

**FAMILY COUNCIL DEVELOPMENT PROJECT
PROVIDER SURVEY**

1. How many residents live in your facility? _____ How many beds, if number differs? _____
2. Is your facility located in an urban, suburban, or rural setting?
 Urban Suburban Rural
3. Is your facility a for-profit, not-for-profit or government run facility?
 For-profit Not-for-profit Government run Part of a national corp.
4. Does your facility accept payment from Medicare, Medicaid, or both?
 Medicare Medicaid Medicare/Medicaid Neither
5. Does your facility have an organized family-directed family council, facility-directed family group, or both?
 Family- directed family council Facility- directed family group
 Both(if both, please provide information about the activities of the family council in your responses to the questions below)
 No family council or family group (If no council or group, go to question #15)
 Other (please describe):
6. How often does the family council meet?
 Generally, at least once a month At least once every two months
 Quarterly or less Meets infrequently Other _____
7. Is a staff person assigned to work with the family council? Yes No
8. If yes, please provide the name of the staff person and the person's position or title in the facility.
Name _____ Position _____
9. What role does the staff person play in the family council?
 Organizes, publicizes, formulates agenda for, and runs meetings
 Attends all meetings as an observer/resource person, but families publicize and run meetings
 Attends meetings at invitation of family members
 Other (please describe):
11. Does the family council at your facility elect officers?
 Yes No
12. If not, how is leadership provided?
13. If yes, would you please provide the name and contact information for the president or key family member participating in the council or group (with the family member's permission)?
Name: _____ Contact Information: _____
14. What have you or your staff done to facilitate the formation of a family council?
 Provided space for family members to meet at the facility
 Allowed family members to post meeting notices inside the facility
 Allowed family members to put information about meetings in a facility newsletter

- Made a mailing list of family members available to the family council to communicate with other family members
- Included information about the family council in admission packets
- Other:

15. If there is no family council at your facility, has one existed in the past?

- Yes No

16. If yes to question #15, what was the reason (or reasons) why the family council did not continue?

17. Could you briefly describe some of the successes of the family council in your facility?

18. Could you briefly describe any difficulties you have had working with the family council at your facility?

19. Do you have a formal complaint processing or grievance procedure in your facility?

- Yes No

If yes, could you please provide us with any written protocol or guidelines for this process?

20. What are a few of the factors you think are important for a good family council?

21. Does your facility have a resident council?

- Yes No

22. If yes, does the resident council have any joint activities or connections with the family council?

- No Yes (please describe briefly)

23. How do you assess the family council at your facility?

- It is active and contributes importantly to the overall quality of facility life.
- It meets fairly regularly, but does not contribute significantly to the overall quality of facility life.
- It could use some extra help in organizing and maintaining its activities.
- It is successful and could be used as a role model for other facilities.
- It meets regularly but does not attract many family members.
- It meets regularly and many family members attend.
- Other (please describe)

24. Please estimate how many people usually attend the family council meetings: _____

25. Please estimate how many residents do not have ongoing contact with family members: _____

26. Please estimate how many residents in your facility do not have family members who live within commuting distance of the nursing home: _____

27. Please estimate how many residents in your facility do not have any known or identified family members at all: _____

28. Would you please provide us with the agendas and minutes from the last 2-3 family council meetings?

- Yes (please enclose) No

29. Any other comments or ideas about family councils you or your staff have will be greatly appreciated. (Please use back side of page.)