

Please fill in the circle that best describes how you feel about the care and services that your family member receives at Mount Hope Centre for Long Term Care.

LIVING ENVIRONMENT

The following questions ask about the facility's living environment.

1. Does your family member's room meet his/her specific needs?
☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable
2. Does the layout of the facility meet your family member's needs?
☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable
3. Are you encouraged to bring your family member's personal things into the room?
☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable
4. Is there a comfortable place for you to visit with your family member?
☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable
5. Do you feel there are enough activities for your family member?
☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable
6. Do you feel there is enough entertainment?
☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable

7. Do you have any comments you wish to make about the living environment?

COMMUNICATION WITH STAFF

The following questions ask about family-staff communication and relationships.

8. How would you rate staff at keeping you informed about your family member?
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable
9. How would you rate staff at involving you in planning your family member's care?
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable
10. How would you rate staff's politeness and courtesy towards you?
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable
11. How would you rate staff at responding patiently to your questions and concerns?
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable
12. Do you feel welcome on the unit?
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable
13. How are staff at appreciating your help?
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable



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14. How would you rate your relationship with the staff?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

15. How would you rate the facility at keeping track of your family member's personal belongings?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

16. Do you have any comments you wish to make about the communication with staff?

QUALITY AND SERVICES

The following questions ask about certain aspects of the quality of care and services provided.

17. How would you rate the hygiene and cleanliness of the way things are done around here?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

18. How would you rate the facility at providing you with a way to deal with concerns or complaints you have?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

19. How is your comfort level with knowing that your family member is well taken care of when you are not there?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

20. How would you rate the staff at putting residents' needs first?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

21. How would you rate the staff at knowing what your family member's care requirements are?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

22. How would you rate the quality of medical/physician care?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

23. Do the staff follow-up with your requests?

- ☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable

24. Do you feel the facility has enough staff to look after resident needs?

- ☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable

25. Does your family member receive the help he/she needs to eat?

- ☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable

26. Do the staff take the proper amount of time to feed your family member?

- ☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable

27. Do you know who to talk to in order to get information about your family member?

- ☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable

28. Do you fear that staff might punish your family member because of something you say or do?

- ☐ Yes ☐ Somewhat ☐ No ☐ Don't know ☐ Not Applicable



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29. Do you have any comments you wish to make about the quality of care and services provided?

RESIDENT CARE

The following questions ask about how your family member is cared for.

30. It is important to treat all residents with respect, to be patient with them and address them in an appropriate manner. How would you rate the facility in these areas?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

31. It is important that residents are treated according to their specific needs, are encouraged to be independent, are offered appropriate activities and that the proper amount of time is taken to feed them. How would you rate the facility at providing this type of individualized care to your family member?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

32. In order to maintain resident dignity, certain care processes must take place. These include such things as keeping residents changed and clean and prepared for the day, toileting them when needed, ensuring they get the help they need to eat and ensuring residents are kept physically comfortable. How would you rate staff at looking after these things for your family member?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

33. Do you have any comments you wish to make about resident care?

OVERALL QUESTIONS

The following questions will provide us with an overall picture of how satisfied you are with this facility.

34. How would you rate the facility at taking care of your family member's needs?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

35. How would you rate the facility at maintaining your family member's dignity?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

36. How would you rate the staff at providing tender, loving care?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

37. Overall, how would you rate the quality of care and services provided?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

38. If this type of care were required for another family member or friend, would you recommend this facility?

- ☐ Definitely Recommend ☐ Probably not Recommend ☐ Don't know
☐ Probably Recommend ☐ Definitely not Recommend

39. Have you told people that the care here is excellent?

- ☐ Yes ☐ No ☐ Do Not Know

40. Over the last year would you say that the quality of care and services have improved, stayed the same, or become worse?

- ☐ Improved ☐ Same ☐ Worse ☐ Don't know



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ADDITIONAL QUESTIONS

41. Are you aware that Mount Hope has a Family Council?
☐ Yes, definitely ☐ Yes, to some extent ☐ No
42. Are you aware of the Family Council's role in working with families and Mount Hope?
☐ Yes, definitely ☐ Yes, to some extent ☐ No
43. What do you consider to be an activity? (Check all that apply)
☐ Church services ☐ Music therapy ☐ Physiotherapy
☐ Mealtimes ☐ Personal care ☐ Recreation programs
44. What types of recreation programs would be of interest to your loved one? (Check all that apply)
☐ Arts and crafts ☐ Country drives ☐ Gardening ☐ Music ☐ Shopping
☐ Baking ☐ Games ☐ Live entertainment ☐ Season outings ☐ Sports
45. What are the reasons why you feel your loved one does not/would not participate in recreation programs?
☐ Not interested ☐ Time of day ☐ Conflict with time for personal care

UNDERSTANDING WHO OUR RESPONDENTS ARE

46. What is your relationship to your family member? The resident is my:
☐ Husband/wife ☐ Grandparent ☐ Other, specify: _____
☐ Brother/sister (in-law) ☐ Child
☐ Mother/father (in-law) ☐ Other family member
47. Compared to other residents in your family member's facility, how would you rate your family member's health?
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't know ☐ Not Applicable

Mount Hope will review your comments, however you will not be contacted directly regarding any comments or concerns. Should you wish to speak with someone directly regarding your family member's/loved one's care experience, please contact Doreen Thompson at 519-646-6000 ext 65212 or our Patient Relation's Office at 519-646-6100 ext 61234.

48. Do you have any final comments?

Thank you for taking the time to complete this questionnaire. Please double check to make sure you answered all of the questions that you could. Then mail the questionnaire in the enclosed postage paid envelope. Remember to ask the facility about the results!

For permission to use please contact National Research Corporation Canada at 905-475-8231.



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