



# Client Experience Survey Short Term Care

{DATE}

{NAME}  
{ADDRESS}  
{CITY}, {PROVINCE}  
{POSTAL CODE}

Dear {NAME},

Our records show that you or your family member were discharged within the last year from the Short-Term Care unit at Kateri Memorial Hospital Centre.

We would appreciate you completing the attached survey, as your feedback is important to us, and it will help us improve the quality of care we provide. Your individual answers will remain completely confidential. A summary of all the responses received will be compiled solely for purposes of quality improvement.

After you have completed the survey, please return it in the pre-paid envelope.

Thank you for your time.

Sincerely,

Quality Improvement, Risk Management, and Innovation Team  
Kateri Memorial Hospital Centre

## Your Experience with Kateri Memorial Hospital Centre

### Your Care From Nursing staff

		Never ←	Sometimes ←	Usually ←	Always ←
1	During this hospital stay, did the nurses treat you with courtesy and respect?	■	■	■	■
2	During this hospital stay, did the nurses listen to and address your concerns in a satisfactory manner?	■	■	■	■
3	During this hospital stay, was the communication from the nurses clear and concise?	■	■	■	■

### Your Care From Doctors

		Never ←	Sometimes ←	Usually ←	Always ←
4	During this hospital stay, did the doctors treat you with courtesy and respect?	■	■	■	■
5	During this hospital stay, did the doctors listen to and address your concerns in a satisfactory manner?	■	■	■	■
6	During this hospital stay, was the communication from the doctors clear and concise?	■	■	■	■
7	Before giving you any new medicine, did the doctor tell you what the medicine was for and describe any possible side effects?	■	■	■	■

### Your Hospital Experience

		Strongly Disagree ←	Disagree ←	Agree ←	Strongly Agree ←	Don't Know / Not Applicable ←
8	The hospital staff took my cultural values and those of my family or caregiver into account.	■	■	■	■	■
9	The hospital staff consulted me or my family or caregiver in making decisions about my care.	■	■	■	■	■
10	The hospital staff provided me and my family or caregiver with emotional support.	■	■	■	■	■
11	The hospital meals and snacks provided were satisfactory.	■	■	■	■	■

## Your Experience with Kateri Memorial Hospital Centre

		Never ←	Sometimes ←	Usually ←	Always ←	N/A ←
12	During this hospital stay, did you receive timely and efficient help getting to the bathroom and/or using a bedpan?	■	■	■	■	■
13	During this hospital stay, after you pressed the call button, did you get help in a timely manner?	■	■	■	■	■
14	During this hospital stay, if you experienced any pain, was it well controlled?	■	■	■	■	■
15	During this hospital stay, if you required treatment/services by a Physiotherapist, Occupational Therapist or Social Worker, were you satisfied with the service and recommendations provided?	■	■	■	■	■
16	In the case of end of life care, were your loved one's needs met adequately?	■	■	■	■	■

### The Hospital Environment

		Never ←	Sometimes ←	Usually ←	Always ←
17	During this hospital stay, were both your room and bathroom kept clean?	■	■	■	■
18	During this hospital stay, was the area around your room kept free of clutter?	■	■	■	■

### Prior to Discharge from Short Term Care

		Strongly Disagree ←	Disagree ←	Agree ←	Strongly Agree ←	Don't Know / Not Applicable ←
19	Prior to leaving Short Term Care, a discharge meeting was held with myself, my family, and the multidisciplinary team. The team provided an update and recommendations needed for a safe discharge.	■	■	■	■	■

## Your Experience with Kateri Memorial Hospital Centre

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## Your Comments

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**Nia:wen/Thank you for taking the time to complete this questionnaire!**