

## Family Satisfaction with Care in the Intensive Care Unit© Coding Key Manual for the FS-ICU (24)

*How are we doing?*

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

Your family member was 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 **most recent ICU admission**. We understand that there were 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 delivered. We understand that this was probably a very difficult time for you and your family members. 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 ICU better. Please be assured that all responses are confidential. The Doctors and Nurses who looked after your family member will not be able to identify your responses.

### 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  Husband  Partner  
 Mother  Father  Sister  Brother  
 Daughter  Son  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

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

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

**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.   | <b>Concern and Caring by ICU Staff:</b><br>The courtesy, respect and compassion <b>your family member (the patient)</b> was given | <input type="checkbox"/> 1<br>Excellent | <input type="checkbox"/> 2<br>Very Good | <input type="checkbox"/> 3<br>Good | <input type="checkbox"/> 4<br>Fair | <input type="checkbox"/> 5<br>Poor | <input type="checkbox"/> 6<br>N/A |
| <b>Symptom Management:</b><br>How well the ICU staff assessed and treated your family member's symptoms. |   |   |   |                                    |                                    |                                    |                                   |
| 2.   | <b>Pain</b>   | <input type="checkbox"/> 1<br>Excellent | <input type="checkbox"/> 2<br>Very Good | <input type="checkbox"/> 3<br>Good | <input type="checkbox"/> 4<br>Fair | <input type="checkbox"/> 5<br>Poor | <input type="checkbox"/> 6<br>N/A |
| 3.   | <b>Breathlessness</b>   | <input type="checkbox"/> 1<br>Excellent | <input type="checkbox"/> 2<br>Very Good | <input type="checkbox"/> 3<br>Good | <input type="checkbox"/> 4<br>Fair | <input type="checkbox"/> 5<br>Poor | <input type="checkbox"/> 6<br>N/A |
| 4.   | <b>Agitation</b>  | <input type="checkbox"/> 1<br>Excellent | <input type="checkbox"/> 2<br>Very Good | <input type="checkbox"/> 3<br>Good | <input type="checkbox"/> 4<br>Fair | <input type="checkbox"/> 5<br>Poor | <input type="checkbox"/> 6<br>N/A |

**HOW DID WE TREAT YOU?**

- |    |  |   |   |                                    |                                    |                                    |                                   |
|----|--|---|---|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| 5. | <b>Consideration of your needs:</b><br>How well the ICU staff showed an interest in your needs         | <input type="checkbox"/> 1<br>Excellent | <input type="checkbox"/> 2<br>Very Good | <input type="checkbox"/> 3<br>Good | <input type="checkbox"/> 4<br>Fair | <input type="checkbox"/> 5<br>Poor | <input type="checkbox"/> 6<br>N/A |
| 6. | <b>Emotional support:</b><br>How well the ICU staff provided emotional support                         | <input type="checkbox"/> 1<br>Excellent | <input type="checkbox"/> 2<br>Very Good | <input type="checkbox"/> 3<br>Good | <input type="checkbox"/> 4<br>Fair | <input type="checkbox"/> 5<br>Poor | <input type="checkbox"/> 6<br>N/A |
| 7. | <b>Co-ordination of care:</b><br>The teamwork of all the ICU staff who took care of your family member | <input type="checkbox"/> 1<br>Excellent | <input type="checkbox"/> 2<br>Very Good | <input type="checkbox"/> 3<br>Good | <input type="checkbox"/> 4<br>Fair | <input type="checkbox"/> 5<br>Poor | <input type="checkbox"/> 6<br>N/A |

**How are we doing?**  
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8. fscaref	<b>Concern and Caring by ICU Staff:</b> The courtesy, respect and compassion <b>you</b> were given	<input type="checkbox"/> 1 Excellent	<input type="checkbox"/> 2 Very Good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor	<input type="checkbox"/> 6 N/A
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**NURSES**

9. fsrncare	<b>Skill and Competence of ICU Nurses:</b> How well the nurses cared for your family member.	<input type="checkbox"/> 1 Excellent	<input type="checkbox"/> 2 Very Good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor	<input type="checkbox"/> 6 N/A
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10. fsrncom	<b>Frequency of Communication With ICU Nurses:</b> How often nurses communicated to you about your family member's condition.	<input type="checkbox"/> 1 Excellent	<input type="checkbox"/> 2 Very Good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor	<input type="checkbox"/> 6 N/A
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**PHYSICIANS (All Doctors, including Residents)**

11. fsmdcare	<b>Skill and Competence of ICU Doctors:</b> How well doctors cared for your family member.	<input type="checkbox"/> 1 Excellent	<input type="checkbox"/> 2 Very Good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor	<input type="checkbox"/> 6 N/A
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**THE ICU**

12. fsicuatm	<b>Atmosphere of ICU was?</b>	<input type="checkbox"/> 1 Excellent	<input type="checkbox"/> 2 Very Good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor	<input type="checkbox"/> 6 N/A
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**THE WAITING ROOM**

13. fsicuwrr	<b>The Atmosphere in the ICU Waiting Room was?</b>	<input type="checkbox"/> 1 Excellent	<input type="checkbox"/> 2 Very Good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor	<input type="checkbox"/> 6 N/A
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14. dmdone	<b>Some people want everything done for their health problems while others do not want a lot done. How satisfied were you with the <u>LEVEL</u> <i>or</i> <u>amount</u> of health care your family member received in the ICU?</b>	<input type="checkbox"/> 1 Very Dissatisfied	<input type="checkbox"/> 2 Slightly Dissatisfied	<input type="checkbox"/> 3 Mostly Satisfied	<input type="checkbox"/> 4 Very Satisfied	<input type="checkbox"/> 5 Completely Satisfied
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**How are we doing?**  
**Your Opinions about your Family Member's ICU stay**

**PART 2: FAMILY SATISFACTION WITH DECISION-MAKING  
 AROUND CARE OF CRITICALLY ILL PATIENTS**

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. fsmdcom	<b>Frequency of Communication With ICU Doctors:</b> How often doctors communicated to you about your family member's condition	<input type="checkbox"/> 1 Excellent	<input type="checkbox"/> 2 Very Good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor	<input type="checkbox"/> 6 N/A
2. fsques	<b>Ease of getting information:</b> Willingness of ICU staff to answer your questions	<input type="checkbox"/> 1 Excellent	<input type="checkbox"/> 2 Very Good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor	<input type="checkbox"/> 6 N/A
3. fsexpl	<b>Understanding of Information:</b> How well ICU staff provided you with explanations that you understood	<input type="checkbox"/> 1 Excellent	<input type="checkbox"/> 2 Very Good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor	<input type="checkbox"/> 6 N/A
4. fshon	<b>Honesty of Information:</b> The honesty of information provided to you about your family member's condition	<input type="checkbox"/> 1 Excellent	<input type="checkbox"/> 2 Very Good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor	<input type="checkbox"/> 6 N/A
5. fsinfo	<b>Completeness of Information:</b> How well ICU staff informed you what was happening to your family member and why things were being done.	<input type="checkbox"/> 1 Excellent	<input type="checkbox"/> 2 Very Good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor	<input type="checkbox"/> 6 N/A
6. fsconsis	<b>Consistency of Information:</b> The consistency of information provided to you about your family member's condition (Did you get a similar story from the doctor, nurse, etc.)	<input type="checkbox"/> 1 Excellent	<input type="checkbox"/> 2 Very Good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor	<input type="checkbox"/> 6 N/A

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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?**

dmincl

- 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?**

dmsupp

- 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?**

dmcontrl

- 1 I felt really out of control and that the health care system took over and dictated the care my family member received
- 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?**

dmansw

- 1 I could have used more time
- 2 I had adequate time

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**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
- 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?**

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

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

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**We would like to thank you very much for your participation and your opinions. Please either return your completed survey to the designated person in the ICU or put it in the stamped, self-addressed envelope and mail it to us as soon as possible.**