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11.25.08

Mountain Valley Health Care

Rehabilitation • Home Care • Hospice

Mountain Valley Hospice Satisfaction Survey

Date: 11/23/08

Mountain Valley Hospice is dedicated to meeting the needs of our patients and their families. To do so, we need to know our Hospice families feel about the services we provide. In our ongoing effort to improve our services would you please complete the enclosed satisfaction survey? We have also included a pre-addressed stamped envelope for your convenience. Your answers will remain strictly confidential. However, if you feel more comfortable, you may complete the survey without including your name. Please call us at 970-346-9700 if you have any questions regarding this survey or if you would like to speak to us in person. We appreciate your willingness to help us improve.

For questions 4 – 12 please circle the appropriate number that best describes your opinion.
1 – Very Dissatisfied 2 – Dissatisfied 3 – Neutral 4 – Satisfied 5 – Very Satisfied

1. Based on the care your family received, would you recommend hospice services to others? Yes No
2. Were you given a clear explanation of what services were available through the hospice and how to access them? Yes No
3. Did your hospice provide you with adequate information about "do not resuscitate" (DNR)? Yes No
4. How satisfied were you with the patient's pain control after admission to the hospice? 1 2 3 4 **5**
5. How satisfied were you with control of the patient's other symptoms after admission to hospice? 1 2 3 4 **5**
6. How satisfied were you with the education and training you received on caring for your family member? 1 2 3 4 **5**
7. If you contacted the evening or weekend on-call services, how satisfied were you with the response? 1 2 3 4 **5**
8. How satisfied were you with the hospice's efforts to help you manage your stress and anxiety during the illness of your family member? 1 2 3 4 **5**
9. How satisfied were you with the hospice's efforts to assist you with spiritual concerns? 1 2 3 4 **5**
10. Were you satisfied that the patient was referred to hospice at the appropriate time during the course of the terminal illness? 1 2 3 4 **5**
11. How satisfied were you with the timeliness, courtesy and helpfulness of durable medical equipment (includes hospital bed, wheelchair, commode, oxygen, ect.) staff? 1 2 3 4 **5**
12. How satisfied were you with hospice's efforts to support the patient's quality of life? 1 2 3 4 **5**
13. If there was on thing the hospice could do better, what would that be?

Thanks to the care my mother Ruth Gargan, her final days were made easier by the wonderful hospice team. She was able to enjoy her life (yes, even those cigarettes)! She had a good quality of life and was treated with respect.

Thanks for all you did.

Beck