

E.J. McQuigg Lodge 2022

Family Satisfaction Survey

In healthcare, quality improvement is a never ending process. It ensures the care and services we are providing are reflective of the needs of our current and future populations. In an effort to collaborate and improve our services, we have partnered with 8 other area Long Term Care Homes for this survey. This will allow us to benchmark and more effectively analyze our survey results.

PLEASE SUBMIT THE COMPLETED SURVEY BY November 30, 2022

| Question | Please Choose One | | | | | |
|--|-------------------|------------------|-----------|-------|------------|-------------|
| | Always | Most of the Time | Sometimes | Never | Don't Know | No Response |
| 1. I feel informed about policies, routines and services at the Home so that I understand the context of my loved one's care. | | | | | | |
| 2. I am involved as much as I want to be in decisions about care. | | | | | | |
| 3. I am comfortable approaching staff with my concerns. | | | | | | |
| 4. The Home respects the individual's spiritual and cultural values. | | | | | | |
| 5. As POA/SDM, I am provided with enough information regarding changes in medication, physical condition and plan of care in order to provide my informed consent. | | | | | | |
| 6. The Home responds to my questions and concerns in a timely manner. | | | | | | |
| 7. I am aware of how I could access external healthcare services (i.e., dental, advanced foot care, hearing services) | | | | | | |
| 8. I am satisfied with the respect and emotional support given to my loved one. | | | | | | |
| 9. I would recommend this Home to others. | | | | | | |

Do you have any additional comments you would like to add? _____

Are you interested in participating in the Family Council? Yes No I would like more information

Are you interested in becoming a volunteer at the Home? Yes No I would like more information

If yes, Name: _____ Telephone # _____ Email: _____