

Table 1
Nebraska's Veterans' Homes
Summary of MEMBER Satisfaction Survey Responses
2010

Number of Survey Responses = 201

Living Environment (Facility Wide)	YES		NO		UNSURE	
	#	%	#	%	#	%
1. Is your living environment comfortable?	189	94.5%	7	3.5%	4	2.0%
2. Do you have enough privacy?	178	89.4%	15	7.5%	6	3.0%
3. Are your personal belongings safe here?	172	88.2%	11	5.6%	12	6.2%
4. Is the home clean and tidy?	192	98.5%	2	1.0%	1	0.5%
5. Is your room arranged the way you would like it to be?	185	93.4%	7	3.5%	6	3.0%
6. Does your room include some of your personal possessions?	190	96.4%	6	3.0%	1	0.5%
7. <i>If you were ill or injured, is it possible staff would not know it?</i>	<u>35</u>	<u>17.9%</u>	<u>134</u>	<u>68.7%</u>	<u>26</u>	<u>13.3%</u>
8. <i>Does the level of noise in the facility bother you?</i>	<u>20</u>	<u>10.2%</u>	<u>175</u>	<u>89.3%</u>	<u>1</u>	<u>0.5%</u>
9. <i>Is the facility in need of repair?</i>	<u>29</u>	<u>15.4%</u>	<u>140</u>	<u>74.5%</u>	<u>19</u>	<u>10.1%</u>
10. Are the grounds clean, well kept and attractive?	194	97.0%	1	0.5%	5	2.5%
11. Are the sidewalks and parking lot surfaces smooth and safe to walk on?	141	71.9%	30	15.3%	25	12.8%
12. Does the facility accommodate a good nights sleep?	186	93.5%	7	3.5%	6	3.0%

Dining Experience	YES		NO		UNSURE	
	#	%	#	%	#	%
	13. Is food available whenever you are hungry?	180	92.3%	10	5.1%	5
14. Do you feel you have enough time to eat?	195	98.5%	3	1.5%	0	0%
15. If you need assistance to eat, is there enough staff available to assist you?	155	87.1%	6	3.4%	17	9.6%
16. Are you served the types of foods you like?	150	78.9%	24	12.6%	16	8.4%
17. Are there enough different kinds of food to choose from?	166	86.0%	23	11.9%	4	2.1%
18. Do you get enough food to eat during meals?	193	98.0%	4	2.0%	0	0%
19. Are the temperatures of the meals you receive okay?	158	83.6%	24	12.7%	7	3.7%
20. Is the food you receive prepared to your liking?	143	76.1%	30	16.0%	15	8.0%
21. Do you feel the environment in the dining room helps you to enjoy your meals?	162	85.7%	16	8.5%	11	5.8%

Activities	YES		NO		UNSURE	
	#	%	#	%	#	%
	22. Does the facility offer meaningful activities that you like to participate in?	174	87.9%	14	7.1%	10
23. Is there enough opportunity to do self-directed activities such as reading, watching TV, or enjoying the outdoors etc?	189	95.5%	3	1.5%	6	3.0%
24. Are you informed of the activities available to you?	192	97.0%	4	2.0%	2	1.0%
25. Are you able to travel to off-campus outings when you want to?	159	82.4%	27	14.0%	7	3.6%
26. Does the facility offer sufficient entertainment for you to enjoy?	178	90.4%	5	2.5%	14	7.1%
27. Are there enough activities to choose from to meet your interests?	167	84.8%	17	8.6%	13	6.6%
28. Are activities offered during convenient time schedules?	188	95.4%	5	2.5%	4	2.0%
29. Do you get the help you need to attend activities?	185	94.9%	4	2.1%	6	3.1%
30. Do you have the opportunity to exercise and stay fit?	188	94.9%	5	2.5%	5	2.5%
31. Do you participate in facility-sponsored activities?	158	81.9%	28	14.5%	7	3.6%

Staff	YES		NO		UNSURE	
	#	%	#	%	#	%
	32. Do the staff show they care about you?	188	97.4%	1	0.5%	4
33. Do the staff respect your wishes?	181	94.3%	3	1.6%	8	4.2%
34. Do the staff understand what you are feeling or going through?	157	80.9%	14	7.2%	23	11.9%
35. Do the staff help you when you need it?	187	98.4%	1	0.5%	2	1.1%
36. When staff come into the room, do they tell you why they have come?	178	93.7%	9	4.7%	3	1.6%
37. Are the staff skilled and knowledgeable about how to take care of people?	177	93.2%	4	2.1%	9	4.7%
38. Do the staff answer your call light promptly?	141	80.1%	19	10.8%	16	9.1%
39. Do the staff follow-through with decisions that you make?	158	86.8%	10	5.5%	14	7.7%
40. Do staff knock before entering your room?	177	92.7%	10	5.2%	4	2.1%

Dignity	YES		NO		UNSURE	
	#	%	#	%	#	%
	41. Do the staff call you by the name you prefer?	194	98.0%	4	2.0%	0
42. Do the staff ensure that your personal hygiene is maintained?	188	96.9%	2	1.0%	4	2.1%
43. Is your personal physical privacy respected by staff?	183	94.3%	6	3.1%	5	2.6%
44. Do you have opportunities to help or support others?	156	81.3%	20	10.4%	16	8.3%
45. Do you feel a part of the daily activities of the home?	171	88.6%	14	7.3%	8	4.1%
46. Do you feel useful?	123	64.1%	40	20.8%	29	15.1%
47. Do you feel staff allow enough time for you?	175	91.6%	10	5.2%	6	3.1%
48. <u>Are you ever placed in a situation that makes you feel uncomfortable?</u>	<u>52</u>	<u>27.1%</u>	<u>129</u>	<u>67.2%</u>	<u>11</u>	<u>5.7%</u>
49. Do you feel staff are attentive to your needs?	185	95.9%	3	1.6%	5	2.6%
50. Are you treated with respect by staff?	190	97.9%	1	0.5%	3	1.5%

Autonomy	YES		NO		UNSURE	
	#	%	#	%	#	%
51. Are you encouraged to participate in decisions about your care?	170	88.1%	12	6.2%	11	5.7%
52. Do you decide what you are going to do each day?	182	91.9%	9	4.5%	7	3.5%
53. Do you express feelings and opinions around here?	170	87.2%	12	6.2%	13	6.7%
54. Is equipment available that allows you to be more independent? (e.g., wheelchairs, walkers, bars)	185	97.4%	2	1.1%	3	1.6%
55. Do you feel you can come and go as you please?	174	88.3%	18	9.1%	5	2.5%
56. <u>Do staff get back at you if you say or do something they don't like?</u>	<u>45</u>	<u>23.8%</u>	<u>131</u>	<u>69.3%</u>	<u>13</u>	<u>6.9%</u>
57. <u>Would you choose to have a different roommate?</u>	<u>18</u>	<u>10.9%</u>	<u>130</u>	<u>78.8%</u>	<u>17</u>	<u>10.3%</u>
58. Can you choose when to have your bath or shower?	140	71.8%	41	21.0%	14	7.2%
59. Are you free to make choices such as wear the clothes you want to wear or go to bed and get up when you wish?	182	94.3%	9	4.7%	2	1.0%
60. Are your spiritual or religious needs provided for?	182	95.3%	5	2.6%	4	2.1%
61. Do you feel you are given enough opportunity to be connected to the community?	164	85.4%	17	8.9%	11	5.7%

Medical Care and Treatment	YES		NO		UNSURE	
	#	%	#	%	#	%
62. Are you helped if you are in pain or uncomfortable?	185	95.4%	5	2.6%	4	2.1%
63. Can you talk to your doctor when you need to?	165	85.1%	12	6.2%	17	8.8%
64. Do you receive the treatments and medications you need?	180	94.2%	6	3.1%	5	2.6%
65. If you are not feeling well, do you get medical help when needed?	181	93.8%	7	3.6%	5	2.6%
66. Do you receive therapy if you need it?	187	96.4%	6	3.1%	1	0.5%
67. Would you recommend this Home to others?	182	93.3%	8	4.1%	5	2.6%

Background information

	Less than 6 mos	6 mos to 1 year	1 - 3 years	More than 3 years	
68. How long have you lived at this Veterans Home?	12	29	60	89	
Percent?	6.3%	15.3%	31.6%	46.8%	

	<65 Years	65 - 74 Years	75 - 84 Years	85+ Years	
69. What is your age?	19	28	69	72	
Percent?	10.1%	14.9%	36.7%	38.3%	

	Male	Female	
70. What is your gender?	145	50	
Percent?	74.4%	25.6%	

	YES	NO	UNSURE	
71. If you could go back in time, would you make the same decision to move to this Veterans Home again?	173	10	13	
Percent?	88.3%	5.1%	6.6%	

	YES	NO	UNSURE	
72. Would you recommend this Veterans Home to your family and friends?	176	6	13	
Percent?	90.3%	3.1%	6.7%	