

# **HOME AT HEART CARE CLIENT SATISFACTION SURVEY**



**THIS PAST SUMMER WE SENT OUT 230 SURVEYS TO ALL  
OUR CURRENT CLIENTS AND/OR RESPONSIBLE PARTIES.  
WE RECEIVED 51 ONE OF THOSE SURVEYS BACK.  
A RESPONSE FACTOR OF 22%**

**ATTACHED ARE THEIR RESPONSES.**

# What we said to our clients:



Hello,

On behalf of Home at Heart Care, we would like to get your feedback on how we are doing as your Personal Care and/or Homemaking provider. Completing this survey is completely optional. You do not have to respond if you do not want to. However this is your opportunity to grade us on how we are doing. We value your input in helping us become a better provider. Please rest assured that your response, or lack of response, will in no way negatively affect the care or services you receive.

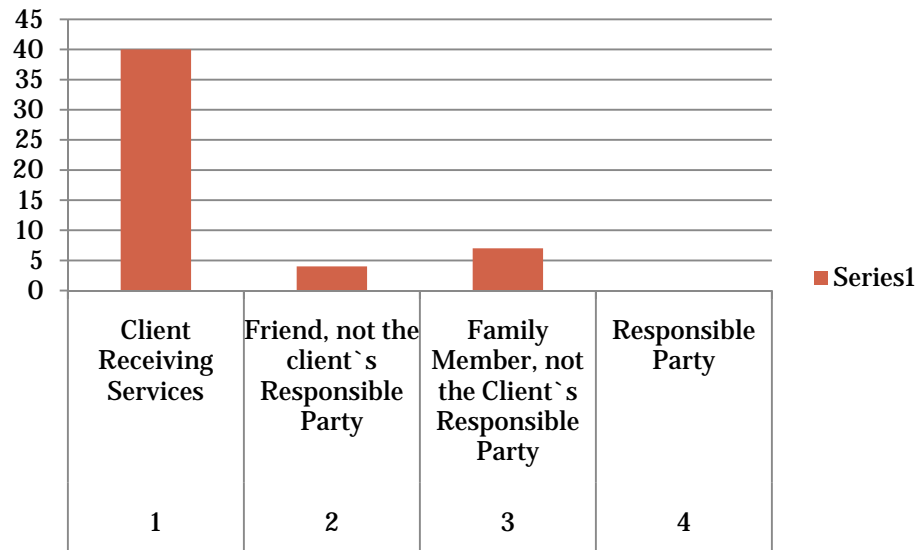
This survey is not to be completed by any employee of Home at Heart Care. We are specifically seeking our Client's and Responsible Party's opinions, without the input or influence of any employee or staff member.

Please do not provide your name or any information that would identify you the Client, either on the survey or the return envelope. If you have something that needs to be brought to our attention please communicate that information in a separate letter or talk directly to your Registered Nurse or myself, Bruce Emmel. If you have other comments, they can be put on the last page.

Question 1:

**First, please tell us, are you the person being cared for, a friend, responsible party or family member other than the PCA or Homemaker?**

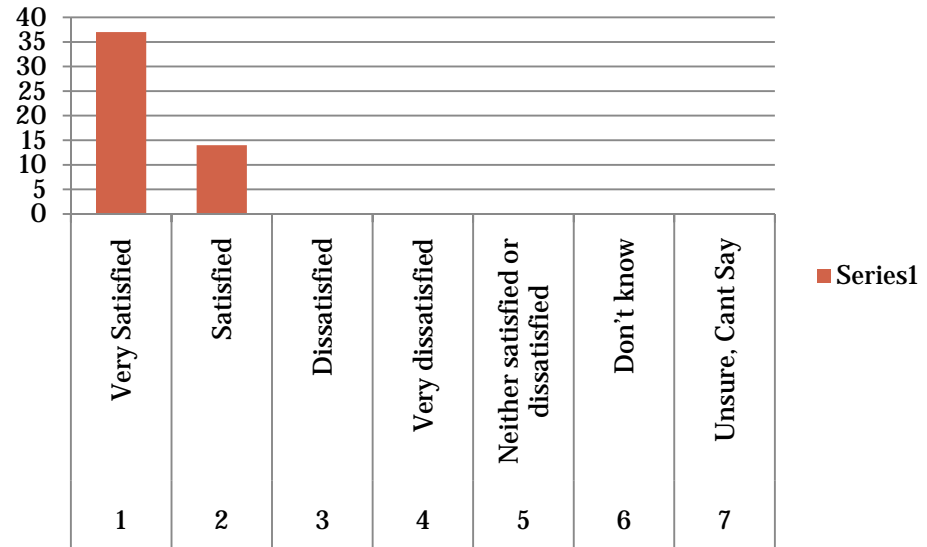
|   |    |
|---|----|
| Client Receiving Services                         | 40 |
| Friend, not the client`s Responsible Party        | 4  |
| Family Member, not the Client`s Responsible Party | 7  |
| Responsible Party                                 |    |



Question 2:

**Overall, how satisfied or dissatisfied are you with the services provided to you by Home at Heart Care? Would you say you are:**

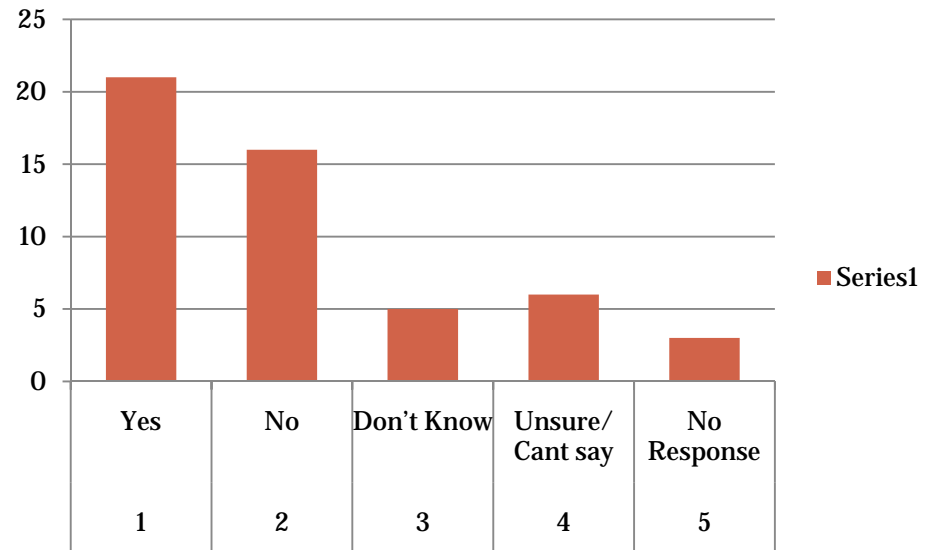
|   |                                   |    |
|---|-----------------------------------|----|
| 1 | Very Satisfied                    | 37 |
| 2 | Satisfied                         | 14 |
| 3 | Dissatisfied                      |    |
| 4 | Very dissatisfied                 |    |
| 5 | Neither satisfied or dissatisfied |    |
| 6 | Don't know                        |    |
| 7 | Unsure, Cant Say                  |    |



Question 3:

**Do you think you would still be living at home or in your current living arrangement if you did not receive Home at Heart Care services?**

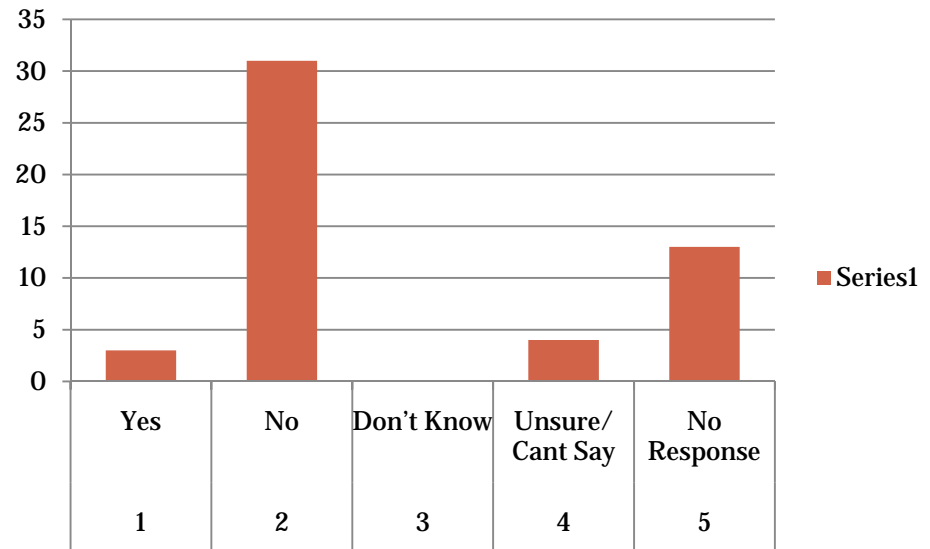
|                  |    |
|------------------|----|
| Yes              | 21 |
| No               | 16 |
| Don't Know       | 5  |
| Unsure/ Cant say | 6  |
| No Response      | 3  |



Question 4:

**If you are a friend, family member or Responsible Party completing the form for a client, does the client have dementia or a similar condition?**

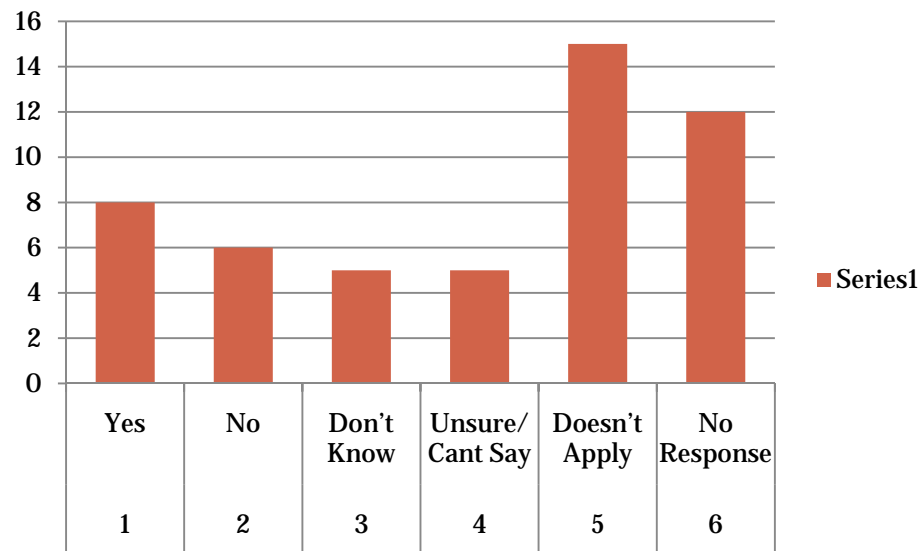
|                  |    |
|------------------|----|
| Yes              | 3  |
| No               | 31 |
| Don't Know       |    |
| Unsure/ Cant Say | 4  |
| No Response      | 13 |



Question 5:

**Regarding Question 4, Does Home at Heart Care take into account your needs as someone caring for a person with dementia or similar condition?**

|                  |    |
|------------------|----|
| Yes              | 8  |
| No               | 6  |
| Don't Know       | 5  |
| Unsure/ Cant Say | 5  |
| Doesn't Apply    | 15 |
| No Response      | 12 |

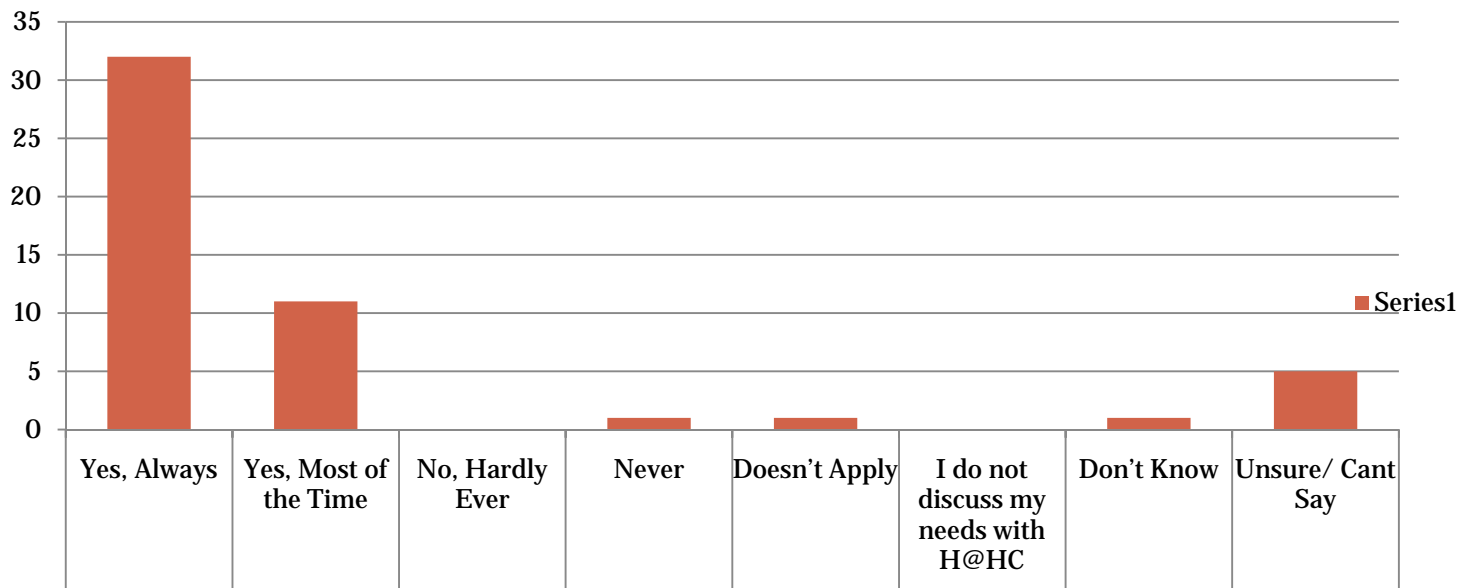


Question 6:

**When Home at Heart Care makes a decision about how to help you, do they take your needs and preferences into account?**

**For example, has Home at Heart Care considered your preferences for the time and day of service?**

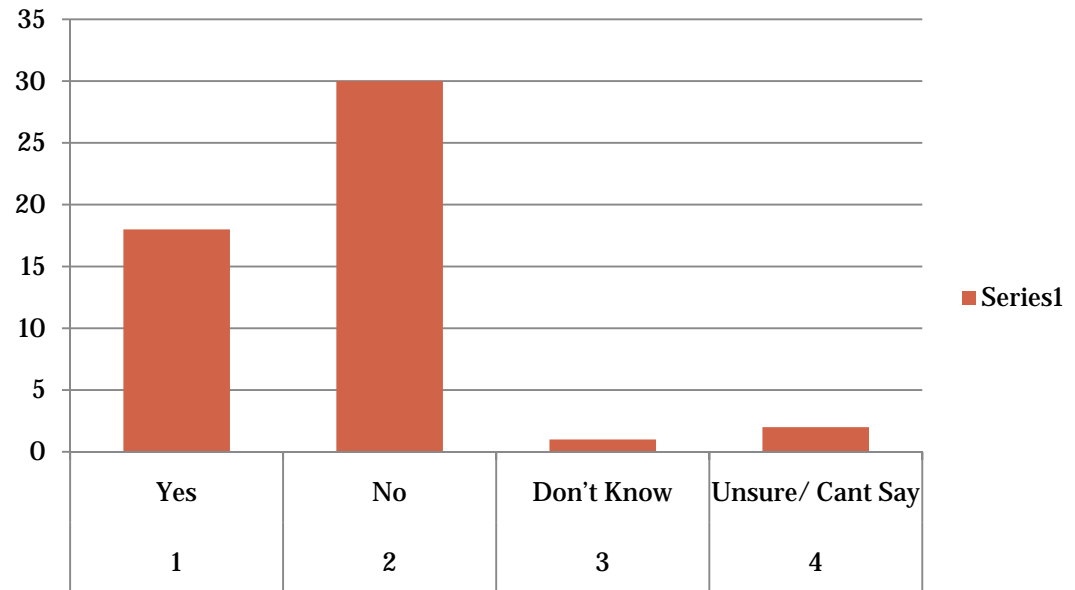
|                                      |    |
|--------------------------------------|----|
| 1Yes, Always                         | 32 |
| 2Yes, Most of the Time               | 11 |
| 3No, Hardly Ever                     |    |
| 4Never                               | 1  |
| 5Doesn't Apply                       | 1  |
| 6I do not discuss my needs with H@HC |    |
| 7Don't Know                          | 1  |
| 8Unsure/ Cant Say                    | 5  |



Question 7:

**Is a language other than English spoken in your household?**

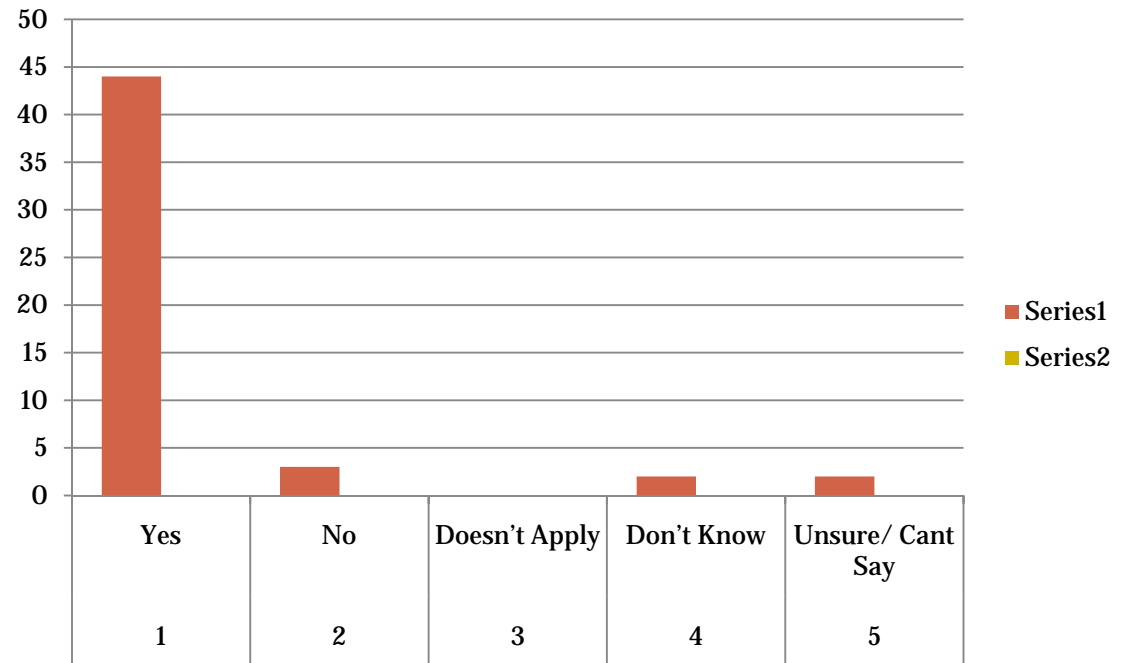
|                  |    |
|------------------|----|
| Yes              | 18 |
| No               | 30 |
| Don't Know       | 1  |
| Unsure/ Cant Say | 2  |



Question 8:

**Do you feel that Home at Heart Care is sensitive and responsive to the customs and traditions of your culture or background?**

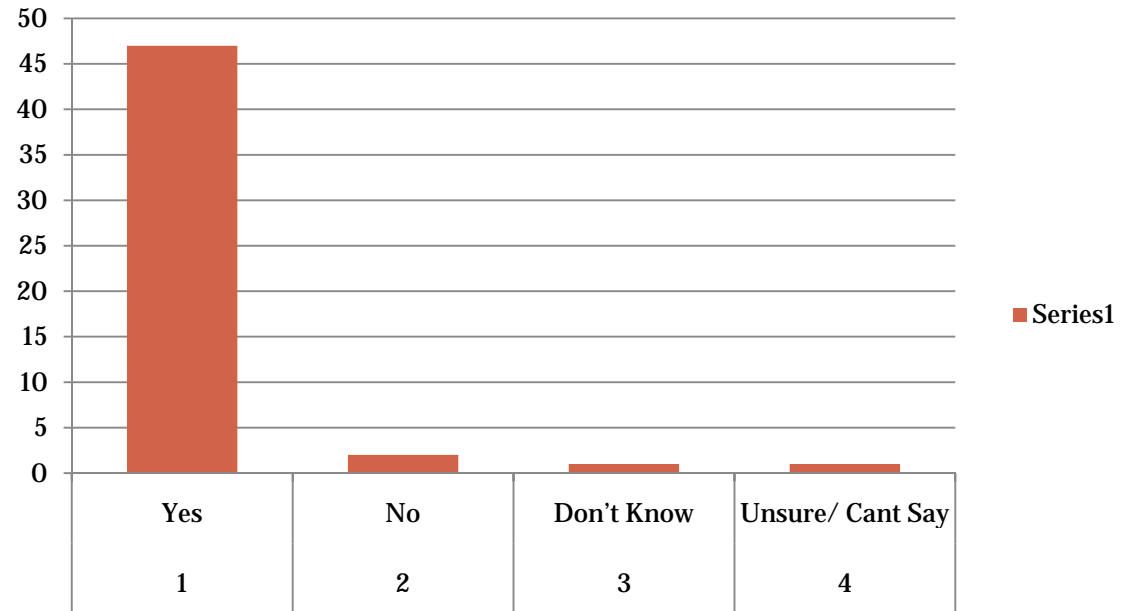
|                  |    |
|------------------|----|
| Yes              | 44 |
| No               | 3  |
| Doesn't Apply    |    |
| Don't Know       | 2  |
| Unsure/ Cant Say | 2  |



Question 9:

**Do you think that Home at Heart Care gives you the right type of help you need?**

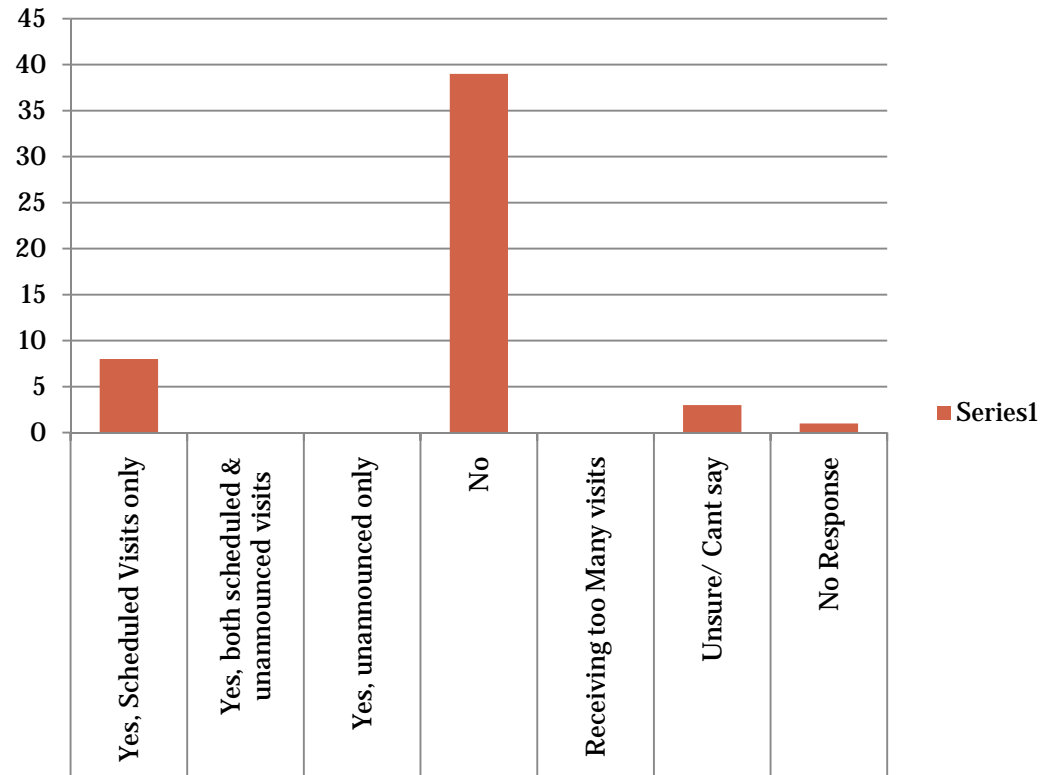
|                  |    |
|------------------|----|
| Yes              | 47 |
| No               | 2  |
| Don't Know       | 1  |
| Unsure/ Cant Say | 1  |



**Do you feel that your Home at Heart Care PCA or Homemaker should receive more frequent RN Supervision visits?**

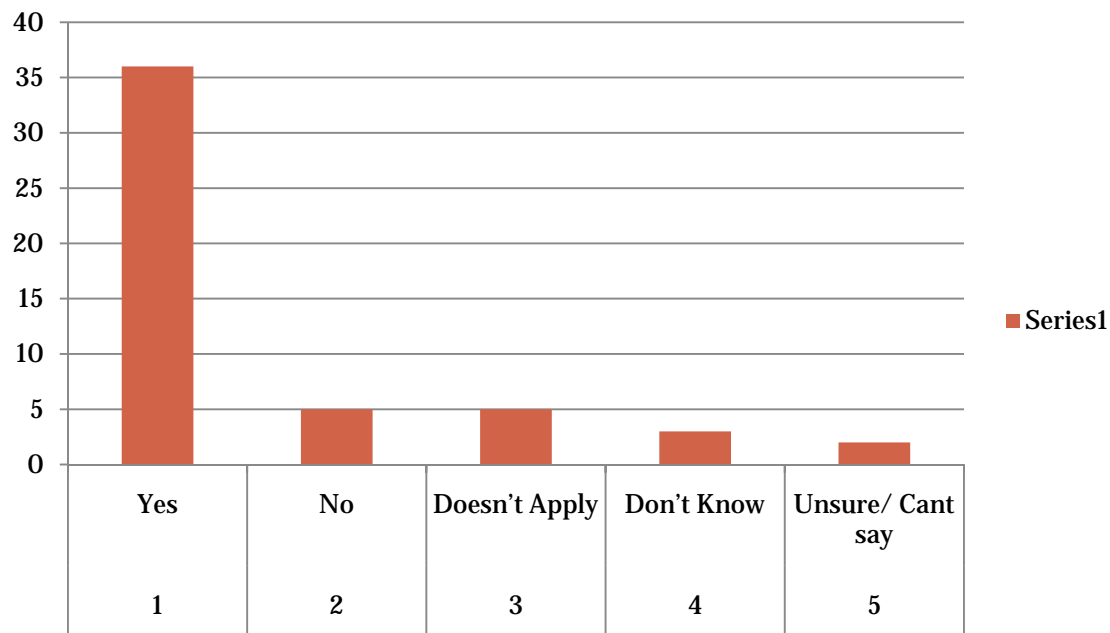
Question 10:

|   |  |    |
|---|--|----|
| 1 | Yes, Scheduled Visits only               | 8  |
| 2 | Yes, both scheduled & unannounced visits |    |
| 3 | Yes, unannounced only                    |    |
| 4 | No                                       | 39 |
| 5 | Receiving too Many visits                |    |
| 6 | Unsure/ Cant say                         | 3  |
| 7 | No Response                              | 1  |



Question 11: ***If Home at Heart Care needs to make changes to your service do they give you enough notice?***

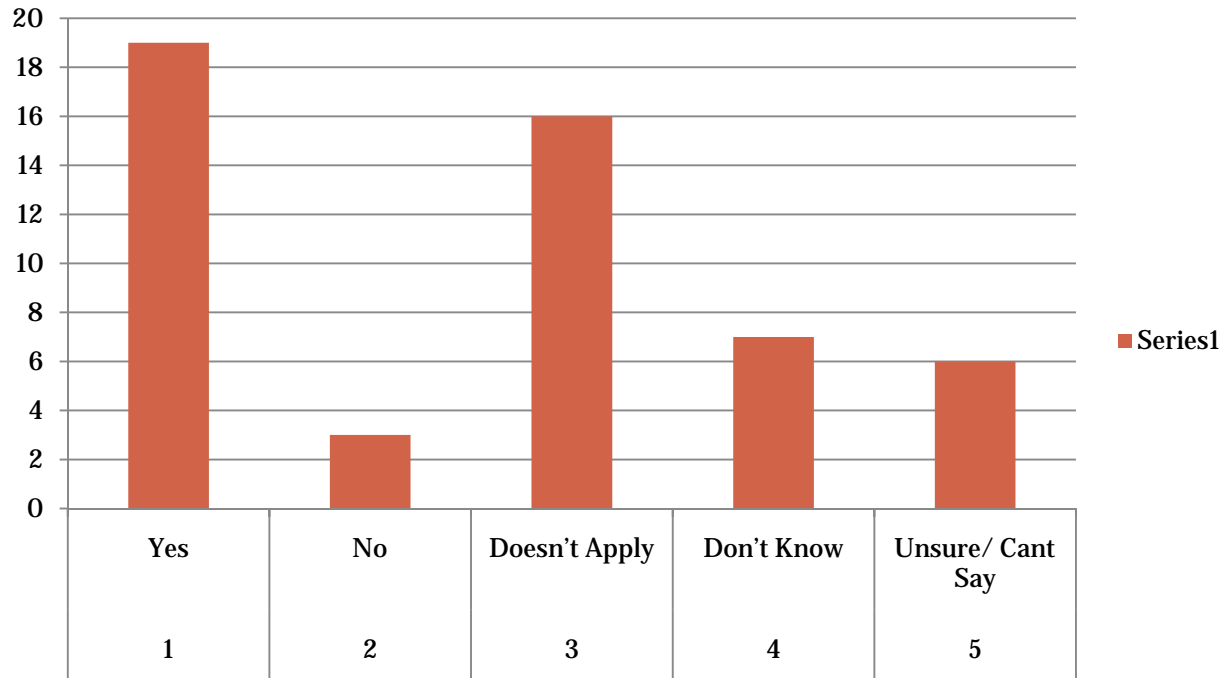
|   |                  |    |
|---|------------------|----|
| 1 | Yes              | 36 |
| 2 | No               | 5  |
| 3 | Doesn't Apply    | 5  |
| 4 | Don't Know       | 3  |
| 5 | Unsure/ Cant say | 2  |



Question 12:

**Regarding the amount you are charged for your MA spend-down, does Home at Heart Care take into account how much you are able to pay?**

|   |                  |    |
|---|------------------|----|
| 1 | Yes              | 19 |
| 2 | No               | 3  |
| 3 | Doesn't Apply    | 16 |
| 4 | Don't Know       | 7  |
| 5 | Unsure/ Cant Say | 6  |

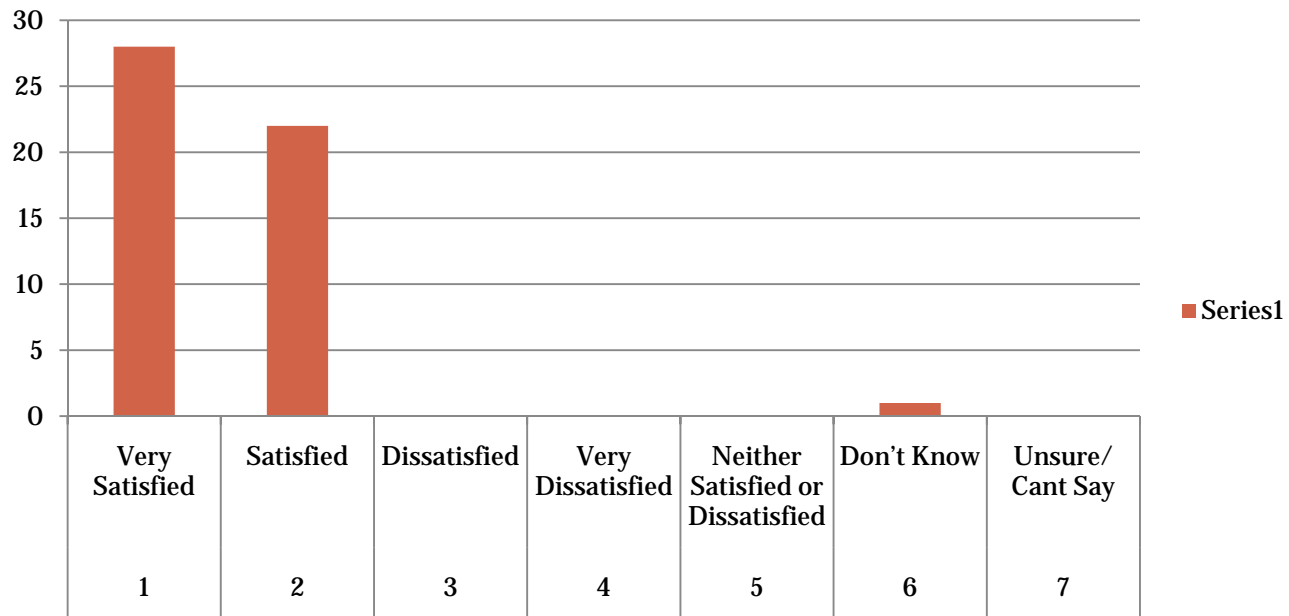


Question 13:

**How satisfied or dissatisfied are you with the way Home at Heart Care is managed, for example, how we provide you with information about your service or manage and treat PCAs or Homemakers?**

**Would you say you are:**

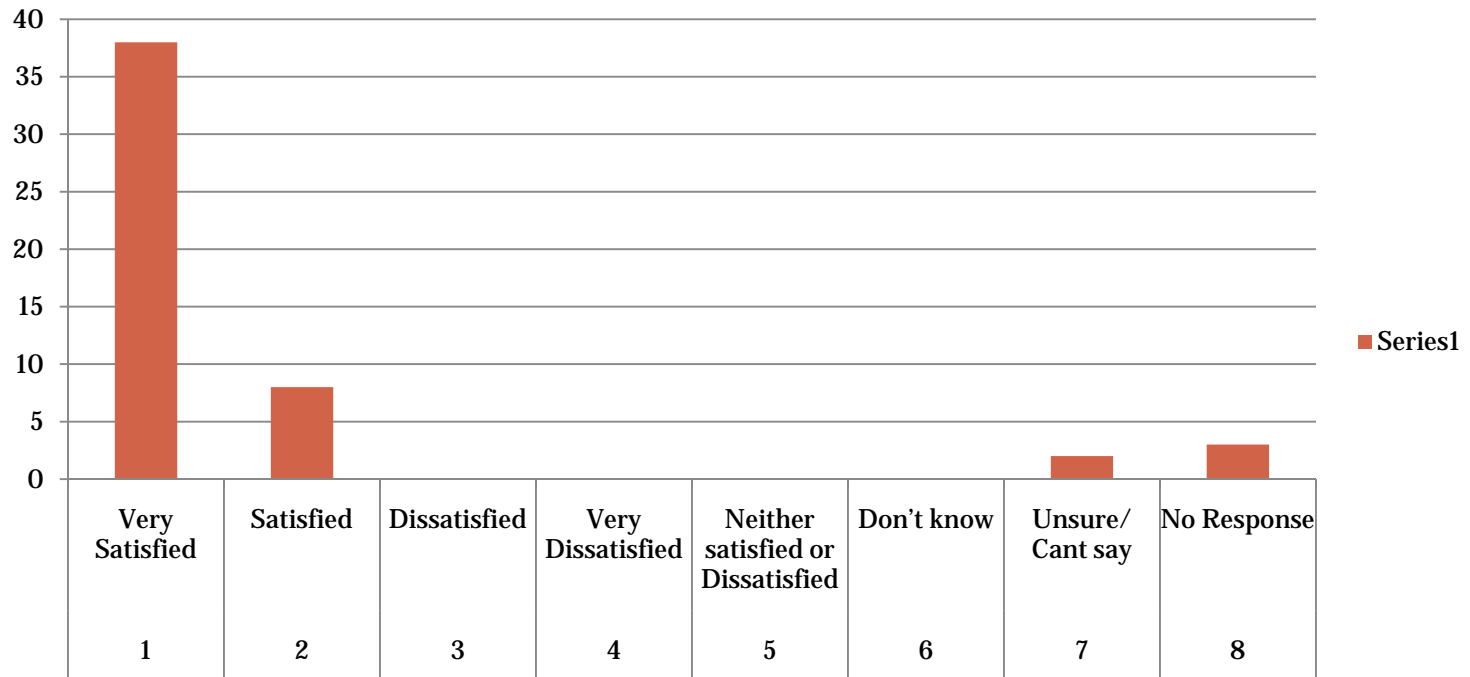
|   |                                   |    |
|---|-----------------------------------|----|
| 1 | Very Satisfied                    | 28 |
| 2 | Satisfied                         | 22 |
| 3 | Dissatisfied                      |    |
| 4 | Very Dissatisfied                 |    |
| 5 | Neither Satisfied or Dissatisfied |    |
| 6 | Don't Know                        | 1  |
| 7 | Unsure/ Cant Say                  |    |



**How satisfied or dissatisfied are you with the way your PCA/Homemaker helps you? Would you say you are:**

Question 14:

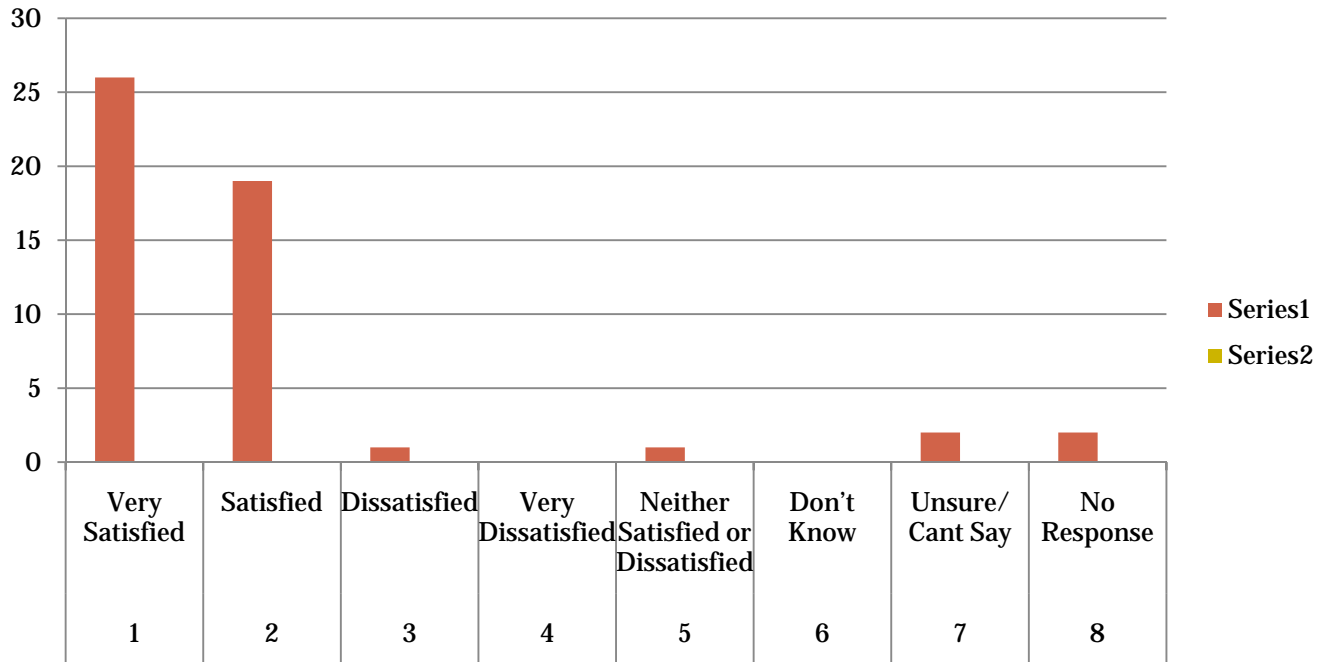
|   |                                   |    |
|---|-----------------------------------|----|
| 1 | Very Satisfied                    | 38 |
| 2 | Satisfied                         | 8  |
| 3 | Dissatisfied                      |    |
| 4 | Very Dissatisfied                 |    |
| 5 | Neither satisfied or Dissatisfied |    |
| 6 | Don't know                        |    |
| 7 | Unsure/ Cant say                  | 2  |
| 8 | No Response                       | 3  |



Question 15:

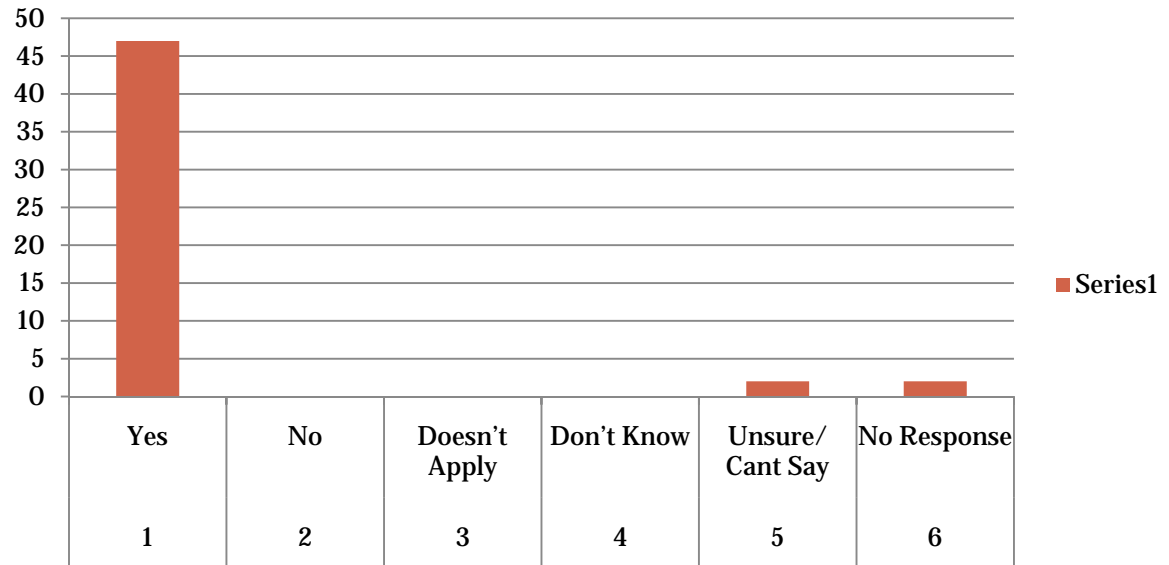
**How satisfied or dissatisfied are you with the reliability of services provided by Home at Heart Care? Would you say you are:**  
**That is, do they always turn up when they promise to?**

|   |                                   |    |
|---|-----------------------------------|----|
| 1 | Very Satisfied                    | 26 |
| 2 | Satisfied                         | 19 |
| 3 | Dissatisfied                      | 1  |
| 4 | Very Dissatisfied                 |    |
| 5 | Neither Satisfied or Dissatisfied | 1  |
| 6 | Don't Know                        |    |
| 7 | Unsure/ Cant Say                  | 2  |
| 8 | No Response                       | 2  |



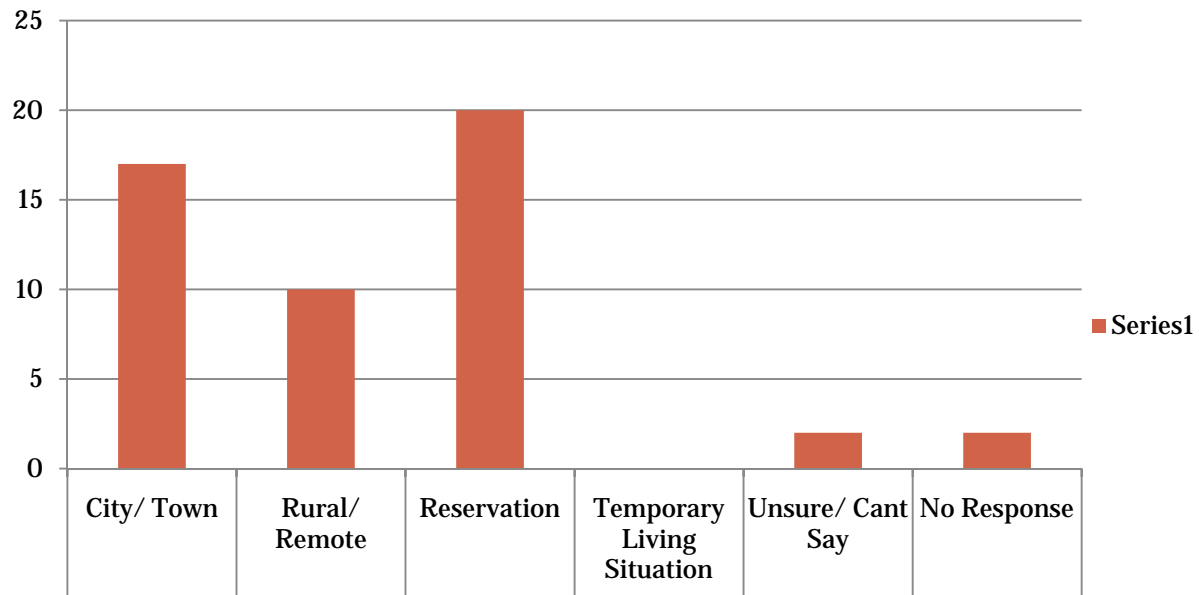
Question 16: *If you were not happy about the service you received, would you know who to contact to tell them about your concerns?*

|   |                  |    |
|---|------------------|----|
| 1 | Yes              | 47 |
| 2 | No               |    |
| 3 | Doesn't Apply    |    |
| 4 | Don't Know       |    |
| 5 | Unsure/ Cant Say | 2  |
| 6 | No Response      | 2  |



Question 17: *Are you living in a city, reservation, rural or remote area?*

|   |                            |    |
|---|----------------------------|----|
| 1 | City/ Town                 | 17 |
| 2 | Rural/ Remote              | 10 |
| 3 | Reservation                | 20 |
| 4 | Temporary Living Situation |    |
| 5 | Unsure/ Cant Say           | 2  |
| 6 | No Response                | 2  |



**Question 18:** *Can you tell us more about why you answered Question 2. In other words, was there an event, issue or something Home at Heart Care did that defines how you responded to Question 2?*



**Responses included:**

- Help clients organize a schedule to utilize their time more efficiently
- This is a blind-sided Question
- Because it was a Question & the PCA is on time and even visits from time to time
- PCA does very good work
- Home at Heart Care responds to client`s needs very well & in a timely manner
- Very Satisfied with the PCA`s and feel comfortable with them
- Home at Heart Care`s staff is very professional, compassionate, understanding, helpful, & clarify questions right away.
- Home at Heart is there when someone is in need of them
- Home at Heart Care`s RN`s are very much liked
- PCA`s go above and beyond for their client... especially in a time of need
- Really appreciative to Home at Heart for all their help

**Question 19: Do you have any other suggestions on how to improve our services or anything else to say about Home at Heart Care, apart from the things we have already asked you about?**



**Responses include:**

- Business opportunity to provide hospice care, North Country Regional Hospital is planning on eliminating it.
- Contact client when PCA resigns
- Home at Heart care is doing a great job
- PCA`s would like Home at Heart Care to provide some kind of Health Insurance for them
- Very Satisfied
- Clients would like more hours
- “Home at Heart Care is wonderful”
- Thank You very Much
- It`s a wonderful option to have so people can stay in their homes & their families feel relief
- It is a privilege to have this care. Thank You
- When Home at Heart Care does an evaluation; they should have suggestions to fit the evaluated situation.