

# YPX Insights | Psychiatry Inpatient

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**Directions:** Please answer each statement based on your current hospitalization experience. If a question does not apply to you, please select "Does not apply." We encourage you to answer truthfully and candidly.

<b>Treatment Team Relationship</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
My Doctor/Provider treated me with care and respect.						
My Doctor/Provider valued my opinion even if we didn't always agree.						
My Doctor/Provider helped me understand my treatment options.						
I had input into decisions about my treatment.						
My Social Worker helped me include family or other supports in my treatment if I wished.						

<b>Environment</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
The unit was clean.						
I felt physically safe on the unit.						
I had access to quiet space if I needed it.						
Healthy food options were available.						
I had enough access to fresh air and/or natural light.						
I was satisfied with the services available on the weekends.						
I was supported in keeping busy and finding social/recreational activities.						

<b>Treatment Effectiveness</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
The symptoms/problems that brought me to the hospital have improved.						
Group therapy was helpful.						
I have skills to help manage symptoms/problems I face in daily life.						
My medications will help me.						
I will have the resources I need to be successful after I leave the hospital.						

<b>Nursing Team Presence</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
Nurses were caring and respectful.						
Counselors/Technicians were caring and respectful.						
Nurses were attentive to my needs.						
Counselors/Technicians were attentive to my needs.						
Staff paid attention to what was happening on the unit.						
Staff worked together to care for me.						

How likely is it that you would recommend this hospital to a family member, friend, or colleague?									
Not at all Likely			Likely				Extremely Likely		
1	2	3	4	5	6	7	8	9	10

How can we improve? Please let us know if you have suggestions to improve our care.

What did we do well? Please let us know what we are doing well and any staff who you would like to recognize.

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Demographic Questions [Optional]	Suggested Item Choices
Did you receive assistance completing this survey?	Yes No
Age	12 – 17 18 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65 – 74 75 and over
Gender	Female Male Transgender Male Transgender Female Non-binary Other Prefer Not to Say
Sexual Orientation	Heterosexual/Straight Homosexual/Gay Homosexual/Lesbian Bisexual Other Prefer Not to Say
Race/Ethnicity	Asian/Pacific Islander Black or African American Hispanic or Latino Native American or American Indian Biracial/Multiracial White Other Prefer Not to Say
Religious/Faith Tradition	Buddhist Christian Hindu Islam Judaism Mormon None/No Religious or Faith Tradition Other Prefer Not to Say
Disability Status	None Deaf or Hearing Problems Blind or Vision Problems Learning Difficulty Difficulty Walking Difficulty Thinking/Remembering Other Prefer Not to Say

Demographics

## Patient Experience Survey

A few questions about you before we begin...

### Age (optional)

- 12 - 17
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75+

### Gender (optional)

- Female
- Male
- Non-binary
- Prefer not to say
- Transgender
- Other

### **Sexual Orientation** (optional)

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual
- Prefer not to say
- Other

### **Race / Ethnicity** (optional)

- Asian / Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or American Indian
- Multiple
- White
- Other

### **Religious / Faith Tradition** (optional)

- None
- Buddhist
- Christian
- Hindu
- Islam
- Judaism
- Mormon
- Other

## Disability (optional)

- None
- Deaf/hearing problems
- Blind/vision problems
- Learning difficulty
- Difficulty walking/with daily activities
- Difficulty thinking/remembering

### Introduction

**Respond to each statement based on your experience during your current hospitalization. If a question does not apply to you, please select "Does not apply."**

**Please answer openly and honestly.**

**These are your answer options**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply



## Questions

**My Doctor/Provider treated me with care and respect.**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply



**My Doctor/Provider valued my opinion even if we didn't always agree.**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply



**My Doctor/Provider helped me understand my treatment options.**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply



**I had input into decisions about my treatment.**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply



**My Social Worker helped me include family or other supports in my treatment if I wished.**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply



**I felt physically safe on the unit.**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply



**I had access to quiet space if I needed it.**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply



**Staff paid attention to what was happening on the unit.**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply



**Nurses were caring and respectful.**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply





**Nurses were attentive to my needs.**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply



**Counselors/Techs were caring and respectful.**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply



**Counselors/Techs were attentive to my needs.**



Strongly Disagree



Somewhat Disagree



Neutral



Somewhat Agree



Strongly Agree



Does not apply



**The symptoms/problems that brought me to the hospital have improved.**



Strongly Disagree

Somewhat Disagree

Neutral

Somewhat Agree

Strongly Agree

Does not apply



**Group therapy was helpful.**



Strongly Disagree

Somewhat Disagree

Neutral

Somewhat Agree

Strongly Agree

Does not apply



**I have skills to help manage symptoms/problems I face in daily life.**



Strongly Disagree

Somewhat Disagree

Neutral

Somewhat Agree

Strongly Agree

Does not apply



**My medications will help me.**



Strongly Disagree

Somewhat Disagree

Neutral

Somewhat Agree

Strongly Agree

Does not apply



**I will have the resources I need to be successful after I leave the hospital.**



Strongly Disagree

Somewhat Disagree

Neutral

Somewhat Agree

Strongly Agree

Does not apply



**I was satisfied with the services available on the weekends.**



Strongly Disagree

Somewhat Disagree

Neutral

Somewhat Agree

Strongly Agree

Does not apply



**I was supported in keeping busy and finding social/recreational activities.**



Strongly Disagree

Somewhat Disagree

Neutral

Somewhat Agree

Strongly Agree

Does not apply



**Staff worked together to care for me.**



Strongly Disagree

Somewhat Disagree

Neutral

Somewhat Agree

Strongly Agree

Does not apply  
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**The unit was clean.**



Strongly Disagree

Somewhat Disagree

Neutral

Somewhat Agree

Strongly Agree

Does not apply



**Healthy food options were available.**



Strongly Disagree

Somewhat Disagree

Neutral

Somewhat Agree

Strongly Agree

Does not apply



**I had enough access to fresh air and/or natural light.**



Strongly Disagree

Somewhat Disagree

Neutral

Somewhat Agree

Strongly Agree

Does not apply



## Comments

How likely is it that you would recommend this hospital to a friend, family member or colleague?

Not at all likely

0

1

2

3

4

5

6

7

8

Extremely likely

9

10



How can we improve? Please let us know if there is something we can do to improve our care...



**What did we do well? Please let us know what we're doing well and any staff who you'd like to recognize...**

