

## Family Satisfaction with Care in the Intensive Care Unit© FS-ICU (34)

*How are we doing?*

*Your opinions about your family member's recent admission to the Intensive Care Unit (ICU)*

Your family member was a patient in this ICU. You have been recorded as being the "next-of-kin". The questions that follow ask **YOU** about your family member's **most recent ICU admission**. We understand that there were probably many doctors and nurses and other staff involved in caring for your family member. We know that there may be exceptions but we are interested in **your overall assessment** of the quality of care we delivered. We understand that this was probably a very difficult time for you and your family members. We would appreciate you taking the time to provide us with your opinion. Please take a moment to tell us what we did well and what we can do to make our ICU better. Please be assured that all responses are confidential. The Doctors and Nurses who looked after your family member will not be able to identify your responses.

### DEMOGRAPHICS:

**Please complete the following to help us know a little about you and your relationship to the patient.**

1. I am:  Male  Female

2. I am \_\_\_\_\_ years old

3. I am the patient's:

Wife       Husband       Partner  
 Mother       Father       Sister       Brother  
 Daughter       Son       Other (Please specify): \_\_\_\_\_

4. Before this most recent event, have you been involved as a family member of a patient in an ICU (Intensive Care Unit)?

Yes       No

5. Do you live with the patient?  Yes       No

If no, then on average how often do you see the patient?

More than weekly       Weekly       Monthly       Yearly       Less than once a year

6. Where do you live?  In the city where the hospital is located       Out of town

**How are we doing?**  
**Your Opinions about your Family Member's ICU stay**

**PART 1: SATISFACTION WITH CARE**

**Please check one box that best reflects your views. If the question does not apply to your family member's stay then check the not applicable box (N/A).**

**HOW DID WE TREAT YOUR FAMILY MEMBER (THE PATIENT)**

1. <b>Concern and Caring by ICU Staff:</b> The courtesy, respect and compassion <b>your family member (the patient)</b> was given	θ1 Excellent	θ2 Very Good	θ3 Good	θ4 Fair	θ5 Poor	θ6 N/A
2. <b>Symptom Management:</b> How well the ICU staff assessed and treated your family member's symptoms.						
<b>pain</b>	θ1 Excellent	θ2 Very Good	θ3 Good	θ4 Fair	θ5 Poor	θ6 N/A
<b>breathlessness</b>	θ1 Excellent	θ2 Very Good	θ3 Good	θ4 Fair	θ5 Poor	θ6 N/A
<b>agitation</b>	θ1 Excellent	θ2 Very Good	θ3 Good	θ4 Fair	θ5 Poor	θ6 N/A

**HOW DID WE TREAT YOU?**

3. <b>Consideration of your needs:</b> How well the ICU staff showed an interest in your needs	θ1 Excellent	θ2 Very Good	θ3 Good	θ4 Fair	θ5 Poor	θ6 N/A
4. <b>Emotional support:</b> How well the ICU staff provided emotional support	θ1 Excellent	θ2 Very Good	θ3 Good	θ4 Fair	θ5 Poor	θ6 N/A
5. <b>Spiritual Support:</b> How well the ICU staff met your spiritual/religious needs	θ1 Excellent	θ2 Very Good	θ3 Good	θ4 Fair	θ5 Poor	θ6 N/A

**How are we doing?**  
**Your Opinions about your Family Member's ICU stay**

- |    |  |                         |                         |                    |                    |                    |                   |
|----|--|-------------------------|-------------------------|--------------------|--------------------|--------------------|-------------------|
| 6. | <b>Co-ordination of care:</b><br>The teamwork of all the ICU staff who took care of your family member | $\theta$ 1<br>Excellent | $\theta$ 2<br>Very Good | $\theta$ 3<br>Good | $\theta$ 4<br>Fair | $\theta$ 5<br>Poor | $\theta$ 6<br>N/A |
| 7. | <b>Concern and Caring by ICU Staff:</b><br>The courtesy, respect and compassion <b>you</b> were given  | $\theta$ 1<br>Excellent | $\theta$ 2<br>Very Good | $\theta$ 3<br>Good | $\theta$ 4<br>Fair | $\theta$ 5<br>Poor | $\theta$ 6<br>N/A |

**NURSES**

- |    |   |                         |                         |                    |                    |                    |                   |
|----|---|-------------------------|-------------------------|--------------------|--------------------|--------------------|-------------------|
| 8. | <b>Skill and Competence of ICU Nurses:</b><br>How well the nurses cared for your family member.                                 | $\theta$ 1<br>Excellent | $\theta$ 2<br>Very Good | $\theta$ 3<br>Good | $\theta$ 4<br>Fair | $\theta$ 5<br>Poor | $\theta$ 6<br>N/A |
| 9. | <b>Frequency of Communication With ICU Nurses:</b><br>How often nurses communicated to you about your family member's condition | $\theta$ 1<br>Excellent | $\theta$ 2<br>Very Good | $\theta$ 3<br>Good | $\theta$ 4<br>Fair | $\theta$ 5<br>Poor | $\theta$ 6<br>N/A |

**PHYSICIANS (All Doctors, including Residents)**

- |     |   |                         |                         |                    |                    |                    |                   |
|-----|---|-------------------------|-------------------------|--------------------|--------------------|--------------------|-------------------|
| 10. | <b>Skill and Competence of ICU Doctors:</b><br>How well doctors cared for your family member.                                     | $\theta$ 1<br>Excellent | $\theta$ 2<br>Very Good | $\theta$ 3<br>Good | $\theta$ 4<br>Fair | $\theta$ 5<br>Poor | $\theta$ 6<br>N/A |
| 11. | <b>Frequency of Communication With ICU Doctors:</b><br>How often doctors communicated to you about your family member's condition | $\theta$ 1<br>Excellent | $\theta$ 2<br>Very Good | $\theta$ 3<br>Good | $\theta$ 4<br>Fair | $\theta$ 5<br>Poor | $\theta$ 6<br>N/A |

**How are we doing?**  
**Your Opinions about your Family Member's ICU stay**

**Other ICU Staff**

- |     |   |                 |                 |            |            |            |           |
|-----|---|-----------------|-----------------|------------|------------|------------|-----------|
| 12. | <b>Social work staff:</b><br>How well the ICU social workers assisted and supported you | θ1<br>Excellent | θ2<br>Very Good | θ3<br>Good | θ4<br>Fair | θ5<br>Poor | θ6<br>N/A |
| 13. | <b>Pastoral care staff:</b><br>How well the ICU chaplain assisted and supported you     | θ1<br>Excellent | θ2<br>Very Good | θ3<br>Good | θ4<br>Fair | θ5<br>Poor | θ6<br>N/A |

**THE ICU**

- |     |                               |                 |                 |            |            |            |           |
|-----|-------------------------------|-----------------|-----------------|------------|------------|------------|-----------|
| 14. | <b>Atmosphere of ICU was?</b> | θ1<br>Excellent | θ2<br>Very Good | θ3<br>Good | θ4<br>Fair | θ5<br>Poor | θ6<br>N/A |
|-----|-------------------------------|-----------------|-----------------|------------|------------|------------|-----------|

**THE WAITING ROOM**

- |     |  |                 |                 |            |            |            |           |
|-----|--|-----------------|-----------------|------------|------------|------------|-----------|
| 15. | <b>The Atmosphere in the ICU Waiting Room was?</b> | θ1<br>Excellent | θ2<br>Very Good | θ3<br>Good | θ4<br>Fair | θ5<br>Poor | θ6<br>N/A |
|-----|--|-----------------|-----------------|------------|------------|------------|-----------|

**LOOKING BACK ON THE CARE YOUR FAMILY MEMBER AND YOU RECEIVED**

- |     |   |                      |                |                  |                       |                   |
|-----|---|----------------------|----------------|------------------|-----------------------|-------------------|
| 16. | <b>Overall satisfaction with your experience in the ICU</b> | θ1                   | θ2             | θ3               | θ4                    | θ5                |
|     |   | Completely Satisfied | Very Satisfied | Mostly Satisfied | Slightly Dissatisfied | Very Dissatisfied |

***How are we doing?  
Your Opinions about your Family Member's ICU stay***

**PART 2: FAMILY SATISFACTION WITH DECISION-MAKING  
AROUND CARE OF CRITICALLY ILL PATIENTS**

<b>INSTRUCTIONS FOR FAMILY OF CRITICALLY ILL PATIENTS</b>
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This part of the questionnaire is designed to measure how you feel about YOUR involvement in decisions related to your family member's health care. In the Intensive Care Unit (ICU), your family member may have received care from different people. We would like you to think about all the care your family member received when you are answering the questions.

<b>PLEASE CHECK <u>ONE</u> BOX THAT BEST DESCRIBES YOUR FEELINGS</b>
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**INFORMATION NEEDS**

- |   |                 |                 |            |            |            |           |
|---|-----------------|-----------------|------------|------------|------------|-----------|
| 1. <b>Ease of getting information:</b><br>Willingness of ICU staff to answer your questions   | θ1<br>Excellent | θ2<br>Very Good | θ3<br>Good | θ4<br>Fair | θ5<br>Poor | θ6<br>N/A |
| 2. <b>Understanding of Information:</b><br>How well ICU staff provided you with explanations that you understood  | θ1<br>Excellent | θ2<br>Very Good | θ3<br>Good | θ4<br>Fair | θ5<br>Poor | θ6<br>N/A |
| 3. <b>Honesty of Information:</b><br>The honesty of information provided to you about your family member's condition  | θ1<br>Excellent | θ2<br>Very Good | θ3<br>Good | θ4<br>Fair | θ5<br>Poor | θ6<br>N/A |
| 4. <b>Completeness of Information:</b><br>How well ICU staff informed you what was happening to your family member and why things were being done.                                      | θ1<br>Excellent | θ2<br>Very Good | θ3<br>Good | θ4<br>Fair | θ5<br>Poor | θ6<br>N/A |
| 5. <b>Consistency of Information:</b><br>The consistency of information provided to you about your family member's condition (Did you get a similar story from the doctor, nurse, etc.) | θ1<br>Excellent | θ2<br>Very Good | θ3<br>Good | θ4<br>Fair | θ5<br>Poor | θ6<br>N/A |

*How are we doing?*  
*Your Opinions about your Family Member's ICU stay*

## **PROCESS OF MAKING DECISIONS:**

During your family member's stay in the ICU, many important decisions were made regarding the health care she or he received. From the following questions, pick **one** answer from each of the following set of ideas that best matches your views:

**6. Did you feel included in the decision making process?**

- θ1 I felt very excluded
- θ2 I felt somewhat excluded
- θ3 I felt neither included nor excluded from the decision making process
- θ4 I felt somewhat included
- θ5 I felt very included

**7. Were you involved at the right time in the decision making process?**

- θ1 I was involved far too late
- θ2 I was involved a little too late
- θ3 I was involved at the right time
- θ4 I was involved a little too early
- θ5 I was involved far too early

**8. Did you receive an appropriate amount of information to participate in the decision making process?**

- θ1 I received too much information
- θ2 I received just enough information
- θ3 I received too little information

**9. Did you feel you had enough time to think about the information provided?**

- θ1 I felt I could have used more time to think
- θ2 I felt I had enough time to think
- θ3 I felt that I had more than enough time to think

**10. Did you feel supported during the decision making process?**

- θ1 I felt totally overwhelmed
- θ2 I felt slightly overwhelmed
- θ3 I felt neither overwhelmed nor supported
- θ4 I felt supported
- θ5 I felt very supported

***How are we doing?  
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**11. Did you feel you had control over the care of your family member?**

- θ1 I felt really out of control and that the health care system took over and dictated the care my family member received
- θ2 I felt somewhat out of control and that the health care system took over and dictated the care family member received
- θ3 I felt neither in control or out of control
- θ4 I felt I had some control over the care my family member received
- θ5 I felt that I had good control over the care my family member received

**12. Were you given the right amount of hope that our family member would recover?**

- θ1 I felt that I was not given any hope that my family member would recover
- θ2 I felt that I was given too little hope that my family member would recover
- θ3 I felt that I was given the right amount of hope that my family member would recover
- θ4 I felt that I was given a bit too much hope that my family member would recover
- θ5 I felt that I was given far too much hope that my family member would recover

**13. Was there agreement within your family regarding the care that your family member received?**

- θ1 I felt there were severe conflicts within my family
- θ2 I felt that there were some conflicts within my family
- θ3 I felt that there was neither conflict nor agreement in my family regarding the care my family member received
- θ4 I felt that there was agreement in my family
- θ5 I felt there was strong agreement within my family

**14. When making decisions, did you have adequate time to have your concerns addressed and questions answered?**

- θ1 I could have used more time
- θ2 I had adequate time
- θ3 I had more than enough time

**15. Some people want everything done for their health problems while others do not want a lot done. How satisfied were you with the LEVEL or amount of health care your family member received in the ICU?**

θ1	θ2	θ3	θ4	θ5
Very	Slightly	Mostly	Very	Completely
Dissatisfied	Dissatisfied	Satisfied	Satisfied	Satisfied

**How are we doing?**  
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16. **Overall satisfaction with your role in the decision-making related to the care of your family member in the ICU.**

$\theta_1$ Very Dissatisfied	$\theta_2$ Slightly Dissatisfied	$\theta_3$ Mostly Satisfied	$\theta_4$ Very Satisfied	$\theta_5$ Completely Satisfied
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**If your family member died during the ICU stay, please answer the following questions. If your family member did not die please skip to question 20.**

17. Which of the following best describes your views:

- $\theta_1$  I felt my family member's life was prolonged unnecessarily
- $\theta_2$  I felt my family member's life was slightly prolonged unnecessarily
- $\theta_3$  I felt my family member's life was neither prolonged nor shortened unnecessarily
- $\theta_4$  I felt my family member's life was slightly shortened unnecessarily
- $\theta_5$  I felt my family member's life was shortened unnecessarily

18. During the final hours of your family member's life, which of the following best describes your views:

- $\theta_1$  I felt that he/she was very uncomfortable
- $\theta_2$  I felt that he/she was slightly uncomfortable
- $\theta_3$  I felt that he/she was mostly comfortable
- $\theta_4$  I felt that he/she was very comfortable
- $\theta_5$  I felt that he/she was totally comfortable

19. During the last few hours before my family member's death, which of the following best describes your views:

- $\theta_1$  I felt very abandoned by the health care team
- $\theta_2$  I felt abandoned by the health care team
- $\theta_3$  I felt neither abandoned nor supported by the health care team
- $\theta_4$  I felt supported by the health care team
- $\theta_5$  I felt very supported by the health care team



***How are we doing?***  
***Your Opinions about your Family Member's ICU stay***

**20. Do you have any suggestions on how to make care provided in the ICU better?**

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**21. Do you have any comments on things we did well?**

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**22. Please add any comments or suggestions that you feel may be helpful to the staff of the Kingston General Hospital.**

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**We would like to thank you very much for your participation and your opinions.**