of 14 questions, including 12 four-point scale questions and two open-ended questions. It covers three main themes: the care environment, resident satisfaction, and autonomy.

In 2023, one question was modified after receiving feedback during the 2022 survey. The question on resident satisfaction changed from "*Do you feel at home here?*" to "*How likely are you to recommend this residential aged care home to someone?*"

* First Nations Australians encompass Aboriginal and Torres Strait Islander peoples; they comprise hundreds of groups that have their own distinct set of languages, histories and cultural traditions.

Simplified versions of the questionnaire have been developed to support those with limited ability to respond to the main questionnaire.

Communication

Several resources have been developed to provide residents and residential aged care providers information about the RES, including an information booklet and an easy-to-read booklet for residents, and a guide for nursing home providers and staff with information on how to participate. In 2026, a RES communication toolkit was published to assist residential aged care providers communicate with residents, their families and carers about the survey. Other resources include posters to explain the steps that will take place on the day of survey, including a poster specifically developed for Aboriginal and Torres Strait Islander people, as well as a video to explain the purpose of the survey and a webinar to provide information about what has changed in the program since 2022.⁽²²⁾

Outputs and impact

The Star Ratings system was developed in December 2022 as a public rating system given to aged care homes across the country. Star Ratings allow the public to compare the quality, safety and services of aged care homes. Data from the survey is used for the sub-category, 'resident's experience', and contributes to 33% of the total Star Rating for each care home. Resident experience has the highest weight of any of the sub-categories creating the score.⁽¹⁹⁾

Cultural-specific approaches

In 2023, a culturally appropriate group survey option was introduced for First Nations Australians. If three or more First Nations Australians were being surveyed in a centre, they could participate in a group. They could also elect to have an Elder or local support person present to create a culturally supportive environment.⁽²³⁾

3.2 British Columbia, Canada

The following is an overview of the Every Voice Counts: Residential Care Survey, the most extensive survey of its kind undertaken in Canada, conducted across residential care facilities in the province of British Columbia.

3.2.1 Background

The Every Voice Counts: Long-Term Care Resident And Frequent Visitor Survey is an initiative of the Office of Seniors Advocate (OSA) and the British Columbia Office of Patient Centred Measurement (OPCM).⁽²⁴⁾ The OSA is an independent office that acts in the interest of seniors and their caregivers and makes recommendations to government and service providers. The OPCM is responsible for measuring and reporting on patient experience and patient outcomes at a provincial level. With regard to its province-wide surveys, the OPCM oversees the selection and design of surveys, the collection of care experience data, the analysis and reporting of results and the facilitation of action planning across the province.⁽²⁵⁾

This survey was first undertaken in 2016/2017 and repeated in 2022/2023. While the intention was to have a five-year gap between survey administrations, the COVID-19 pandemic delayed the survey period by one year. The purpose of the second iteration of the survey was not only to listen directly to residents' and their frequent visitors' experiences in long term care, but also to understand changes in care experiences since 2016/2017.

In the 2022/2023 round, 10,872 residents and 7,880 frequent visitors completed the surveys resulting in a 50% response rate for residents and 28% response rate for visitors. Participants were from 297 publicly subsidised long-term care homes, where 90% of all long-term care home residents live in British Columbia.⁽²⁶⁾ Residents were not approached to participate in the survey if:

- deemed by staff to be a risk or danger to the interviewer if approached
- receiving palliative care and staff recommended exclusion
- in a Special Care Unit or in a temporary or respite bed
- passed away during the onsite survey data collection period
- had been discharged immediately prior to the onsite survey data collection period.

The same methodology and survey instrument (interRAI Self-Reported Quality of Life Survey for Long-Term Care Facilities and the interRAI Family Quality of Life for Long-Term Care Facilities) have been used in both survey waves to maintain consistency and ensure comparability. ⁽²⁷⁾ The interRAI is a standardised instrument that captures a person's day to day experience of care. Different versions of the tool have been developed for different contexts. The interRAI Self-Reported Quality of Life Survey for Long-Term Care Facilities has been used across multiple jurisdictions.

Additional survey questions relevant to British Columbia were included within the survey tool and tested with a representative sample of the care home population. The interRAI is highly structured to ensure validity but does allow minor modification and adaptation through the addition or removal of a small number of questions.

In the 2022/23 survey round, the resident survey had 83 questions, made available in eight languages, while the frequent visitor survey had 104 questions, made available in five languages. The resident survey covers several dimensions, which include:

- overall satisfaction
- care home environment
- personal autonomy
- feeling safe and respected
- relationships with staff communication with residents and family
- social connections.

The frequent visitor survey covers similar dimensions. For both the resident and frequent visitor survey, additional survey questions relevant to British Columbia were included and the survey tool was tested with a representative sample of the care home population.

The residents completed the questionnaire in structured face-to-face interviews in the care homes, while frequent visitors could take the survey online, over the phone, or request a paper copy by post. The survey was conducted by trained volunteer community surveyors, many of whom were local seniors themselves. In the 2022/2023 survey, approximately 500 volunteer community surveyors collected the data. Residents who participated were invited to elaborate on their response for any question or add additional comments or stories and these were recorded during the interview.⁽²⁶⁾

3.2.2 Purpose

The purpose of the Every Voice Counts: Residential Care Survey is to give people living in long-term care in British Columbia a collective voice; to hear from residents about their experience living in care and to survey residents' families and visitors about their perceptions of their loved one's care and their own experience visiting nursing homes.⁽²⁴⁾ The survey is intended to provide a roadmap for improvement of the care and services provided to residents and their families in long-term care and seeks to understand if policies and interventions are improving outcomes for residents.

3.2.3 Publication of findings

A provincial report was published with findings from 2022/2023 comparing the survey methodology and results with 2016/2017, and further information can be

found on the Office of the Seniors Advocate British Columbia website and also on their associated website, [Survey BC Seniors](#).⁽²⁶⁾

3.2.4 Developments since the 2021 review

Since the 2021 international review, there have been some changes to the questionnaire and to the approach to communication which are outlined below:

Questionnaire

In collaboration with an expert Consultation Group, items deemed no longer relevant were removed. A gap analysis was conducted to select new and emerging themes to be included as well as British Columbia-specific questions. New themes included the experience of cultural safety and the COVID-19 pandemic.

Communication

The OSA expanded their awareness and communication strategy. Methods include issuing a news release of the survey launch and building a website for the survey ([Survey BC Seniors](#)) that covers general information, volunteer recruitment materials, live updates from the survey on the ground, and testimonials from the volunteer surveyors.⁽²⁸⁾ They also grew their presence on social media, in community newspapers, and increased stakeholder messages.

The British Columbia Seniors Advocate also communicated directly with each care home and requested they identify a Care Home Champion that supported communications and volunteer surveyors as well as Regional Engagement Leads. Regional Engagement Leads were responsible for screening, recruiting, training, and deploying volunteer surveyors and they were selected for each health authority by Providence Health Care on behalf of the OPCM.

Outputs and impact

The response rate for residents was 50%, which is a 5% increase from 2016/2017 while the response rate for frequent visitors was 28%, which is a 21% decrease from 2016/2017. To reduce the burden on care homes, staff were not required to ask frequent visitors for their postal address. The provision of an email address was sufficient, and the survey was sent via email rather than post. Frequent visitors could take the survey online, over the phone, or request the survey by post.

Cultural-specific approaches

With consultation from the OPCM Indigenous Advisory Committee, four new questions were added to the 2023 survey to better understand cultural safety in the long-term care setting. Questions regarding respect, type of treatment due to culture, race or sexual orientation, and the resident being treated holistically were added.⁽²⁶⁾

3.3 The Netherlands

The following is an overview of the Consumer Quality Index Nursing Home Care Survey, an instrument designed as part of the Consumer Quality-Index national standard in the Netherlands to support the measurement and comparison of individuals' experiences in healthcare.⁽²⁹⁾

3.3.1 Background

In 2006, the Dutch Ministry of Health, Welfare and Sport mandated the development of a national standard for the measurement and comparison of individuals' experiences in healthcare, called the Consumer Quality-Index (CQ-Index). In the Netherlands, long-term care is typically provided in nursing homes or residential homes and in homecare settings. The CQ-Index Long-term Care instrument was developed to capture the experiences of people in nursing homes and residential homes as well as in homecare settings.⁽³⁰⁾ The Dutch Centre for Consumer Experience in Health Care was responsible for coordinating the development of the CQ-Index Long-term Care questionnaire. The questionnaire was underpinned by two key principles: the Consumer Assessment of Healthcare Providers and Systems (CAHPS) method (section 2.4) and the Quality of care through the patient's eyes (QUOTE) method, with the main focus on resident experience.⁽³¹⁻³³⁾ The resident experience survey consisted of 81 questions across nine themes:

- shared decision making
- attitude and courtesy
- information
- body care
- competence and safety of care
- activities
- autonomy
- mental well-being
- availability of personnel.

Following the development of this instrument, nursing homes and long-term care facilities were obliged to conduct surveys every two years as part of their accreditation status. The survey consists of face-to-face interviews with residents of nursing or residential care homes designed to take approximately 45 minutes to complete. A postal survey is administered to representatives of residents (usually family members or friends) if the resident was unable to take part in a structured interview due to cognitive impairments.

Certified research organisations are commissioned to collect the data from residents and submit it to a central database.⁽³⁴⁾ The process focuses on capturing residents' experiences of care in the nursing or residential homes in the previous 12 months.

The findings are used to inform public reporting of service provision, benchmarking and nationwide comparisons between nursing homes.⁽³⁰⁾

3.3.2 Purpose

The purpose of the CQ-Index Long-term Care Survey is to provide valid, reliable and comparable information about individuals' experiences and their preferences to evaluate the quality of care from the user's perspective which, in turn, can be used by the provider to inform quality improvement, public reporting and accountability.

3.3.3 Publication of findings

Survey findings are collected and submitted to a central database for nationwide comparisons, benchmarking and public reporting.⁽³⁰⁾

3.3.4 Developments since the 2021 review

The desktop review identified no recent developments relating specifically to the CQ-Index Long-term Care Survey. In recent years, however, the Netherlands has undertaken various other initiatives to capture people's experiences of nursing home care. Two such initiatives are summarised below.

One initiative, Dignity & Pride at every Facility (D&PF), was implemented in 2019 to support the implementation of the Quality Framework for Nursing Home care (QF-NH).⁽³⁵⁾ The initiative operated from 2019 to 2023.⁽³⁶⁾ D&PF was implemented by the Ministry of Health, Welfare and Sport. Vilans, the Dutch Centre for Excellence for Care and Support, was responsible for the execution of the programme. In total, 542 nursing homes participated, representing 23% of all nursing homes in the Netherlands. While the findings from the D&PF initiative have been published in an academic article, the exact number of residents and relatives who participated was not reported.⁽³⁶⁾ All personnel, residents, relatives, volunteers, and managers were invited to participate.

The survey tool used for the D&PF initiative is a revised version of the Quality Evaluation Questionnaire for Nursing Homes (QE-Q-NH) which consists of 23 items for residents, 24 items for family caregivers, and 54 items for professional caregivers. Questions are formulated as propositions and response scales range from 1 (completely disagree) to 5 (completely agree). The survey tool covers the themes included in the Dutch National Quality Framework for Nursing Homes. The themes include:

- person-centred care
- living and well-being
- safety
- learning and improving quality
- leadership, governance and management
- responsive workforce

- use of resources
- use of information

A new initiative implemented in 2024, the Generic Compass 'Working Together on Quality of Life', focuses on understanding older people's care experience in homes, nursing homes, and in the community.⁽³⁷⁾ This initiative, which contains a new instrument that comprises six questions to understand people's experience of care quality in nursing homes, was also identified as part of the desktop review. This instrument is referred to as the "Handbook of client experience measurements for the reporting year 2024" and contains questions and quality indicators for nursing home standards. Further information on this initiative, such as the frequency, methodology of administration, data reporting, and sample approach was not available.

3.4 United States of America

The following is an overview of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Nursing Home Survey, a validated survey which was created for use in long-term residential care facilities in the United States of America (USA).

3.4.1 Background

The CAHPS Programme is a federal initiative, sponsored by the Department of Health and Human Services in the USA, which was established to measure people's experiences of healthcare.⁽³⁸⁾ As part of this programme, the CAHPS Nursing Home Survey was developed to measure residents' experiences with the quality of care provided in nursing homes.⁽³⁹⁾ The development of the survey was jointly supported by the Centers for Medicare and Medicaid Services, which have responsibility for the oversight of nursing home quality, and the Agency for Healthcare Research and Quality (AHRQ).⁽³⁸⁾

The CAHPS Nursing Home Survey comprises standardised survey instruments for long-term residents, discharged residents and family member representatives. All versions are made available in English and Spanish.

The Long-Term Resident Questionnaire contains a total of 45 questions and is designed to be administered using a face-to-face interview which takes approximately 20 minutes to complete. The questionnaire contains survey items which reflect food and mealtimes, physical environment, support from staff, care provided by staff, feelings of happiness or worry, activities, medication, privacy, independence, and overall ratings of care. The questionnaire also includes showcards with response options to assist residents in responding to questions. The discharged resident survey contains 50 questions and includes additional items on therapy services.

The family member survey contains 51 questions and includes items such as meeting basic needs; help with eating, drinking, and toileting; nurses/aides' kindness/respect towards resident; nursing home provides information/encourages respondent involvement; nursing home staffing, care of belongings, and cleanliness; and overall rating of care at nursing home.

3.4.2 Purpose

The CAHPS Nursing Home Survey was designed to:

- measure and evaluate the experiences of individuals in residential care
- learn about the care that nursing home residents receive in a nursing home
- improve the quality of care in nursing homes
- provide comparable data on care experiences to enable meaningful comparisons across nursing homes on the aspects of care that are important to residents.⁽³⁸⁾

3.4.3 Developments since the 2021 review

The 2021 review acknowledged that the CAHPS Nursing Home Survey was not as widely implemented as originally expected in the USA due to a number of factors including the administrative and financial burden that this particular approach carries.⁽⁹⁾ While the Centres for Medicare and Medicaid Services mandates the CAHPS surveys in other health care settings (such as for hospitals and home health), the collection of the CAHPS Nursing Home Survey is not a requirement due to resource demands for in-person interviews, concerns over the exclusion of people with cognitive impairment, industry resistance to public reporting of resident experience, and concerns about whether family or proxy respondents fairly capture the experience of residents.⁽⁴⁰⁾ As a result, the survey has not been widely adopted, and the public availability of reports and survey findings is limited.⁽⁴¹⁾ A desktop search conducted in 2025 to search for new developments regarding the CAHPS Nursing Home Survey yielded no results.

4. Jurisdictions new to the review

This review sought to identify any additional national or large-scale nursing home surveys conducted in other jurisdictions since the publication of our 2021 international review.

As part of this review, a survey of nursing homes residents and a relative survey which have been conducted in the city of Oslo, Norway since 2006 and 2007 respectively were identified.⁽⁴²⁾ While it is reported that these surveys have been conducted every other year since 2014, the last report identified was published in 2020 following a survey of relatives in long-term care homes.⁽⁴²⁾ The city of Oslo has recently launched a new portal making the findings of the nursing home survey digitally available; this format replaces published reports.⁽⁴³⁾ Due to the limited availability of current information, in an understandable format, this jurisdiction was not included in this review.

This review did identify a revised nursing home survey in one new jurisdiction. This section provides an overview of the most recent survey implemented in the Canadian province of Alberta.

4.1 Alberta, Canada

4.1.1 Background

The Health Quality Council of Alberta (HQCA), in collaboration with Alberta Health and Alberta Health Services, conducts surveys of residents of continuing care facilities and their family members. There are three streams of continuing care in Alberta including:

- home care
- designated supportive living[†]
- long term care[‡].⁽⁴⁴⁾

Initially, the survey was carried out in 2008 with family members and residents in long term care only. Subsequently, the family members' survey was carried out every three to six years. Since 2015, the survey has also been carried out in designated supported living facilities. In 2021, a survey of residents and family members was conducted with the aim of exploring their experiences during the COVID-19 pandemic. The most recent survey of residents and their family members, the Facility-based Continuing Care Survey (long term care and designated supportive

[†] Designated supported living facilities are publicly funded accommodations that provide care and a range of health and support services appropriate to meet residents' assessed needs, for individuals who require 24-hour monitoring and support

[‡] Long-term Care homes provide 24-hour onsite care and assistance for individuals who have more complex medical needs and may require assistance with daily living activities.

living), was conducted by the HQCA in 2022/2023. This was the first time since 2008 that residents in long-term care were surveyed on their experiences.⁽²⁰⁾

4.1.2 Purpose

The purpose of the Facility-based Continuing Care Survey is to:

- understand and communicate the current state of facility-based continuing care from the perspective of residents receiving care and their family members
- contribute to discovering opportunities for improvement and identify what is being done well
- to provide Alberta Health, continuing care operators, and leaders within continuing care, with data and feedback that can be used for quality improvement processes and continuous monitoring.⁽⁴⁴⁾

4.1.3 Publications of the findings

For each iteration of the survey, an overview of the results as well as three reports with detailed findings on the resident experience survey, the family experience survey, and a methodological document, are published on the HQCA website.⁽⁴⁵⁾ Additionally, an interactive website, [FOCUS on Healthcare](#), makes the data publicly available along with other sectors of the healthcare system to improve transparency and support quality improvement.⁽⁴⁶⁾

4.1.4 Survey tool

The resident experience survey is a modified version of the Ohio Residential Care Facility Survey.⁽⁴⁷⁾ In the 2022-2023 iteration of the survey, several changes to the questionnaire were made to address the COVID-19 context, to reduce questions found to be redundant and to make sure that the survey was relevant to both long term care and designated supportive living.

The Ohio Residential Care Facility Survey is made of 11 subscales. This iteration of the survey included seven of the 11 subscales; choice; care and services: employee responsiveness; communications; meals and dining; facility environment; and resident environment. In addition to 39 questions from the Ohio Residential Care Facility Survey, the 2022-2023 survey also included questions selected from the Dementia Quality of Life (DEMQOL) measurement tool, and the Sinclair Compassion Questionnaire Short Form (SCQ-SF).^(48, 49) Elements of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys were also used, including the overall care rating 0 to 10 scale and a specific question relating to care staff. There are 59 questions in total. The survey is available in English.⁽⁴⁴⁾

The family experience survey is a modified version of CAHPS Nursing Home Survey: Family Member Instrument. This includes 58 questions in total. The survey is made available in English.⁽⁴⁴⁾

For the 2022-2023 survey, participants were asked to reflect on the last 3 months when answering questions to allow residents and families to provide meaningful feedback and reflect on a more recent time frame. The time frame for the 2019 designated supportive living survey was the previous 6 months.⁽⁴⁴⁾

4.1.5 Approach to nursing home and resident sampling

In 2022-2023, the survey was carried out in all long-term care facilities and designated supported living facilities. With the aid of site liaisons, eligible residents at each facility were identified. To be eligible to participate, residents were required to not be limited by cognitive impairment, physical disability, or illness and had to be able to complete either a face-to-face interview or a self-administered questionnaire. In total, 8,641 residents were eligible to participate, and a total of 2,683 residents took part, representing a 31% response rate. The family member survey was carried out at the same sites as the resident survey. Site liaisons identified and provided contact information for family members or friends who were most involved. A total of 8,791 family members took part, representing a 44% response rate.⁽⁴⁴⁾

4.1.6 Survey administration

Due to time and budget constraints, participating sites were categorised as remote or non-remote depending on their proximity to major urban centres. Sites categorised as remote were sent self-administered paper surveys by mail. The survey team visited all other sites where an in-person interview was administered, or a paper survey was provided to residents for self-administration. For a small number of sites, due to limited availability of survey administrators as well as ongoing COVID-19 restrictions, alternative methods were used to complete the surveys, including online and telephone. The use of alternative methods was identified as a factor contributing to the lower response rate among residents compared to previous years (31% in 2022-23, compared to 60% in 2019).⁽⁴⁴⁾

For the family experience survey, all eligible family members or friends were contacted by post in a three-stage mailing protocol. The stages included the initial mailing, postcard reminders, and an additional mailing of the questionnaire with updated cover letter. Family members and friends could return the questionnaire by post or complete the questionnaire online.

4.1.7 Impact of the survey

Based on the responses to the questions in the resident and family member surveys, 'Actions for Improvement' were recommended.⁽⁴⁴⁾ These actions were set out as opportunities for Alberta Health, operators and leaders in the continuing care system to implement measures that would have the greatest positive change on resident experience. The areas were identified by selecting the questions that had the most impact on overall experience and had the greatest room for improvement.⁽⁴⁴⁾

All actions for improvement were aligned with the findings from the *Improving Quality of Life for Residents in Facility-Based Continuing Care: Alberta Facility Based Continuing Care Review Recommendations Final Report (2021)*.⁽⁵⁰⁾ For the 2022-2023 survey, it was acknowledged that multiple factors contribute to residents' experiences and that the survey results should not be used in isolation from other information such as site demographics, resident or family complaints and concerns, site accreditation results and compliance with Continuing Care Health Service Standards.⁽⁴⁴⁾

5. Overview of findings

There were several similarities and some differences across the surveys of nursing home residents that were included in this review in several areas such as:

- approach to sampling
- modes of administration
- questionnaire (length, themes included)
- frequency of data collection and reporting of findings
- communication
- overall approach.

5.1 Approach to sampling

Similarities were found across all jurisdictions in relation to the approaches to nursing home sampling; all jurisdictions sought to survey residents in all nursing homes in receipt of government funding. In the recently conducted survey in Australia, a stratified random sampling approach was adopted which aimed to survey 20% of residents in all eligible nursing homes and using proportional allocation, sought to include a representation of residents from diverse backgrounds including First Nations Australians, people with disabilities and LGBTQIA+ people. In British Columbia and Alberta, a census approach was employed, with all residents that met eligibility criteria within the participating homes identified and invited to participate.

5.2 Mode of administration

The surveys in all jurisdictions were primarily conducted by means of a face-to-face structured interview, with some distinctions in relation to the approach.

In Australia, trained teams carried out face-to-face interviews with residents. The survey was designed to support all residents to exercise their right to have their voice heard and the opportunity to provide feedback on their care. The approach aimed to be inclusive of people from diverse backgrounds and those with cognitive impairments. Experienced survey teams supported residents with cognitive impairment throughout the process to ensure they engaged meaningfully in the survey. A simplified version of the questionnaire tool was available for use with residents with cognitive impairment, if required. A group survey option was also available for First Nations Australian residents, if preferred.

Similarly, in British Columbia, trained volunteers conducted face-to-face interviews with residents. With the aim of providing additional support to these volunteers, for each survey round, each care home was requested to identify a champion to support the volunteer surveyors, as well a lead person who was responsible for training and deploying volunteer surveyors. In the latest survey round, visual analogue response boards were used to support resident understanding when completing the survey.

In Alberta, in homes categorised as remote, residents completed self-administered paper surveys and returned them by post. For a number of homes that had limited availability of survey administrators or COVID-19 restrictions in place, alternative methods to complete the surveys were also used, including online and telephone.

In Australia and the Netherlands a representative, relative or friend could take the survey on the resident's behalf; in the Netherlands this was administered by post.

5.3 Questionnaire

Jurisdictions differ with regard to the length of the survey tools used, ranging from 14 questions to 83 questions, and the themes included. **Table 3** outlines the number of questions and the themes covered in each survey included in this review.

In Australia and British Columbia, some revisions to the surveys have been made in recent years. In Australia, four questions were added, resulting in a total of 12 four-point scale questions and two open-ended questions covering three themes. Two questions within the survey were modified following a review and simplified versions of the questionnaire were developed to support residents with limited ability to respond to main questionnaire. In British Columbia, a gap analysis identified items to be removed and new emerging themes relating to cultural safety and COVID-19 to be added. Four new questions were added relating to treatment due to culture, race or sexual orientation, and a holistic approach to care.

As mentioned previously (section 5.2), Australia provided a simplified version of the survey if required for use with residents with cognitive impairment. Other jurisdictions (British Columbia and USA) provided visual response cards as part of the questionnaire to assist residents when responding to questions.

Table 3: Items covered within the nursing home experience survey in each jurisdiction

	Australia	British Columbia, Canada	The Netherlands	USA	Aberta, Canada
Name of survey	Residents' Experience Survey	Every Voice Counts: Long-Term Care Resident and Visitor Survey	Consumer Quality-Index (CQ-Index) for Long-term Care	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Nursing Home Survey	Facility-based Continuing Care Survey (long term care and designated supportive living)
Name of questionnaire tool	Purposefully designed	Modified interRAI Self-Reported Quality of Life Survey for Long-Term Care Facilities Modified interRAI Family Quality of Life for Long-Term Care Facilities	Based on the CAHPS method and the QUOTE method	Purposefully designed	Resident experience survey - Modified Ohio Residential Care Facility Survey Family experience survey - modified CAHPS Nursing Home Survey: Family Member Instrument.
Number of questions	14 questions	Residents - 83 questions Frequent visitors - 104 questions	81 questions	Long-Term Residents - 45 questions Discharged (short-term) residents - 50 questions Family members - 51 questions	Residents experience survey - 59 questions Family experience survey - 58 questions
Themes covered	<ul style="list-style-type: none"> ▪ Resident satisfaction ▪ Autonomy ▪ Care environment 	<ul style="list-style-type: none"> ▪ Overall satisfaction ▪ Care home environment ▪ Food and meals ▪ Personal autonomy ▪ Privacy ▪ Feeling safe and respected ▪ Relationships with staff ▪ Communication with residents and family ▪ Social connections 	<ul style="list-style-type: none"> ▪ Shared decision making ▪ Attitude and courtesy ▪ Information ▪ Body care ▪ Competence and safety of care ▪ Activities ▪ Autonomy ▪ Mental well-being ▪ Availability of personnel 	Long-Term Resident Questionnaire <ul style="list-style-type: none"> ▪ Food and mealtimes ▪ Physical environment ▪ Support from staff ▪ Feelings of happiness or worry ▪ Activities ▪ Medication ▪ Privacy ▪ Independence ▪ Overall ratings of care 	Resident experience survey <ul style="list-style-type: none"> ▪ Choice ▪ Care and services ▪ Employee responsiveness ▪ Communications ▪ Meals and dining ▪ Facility environment ▪ Resident environment

5.4 Frequency of data collection and reporting of findings

In Australia, surveys are conducted annually. In British Columbia, the anticipated frequency is every five years. These differences in frequency may in part be attributed to the sampling approaches. While Australia aims to survey approximately 20% of older people living in aged residential care each year, British Columbia aims to invite all residents to participate every five years.

With regard to reporting, Australia publishes summary factsheets highlighting key findings every year, while more in-depth reports summarising key findings are published every two years. In British Columbia, detailed reports with recommendations are published after each survey round.

5.5 Communication

Some jurisdictions have developed additional resources to increase awareness of the surveys and to provide information to residents and staff.

Since 2024, a number of resources were developed to provide residents and nursing home providers in Australia information about the survey, including a booklet and easy-to-read guide for residents, posters, a video and webinar. In 2026, a communication toolkit and guidance were published to assist nursing home providers communicate with residents, their families and carers about the survey, and inform them how to participate.

In British Columbia, the awareness and communication strategy was expanded, including the use of press releases, community newspapers, social media and a website built specifically to provide information and live updates on the survey.

5.6 Overall approach

The surveys in all jurisdictions aim to capture and understand the experiences of residents living in nursing homes. However, some differences in approaches were observed.

In Australia, the recent updates to the survey methodology aimed to place a heightened focus on residents' experiences and ensure that the survey was accessible and inclusive. The survey was conducted by an independent survey team and designed to capture the views of residents with diverse backgrounds, with an emphasis placed on supporting residents with cognitive impairment to participate. The findings of the survey contribute to an Overall Star Rating for nursing homes, a national benchmark to monitor, compare and improve nursing home care.

In British Columbia, as well as surveying residents, residents' families and visitors are also surveyed about their perceptions of their loved one's care. The survey

findings are used to develop a road map for improvement of care and to understand if policies and interventions are improving outcomes for residents.

The Netherlands' approach was a whole-system approach which addresses a range of interrelated issues that contribute to quality of care including residents' experience, staff experience and organisational features. The survey is carried out as part of the nursing homes accreditation status and the survey findings are used to inform public reporting of service provision, benchmarking and national comparisons between nursing homes, to drive quality improvements.

In Alberta, the most recent survey was extended to capture the experiences of residents and their families in all types of nursing home settings. The findings of the survey were used to inform three key actions for improvement which were deemed to have the greatest positive change on resident experience.

6. Considerations for Ireland's nursing home experience survey

There are important findings and areas for consideration for Ireland from the approaches taken in other jurisdictions to nursing home experience surveys. In planning for the next iteration of the NNHES, and in striving to build on the success of the 2022 survey, consideration should be given to a number of areas outlined here.

Nursing home and resident sampling

- In all jurisdictions included in this review, the surveys are conducted in all nursing homes that are in receipt of government funding. If stratified random sampling is undertaken to select nursing homes for inclusion in the NNHES 2027 (in line with the sampling approach used in 2022), consideration should be given to ensuring the final sample of nursing homes is as representative of all Irish nursing homes as possible.
- Except for Australia which uses stratified random sampling, all other jurisdictions take a census approach allowing all eligible nursing home residents in eligible homes to participate. With this approach, staff at the nursing homes support the survey teams to identify residents that have the capacity to participate. If such an approach is employed for the NNHES 2027 (in line with the approach taken in 2022), consideration should be given to ensuring as many residents as possible are identified and facilitated to participate in the survey.

Accessibility

- Across all jurisdictions included in this review, an emphasis is placed on ensuring residents with cognitive and or other types of impairments are supported to complete the survey. Consideration should be given to the need for additional support from survey team members, to assist residents with cognitive or other impairments to complete the survey. This includes considering the use of a simplified or easy-to-read printed version of the survey to assist understanding and facilitate residents with hearing difficulties to complete the survey, as well as the use of visual response cards to assist residents' understanding when responding to questions.
- It is essential that interviewers are highly trained and have the skills to engage with older people. Consideration should also be given to facilitating a representative, relative or friend to complete the survey on behalf of a resident, if a resident is unable to complete the survey themselves.

Questionnaire

- The NNHES questionnaire used for residents in 2022 is considerably longer than the questionnaire used in Australia, but comparable in length to the questionnaires in other jurisdictions. Consideration should be given to finding a balance that ensures the length of the questionnaire is appropriate and not prohibitively long but also captures the breadth of themes and questions relevant to the current nursing home landscape in Ireland.

Communication

- Additional resources may be required to increase awareness of the survey and provide information to residents and nursing home providers in an accessible way. Consideration should be given to the use of easy-to-read booklets and posters for residents, guides for nursing home staff, and the use of media such as animations and videos.

Use of the survey findings

- In the jurisdictions included in this review, survey findings are widely used to drive improvement across the sector. Consideration should be given to how the survey findings are reported on at a national-level, and how nursing homes can be supported to access and utilise the survey data to drive improvements at a local-level.

7. Conclusion and next steps

Among the most important developments across jurisdictions since the publication of the 2021 international review, is the move towards including adaptations to ensure that the experiences of people from diverse backgrounds and those with cognitive and other impairments can be captured effectively. Such adaptations have included both changes to the content of the questionnaires, as well as changes to how the questionnaires are administered.

This international review is one part of the review phase in the development of the next iteration of the NNHES planned to be implemented in early 2027. This phase also includes a national review, a review of the previous model and methodology, engagement with stakeholders including residents and their relatives through focus groups, working groups and cognitive interviews. The findings from this review, the national review and the stakeholder engagement process will inform the development of the next iteration.

Appendices

Appendix 1. Key organisations in each jurisdiction

Country	Website
Australia	Department of Health, Disability and Ageing
British Columbia, Canada	Office of the Seniors Advocate
Canada	Canadian Institute for Health Information (CIHI)
The Netherlands	The Dutch Centre of Expertise for Long Term Care (Vilans)
The Netherlands	Netherlands Institute for Health Services Research (Nivel)
United States of America	Agency for Healthcare Research and Quality (AHRQ)
Alberta, Canada	Health Quality Alberta

Appendix 2. Participants and organisations that contributed to this review

The National Care Experience Programme would like to thank the below contributors and organisations for generously providing their time, knowledge and expertise to inform this international review.

Jurisdiction	Organisation	Type of organisation	Title of personnel who contributed to this review
Australia	Department of Health, Disability and Ageing	Government department	Departmental Officer, Assistant Director (Resident Experience and Food Policy Section)
British Columbia, Canada	Office of the Seniors Advocate	Independent office of the provincial government	Executive Director (Monitoring and Research)
British Columbia, Canada	The British Columbia Office of Patient Centred Measurement	Independent office of the provincial government	Executive Director

Appendix 3. Interview schedule for meeting with the Resident Experience and Food Policy Section, Department of Health, Disability and Ageing, Australia

National Nursing Home Experience Survey

International Review Update

Date and Time: 15 October 2025, 17:00pm Australia/07:00am Ireland

Meeting with: Departmental Officer, Resident Experience and Food Policy Section, Australian Government Department of Health, Disability and Ageing

Attending: Project Lead, Project Manager, Analyst, Research Officer; HIQA.

Survey: Residents' Experience Survey

Introduction

- Welcome and brief introductions. National Care Experience Programme which is based in the Health Information and Quality Authority (HIQA). We are working in partnership with the Department of Health and the HSE.
- Thank attendees for meeting with us.
- The purpose of this meeting is to inform the nursing home survey used by the NCEP to capture the experiences of nursing home residents in Ireland and to obtain the views of their designated representatives/family members. The results of Ireland's first NNHES were published in 2022. We are following up with jurisdictions we previously met with to hear about any recent developments.
- Brief presentation on NCEP and NNHES (3/4 slides).
- The purpose of NNHES is to identify areas of care that are working well and to understand areas which need improvement in nursing homes to improve the standard and quality of care provided to residents.

Questions and discussion

Question 1: Governance

Can you tell us what the key organisations involved in the Residents' Experience Survey are and their roles in development, administration/survey implementation and reporting?

Prompts:

- What are the roles of the Department of Health, Disability and Ageing, HealthConsult and Access Care Network Australia in the survey?
- How does the Resident Experience Survey better represent the experience of people receiving aged care than the Consumer Experience Survey of Residents in Residential Aged Care Services?
- Any other changes since the 2017 report was published?

Question 2: Survey development

Can you tell us about the steps taken to develop the survey questionnaire?

Prompts:

- Any other changes since the 2017 report was published?
- Describe the survey, questions, dimensions/areas etc.
- Why did you decide to utilise a nominated proxy versus developing a separate survey for residents' friends/family members?
- How did you decide on formulating a more culturally sensitive approach for First Nations residents? Did you meet with community groups/representatives to determine this process?
- How is the frequency decided? (What are the benefits and challenges of surveying annually?)

Question 3: Survey administration/implementation

Can you tell us about the steps taken to administer/implement the survey?

Prompts:

- Any changes since the 2017 report was published?
- What were the considerations when developing the approach to sampling?
- Did you implement your survey interviews so that if residents shared more throughout the survey process not related to a question this could still be captured in the data?
- How would you describe: the accessibility of the questionnaire tool, ease of administration, respondent burden?
- Any solutions or thoughts on managing some of the challenges of surveying this cohort?

Question 4: Reporting/impact

Can you tell us about how the survey is reported and how the findings are used?

Prompts:

- Any other changes since the 2017 report was published?
- Can you tell us about how the use of the Star Rating System as it relates to the Residents' Experience Survey?
- Links to accreditation/inspections.
- Have the past recommendations changed policy and practice?

Question 5: Closing

Do you have any additional comments that you would like to add?

Prompts:

- Thank you and next steps.

Glossary of Abbreviations and Terms

Abbreviation/term	Description
NCEP	National Care Experience Programme
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
AHRQ	Agency for Healthcare Research and Quality
CQ-Index	Consumer Quality-Index
CAHPS	Consumer Assessment of Healthcare Providers and Systems
Vilans	Dutch Centre of Excellence for Care and Support
RES	Residents' Experience Survey
interRAI	A standardised instrument that captures a person's day to day experience of care. Different versions of the tool have been developed for different contexts.
QUOTE	Quality of care through the patient's eyes
D&PF	Dignity & Pride at every Facility
QF-NH	Quality Framework for Nursing Home care
The OSA	Office of the Seniors Advocate
OPCM	Office of Patient Centred Measurement
QEQ-NH	Quality Evaluation Questionnaire for Nursing Homes
HQCA	Health Quality Council of Alberta
DEMQOL	Dementia Quality of Life
SCQ-SF	Sinclair Compassion Questionnaire Short Form

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