



Please deposit the completed survey in the drop box located at the front entrance on the second floor.



Agapé Hospice Family Survey

We are honoured to be part of your loved one’s journey at The Salvation Army Agapé Hospice. Our goal and commitment is to provide a supportive and comforting service to our residents and their loved ones.

Please take a moment to provide your confidential feedback regarding your ongoing experience at Agapé Hospice. Your input will help us enhance the care that we provide for our residents and loved ones, while striving to achieve our mission: *Led by Christian values, the community at The Salvation Army Agapé Hospice extends compassionate, holistic care and support to those experiencing the end of life journey.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. If Agapé was toured prior to coming, the tour was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Infection Prevention & Control (IP&C) and Environment

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2. A member of the care team has provided easy to understand instruction on how to put on and take off the Personal Protective Equipment (PPE).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

3. The care team performed hand hygiene before and after they provided care to my loved one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

4. The common areas of the hospice are comfortable and clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

5. There are suitable indoor and outdoor spaces to meet my need for privacy and comfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

Care Team Communication (includes volunteers and staff)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
6. I feel the care team explains things in a way that is easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

7. I feel the care team listens carefully to me when I talk with them about problems with my loved one’s care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

8. I feel the care team keeps me informed regarding my loved one’s condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

Care for My Loved One

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
9. The care team treats my loved one with dignity and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

10. I feel the care team really cares about my loved one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

11. I have met the Nursing Lead, Sarah Foster, and know how to contact her with any questions or concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

Providing Holistic Support

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
12. There is adequate staffing/volunteers available to meet my loved one's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

13. The interdisciplinary team (nursing, social work, volunteers, and spiritual care) has met the holistic palliative care needs of our family and our loved one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

Providing Emotional Support

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
14. I receive the emotional support that I require from the care team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Providing Support for Spiritual and Cultural Beliefs

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
15. I feel that my spiritual and cultural beliefs are valued and supported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Information Continuity

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
16. I feel the care team consistently gives me clear and timely information about my loved one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Overall Rating of Hospice

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
17. How would you rate your loved one's overall care experience at Agapé Hospice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Quality Improvement

	Yes	No
18. Would you be interested in providing us with feedback on our services during our Family Quality Improvement Committee Meeting twice per year? If yes, a member of our team will contact you in approximately 4 to 6 months; kindly include your name and contact information here: _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you noticed any safety initiatives? If yes, were they effective? What further safety initiatives could be implemented?	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Recommendation

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
20. I would recommend Agapé Hospice to my friends and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Additional Feedback [Please include additional comments on another sheet of paper if needed.]

21. What do we need to know about your loved one to give them the best care possible?

Comments

22. Did a particular staff member or volunteer impact you? How?

Comments

23. If you have had any concerns, were they resolved?

Comments

We wish to express our sincere appreciation for taking the time to provide us with your thoughtful feedback. If you have any questions or concerns, please contact the Nursing Lead at 403-282-7603. Thank you.