



Tomkins House Experience Survey

At Tomkins House strive to provide the highest possible level of Hospice care to both you and your loved one. For us to achieve this, your feedback is extremely important.

We realize this is a very difficult time for you and your family, but completing this survey will assist us in future improvements for our delivery of quality care.

We thank you for your time, and for your trust in Tomkins House.

1. How did you hear about Tomkins House? Check all that apply.

- Family Doctor
- Specialist
- Nurse Practitioner
- Nurse
- Hospital
- Home & Community Care
- Other (please specify)
- Former client
- Friend
- Family Member
- Media: TV, Radio, Newspaper
- Social Media

2. Why did you choose Tomkins House? Check all that apply.

- Rapidly declining health
- Pain Control
- Symptom management
- Caregiver relief
- End of life support
- Other (please specify)
- Patient decision to stop difficult/painful treatment
- Patient does not want to be in the hospital
- Staying at home has become too difficult
- Emotional support

3. Was your initial contact with Tomkins House by:

- Telephone
- Email
- In person
- Other (please specify) Do you remember who you spoke to?

4. Were all of your questions answered?

Yes, all questions were answered fully.	Yes, most of my questions were answered.	Neither yes or no.	No, I had many more questions.	No, I felt more confused.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

5. Were you given a tour of Tomkins House?

- Yes, it helped us decide if Tomkins House was the best option.
- Yes, we didn't know what hospice was before the tour and it helped a lot.
- Yes, it helped reduce fears knowing what Tomkins House offered.
- Yes, it helped us to stop worrying about costs and the care provided.
- Other (please specify)
- Neither yes or no.
- No, it made us want to stay at home as long as possible.
- No, Tomkins House was not right for us.

6. Were you introduced to the social worker and introduced to the bereavement services?

- Yes
- No
- Other (please specify)

7. Were you introduced to the nursing staff and allowed to ask questions?

- Yes
- No
- Other (please specify)

8. What was your initial impression of Tomkins House?

It was perfect.	It was good.	It was fine.	It was adequate.	It was not a good option.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

9. How was your experience with a bed offer?

- The staff at Tomkins House made the bed offer.
- Home & Community Care made the bed offer.
- The bed offer was made through the hospital.
- Other (please specify)

10. Did you feel that your loved one was offered a bed at the best possible time?

Yes, the timing was perfect. Yes, the timing was fine. No, they came too early. No, they came too late. I'm not sure.

11. How was your transfer to Tomkins House?

We called 911. We called for a non urgent transfer. We drove our loved one ourselves.

Other, how can that be improved?

12. Were you and your loved ones greeted warmly at Tomkins House?

- Yes
- No
- Other, how can we improve?

13. Were you orientated to all the room amenities and made to feel welcome throughout Tomkins House?

- Yes
- No
- Other, how can we improve?

14. Did you feel comfortable?

- Yes
- No
- Other, how can we improve?

15. Did you feel you made the right choice?

- Yes
- No
- Other, how can we improve?

16. Was your loved one kept warm & comfortable in the room?

- Yes
- No
- Other, how can we improve?

17. Were medications adequate and given on time?

- Yes
- No
- Other, how can we improve?

18. Was your loved one's pain and symptoms managed well?

- Yes
- No
- Other, how can we improve?

19. Was your doctor available to answer your questions?

- Yes
- No
- Other, can you offer suggestions that we can pass along?

20. Did the Tomkins House nursing team help you understand the care plan?

- Yes
- No
- Other, how can we improve?

21. Were meals and beverages offered on time for your loved one?

- Yes
- No
- Other, how can we improve?

22. Did the Tomkins House Team help you understand about end of life nutrition and the body's need for food and fluids?

- Yes
- No
- Other, how can we improve?

23. Did Tomkins House volunteers help you to feel at home in our kitchen?

- Yes
- No
- Other, how can we improve?

24. Were all staff attentive and supportive?

- Yes
- No
- Other, how can we improve?

25. On a scale of 1 to 5 (5 being the highest) how happy were you with the care your loved one received?

Poor Exceptional

26. Was your loved one comfortable and pain-free in their final hours?

- Yes
- No
- Other, how can we improve?

27. Did the Tomkins House Team help you to prepare for the final moments with your loved one?

- Yes
- No
- Other, how can we improve?

28. Were you assisted in making final arrangements?

- Yes
- No
- Other, how can we improve?

29. Were you given privacy to grieve in the final moments and after the death occurred?

- Yes
- No
- Other, how can we improve?

30. Did COVID impact your Hospice experience?

- Yes
- No
- If so, please explain.

31. How was your experience at home? Check all that apply.

- Nursing and Personal Support Work wasn't available.
- Nursing and Personal Support Work wasn't enough.
- Caregivers were burning out.
- Other (please specify)
- Pain & symptoms weren't controlled.
- Home was our preferred choice for end of life care.

32. Did you know that the care at Tomkins House is covered by the Ministry of Health & Long Term Care at about 50% and every other cost comes from generous donations?

- Yes
- No
- Other (please specify)

33. Would you like a follow up meeting to discuss your Tomkins House experience?

- Yes
- No
- If yes, please enter your full name and contact details here.
Name:
Telephone:
Email:
Best time to call?

34. Do you or your family need our bereavement services?

- No, we are coping well.
- Not sure at this time.
- We will call you if needed.
- If yes, please include the best way to contact you below.
- Yes, we are interested in a group for grief.
- Yes, we are interested in one-to-one support.