Family Satisfaction Study: Care in the Intensive Care Unit

How are we doing?

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

Your family member is 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 current ICU admission. We understand that there are 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 are delivering. We understand that this is probably a very difficult time for you and your family members. We would appreciate you taking the time to provide us with your opinion. We are conducting a research project in which we plan to use your answers to improve patient outcomes in the ICU. We are particularly interested in improving patient satisfaction and the medical care we deliver to ICU patients. Please take a moment to tell us what we are doing well and what we can do to make our ICU better. Please be assured that all responses are confidential. The Doctors and Nurses who are looking after your family member will not be able to identify your responses. You can skip any questions. And you are welcome to take this survey home to review and answer.

Please return this survey to:

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
   - Mother
   - Daughter
   - Husband
   - Father
   - Son
   - Partner
   - Sister
   - Brother
   - 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

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Your Opinions about your Family Member’s ICU stay

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

7. What languages do you speak fluently?
   English   Spanish

   Other (please specify):__________________

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. Concern and Caring by ICU Staff:
   The courtesy, respect and compassion your family member (the patient) was given

   Symptom Management:
   How well the ICU staff assessed and treated your family member’s symptoms.

2. Pain
   Excellent  Very Good  Good  Fair  Poor  N/A
How are we doing?
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3. **Breathlessness**
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - N/A

4. **Agitation**
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - N/A

**HOW DID WE TREAT YOU?**

5. **Consideration of your needs:**
   How well the ICU staff showed an interest in your needs
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - N/A

6. **Emotional support:**
   How well the ICU staff provided emotional support
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - N/A

7. **Co-ordination of care:**
   The teamwork of all the ICU staff who took care of your family member
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - N/A

8. **Concern and Caring by ICU Staff:**
   The courtesy, respect and compassion you were given
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - N/A

**NURSES**

9. **Skill and Competence of ICU Nurses:**
   How well the nurses cared for your family member.
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - N/A

10. **Frequency of Communication With ICU Nurses:**
    How often nurses communicated to you about your family member’s condition
    - Excellent
    - Very Good
    - Good
    - Fair
    - Poor
    - N/A

**PHYSICIANS (All Doctors, including Residents)**
## How are we doing?

### Your Opinions about your Family Member’s ICU stay

11. **Skill and Competence of ICU Doctors:**
   - How well doctors cared for your family member.
   - **1** Excellent
   - **2** Very
   - **3** Good
   - **4** Fair
   - **5** Poor
   - **6** N/A

### THE ICU

12. **Atmosphere of ICU was?**
   - **1** Excellent
   - **2** Very
   - **3** Good
   - **4** Fair
   - **5** Poor
   - **6** N/A

### THE WAITING ROOM

13. **The Atmosphere in the ICU Waiting Room was?**
   - **1** Excellent
   - **2** Very
   - **3** Good
   - **4** Fair
   - **5** Poor
   - **6** N/A

14. **Some people want everything done for their health problems while others do not want a lot done.**
   - **1** Very
   - **2** Slightly
   - **3** Mostly
   - **4** Very
   - **5** Completely
   - **6** Dissatisfied
   - **7** Dissatisfied
   - **8** Satisfied
   - **9** Very
   - **10** Satisfied
   - **11** Satisfied

### Hospital Food

1. **Please rate your loved one’s satisfaction with the food provided to them by the hospital during their stay.**
   - **1** Excellent
   - **2** Very
   - **3** Good
   - **4** Fair
   - **5** Poor
   - **6** N/A

2. **Please rate your personal satisfaction with the food available to you in the hospital cafeteria during your loved one’s hospitalization.**
   - **1** Excellent
   - **2** Very
   - **3** Good
   - **4** Fair
   - **5** Poor
   - **6** N/A

### Language/Translation Services

3. **Please rate your satisfaction with the language translation services available to you and your loved one in the hospital.**
   - **1** Excellent
   - **2** Very
   - **3** Good
   - **4** Fair
   - **5** Poor
   - **6** N/A
How are we doing?

Your Opinions about your Family Member’s ICU stay

4. Please rate your satisfaction with how we dealt with any language barriers between the ICU care providers (doctors, nurses, etc) and you and/or your loved one during their ICU stay (if applicable).

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<td>Excellent</td>
<td>Very</td>
<td>Good</td>
<td>Fair</td>
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5. Please rate your satisfaction with the spiritual support services provided by the hospital.

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<td>Fair</td>
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6. Please rate your satisfaction with the social work services provided to you and/or your loved one during their hospitalization.

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<td>Excellent</td>
<td>Very</td>
<td>Good</td>
<td>Fair</td>
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7. Your loved ones interactions with ancillary staff (respiratory therapists, physical therapists, janitorial staff, nursing aides, occupational therapists) were generally:

Please elaborate on any positive or negative interactions you or your loved one had with ancillary staff in the surgical intensive care unit:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

VISITING TIMES

1. How satisfied were you with the hospital's policies regarding visiting times?

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<td>Completely</td>
<td>Very</td>
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<td>Satisfied</td>
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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 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.

PLEASE CHECK ONE BOX THAT BEST DESCRIBES YOUR FEELINGS

INFORMATION NEEDS

1. Frequency of Communication With ICU Doctors:
   - How often doctors communicated to you about your family member’s condition
   - Excellent | Very Good | Good | Fair | Poor | N/A

2. Ease of getting information:
   - Willingness of ICU staff to answer your questions
   - Excellent | Very Good | Good | Fair | Poor | N/A

3. Understanding of Information:
   - How well ICU staff provided you with explanations that you understood
   - Excellent | Very Good | Good | Fair | Poor | N/A

4. Honesty of Information:
   - The honesty of information provided to you about your family member’s condition
   - Excellent | Very Good | Good | Fair | Poor | N/A
How are we doing?
Your Opinions about your Family Member’s ICU stay

5. **Completeness of Information:**
How well ICU staff informed you what was happening to your family member and why things were being done.

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6. **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.)

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**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:

7. **Did you feel included 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

8. **Did you feel supported during the decision making process?**
   1. I felt totally overwhelmed
   2. I felt slightly overwhelmed
   3. I felt neither overwhelmed nor supported
   4. I felt supported
   5. I felt very supported

9. **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
How are we doing?
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2 I felt somewhat out of control and that the health care system took over and dictated the care my family member received
3 I felt neither in control or out of control
4 I felt I had some control over the care my family member received
5 I felt that I had good control over the care my family member received

10. When making decisions, did you have adequate time to have your concerns addressed and questions answered?
   1 I could have used more time
   2 I had adequate time

If your family member died during the ICU stay, please answer the following questions (11-13). If your family member did not die please skip to question 14.

11. Which of the following best describes your views:

   1 I felt my family member’s life was prolonged unnecessarily
   2 I felt my family member’s life was slightly prolonged unnecessarily
   3 I felt my family member’s life was neither prolonged nor shortened unnecessarily
   4 I felt my family member’s life was slightly shortened unnecessarily
   5 I felt my family member’s life was shortened unnecessarily

12. 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
   2 I felt that he/she was slightly uncomfortable
   3 I felt that he/she was mostly comfortable
   4 I felt that he/she was very comfortable
   5 I felt that he/she was totally comfortable

13. 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
   2 I felt abandoned by the health care team
How are we doing?

*Your Opinions about your Family Member's ICU stay*

3. I felt neither abandoned nor supported by the health care team
4. I felt supported by the health care team
5. I felt very supported by the health care team

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

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

16. **Please add any comments or suggestions that you feel may be helpful to the staff of this hospital.**

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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

We would like to thank you very much for your participation and your opinions. Please return your completed survey to the designated person in the ICU.