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

***How are we doing?***

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

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| You were recently a patient in this SDU. The questions that follow ask **YOU** about your **most recent SDU admission**. We understand that there were probably many doctors and nurses and other staff involved in caring for you. 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. 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 you 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 stay, then check the ‘Not Applicable’ box (N/A).*** |

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| HOW DID WE TREAT YOU? HOW SATISFIED ARE YOU WITH… | | | | | | | |
| 1. | Concern and Caring by SDU Staff?  The courtesy, respect and compassion you (the patient) were given. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| 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 symptoms. | | | | | | |
|  | How well the SDU staff assessed and treated your pain. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| 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 breathlessness. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| 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 agitation. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |

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| 3. | Consideration of your needs?  How well the SDU staff showed an interest in your needs. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| 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. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| 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 you. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| **HOW DID WE TREAT YOUR FAMILY? HOW SATISFIED ARE YOU WITH…** | | | | | | | |
| 6. | Concern and Caring by SDU Staff?  The courtesy, respect and compassion your family members were given. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| 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 you. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| 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 condition. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| 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 you. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |

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| **THE SDU** | | | | | | | |
| 10. | How satisfied are you with the atmosphere (mood) of the SDU? | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| 11. | How satisfied are you with your participation in daily rounds? | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |
| 12. | 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 you received in the SDU? | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A |

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

**AROUND CARE IN STEP-DOWN UNITS (SDU)**

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| INSTRUCTIONS FOR PATIENTS |

This part of the questionnaire is designed to measure how you feel about YOUR involvement in decisions related to your health care. In the Step Down Unit (SDU), you may have received care from different people. We would like you to think about all the care you 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 stay, then check the ‘Not Applicable’ box (N/A)*** |

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| INFORMATION NEEDS HOW SATISFIED ARE YOU WITH… | | | | | | | | |
| 13. | Frequency of Communication **With SDU Doctors?**  How often doctors communicated to you about you condition. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  | | |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A | | |
| 14. | Ease of getting information?  Willingness of SDU staff to answer your questions. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  | | |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A | | |
| 15. | Understanding of Information?  How well SDU staff provided you with explanations that you understood. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  | | |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A | | |
| 16. | Honesty of Information?  The honesty of information provided to you about your condition. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  | | |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A | | |
| 17. | Completeness of Information?  How well SDU staff informed you what was happening to you and why things were being done. | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  | | |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A | | |
| 18. | Consistency of Information?  The consistency of information provided to you about your condition (Did you get a similar story from the doctor, nurse, etc.) | Color _ Poor | Color _ Fair (1) | Color _ Good | Color _ Very Good | Color _ Excellent |  | | |
| Very Dissatisfied  1 | Slightly Dissatisfied  2 | Mostly Satisfied  3 | Very Satisfied  4 | Completely Satisfied  5 | N/A | | |
| **PROCESS OF MAKING DECISIONS** | | | | | | | |
| During your stay in the SDU, many important decisions were made regarding the health care you received. From the following questions, select only **one** answer from each of the following set of ideas that best matches your views: | | | | | | | |
| 19. | **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 | | | | | | |
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| 20. | **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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| 21. | **Did you feel you had control over your care?** | | | | | | |
|  | 1. I felt really out of control and that the health care system took over and dictated the care my I received | | | | | | |
|  | 1. I felt somewhat out of control and that the health care system took over and dictated the care I received | | | | | | |
|  | 1. I felt neither in control nor out of control | | | | | | |
|  | 1. I felt I had some control over the care I received | | | | | | |
|  | 1. I felt that I had good control over the care I received | | | | | | |
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| 22. | 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 | | | | | | |

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

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

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

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# DEMOGRAPHICS:

Please complete the following to help us know a little about you.

# I am: Male Female Other

1. **I am**            years old

# 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.**