

4 OB UNIT SERVICE EVALUATION

Today's Date _____
Date of Delivery _____ (optional)

Dear Parents,

The Mother Infant Unit staff at the Naval Hospital Bremerton would like to take the time to thank you for your stay with us. During your stay, we are sure you had some questions, and we hope that each one was answered to your satisfaction. In order to serve you better, we need to be aware of your individual needs and ask that you please take the time to answer the questions below that apply to your stay. Thank You!

OB SPECIAL CARE UNIT (OBSCU)

- A. Were you checked in to the OBSCU in a timely manner? Yes ___ No ___ N/A ___
- B. Were you told what to expect while in the OBSCU? Yes ___ No ___ N/A ___
- C. Were you seen promptly by a physician or midwife? Yes ___ No ___ N/A ___
- D. Were all questions answered to your satisfaction? Yes ___ No ___ N/A ___

LABOR AND DELIVERY

- A. Did staff members introduce themselves to you when they came in the room? Yes ___ No ___ N/A ___
- B. Did your admission process proceed smoothly? Yes ___ No ___ N/A ___
- C. Were you oriented to the room set up? i.e., use of call light television, bathroom, etc? Yes ___ No ___ N/A ___
- D. Were you told what to expect while in labor? Yes ___ No ___ N/A ___
- E. Did the staff members try to follow your wishes as much as possible concerning your birth plan? Yes ___ No ___ N/A ___
- F. Were you provided as much privacy as possible? Yes ___ No ___ N/A ___
- G. Were your needs promptly attended to? Yes ___ No ___ N/A ___
- H. If pain medications were requested, were they given in a timely manner? Yes ___ No ___ N/A ___
- I. Did you have the opportunity to use the labor tub? Yes ___ No ___ N/A ___

MOTHER BABY UNIT

- 1. Were you given instructions by the MoTher Infant Unit staff on the following:
 - A. Rooming in? Yes ___ No ___ N/A ___
 - B. Infant security - checking ID bands each time the infant is given to you and/or your significant other? Yes ___ No ___ N/A ___
 - C. Basic infant care - holding, wrapping, diapering, bathing, skin care, Dressing infant, cord care, eye care, use of bulb syringe, circumcision care (if applicable)? Yes ___ No ___ N/A ___
 - D. Infant safety - car seat, toys, supervision, falls? Yes ___ No ___ N/A ___
 - E. Feeding your infant: Yes ___ No ___ N/A ___
 - F. Breast feeding - position, latch on, frequency, duration, burping (if applicable)? Yes ___ No ___ N/A ___
 - G. Infant behavior reviewed - sleep, wake pattern, infant responsiveness? Yes ___ No ___ N/A ___
 - H. Signs and symptoms of illness reviewed (usually done during discharge class)? Yes ___ No ___ N/A ___

Circle a number - 1 to 5 - that most closely indicates your level of satisfaction in each of the following areas.

	Poor			Excellent	
A. Courtesy and politeness staff	1	2	3	4	5
B. Questions answered satisfactorily	1	2	3	4	5
C. Teaching of infant discharge instructions	1	2	3	4	5
D. Teaching of postpartum discharge instructions	1	2	3	4	5

(over)

NBREM 6320/139(REV 10-02)
ORIGINATOR: 40B

NOT KEPT IN MEDICAL RECORD JACKET FOR PATIENT CONTACT REPRESENTATIVE

Circle a number - 1 to 5 - that most closely indicates your level of satisfaction in each of the following areas:

	Poor			Excellent	
E. Information on appointments for self and baby (postpartum clinic, well baby, 6 week follow-up)	1	2	3	4	5
F. Instructions given on how to take medications	1	2	3	4	5
G. Please rate the food service	1	2	3	4	5
H. What was your opinion of the labor tub (if applicable)?	1	2	3	4	5

Which staff members really "stood out" during your stay (either positive or negative)? Please list names and how they "stood out".

Which of the services you received during your stay on 4OB do you feel were exceptional?

What areas need some work?

How would you change any of the services provided?

**THANK YOU FOR TAKING THE TIME TO HELP US
IMPROVE THE SERVICE WE PROVIDE ON OUR UNIT!**
(OPTIONAL INFORMATION)

NAME _____

PHONE _____