

FAMILY EXPERIENCE

with CARE in the ICU

How are we doing?

** DOCUMENT DATE RECEIVED*

Your feedback about your family member's recent admission to the intensive care is important to us. Please take a few minutes to complete the following survey.

SITE Which Intensive Care Unit (ICU) was your family member admitted to:

- | | |
|---|---|
| 1 <input checked="" type="checkbox"/> Concordia | 5 <input checked="" type="checkbox"/> St. Boniface Medical-Surgical |
| 2 <input checked="" type="checkbox"/> Grace | 6 <input checked="" type="checkbox"/> St. Boniface Cardiac Surgery |
| 3 <input checked="" type="checkbox"/> Health Sciences Center Medical | 7 <input checked="" type="checkbox"/> Seven Oaks |
| 4 <input checked="" type="checkbox"/> Health Sciences Center Surgical | 8 <input checked="" type="checkbox"/> Victoria |
| 9 <input checked="" type="checkbox"/> Health Sciences Center Intermediate | 10 - Did not specify |
- * DOCUMENT ICU LOCATION*

Demographics

P1Q1 1. I am ☒ Male ☒ Female

2. I am the patient's:

P1Q2 ☒ Spouse ☒ Parent ☒ Sister ☒ Daughter
☒ Partner ☒ Friend ☒ Brother ☒ Son
☒ Other (please specify): *P1Q2 - TEXT*

3. Prior to this admission, have you had previous experience with an ICU?

P1Q3 ☒ Yes ☒ No

4. Do you live with the patient?

P1Q4 ☒ Yes ☒ No

5. Do you live in Winnipeg?

P1Q5 ☒ Yes ☒ No

Satisfaction with Care

In the 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.

Excellent	Very Good	Good	Fair	Poor	N/A
😊	🙂	😐	😞	😡	○

- P2Q1* 1. The courtesy, respect and compassion your family member (the patient) was given 1 2 3 4 5 6
2. How well the ICU staff assessed and treated *P2Q2A* Pain ☐ ☐ ☐ ☐ ☐ ☐
 your family member's symptoms: *P2Q2B* Breathlessness ☐ ☐ ☐ ☐ ☐ ☐
 P2Q2C Agitation ☐ ☐ ☐ ☐ ☐ ☐
- P2Q3* 3. How well the ICU staff showed an interest in your needs ☐ ☐ ☐ ☐ ☐ ☐
- P2Q4* 4. How well the ICU staff provided emotional support ☐ ☐ ☐ ☐ ☐ ☐
- P2Q5* 5. The teamwork of all the ICU staff who took care of your family member ☐ ☐ ☐ ☐ ☐ ☐
- P2Q6* 6. The courtesy, respect and compassion you were given ☐ ☐ ☐ ☐ ☐ ☐
- P2Q7* 7. How well the nurses cared for your family member ☐ ☐ ☐ ☐ ☐ ☐
- P2Q8* 8. How often the nurses communicated to you about your family member's condition ☐ ☐ ☐ ☐ ☐ ☐
- P2Q9* 9. How well doctors cared for your family member ☐ ☐ ☐ ☐ ☐ ☐
- P2Q10* 10. Atmosphere of ICU was? ☐ ☐ ☐ ☐ ☐ ☐
- P2Q11* 11. The atmosphere in the ICU waiting room was? ☐ ☐ ☐ ☐ ☐ ☐
- P2Q12* 12. 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? ☐ ☐ ☐ ☐ ☐ ☐

Family Satisfaction with Decision Making Around Care of Critically Ill patients

Excellent	Very Good	Good	Fair	Poor	N/A
😊	🙂	😐	😞	😡	○

- P3Q1* 1. How often doctors communicated to you about your family member's condition 1 2 3 4 5 6
- P3Q2* 2. Willingness of ICU staff to answer your questions ☐ ☐ ☐ ☐ ☐ ☐
- P3Q3* 3. How well ICU staff provided you with explanations that you understood ☐ ☐ ☐ ☐ ☐ ☐
- P3Q4* 4. The honesty of information provided to you about your family member's condition ☐ ☐ ☐ ☐ ☐ ☐
5. How well ICU staff informed you about:
- P3Q5A* a. what was happening to your family member ☐ ☐ ☐ ☐ ☐ ☐
- P3Q5B* b. why things were being done ☐ ☐ ☐ ☐ ☐ ☐

- | | | Excellent
 | Very Good
 | Good
 | Fair
 | Poor
 | N/A
 |
|------|---|---------------|---------------|----------|----------|----------|---------|
| P3Q6 | 6. The consistency of information provided to you about your family member's condition (Did you get a similar story from the doctor, nurse, etc.) | 1 | 2 | 3 | 4 | 5 | 6 |

The Way Decisions Were Made

- | | | | | | | |
|-------|---|-----------------------|-------------------------|---------------------------------------|------------------------------|-----------------------|
| P3Q7 | 7. Did you feel involved in the decision making process? | 1
Very Involved | 2
Somewhat Involved | 3
Not Included or Excluded | 4
Somewhat Excluded | 5
Very Excluded |
| P3Q8 | 8. Did you feel supported during the decision making process? | 1
Very Supported | 2
Somewhat Supported | 3
Not Overwhelmed or Supported | 4
Somewhat Overwhelmed | 5
Very Overwhelmed |
| P3Q9 | 9. Did you feel you had control over the care of your family member? | 1
Good Control | 2
Some Control | 3
Not In Control or Out of Control | 4
Somewhat Out of Control | 5
No Control |
| P3Q10 | 10. When making decisions, did you have adequate time to have your concerns addressed and questions answered? | 1
Needed More Time | 2
Had Adequate Time | | | |

If your family member died during the ICU stay please answer the following questions (11-13).
If your family member has left ICU, please skip to question 14

- | | | | | | | |
|-------|--|------------------------------|---------------------------------------|---|---------------------------------------|------------------------------|
| P3Q11 | 11. Which of the following best describes your views. "I felt my family member's life was..." | 1
Prolonged Unnecessarily | 2
Slightly Prolonged Unnecessarily | 3
Not Prolonged or Shortened Unnecessarily | 4
Slightly Shortened Unnecessarily | 5
Shortened Unnecessarily |
| P3Q12 | 12. During the final hours of your family member's life which of the following best describes your views? "I felt that he/she was..." | 1
Totally Comfortable | 2
Very Comfortable | 3
Mostly Comfortable | 4
Slightly Uncomfortable | 5
Very Uncomfortable |
| P3Q13 | 13. During the last few hours before your family member's death, which of the following best describes your views? "I felt _____ by the health care team." | 1
Very Supported | 2
Supported | 3
Neither Abandoned Nor Supported | 4
Abandoned | 5
Very Abandoned |

14. Were any of the following types of people involved in your family member's care (check all that apply)?

- P3Q14 ☒ Occupational Therapy ☒ Social Work ☒ Speech Language Pathology
☒ Pharmacist ☒ Spiritual Health ☒ Unit Assistants/Health Care Aides
☒ Physiotherapy ☒ Aboriginal Services
☒ Respiratory Therapy ☒ Unit Manager
☒ Other (please specify): P3Q14K-TEXT * DOCUMENT \emptyset vs. 1

P3Q14L Were your family member's needs met?

☒ Yes ☒ No

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

P3Q15 TEXT

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

P3Q16 TEXT

17. Please add any comments or suggestions that you feel may be helpful to the staff of the ICU.

P3Q17 TEXT

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.
YOUR INPUT IS MUCH APPRECIATED.

Completed surveys can be placed in the survey box located in the Intensive Care Unit. Alternatively, surveys can be mailed to the following address:

* DOCUMENT SURVEY #

WRHA Critical Care Program
Family Surveys
GF201 Health Sciences Centre
820 Sherbrook Street
Winnipeg, Manitoba R3A 1R9



Winnipeg Regional
Health Authority
Caring for life

Office régional de la
santé de Winnipeg
A l'écoute de votre santé