



Annual Client Satisfaction Survey

Resident's Name:

Date of Care Conference:

Time:

Completed by:

Relationship to Resident:

Will you be able to attend the care conference? Yes No

If no, go ahead with meeting Reschedule

In order to assist us in improving the quality of our services, we would appreciate it if you would take a moment to answer the following questions. You may wish to discuss them with a family member or friend and have them fill it out. In some cases it may be necessary for the family member, friend, or power of attorney to complete them. This information will be used as part of your annual care conference.

Please check the box that most closely reflects your views. Please feel free to make additional comments.

Definitions:

Excellent means a score of 4

Good means a score of 3

Fair means a score of 2

Poor means a score of 1

INS means you have insufficient information

N/A means that the question is NOT applicable

Note: If you cannot answer any question because you don't know or don't have sufficient information please tick the "INS" line or the N/A (Not Applicable) line.

1. Accounting

1A. How would you best describe the billing and other information you receive from the accounting office?

Excellent
Good
Fair
Poor
INS
N/A

1B. Our office is open from 9:00 a.m. to 5:00 p.m. How would you best describe the office hours?

Excellent
Good
Fair
Poor
INS
N/A

1C. How would you best describe the communication you receive from our Accounting Department?

Excellent
Good
Fair
Poor
INS
N/A

1D. How would you best describe the overall service that you receive from our Accounting Department?

Excellent
Good
Fair
Poor
INS
N/A

Comments and/or suggestions for improvement:

2. Activity Programs

Nisbet offers several activity programs during the week and on weekends. We have included in the package a “Resident Participation Report” to give you an idea of what programs your family member is involved in at Nisbet Lodge.

2A. How would you best describe the number of programs that are offered?

Excellent
Good
Fair
Poor
INS
N/A

2B. How would you best describe the quality of the programs offered?

Excellent
Good
Fair
Poor
INS
N/A

2C. How would you best describe the variety of the programs offered (days, evenings and weekends)?

Excellent
Good
Fair
Poor
INS
N/A

2D. How would you best describe the communication you receive from our Activation Department?

Excellent
Good
Fair
Poor
INS
N/A

Comment and/or suggestions for improvement

3. Administration (Management and support staff)

3A. How would you best describe the information you receive from administration?

Excellent
Good
Fair
Poor
INS
N/A

3B. How would you best describe the administration's response to your questions?

Excellent
Good
Fair
Poor
INS
N/A

3C. How would you best describe the overall service you receive from administration?

Excellent
Good
Fair
Poor
INS
N/A

3D. How would you best describe the communication you receive from our Administration Department?

Excellent
Good
Fair
Poor
INS
N/A

Comments and/or suggestions for improvement

4. Doctor

4A. How would you best describe the care you receive from the Doctor(s)?

Excellent

Good

Fair

Poor

INS

N/A

4B. How would you best describe the availability of your doctor (availability to the residents)?

Excellent

Good

Fair

Poor

INS

N/A

4C. How would you best describe the communication you receive from our Doctor?

Excellent

Good

Fair

Poor

INS

N/A

Comments and/or suggestions for improvement:

5. Food Services

5A. How would you best describe the quality of the meals?

Excellent

Good

Fair

Poor

INS

N/A

5B. How would you best describe the variety of the meals?

Excellent

Good

Fair

Poor

INS

N/A

5C. How would you best describe the service you receive in the dining room?

Excellent

Good

Fair

Poor

INS

N/A

5D. How would you best describe the environment in the dining room?

Excellent

Good

Fair

Poor

INS

N/A

5C. How would you best describe the communication you receive from our Food Services Department?

Excellent

Good

Fair

Poor

INS

N/A

Comments and/or suggestions for improvement:

6. Housekeeping

6A. How would you best describe the cleanliness of your room?

Excellent

Good

Fair

Poor

INS

N/A

6B. How would you best describe the general appearance of your room?

Excellent

Good

Fair

Poor

INS

N/A

6C. How would you best describe the response to specific requests for cleaning?

Excellent

Good

Fair

Poor

INS

N/A

6D. How would you best describe the general appearance of the surroundings outside your room?

Excellent

Good

Fair

Poor

INS

N/A

6E. How would you best describe the communication you receive from our Housekeeping Department?

Excellent

Good

Fair

Poor

INS

N/A

Comments and/or suggestions for improvement:

7. Laundry

- 7A. How would you best describe the cleanliness of your laundry?
- Excellent
 - Good
 - Fair
 - Poor
 - INS
 - N/A
- 7B. How would you best describe the general appearance of your laundry?
- Excellent
 - Good
 - Fair
 - Poor
 - INS
 - N/A
- 7C. How would you best describe the timeliness of your laundry service?
- Excellent
 - Good
 - Fair
 - Poor
 - INS
 - N/A
- 7D. How would you best describe the laundry department's response to your specific requests?
- Excellent
 - Good
 - Fair
 - Poor
 - INS
 - N/A
- 7E. How would you best describe the communication you receive from our Laundry Department?
- Excellent
 - Good
 - Fair
 - Poor
 - INS
 - N/A

Comment and/or suggestions for improvement:

8. Maintenance

8A. How would you best describe the timeliness of your maintenance service?

Excellent
Good
Fair
Poor
INS
N/A

8B. How would you best describe the quality of the maintenance service?

Excellent
Good
Fair
Poor
INS
N/A

8C. How would you best describe the communication you receive from our Maintenance Department?

Excellent
Good
Fair
Poor
INS
N/A

Comments and/or suggestions for improvement:

9. Nursing

9A. How would you best describe the quality of care you receive from the Registered staff?

Excellent
Good
Fair
Poor
INS
N/A

9B. How would you best describe the quality of care you receive from the Personal Support Worker(s)?

Excellent
Good
Fair
Poor
INS
N/A

9C. How would you best describe the timeliness of the service you receive from the Registered staff?

Excellent
Good
Fair
Poor
INS
N/A

9D. How would you best describe the timeliness of the care you receive from the Personal Support Worker(s)?

Excellent
Good
Fair
Poor
INS
N/A

9E. How would you best describe the friendliness of the service you receive from the Registered staff?

Excellent

Good

Fair

Poor

INS

N/A

9F. How would you best describe the friendliness of the service you receive from the Personal Support Worker(s)?

Excellent

Good

Fair

Poor

INS

N/A

9G. How would you best describe the communication you receive from our Nursing Department?

Excellent

Good

Fair

Poor

INS

N/A

Comments and/or suggestions for improvement:

10. Physiotherapy

Nisbet Lodge Residents are provided with physiotherapy treatment twice a week. Physiotherapy treatment varies for each resident and is based on individual needs.

10.A How would you best describe the quality of the physiotherapy you receive?

Excellent
Good
Fair
Poor
INS
N/A

10.B How would you best describe the friendliness of the physiotherapist?

Excellent
Good
Fair
Poor
INS
N/A

10C. How would you best describe the timeliness of your physiotherapy?

Excellent
Good
Fair
Poor
INS
N/A

10D. How would you best describe the communication you receive from our Physiotherapy Department?

Excellent
Good
Fair
Poor
INS
N/A

Comments and/or suggestions for improvement:

11. Chaplaincy (Nisbet Lodge's Chaplaincy Programs)

Nisbet Lodge has a part-time (two [2] days per week) Chaplain on staff. The role of the Chaplain is to coordinate the home's spiritual programs and to help residents that wish to maintain links with their faith community.

11A. How would you rate the effectiveness of the Chaplaincy Department in helping you to remain connected with your faith community?

Excellent
Good
Fair
Poor
INS
N/A

11B. The Chaplaincy Department coordinates a weekly Bible Study, Devotions at first and second sittings at breakfast, Grace at meals and other in-house programs. How would you rate the effectiveness of these programs?

Excellent
Good
Fair
Poor
INS
N/A

11C. The Chaplaincy Department provides monthly worship and communion services, annual memorial services, Christmas, Easter and Remembrance Day services. How would you rate the effectiveness of these services?

Excellent
Good
Fair
Poor
INS
N/A

11D. The Chaplain visits and coordinates pastoral visitation within the home and at the hospital. How would you rate the effectiveness of this program?

Excellent
Good
Fair
Poor
INS
N/A

11E. How would you rate the Chaplaincy Department's ability to respond to your requests in a timely manner?

- Excellent
- Good
- Fair
- Poor
- INS
- N/A

11F. How would you best describe the communication you receive from our Chaplaincy Department?

- Excellent
- Good
- Fair
- Poor
- INS
- N/A

11G. How would you rate the overall service you receive from our Chaplaincy Department?

- Excellent
- Good
- Fair
- Poor
- INS
- N/A

11H Are there other programs that would be of interest to you? Would you like to talk with the Chaplain about those programs?

Comments and/or suggestions for improvement:

13. Reception

12A. How would you best describe the information you receive from the receptionist?

Excellent
Good
Fair
Poor
INS
N/A

12B. How would you best describe the friendliness of the service you receive from the receptionist?

Excellent
Good
Fair
Poor
INS
N/A

12C. How would you best describe the communication you receive from our Reception Department?

Excellent
Good
Fair
Poor
INS
N/A

12D. How would you best describe the overall service you receive from the Receptionist?

Excellent
Good
Fair
Poor
INS
N/A

Comments and/or suggestions for improvement:

14. Volunteers

13A. How would you best describe the communication you receive from our Volunteer Department?

Excellent

Good

Fair

Poor

INS

N/A

13B. How would you best describe the overall service you receive from our volunteers?

Excellent

Good

Fair

Poor

INS

N/A

Comments and/or suggestions for improvement:

14. Overall Care/Service By The Staff

14A. How would you best describe the quality of care you receive from our staff?

Excellent
Good
Fair
Poor
INS
N/A

14B. How would you best describe the friendliness of our staff?

Excellent
Good
Fair
Poor
INS
N/A

14C. How would you best describe the responsiveness to your specific requests?

Excellent
Good
Fair
Poor
INS
N/A

14D. How would you best describe the overall communication that you receive from the organization?

Excellent
Good
Fair
Poor
INS
N/A

Comments and/or suggestions for improvement:

Additional Comments and/or Suggestions:

What aspects of the home most impress you?

What additional suggestions, if any, do you have with regards to improvement of the home to improving the quality and type of care provided?

It is our policy to follow up on indicated areas of concern. If you do not wish to be personally contacted, please indicate so by marking an "X" in the box.

Nisbet Lodge Staff Follow-up

Date of Care Conference:

Comments:

No further action necessary.

Completed original to Director of Human Resources & Staff Development.

Date:

Staff Member Signature: _____ Job Designation:

Action(s) taken following Care Conference

Date Completed & Signature

Follow-up Completed

Action(s) completed & original sent to Director of Human Resources & Staff Development.

Date:

Staff Member Signature: _____ Job Designation:

Copy to: Director of Care, Resident Care Managers, Resident Care Coordinators, Director of Finance, Director of Activation, Executive Director, Doctor, Director of Food Services, Registered Dietician, Director of Environmental Services, Director of Quality Improvement, Chaplain, and Physiotherapy.