

Supplementary file 2 – Phase 2, sample questions for online survey of health care providers

An increasing number of older adults are living and aging at home where they will be faced with important decisions (such as decisions on medication, surgery, safety, care transitions, advance care planning, housing transitions). Past research has shown that when care providers work with individuals to make decisions together based on best evidence and what matters most to individuals, this can lead to better outcomes. This is referred to as shared decision making.

During Fall 2019/Winter 2020, we spoke with older adults (and their caregivers) to identify decisions they face in the home care setting, and what they perceive that they need for making better decisions at home. We are seeking your view on what we learned from older adults (and caregivers). The survey is organized into the following sections:

Section A – About you

Section B – Your views on decisions facing older adults (and caregivers) in the home care setting

Section C – Your views on decision making needs of older adults (and caregivers) in the home care setting and entry for draw for \$20 gift card (total of 100 gift cards).

You do not need to complete the survey in one go. You can come back to complete remaining questions at a later time.

Thank you for taking the time to participate and sharing your views.

Section A – About you

1. What is your practice discipline?

- Personal support worker (PSW), Health Care Aide (HCA), or Préposé Aux Bénéficiaires (PAB)
- Registered Nurse Assistant (RNA)
- Registered Practical Nurse (RPN), or Licensed Practical Nurse (LPN)
- Registered Nurse (RN)
- Advance practice nurse (e.g., Nurse Practitioner (NP), Clinical Nurse Specialist)
- Occupational therapist (OT)
- Physiotherapist (PT)
- Other:
Please specify: _____

2. How long have you provided care in the home care setting?

- Less than 6 months
- 6 months to < 1 year
- 1 year to < 2 years
- 2 years to < 5 years
- 5 years to < 10 years
- 10 years or more

3. What is your age category?

- Under 20 years of age
- 21 - 30
- 31 – 40
- 41 – 50
- 51 – 60
- 61 years and older
- Prefer not to answer

4. What is your gender?

- Male
- Female
- Other gender:
- Prefer not to answer

5. Do you provide care in a city, town / small city or rural area?

(Check ALL that apply)

- Urban centre or suburb of urban centre (e.g., Hamilton, Brampton, Mississauga, Ottawa or Toronto) - population greater than 500,000
- City not attached to urban centre - population between 100,001 and 500,000
- Town / Small city - population between 10,000 and 100,000
- Rural – population less than 10,000
- Other or uncertain

Section B – Your views on decisions facing older adults (and their caregivers) in home care setting

6. Decisions relating to place of living

In your opinion, how often are older adults (and their caregivers) in the home care setting faced with the following decisions?

	Always	Often	Sometimes	Rarely	Never	Any comments? (please specify)
a) Whether they should stay at home, or move? (e.g., nursing home,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

assisted living, closer to family)						
b) What is the best option for them to stay safe at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) What is the best option for them to prevent falls ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Whether they should seek immediate care , or not? (e.g., call ambulance, go to hospital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Whether they should seek assistance with day-to-day activities , or not? (e.g., eating, bathing, dressing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) Whether they should stop driving , or not?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7. Decisions on managing condition(s)

In your opinion, how often are older adults (and their caregivers) in the home care setting faced with the following decisions?

	Always	Often	Sometimes	Rarely	Never	Any comments? (please specify)
Whether they should get surgery , or not?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Whether they should take medication , or not?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What is the best option for them to manage pain ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What is the best option for them to manage their	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

health condition(s)?						
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9. Decisions on death and dying

In your opinion, how often are older adults (and their caregivers) in the home care setting faced with the following decisions?

	Always	Often	Sometimes	Rarely	Never	Any comments? (please specify)
Whether they should choose a palliative approach to care, or not?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What is the best option for them for advance care planning ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Whether they should be resuscitated/intubated , or not?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What is the best option for their location of death (e.g., hospital or at home)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Whether they should choose medical assistance in dying (MAID), or not?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. What do you perceive as **the most difficult decision** facing older adults (and their caregivers) in the home care setting?

<input type="radio"/>	Whether they should stay at home, or move ?
<input type="radio"/>	What is the best option for them to stay safe at home?
<input type="radio"/>	What is the best option for them to prevent falls ?
<input type="radio"/>	Whether they should seek immediate care , or not?
<input type="radio"/>	Whether they should assistance with day-to-day activities , or not?

<input type="radio"/>	Whether they should stop driving , or not?
<input type="radio"/>	Whether they should get surgery , or not?
<input type="radio"/>	Whether they should take medication , or not?
<input type="radio"/>	What is the best option for them to manage pain ?
<input type="radio"/>	What is the best option for them to manage their health condition(s) ?
<input type="radio"/>	Whether they should choose a palliative approach to care, or not?
<input type="radio"/>	What is the best option for them for advance care planning ?
<input type="radio"/>	Whether they should be resuscitated/intubated or not?
<input type="radio"/>	What is the best option for their location of death ?
<input type="radio"/>	Whether they should choose medical assistance in dying (MAID), or not?

Section C – Your views on decision making needs of older adults (and their caregivers) in the home care setting

11. In your opinion, older adults (and their caregivers) who need help with decision making are..

(Check ALL that apply)

- Lacking information about options, benefits, risks
- Lacking information on the chances of benefits and harms
- Confused from information overload
- Unclear about what is important to them
- Feeling unsupported in decision making
- Feeling pressure from others
- Lacking motivation or not feeling ready to make a decision
- Lacking the ability or skill to make a decision
- Lacking ability or skills to effectively communicate
- Lacking advocacy skills
- Lacking support from family, friends and community
- Lacking support from doctor(s)
- Lacking support from case managers

- Lacking support from care providers
- Lacking ability or skills to effectively navigate health system (e.g., find appropriate care providers)
- Confused by conflicting information from health care providers
- Anything else?

Please specify: _____

12. During home visits, how often do you support clients (and their caregivers) with decision making?

- Always (every home visit)
- Often
- Sometimes
- Rarely
- Never

Any comments?

Please specify: _____

13. When you support clients (and their caregivers) with decision making, how often do you...

	Always	Often	Sometimes	Rarely	Never	Don't know/prefer not to answer	Any comments? (please specify)
...mention that clients (and their caregivers) have a choice of treatment or care plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
...present the advantages and disadvantages of the different possible treatment or care plan options?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
...ask clients (and their caregivers) for their views and preferences regarding their treatment or care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

plan?							
...ask whether clients (and their caregivers) preferred one option or another about their treatment or your care plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... involve your clients (and their caregivers) as much as they want in the decisions about their treatment or care plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. In your opinion, how frequent do you see the following **people involved in decision making with older adults** in the home care setting?

	Always	Often	Sometimes	Rarely	Never	Don't know/prefer not to answer	Any comments ? (please specify)
Designated decision maker (individual with power of attorney)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Husband	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Son(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Daughter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other family members (e.g., siblings, grandchildren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Friends, neighbors, church members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Doctor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Case manager(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Others (please specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

15. What do you feel **that you need to better support** your clients with making decisions?

16. Comments or feedback:

Thank you for completing the survey.

In appreciation of your time, we are offering you a chance to win a \$20 gift cards (total of 100 gift cards available). If you choose to enter the draw, your email address will be collected for administering the draw -- it will not be associated with survey results.

Would you like to enter the draw?

Yes

Please enter email address:

No (survey ends)