

Obstetrical Care Unit (OCU) Patient Experience Survey






Please take this short time for answering the survey questions. We want to know how you and your family felt about your stay on OCU. Thank you.

Date of Discharge: _____

Patient's Age: _____

Patient's Gender: _____

EPL=86%

<i>Please rate the following statements using numbers 1-5 based on this scale.</i>		 1 Strongly Disagree	 2 Disagree	 3 Unsure	 4 Agree	 5 Strongly Agree	N/A
1.	I would recommend this hospital to my family and friends.	1	2	3	4	5	
2.	Usually, my health is good.	1	2	3	4	5	
3.	I am sure I can take care of my health. (T'áá hwó'ají t'éego)	1	2	3	4	5	
4.	Pain: Overall, I was pleased with how my pain was treated.	1	2	3	4	5	No Pain
5.	Safety: I felt safe during my stay at Chinle Hospital	1	2	3	4	5	
6.	Respect: The staff was polite and treated my family and me with respect.	1	2	3	4	5	
7.	Environment: The unit was clean and organized.	1	2	3	4	5	
8.	During my stay, the staff:	1	2	3	4	5	
	❖ Introduced themselves.	1	2	3	4	5	
	❖ Checked our (baby and I) ID bands, and allergy bands.	1	2	3	4	5	
	❖ Explained my birth experience.	1	2	3	4	5	
9.	During my stay,	1	2	3	4	5	
	❖ I felt involved in treatment plans for myself.	1	2	3	4	5	
	❖ I felt involved in treatment plans for baby.	1	2	3	4	5	
10.	During my stay, the staff assisted me...	1	2	3	4	5	
	❖ With breastfeeding.	1	2	3	4	5	
	❖ With newborn care.	1	2	3	4	5	
11.	My cultural needs were respected.	1	2	3	4	5	
12.	The visitors' policy was explained to me.	1	2	3	4	5	
Using a number from 0 to 10, where 0 is the worst possible and 10 is the best possible, what number would you choose to rate all your health care during your hospital stay? (circle one)							

	1	2	3	4	5	6	7	8	9	10	
13.	Upon discharge, I felt comfortable going home to take care of myself and my baby. <input type="checkbox"/> Yes <input type="checkbox"/> No, if no, why?										
14.	What did we do well?										
15.	What can we do better?										

Did you get an Education Booklet? Yes No

16.	Was your last baby delivered at Chinle Hospital prior to 2012? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (If No or N/A, you are done with your survey)										
17.	If Yes to questions #16, what have you noticed that changed on Obstetric Care Unit:										
18.	Using a number from 0 to 10, where 0 is the worst possible and 10 is the best possible, what number would you choose to rate the improvements made on OCU since your last delivery? (circle one) 1 2 3 4 5 6 7 8 9 10										
19.	Do you have any complaints regarding your care or services during your visit? If so, how can we improve your care/service?										
20.	Did a family member stay with you 24/7 after you had your baby? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how was your experience having a family member stay with you 24/7 after you had your baby?										

Your input is important to us to improve our services to our mother, families, and babies. Thank you!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.