

## 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)**

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

**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).**

#### HOW DID WE TREAT YOU? HOW SATISFIED ARE YOU WITH...

- |   |   |  |  |  |  |                                 |
|---|---|--|--|--|--|---------------------------------|
| <p>1. <b>Concern and Caring by SDU Staff?</b><br/>The courtesy, respect and compassion <b>you (the patient)</b> were given.</p> | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1  | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2  | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3  | <br>Very<br>Satisfied<br><input type="checkbox"/> 4  | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5  | N/A<br><input type="checkbox"/> |
| <p>2. <b>Symptom Management?</b><br/>How well the SDU staff assessed and treated your symptoms.</p>                             |   |  |  |  |  |                                 |
| <p>a. How well the SDU staff assessed and treated your <u>pain</u>.</p>   | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | N/A<br><input type="checkbox"/> |
| <p>b. How well the SDU staff assessed and treated your <u>breathlessness</u>.</p>   | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | N/A<br><input type="checkbox"/> |
| <p>c. How well the SDU staff assessed and treated your <u>agitation</u>.</p>  | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | N/A<br><input type="checkbox"/> |
















**How are we doing?  
Your Opinions about your recent SDU stay**

- |    |   |   |  |  |  |  |                                 |
|----|---|---|--|--|--|--|---------------------------------|
| 3. | <b>Consideration of your needs?</b><br>How well the SDU staff showed an interest in your needs. | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | N/A<br><input type="checkbox"/> |
| 4. | <b>Emotional support?</b><br>How well the SDU staff provided emotional support.                 | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | N/A<br><input type="checkbox"/> |
| 5. | <b>Co-ordination of care?</b><br>The teamwork of all the SDU staff who took care of you.        | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | N/A<br><input type="checkbox"/> |

**HOW DID WE TREAT YOUR FAMILY? HOW SATISFIED ARE YOU WITH...**
















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|----|---|---|--|--|--|--|---------------------------------|
| 6. | <b>Concern and Caring by SDU Staff?</b><br>The courtesy, respect and compassion your family members were given. | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | N/A<br><input type="checkbox"/> |
|----|---|---|--|--|--|--|---------------------------------|

**THE SDU STAFF: HOW SATISFIED ARE YOU WITH?**

- |    |  |   |  |  |  |  |                                 |
|----|--|---|--|--|--|--|---------------------------------|
| 7. | <b>Skill and Competence of SDU Nurses?</b><br>How well the nurses cared for you.                                 | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | N/A<br><input type="checkbox"/> |
| 8. | <b>Frequency of Communication With SDU Nurses?</b><br>How often nurses communicated to you about your condition. | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | N/A<br><input type="checkbox"/> |
| 9. | <b>Skill and Competence of SDU Doctors (All Doctors including Residents)?</b><br>How well doctors cared for you. | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | N/A<br><input type="checkbox"/> |

**How are we doing?  
Your Opinions about your recent SDU stay**

**THE SDU**

- |     |   |   |  |   |   |   |                          |
|-----|---|---|--|---|---|---|--------------------------|
| 10. | How satisfied are you with the atmosphere (mood) of the SDU?  |  |  |  |  |  | N/A                      |
|     |   | Very<br>Dissatisfied  | Slightly<br>Dissatisfied   | Mostly<br>Satisfied   | Very<br>Satisfied   | Completely<br>Satisfied   |                          |
|     |   | <input type="checkbox"/> 1  | <input type="checkbox"/> 2   | <input type="checkbox"/> 3  | <input type="checkbox"/> 4  | <input type="checkbox"/> 5  | <input type="checkbox"/> |
| 11. | How satisfied are you with your participation in daily rounds?  |  |  |  |  |  | N/A                      |
|     |   | Very<br>Dissatisfied  | Slightly<br>Dissatisfied   | Mostly<br>Satisfied   | Very<br>Satisfied   | Completely<br>Satisfied   |                          |
|     |   | <input type="checkbox"/> 1  | <input type="checkbox"/> 2   | <input type="checkbox"/> 3  | <input type="checkbox"/> 4  | <input type="checkbox"/> 5  | <input type="checkbox"/> |
| 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 <u>or amount</u> of health care you received in the SDU? |  |  |  |  |  | N/A                      |
|     |   | Very<br>Dissatisfied  | Slightly<br>Dissatisfied   | Mostly<br>Satisfied   | Very<br>Satisfied   | Completely<br>Satisfied   |                          |
|     |   | <input type="checkbox"/> 1  | <input type="checkbox"/> 2   | <input type="checkbox"/> 3  | <input type="checkbox"/> 4  | <input type="checkbox"/> 5  | <input type="checkbox"/> |

**How are we doing?  
Your Opinions about your recent SDU stay**

**PART 2: PATIENT SATISFACTION WITH DECISION-MAKING  
AROUND CARE IN STEP-DOWN UNITS (SDU)**































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.

**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)**

**INFORMATION NEEDS**

HOW SATISFIED ARE YOU WITH...

|  |   |  |  |  |  |   |
|--|---|--|--|--|--|---|
| <p>13. <b>Frequency of Communication With SDU Doctors?</b><br/>How often doctors communicated to you about you condition.</p>  | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1   | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2   | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3   | <br>Very<br>Satisfied<br><input type="checkbox"/> 4   | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5   | <p>N/A<br/><input type="checkbox"/></p> |
| <p>14. <b>Ease of getting information?</b><br/>Willingness of SDU staff to answer your questions.</p>  | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1  | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2  | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3  | <br>Very<br>Satisfied<br><input type="checkbox"/> 4  | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5  | <p>N/A<br/><input type="checkbox"/></p> |
| <p>15. <b>Understanding of Information?</b><br/>How well SDU staff provided you with explanations that you understood.</p>   | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | <p>N/A<br/><input type="checkbox"/></p> |
| <p>16. <b>Honesty of Information?</b><br/>The honesty of information provided to you about your condition.</p>   | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | <p>N/A<br/><input type="checkbox"/></p> |
| <p>17. <b>Completeness of Information?</b><br/>How well SDU staff informed you what was happening to you and why things were being done.</p>                                     | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | <p>N/A<br/><input type="checkbox"/></p> |
| <p>18. <b>Consistency of Information?</b><br/>The consistency of information provided to you about your condition (Did you get a similar story from the doctor, nurse, etc.)</p> | <br>Very<br>Dissatisfied<br><input type="checkbox"/> 1 | <br>Slightly<br>Dissatisfied<br><input type="checkbox"/> 2 | <br>Mostly<br>Satisfied<br><input type="checkbox"/> 3 | <br>Very<br>Satisfied<br><input type="checkbox"/> 4 | <br>Completely<br>Satisfied<br><input type="checkbox"/> 5 | <p>N/A<br/><input type="checkbox"/></p> |

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**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
- 2 I felt somewhat excluded
- 3 I felt neither included nor excluded from the decision-making process
- 4 I felt somewhat included
- 5 I felt very included

20. **How supported did you feel during the decision making process?**

- 1 I felt totally unsupported
- 2 I felt slightly unsupported
- 3 I felt neither unsupported nor supported
- 4 I felt supported
- 5 I felt very supported

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
- 2 I felt somewhat out of control and that the health care system took over and dictated the care I received
- 3 I felt neither in control nor out of control
- 4 I felt I had some control over the care I received
- 5 I felt that I had good control over the care I received

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
- 2 The time I had was slightly inadequate
- 3 The time I had was adequate
- 4 The time I had was more than adequate
- 5 I had a substantial amount of time

***How are we doing?  
Your Opinions about your recent SDU stay***

**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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***How are we doing?  
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**DEMOGRAPHICS:**

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

1. **I am:**  Male  Female  Other
  
2. **I am** \_\_\_\_\_ years old
  
3. **Where do you live?**  
 In the city or town where the hospital is located  Out of town
  
4. **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.**