Family Satisfaction with Care in the Intensive Care Unit

FS-ICU (24)

How are we doing?
Your opinions about your family member’s recent admission to the Intensive Care Unit (ICU)

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. **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**

3. **Breathlessness**

4. **Agitation**

HOW DID WE TREAT YOU?

5. **Consideration of your needs:**
How well the ICU staff showed an interest in your needs

6. **Emotional support:**
How well the ICU staff provided emotional support

7. **Co-ordination of care:**
The teamwork of all the ICU staff who took care of your family member

8. **Concern and Caring by ICU**
How are we doing?
Your Opinions about your Family Member’s ICU stay

Staff:
The courtesy, respect and compassion you were given

NURSES

9. Skill and Competence of ICU Nurses:
How well the nurses cared for your family member.

10. Frequency of Communication With ICU Nurses:
How often nurses communicated to you about your family member’s condition

PHYSICIANS (All Doctors, including Residents)

11. Skill and Competence of ICU Doctors:
How well doctors cared for your family member.

THE ICU

12. Atmosphere of ICU was?

THE WAITING ROOM

13. The Atmosphere in the ICU Waiting Room was?

14. 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?
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**

<table>
<thead>
<tr>
<th>INFORMATION NEEDS</th>
<th>1. Frequency of Communication With ICU Doctors:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How often doctors communicated to you about your family member’s condition</td>
<td>Excellent</td>
<td>Very Good</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Ease of getting information:</td>
<td>Willingness of ICU staff to answer your questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
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<td>Good</td>
<td>Fair</td>
<td>Poor</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>3. Understanding of Information:</td>
<td>How well ICU staff provided you with explanations that you understood</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
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<td>Poor</td>
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<td></td>
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<td>4. Honesty of Information:</td>
<td>The honesty of information provided to you about your family member’s condition</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>Poor</td>
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<td></td>
</tr>
<tr>
<td>5. Completeness of Information:</td>
<td>How well ICU staff informed you what was happening to your family member and why things were being done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td></td>
</tr>
<tr>
<td>6. Consistency of Information:</td>
<td>The consistency of information provided to you about your family member’s condition (Did you get a similar story from the doctor, nurse, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td></td>
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</table>
How are we doing?
Your Opinions about your Family Member’s ICU stay

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

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?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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.

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.