

Carewest Community Programs Client Experience Surveys

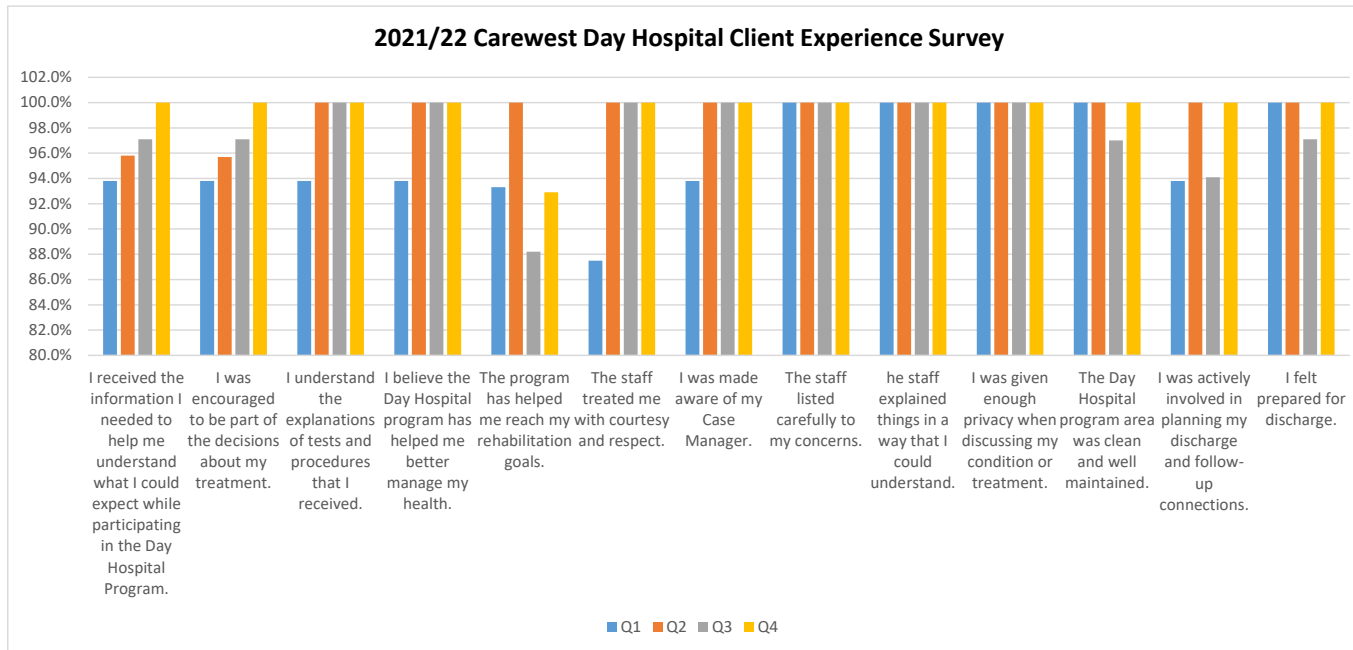
Results April 1st, 2021 – March 31st, 2022

Community Program Experience Survey Annual Scheduling

Program	Q1 (April through June)	Q2 (July through Sept)	Q3 (Oct through Dec)	Q4 (Jan through March)
Day Hospital	Distributed at Discharge	Distributed at Discharge	Distributed at Discharge	Distributed at Discharge
	Report on Quarterly	Report on Quarterly	Report on Quarterly	Report on Quarterly
Regional Seating Clinic	Distributed at Discharge	Distributed at Discharge	Distributed at Discharge	Distributed at Discharge
	Report on Quarterly	Report on Quarterly	Report on Quarterly	Report on Quarterly

2021/22 Day Hospital Client Experience Survey

	Q1	Q2	Q3	Q4
I received the information I needed to help me understand what I could expect while participating in the Day Hospital Program.	93.8%	95.8%	97.1%	100.0%
I was encouraged to be part of the decisions about my treatment.	93.8%	95.7%	97.1%	100.0%
I understand the explanations of tests and procedures that I received.	93.8%	100.0%	100.0%	100.0%
I believe the Day Hospital program has helped me better manage my health.	93.8%	100.0%	100.0%	100.0%
The program has helped me reach my rehabilitation goals.	93.3%	100.0%	88.2%	92.9%
The staff treated me with courtesy and respect.	87.5%	100.0%	100.0%	100.0%
I was made aware of my Case Manager.	93.8%	100.0%	100.0%	100.0%
The staff listened carefully to my concerns.	100.0%	100.0%	100.0%	100.0%
The staff explained things in a way that I could understand.	100.0%	100.0%	100.0%	100.0%
I was given enough privacy when discussing my condition or treatment.	100.0%	100.0%	100.0%	100.0%
The Day Hospital program area was clean and well maintained.	100.0%	100.0%	97.0%	100.0%
I was actively involved in planning my discharge and follow-up connections.	93.8%	100.0%	94.1%	100.0%
I felt prepared for discharge.	100.0%	100.0%	97.1%	100.0%



2021/22 Carewest Seating Clinic Client Experience Survey

	Q1	Q2	Q3	Q4
There was a reasonable wait time between my initial phone call from the clinic and my assessment.	88.5%	92.3%	82.6%	87.5%
The wait time between my assessment and completion of my seating system was consistent with what the program told me it would be.	96.2%	100.0%	91.3%	100.0%
The staff included me in identifying the goal(s) for my seating system.	100.0%	100.0%	95.7%	100.0%
The staff explained things to me in a way that I could understand.	100.0%	100.0%	95.7%	97.5%
I find that my new seating system meets my comfort needs..	95.0%	100.0%	100.0%	89.7%
I find that my seating system meets my functional needs.	100.0%	100.0%	100.0%	94.7%
My Seating Clinic therapists/technicians clearly explained my new seating system including how to care for the system and use it safely.	92.0%	92.3%	95.7%	97.4%
I am satisfied with the look and quality of my seating system.	100.0%	92.3%	95.7%	92.5%
I believe that the goals(s) identified were met by the program.	100.0%	92.3%	95.7%	94.9%
The Seating Clinic environment was safe, comfortable and supportive.	100.0%	100.0%	100.0%	97.4%
Overall I am satisfied with the services I received.	100.0%	100.0%	95.5%	95.0%

