

# ILPQC Birth Equity Initiative

## Patient Reported Experience Measure (PREM) Survey



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## Provider Instructions

This survey is an opportunity for birthing people to provide feedback on their experience of care during labor and delivery at your facility for the purpose of improving the care of birthing people in the state of Illinois. This survey is anonymous and should take the patient only a few minutes to complete. Please encourage the patient to answer all the questions.

### Instructions:

Staff should instruct patients about the purpose and use of this survey and walk them through how to take the survey **at the time of discharge**. All patients should be encouraged to **complete this survey before being discharged** from your facility.

The survey must be conducted electronically, preferably by the patient using a cell phone or tablet and activated using the QR code on the next page. If a patient does not have a cell phone/tablet or cannot access the internet with their cell phone/tablet, staff may need to provide access to a cell phone, tablet or laptop for the patient to complete the survey.

Following are instructions for accessing the survey using iPhones, Android phones, and laptops:

- **iPhones or iPads:** Patients should open the camera application on their cell phone or tablet and hover the camera over the QR code to scan it, then tap the pop-up notification at the top of the screen. They will be directed to the survey at this time.
- **Android phones or tablets:** Patients should press and hold the “home” button; then tap Lens, point the camera at the QR code; tap the Magnifying glass icon at the bottom of the screen to scan the QR code. Then tap the pop-up notification at the top of the screen to be directed to the survey.
- **Laptops:** The survey can also be accessed by typing the web address shown below the QR code on your PREM poster into an internet browser.

**Note that the survey must be completed once opened; it cannot be reopened once it has been saved.**

The survey is available in multiple languages. Language options will appear once the survey is opened. Patients who do not read English may need help accessing the survey in their preferred language. If necessary, patients may complete the survey with the help of a family member or friend.

### Languages:

1. English
2. Spanish



Please tell us about your care. Your name will not be collected. Your individual answers will not be shared with your health care team.

Directions: Rate how strongly you agree or disagree with each of the statements about your experience during your stay for labor and delivery.

**1. I could take part in decisions about my care.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. I could ask questions about my care.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. My health care team did a good job listening to me, I felt heard.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. My health care choices were respected by the health care team.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. My health care team understood my background, home life and health history, and communicated well with each other.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. My health care team introduced themselves to me, and my support persons, and explained their role in my care when they entered my room.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7. The health care team asked for my permission before carrying out exams and treatments.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8. I felt pressured by the health care team into accepting care I did not want or did not understand.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. When the health care team could not meet my wishes, they explained why.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. I trusted the health care team to take the best care of me.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. I was treated differently by the health care team because of:**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
My race or skin color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ethnicity or culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sexual orientation or gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The type of health insurance I have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The language I speak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. I was treated with respect and compassion:**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
During my check-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During my labor and delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During my care after delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. I was treated with respect and compassion:**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
By the obstetric doctors/ midwives that took care of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By the nurses that took care of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By other staff at the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14. The care I received was:**

Excellent	Good	Average	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. Please share any additional thoughts or comments about your experience with your delivery and hospital stay:**

**Tell us more about yourself. Your name will not be collected. Your individual answers will not be shared with your health care team.**

**1. Ethnicity:**

- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Prefer not to answer

**2. Race (select all that apply):**

- ☐ Asian
- ☐ Black
- ☐ Native American/American Indian
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Other:
- ☐ Prefer not to answer

**3. Health insurance type**

- ☐ Private insurance
- ☐ Public insurance (Medicaid or Medical Card)
- ☐ Self-pay
- ☐ Uninsured
- ☐ Prefer not to answer

**4. Sexual Orientation:**

- ☐ Straight/Heterosexual
- ☐ Bisexual
- ☐ Gay
- ☐ Lesbian
- ☐ Queer
- ☐ Other
- ☐ Prefer not to answer

**5. Gender Identity (select all that apply):**

- ☐ Agender
- ☐ Female
- ☐ Gender-neutral
- ☐ Male
- ☐ Non-binary/Gender non-conforming
- ☐ TransMale
- ☐ Other
- ☐ Prefer not to answer

**6. Age:**

- ☐ <18
- ☐ 18-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40 +
- ☐ Prefer not to answer

**7. Type of Delivery:**

- ☐ Vaginal
- ☐ Cesarean section
- ☐ Prefer not to answer

**Thank you for sharing your experience!**