**Family Satisfaction with Care in Step Down Units ©**

***How are we doing?***

***We would like to hear your opinions about your family member’s recent admission to the Step-Down Unit (SDU)***

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| Your family member was a patient in this SDU. The questions that follow ask **YOU** about your family member’s **most recent SDU 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 SDU 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. |

# PART 1: SATISFACTION WITH CARE

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| ***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).*** |

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| HOW DID WE TREAT YOUR FAMILY MEMBER (THE PATIENT)? HOW SATISFIED ARE YOU WITH… | | | | | | | |
| 1. | Concern and Caring by SDU Staff?  The courtesy, respect and compassion your family member (the patient) was given. |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| 2. | Symptom Management? How well the SDU staff assessed and treated your **family member’s** symptoms. | | | | | | |
|  | How well the SDU staff assessed and treated your family member’s pain. |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
|  | How well the SDU staff assessed and treated your family member’s breathlessness. |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
|  | How well the SDU staff assessed and treated your family member’s agitation. |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |

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| **HOW DID WE TREAT YOU? HOW SATISFIED ARE YOU WITH…** | | | | | | | |
| 3. | Consideration of your needs?  How well the SDU staff showed an interest in **your** needs. |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| 4. | Emotional support?  How well the SDU staff provided emotional support to **you**. |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| 5. | Co-ordination of care?  The teamwork of all the SDU staff who took care of your family member. |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| 6. | Concern and Caring by SDU Staff?  The courtesy, respect and compassion you were given. |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| **THE SDU STAFF: HOW SATISFIED ARE YOU WITH?** | | | | | | | |
| 7. | Skill and Competence of SDU Nurses?  How well the nurses cared for your family member. |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| 8. | Frequency of Communication **With SDU Nurses**?  How often nurses communicated to you about your family member’s condition. |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| 9. | Skill and Competence of SDU  Doctors (All Doctors including Residents)?  How well doctors cared for your family member. |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |

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| **THE WAITING ROOM** | | | | | | | |
| 10. | How satisfied are you with the atmosphere (mood) in the SDU waiting room? |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| **THE SDU** | | | | | | | |
| 11. | How satisfied are you with the atmosphere (mood) of the SDU? |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| 12. | How satisfied are you with your participation in daily rounds? |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| 13. | How satisfied are you with your participation in the care of your critically ill family member? |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| 14. | Some people want everything done for their health problems while others do not want a lot done. How satisfied are you with the LEVEL *or amount* of health care your family member received in the SDU? |  |  |  |  |  |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |

**PART 2: FAMILY SATISFACTION WITH DECISION-MAKING**

**AROUND CARE OF CRITICALLY ILL PATIENTS**

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| INSTRUCTIONS FOR FAMILY OF CRITICALLY ILL PATIENTS |

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 SDU, 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.

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| ***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)*** |

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| INFORMATION NEEDS HOW SATISFIED ARE YOU WITH… | | | | | | | | |
| 15. | Frequency of Communication **With SDU Doctors?**  How often doctors communicated to you about your family member’s condition. |  |  |  |  |  |  | | |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A | | |
| 16. | Ease of getting information?  Willingness of SDU staff to answer your questions. |  |  |  |  |  |  | | |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A | | |
| 17. | Understanding of Information?  How well SDU staff provided you with explanations that you understood. |  |  |  |  |  |  | | |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A | | |
| 18. | Honesty of Information?  The honesty of information provided to you about your family member’s condition. |  |  |  |  |  |  | | |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A | | |
| 19. | Completeness of Information?  How well SDU staff informed you what was happening to your family member and why things were being done. |  |  |  |  |  |  | | |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A | | |
| 20. | Consistency of Information?  The consistency of information provided to you about your family member’s condition (Did you get a similar story from the doctor, nurse, etc.) |  |  |  |  |  |  | | |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A | | |
| **PROCESS OF MAKING DECISIONS** | | | | | | | |
| During your family member’s stay in the SDU, many important decisions were made regarding the health care she or he received. From the following questions, select only **one** answer from each of the following set of ideas that best matches your views: | | | | | | | |
| 21. | **How included or excluded did you feel in the decision-making process?** | | | | | | |
|  | 1. I felt very excluded | | | | | | |
|  | 1. I felt somewhat excluded | | | | | | |
|  | 1. I felt neither included nor excluded from the decision-making process | | | | | | |
|  | 1. I felt somewhat included | | | | | | |
|  | 1. I felt very included | | | | | | |
|  |  | | | | | | |
| 22. | **How supported did you feel during the decision making process?** | | | | | | |
|  | 1. I felt totally unsupported | | | | | | |
|  | 1. I felt slightly unsupported | | | | | | |
|  | 1. I felt neither unsupported nor supported | | | | | | |
|  | 1. I felt supported | | | | | | |
|  | 1. I felt very supported | | | | | | |
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| 23. | **Did you feel you had control over the care of your family member?** | | | | | | |
|  | 1. I felt really out of control and that the health care system took over and dictated the care my family member received | | | | | | |
|  | 1. I felt somewhat out of control and that the health care system took over and dictated the care my family member received | | | | | | |
|  | 1. I felt neither in control nor out of control | | | | | | |
|  | 1. I felt I had some control over the care my family member received | | | | | | |
|  | 1. I felt that I had good control over the care my family member received | | | | | | |
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| 24. | When making decisions, did you have adequate time to have your concerns addressed and questions answered? | | | | | | |
|  | 1. The time I had was definitely inadequate | | | | | | |
|  | 1. The time I had was slightly inadequate | | | | | | |
|  | 1. The time I had was adequate | | | | | | |
|  | 1. The time I had was more than adequate | | | | | | |
|  | 1. I had a substantial amount of time | | | | | | |

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| **If your family member died during the SDU stay, please answer the following questions (25-27). If your family member did not die, please skip to question 28.** | |
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| 25**.** | **Which of the following best describes your views:** |
|  | 1. I felt my family member’s life was prolonged unnecessarily |
|  | 1. I felt my family member’s life was slightly prolonged unnecessarily |
|  | 1. I felt my family member’s life was neither prolonged nor shortened unnecessarily |
|  | 1. I felt my family member’s life was slightly shortened unnecessarily |
|  | 1. I felt my family member’s life was shortened unnecessarily |
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| 26. | **During the final hours of your family member’s life, which of the following best describes your views:** |
|  | 1. I felt that he/she was very uncomfortable |
|  | 1. I felt that he/she was slightly uncomfortable |
|  | 1. I felt that he/she was mostly comfortable |
|  | 1. I felt that he/she was very comfortable |
|  | 1. I felt that he/she was totally comfortable |
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| 27. | **During the last few hours before your family member’s death, which of the following best describes your views:** |
|  | 1. I felt very abandoned by the health care team |
|  | 1. I felt abandoned by the health care team |
|  | 1. I felt neither abandoned nor supported by the health care team |
|  | 1. I felt supported by the health care team |
|  | 1. I felt very supported by the health care team |

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

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

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30. **Do you have any suggestions on how we could improve the SDU experience for you and your family member?**

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# DEMOGRAPHICS:

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

# I am: Male Female Other

1. **I am**            years old
2. **I am the patient’s:**

Wife  Husband  Partner

Mother  Father  Sister  Brother

Daughter  Son  Other (Please specify):          

1. **Before this most recent event, have you been involved as a family member of a patient in an SDU (Step Down Unit)?**

Yes  No

1. **Do you currently 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

# 

# Where do you live?

# In the city or town where the hospital is located Out of town

# Which of the following best describes the highest level of education you have completed?

Did not complete secondary school or high school

Completed secondary or high school

Had some university education or completed a community college, technical college, or post-secondary program (for example; trade, technical or vocational school)

University degree (for example; BA, BSc, BSN)

Graduate degree (for example; MD, DDS, DMD, DVM, OD, Master’s, or PhD)

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