

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1710565398

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/02/2019

Service Date: 11/26/2018

Unit: OMS

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

1

2. Would you recommend this hospital to your friends and family?

DEFINITELY NO

Discharge

1. Extent to which you felt ready to be discharged†

VERY POOR

2. Speed of discharge process after you were told you could go home†

GOOD

3. Instructions given about how to care for yourself at home†

POOR

Personal Issues

1. Staff concern for your privacy

VERY POOR

2. How well your pain was addressed†

GOOD

3. How well staff addressed your emotional needs

POOR

4. Response to concerns/complaints made during your stay

VERY POOR

5. Staff effort to include you in decisions about your treatment

VERY POOR

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you

VERY POOR

2. Likelihood of your recommending this hospital to others

POOR

3. Overall rating of care given at hospital

VERY POOR

About You

1. What is your race-White? (y/n)

NO

2. What is your race-Black or African American? (y/n)
NO
3. What is your race-Asian? (y/n)
NO
4. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
5. What is your race-American Indian or Alaska Native? (y/n)
NO
6. During this hospital stay, were you admitted to this hospital through the Emergency Room?
YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
SOMETIMES
2. During this hospital stay, how often did nurses listen carefully to you?
SOMETIMES
3. During this hospital stay, how often did nurses explain things in a way you could understand?
USUALLY

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
SOMETIMES
2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
USUALLY
3. During this hospital stay, how often did doctors explain things in a way you could understand?
USUALLY

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
ALWAYS

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
USUALLY
2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
SOMETIMES

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)
YES
2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)
NO

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

STRONGLYDISAGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

STRONGLYDISAGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

AGREE

Comments

1. Overall Assessment Section Comments

I was admitted TWICE to the hospital. The experience was very POOR. The second time was... was all right.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1710564978

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/03/2019

Service Date: 11/26/2018

Unit: WCS

Specialty: Obstetrics/Gynecology

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

FAIR

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

GOOD

2. Quality of the food

FAIR

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

GOOD

2. Explanations about what would happen during tests and treatments†

GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

VERY GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
VERY GOOD
2. In general, how would you rate your overall health?
VERY GOOD
3. What is the highest grade or level of school that you have completed?
4+ YRS COLLEGE
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?
ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
ALWAYS

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
ALWAYS
2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)
YES
2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)
YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
STRONGLY AGREE
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
STRONGLY AGREE

Comments

1. Nurses Section Comments

The nurses on L&D are amazing. They are knowledgeable, compassionate, and personable sincerely best nurses during my stay.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1710565113

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/03/2019

Service Date: 11/26/2018

Unit: MSO

Specialty: Surgical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

GOOD

3. Courtesy of the person who cleaned your room

GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

GOOD

3. Courtesy of the person who served your food†

GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

GOOD

6. Skill of the nurses†

GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

GOOD

2. Explanations about what would happen during tests and treatments†

GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

GOOD

2. Staff attitude toward your visitors†

GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

FAIR

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
VERY GOOD
2. In general, how would you rate your overall health?
EXCELLENT
3. What is the highest grade or level of school that you have completed?
HIGH SCHOOL GRAD
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?
ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
USUALLY
2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)
YES
2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)
YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
AGREE
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
STRONGLY AGREE
3. When I left the hospital, I clearly understood the purpose for taking each of my medications.
STRONGLY AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1694740657

Mode: Paper

Survey Designator: IZ0101

Received Date: 01/04/2019

Service Date: 11/05/2018

Unit: CCS

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

8

2. Would you recommend this hospital to your friends and family?

PROBABLY YES

Admission

1. Speed of admission process†

VERY POOR

2. Courtesy of the person who admitted you†

FAIR

Room

1. Pleasantness of room decor†

VERY GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

FAIR

3. Nurses' attitude toward your requests

FAIR

4. Amount of attention paid to your special or personal needs

FAIR

5. How well the nurses kept you informed

GOOD

6. Skill of the nurses†

GOOD

Tests and Treatments

1. Courtesy of the person who took your blood†

VERY GOOD

2. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

VERY POOR

3. How well doctors kept you informed

VERY POOR

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY POOR

3. Instructions given about how to care for yourself at home†

VERY POOR

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

GOOD

3. How well staff addressed your emotional needs

GOOD

4. Response to concerns/complaints made during your stay

GOOD

5. Staff effort to include you in decisions about your treatment

FAIR

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you

VERY GOOD

2. Likelihood of your recommending this hospital to others

GOOD

3. Overall rating of care given at hospital

VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?

GOOD

2. In general, how would you rate your overall health?

POOR

3. What is the highest grade or level of school that you have completed?

HIGH SCHOOL GRAD

4. Are you of Spanish, Hispanic or Latino origin or descent?

NOT SPAN/HISP/LA

5. What is your race-White? (y/n)

YES

6. What is your race-Black or African American? (y/n)

NO

7. What is your race-Asian? (y/n)

NO

8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)

NO

9. What is your race-American Indian or Alaska Native? (y/n)

NO

10. What language do you mainly speak at home?

ENGLISH

11. During this hospital stay, were you admitted to this hospital through the Emergency Room?

YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did nurses listen carefully to you?

SOMETIMES

3. During this hospital stay, how often did nurses explain things in a way you could understand?

USUALLY

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

SOMETIMES

2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

SOMETIMES

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did doctors listen carefully to you?

ALWAYS

3. During this hospital stay, how often did doctors explain things in a way you could understand?

USUALLY

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

ALWAYS

2. During this hospital stay, how often was the area around your room quiet at night?

SOMETIMES

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

NEVER

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

NEVER

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

NO

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

DISAGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

STRONGLYDISAGREE

Comments

1. Discharge Section Comments

Nurses will not get you dressed till time to go - husband dressed me - instead.

2. Uncategorized Comments

One night I doubled up with the worse pain of my life. I hit the call button for help with no response. I screamed for help. By morning pain gone... nurse said call button did not work try other call button.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1694741060

Mode: Paper

Survey Designator: IZ0101

Received Date: 01/04/2019

Service Date: 11/09/2018

Unit: MSO

Specialty: Orthopedics

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

VERY GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Courtesy of the person who took your blood†

VERY GOOD

2. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

VERY GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you

VERY GOOD

2. Likelihood of your recommending this hospital to others

VERY GOOD

3. Overall rating of care given at hospital

VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?

EXCELLENT

2. In general, how would you rate your overall health?

VERY GOOD

3. What is the highest grade or level of school that you have completed?

HIGH SCHOOL GRAD

4. Are you of Spanish, Hispanic or Latino origin or descent?

NOT SPAN/HISP/LA

5. What is your race-White? (y/n)

YES

6. What is your race-Black or African American? (y/n)

NO

7. What is your race-Asian? (y/n)

NO

8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)

NO

9. What is your race-American Indian or Alaska Native? (y/n)

NO

10. What language do you mainly speak at home?

ENGLISH

11. During this hospital stay, were you admitted to this hospital through the Emergency Room?

NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did nurses listen carefully to you?

ALWAYS

3. During this hospital stay, how often did nurses explain things in a way you could understand?

ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

ALWAYS

2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did doctors listen carefully to you?

ALWAYS

3. During this hospital stay, how often did doctors explain things in a way you could understand?

ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

ALWAYS

2. During this hospital stay, how often was the area around your room quiet at night?

ALWAYS

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

ALWAYS

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

ALWAYS

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

ALWAYS

2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

STRONGLY AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

STRONGLY AGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

STRONGLY AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1700372903

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/04/2019

Service Date: 11/14/2018

Unit: CCS

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

9

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

GOOD

3. Courtesy of the person who cleaned your room

GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

GOOD

2. Quality of the food

GOOD

3. Courtesy of the person who served your food†

GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Nurses' attitude toward your requests

GOOD

3. Amount of attention paid to your special or personal needs

GOOD

4. How well the nurses kept you informed

GOOD

5. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

GOOD

3. How well doctors kept you informed

GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

FAIR

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

GOOD

Overall Assessment

1. How well staff worked together to care for you

VERY GOOD

2. Likelihood of your recommending this hospital to others

VERY GOOD

3. Overall rating of care given at hospital

VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?

VERY GOOD

2. In general, how would you rate your overall health?

VERY GOOD

3. What is the highest grade or level of school that you have completed?

HIGH SCHOOL GRAD

4. Are you of Spanish, Hispanic or Latino origin or descent?

NOT SPAN/HISP/LA

5. What is your race-White? (y/n)

YES

6. What is your race-Black or African American? (y/n)

NO

7. What is your race-Asian? (y/n)

NO

8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)

NO

9. What is your race-American Indian or Alaska Native? (y/n)

NO

10. What language do you mainly speak at home?

ENGLISH

11. During this hospital stay, were you admitted to this hospital through the Emergency Room?

YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did nurses listen carefully to you?

ALWAYS

3. During this hospital stay, how often did nurses explain things in a way you could understand?

ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did doctors listen carefully to you?

ALWAYS

3. During this hospital stay, how often did doctors explain things in a way you could understand?

ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

ALWAYS

2. During this hospital stay, how often was the area around your room quiet at night?

ALWAYS

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

ALWAYS

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

ALWAYS

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

ALWAYS

2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

AGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

AGREE

Comments

1. Discharge Section Comments

Only bad thing I laid in emergency room from 4-9 - before getting to room.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1704787673

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/04/2019

Service Date: 11/19/2018

Unit: WCS

Specialty: Obstetrics/Gynecology

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

9

2. Would you recommend this hospital to your friends and family?

PROBABLY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

VERY GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

VERY GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

GOOD

2. Doctors' concern for your questions and worries

GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

GOOD

4. Response to concerns/complaints made during your stay

GOOD

5. Staff effort to include you in decisions about your treatment

GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
EXCELLENT
2. In general, how would you rate your overall health?
VERY GOOD
3. What is the highest grade or level of school that you have completed?
4+ YRS COLLEGE
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
USUALLY
2. During this hospital stay, how often did nurses listen carefully to you?
USUALLY
3. During this hospital stay, how often did nurses explain things in a way you could understand?
USUALLY

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS
2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
USUALLY
2. During this hospital stay, how often did doctors listen carefully to you?
USUALLY
3. During this hospital stay, how often did doctors explain things in a way you could understand?

ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

USUALLY

2. During this hospital stay, how often was the area around your room quiet at night?

USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

USUALLY

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

USUALLY

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

STRONGLY AGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

STRONGLY AGREE

Comments

1. Visitors and Family Section Comments

Nurses were fantastic with my toddler, thank you!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1710564953

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/04/2019

Service Date: 11/28/2018

Unit: WCS

Specialty: Obstetrics/Gynecology

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

VERY GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

VERY GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
EXCELLENT
2. In general, how would you rate your overall health?
EXCELLENT
3. What is the highest grade or level of school that you have completed?
SOME COLLEGE
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?
ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
ALWAYS
2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
ALWAYS

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
ALWAYS
2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)
YES
2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)
YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
STRONGLY AGREE
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
STRONGLY AGREE
3. When I left the hospital, I clearly understood the purpose for taking each of my medications.
STRONGLY AGREE

Comments

1. Admission Section Comments
*Lisa from L&D is amazing!
2. Nurses Section Comments
*Lisa, *Sarah, *Carrie, & *Dr. Sahin (L&D) are excellent! My labor experience couldn't have been better.
3. Doctors Section Comments
First time meeting *Dr. Sahin but she was great! Awesome patient care.
4. Overall Assessment Section Comments
My L&D nurses were so positive & encouraging! (*Sarah & *Carrie).

Patient Name: L

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1704787308

Mode: Paper

Survey Designator: IZ0101

Received Date: 01/07/2019

Service Date: 11/25/2018

Unit: OMS

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Room

1. Courtesy of the person who cleaned your room

VERY GOOD

2. Room temperature

GOOD

3. Noise level in and around room†

GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

GOOD

2. Promptness in responding to the call button†

GOOD

3. Nurses' attitude toward your requests

GOOD

4. Amount of attention paid to your special or personal needs

GOOD

5. How well the nurses kept you informed

GOOD

6. Skill of the nurses†

GOOD

Tests and Treatments

1. Courtesy of the person who took your blood†

FAIR

Doctors

1. Time doctors spent with you
FAIR
2. Doctors' concern for your questions and worries
FAIR

Discharge

1. Speed of discharge process after you were told you could go home†
FAIR

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
EXCELLENT
2. In general, how would you rate your overall health?
GOOD
3. What is the highest grade or level of school that you have completed?
HIGH SCHOOL GRAD
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
USUALLY

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS
2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?

USUALLY

2. During this hospital stay, how often did doctors listen carefully to you?

USUALLY

3. During this hospital stay, how often did doctors explain things in a way you could understand?

SOMETIMES

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

ALWAYS

2. During this hospital stay, how often was the area around your room quiet at night?

USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

SOMETIMES

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

USUALLY

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

USUALLY

2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

USUALLY

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1704787371

Mode: Paper

Survey Designator: IZ0101

Received Date: 01/07/2019

Service Date: 11/19/2018

Unit: CCS

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

GOOD

2. Quality of the food

GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

VERY GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

GOOD

2. Doctors' concern for your questions and worries

VERY GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
GOOD
2. In general, how would you rate your overall health?
GOOD
3. What is the highest grade or level of school that you have completed?
HIGH SCHOOL GRAD
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
ALWAYS
2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
NEVER

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
ALWAYS
2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)
YES
2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)
YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
AGREE
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
AGREE
3. When I left the hospital, I clearly understood the purpose for taking each of my medications.
STRONGLY AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1694740987

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/07/2019

Service Date: 11/08/2018

Unit: CCS

Specialty: Orthopedics

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

8

2. Would you recommend this hospital to your friends and family?

PROBABLY YES

Admission

1. Speed of admission process†

GOOD

2. Courtesy of the person who admitted you†

GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

GOOD

3. Courtesy of the person who cleaned your room

GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

GOOD

4. Amount of attention paid to your special or personal needs

GOOD

5. How well the nurses kept you informed

GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

GOOD

2. Explanations about what would happen during tests and treatments†

GOOD

3. Courtesy of the person who took your blood†

GOOD

4. Courtesy of the person who started the IV†

GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

GOOD

2. Staff attitude toward your visitors†

GOOD

Doctors

1. Time doctors spent with you

FAIR

2. Doctors' concern for your questions and worries

FAIR

3. How well doctors kept you informed

FAIR

4. Friendliness/courtesy of doctors†

FAIR

Discharge

1. Extent to which you felt ready to be discharged†

GOOD

2. Speed of discharge process after you were told you could go home†

GOOD

3. Instructions given about how to care for yourself at home†

GOOD

Personal Issues

1. Staff concern for your privacy

GOOD

2. How well your pain was addressed†

FAIR

3. Response to concerns/complaints made during your stay

GOOD

Overall Assessment

1. How well staff worked together to care for you

GOOD

2. Likelihood of your recommending this hospital to others

GOOD

3. Overall rating of care given at hospital

GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
EXCELLENT
2. In general, how would you rate your overall health?
GOOD
3. What is the highest grade or level of school that you have completed?
4+ YRS COLLEGE
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
USUALLY
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS
2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
USUALLY
2. During this hospital stay, how often did doctors listen carefully to you?
USUALLY
3. During this hospital stay, how often did doctors explain things in a way you could understand?
USUALLY

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
ALWAYS

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

ALWAYS

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

USUALLY

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

USUALLY

2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

SOMETIMES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

AGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

AGREE

Comments

1. Discharge Section Comments

Lost my walker that I brought to hospital.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1704787891

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/07/2019

Service Date: 11/22/2018

Unit: MSO

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

VERY GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

GOOD

2. Explanations about what would happen during tests and treatments†

FAIR

3. Courtesy of the person who took your blood†

GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

FAIR

2. Doctors' concern for your questions and worries

FAIR

3. How well doctors kept you informed

GOOD

4. Friendliness/courtesy of doctors†

GOOD

5. Skill of doctors†

GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
VERY GOOD
2. In general, how would you rate your overall health?
VERY GOOD
3. What is the highest grade or level of school that you have completed?
SOME COLLEGE
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
USUALLY
2. During this hospital stay, how often did doctors listen carefully to you?
USUALLY

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
ALWAYS

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

ALWAYS

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

ALWAYS

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

SOMETIMES

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

STRONGLY AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1704787912

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/07/2019

Service Date: 11/21/2018

Unit: CCS

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

7

2. Would you recommend this hospital to your friends and family?

PROBABLY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

GOOD

3. Courtesy of the person who cleaned your room

GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

FAIR

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

GOOD

2. Quality of the food

GOOD

3. Courtesy of the person who served your food†

GOOD

Nurses

1. Friendliness/courtesy of the nurses†

GOOD

2. Promptness in responding to the call button†

GOOD

3. Nurses' attitude toward your requests

GOOD

4. Amount of attention paid to your special or personal needs

GOOD

5. How well the nurses kept you informed

GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

GOOD

2. Explanations about what would happen during tests and treatments†

GOOD

3. Courtesy of the person who took your blood†

FAIR

4. Courtesy of the person who started the IV†

FAIR

Visitors and Family

1. Accommodations and comfort for visitors†

GOOD

2. Staff attitude toward your visitors†

GOOD

Doctors

1. Time doctors spent with you

GOOD

2. Doctors' concern for your questions and worries

VERY GOOD

3. How well doctors kept you informed

GOOD

4. Friendliness/courtesy of doctors†

GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

FAIR

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

GOOD

2. How well your pain was addressed†

FAIR

3. How well staff addressed your emotional needs

FAIR

4. Response to concerns/complaints made during your stay

GOOD

5. Staff effort to include you in decisions about your treatment

FAIR

6. Extent to which staff washed their hands before examining you†

GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
GOOD
3. Overall rating of care given at hospital
GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
GOOD
2. In general, how would you rate your overall health?
VERY GOOD
3. What is the highest grade or level of school that you have completed?
4-YR COLL. GRAD.
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
USUALLY
2. During this hospital stay, how often did nurses listen carefully to you?
USUALLY
3. During this hospital stay, how often did nurses explain things in a way you could understand?
SOMETIMES

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
USUALLY
2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?

ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

SOMETIMES

2. During this hospital stay, how often was the area around your room quiet at night?

USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

ALWAYS

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

NEVER

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

SOMETIMES

2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

USUALLY

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

DISAGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

DISAGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1710565347

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/07/2019

Service Date: 11/29/2018

Unit: MSO

Specialty: Orthopedics

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

GOOD

3. Courtesy of the person who cleaned your room

GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

FAIR

2. Quality of the food

FAIR

3. Courtesy of the person who served your food†

GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Explanations about what would happen during tests and treatments†

VERY GOOD

2. Courtesy of the person who took your blood†

VERY GOOD

3. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

VERY GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
EXCELLENT
2. In general, how would you rate your overall health?
EXCELLENT
3. What is the highest grade or level of school that you have completed?
SOME COLLEGE
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?
ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS

2. During this hospital stay, how often was the area around your room quiet at night?

USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

ALWAYS

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

ALWAYS

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

ALWAYS

2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

STRONGLY AGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

STRONGLY AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1700372767

Mode: Paper

Survey Designator: IZ0101

Received Date: 01/09/2019

Service Date: 11/13/2018

Unit: CCS

Specialty: Internal Medicine

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

7

2. Would you recommend this hospital to your friends and family?

PROBABLY YES

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

GOOD

3. Courtesy of the person who cleaned your room

GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

GOOD

2. Quality of the food

GOOD

3. Courtesy of the person who served your food†

GOOD

Nurses

1. Friendliness/courtesy of the nurses†

GOOD

2. Promptness in responding to the call button†

GOOD

3. Nurses' attitude toward your requests

GOOD

4. Amount of attention paid to your special or personal needs

GOOD

5. How well the nurses kept you informed

GOOD

6. Skill of the nurses†

GOOD

Tests and Treatments

1. Courtesy of the person who took your blood†
VERY GOOD
2. Courtesy of the person who started the IV†
VERY GOOD

Doctors

1. Time doctors spent with you
GOOD

Discharge

1. Extent to which you felt ready to be discharged†
GOOD
2. Speed of discharge process after you were told you could go home†
GOOD
3. Instructions given about how to care for yourself at home†
GOOD

Personal Issues

1. Staff concern for your privacy
VERY GOOD
2. How well your pain was addressed†
VERY GOOD
3. How well staff addressed your emotional needs
VERY GOOD
4. Response to concerns/complaints made during your stay
GOOD
5. Staff effort to include you in decisions about your treatment
GOOD
6. Extent to which staff washed their hands before examining you†
GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
GOOD
3. Overall rating of care given at hospital
GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
FAIR
2. In general, how would you rate your overall health?
FAIR
3. What is the highest grade or level of school that you have completed?
HIGH SCHOOL GRAD
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)

NO

8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)

NO

9. What is your race-American Indian or Alaska Native? (y/n)

NO

10. What language do you mainly speak at home?

ENGLISH

11. During this hospital stay, were you admitted to this hospital through the Emergency Room?

YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did nurses listen carefully to you?

USUALLY

3. During this hospital stay, how often did nurses explain things in a way you could understand?

USUALLY

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

ALWAYS

2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?

USUALLY

2. During this hospital stay, how often did doctors listen carefully to you?

USUALLY

3. During this hospital stay, how often did doctors explain things in a way you could understand?

USUALLY

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

ALWAYS

2. During this hospital stay, how often was the area around your room quiet at night?

ALWAYS

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

SOMETIMES

2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

NEVER

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

DISAGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

DISAGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1704788162

Mode: Paper

Survey Designator: IZ0101

Received Date: 01/09/2019

Service Date: 11/23/2018

Unit: OMS

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

VERY GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

VERY GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
VERY GOOD
2. In general, how would you rate your overall health?
FAIR
3. What is the highest grade or level of school that you have completed?
SOME COLLEGE
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?
ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
ALWAYS

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
ALWAYS
2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)
YES
2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)
YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
STRONGLY AGREE
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
STRONGLY AGREE
3. When I left the hospital, I clearly understood the purpose for taking each of my medications.
STRONGLY AGREE

Comments

1. Nurses Section Comments

The whole nursing staff during the 2 weeks were fantastic with me.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1704787197

Mode: Paper

Survey Designator: IZ0101

Received Date: 01/10/2019

Service Date: 11/23/2018

Unit: MSO

Specialty: Orthopedics

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

VERY GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

VERY GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

VERY GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
EXCELLENT
2. In general, how would you rate your overall health?
VERY GOOD
3. What is the highest grade or level of school that you have completed?
SOME COLLEGE
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS
2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?

ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

ALWAYS

2. During this hospital stay, how often was the area around your room quiet at night?

ALWAYS

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

ALWAYS

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

STRONGLY AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

STRONGLY AGREE

Comments

1. Room Section Comments

All most to quiet.

2. Meals Section Comments

Very good.

3. Nurses Section Comments

Nothing but good things to say.

4. Doctors Section Comments

Very good at what he does.

5. Overall Assessment Section Comments

Every thing and every body were wonderful.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1700372487

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/10/2019

Service Date: 11/14/2018

Unit: MSO

Specialty: Orthopedics

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

8

2. Would you recommend this hospital to your friends and family?

PROBABLY YES

Admission

1. Speed of admission process†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

GOOD

3. Courtesy of the person who cleaned your room

GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

GOOD

2. Quality of the food

GOOD

3. Courtesy of the person who served your food†

GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

GOOD

5. How well the nurses kept you informed

GOOD

6. Skill of the nurses†

GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

GOOD

2. Explanations about what would happen during tests and treatments†

GOOD

3. Courtesy of the person who took your blood†

GOOD

4. Courtesy of the person who started the IV†

GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

GOOD

2. Staff attitude toward your visitors†

GOOD

Doctors

1. Time doctors spent with you

FAIR

2. Doctors' concern for your questions and worries

GOOD

3. How well doctors kept you informed

FAIR

4. Friendliness/courtesy of doctors†

GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

GOOD

4. Response to concerns/complaints made during your stay

GOOD

5. Staff effort to include you in decisions about your treatment

GOOD

6. Extent to which staff washed their hands before examining you†

GOOD

Overall Assessment

1. How well staff worked together to care for you
GOOD
2. Likelihood of your recommending this hospital to others
GOOD
3. Overall rating of care given at hospital
GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
VERY GOOD
2. In general, how would you rate your overall health?
VERY GOOD
3. What is the highest grade or level of school that you have completed?
4-YR COLL. GRAD.
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
USUALLY
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
USUALLY
2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?
ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
ALWAYS
2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
ALWAYS

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
ALWAYS
2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
USUALLY

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)
YES
2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)
YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
AGREE
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
AGREE
3. When I left the hospital, I clearly understood the purpose for taking each of my medications.
AGREE

Comments

1. Admission Section Comments
Student nurse could not locate my heartbeat.
2. Nurses Section Comments
Student nurse needed some training before patient care.
3. Overall Assessment Section Comments
Student nurse assigned to me could not locate my heartbeat. (?) Really?

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1710565404

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/11/2019

Service Date: 11/29/2018

Unit: OMS

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

VERY GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

VERY GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
VERY GOOD
2. In general, how would you rate your overall health?
EXCELLENT
3. What is the highest grade or level of school that you have completed?
SOME COLLEGE
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?
ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
ALWAYS

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
ALWAYS
2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
ALWAYS

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
ALWAYS
2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)
YES
2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)
YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
STRONGLY AGREE
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
STRONGLY AGREE

Comments

1. Nurses Section Comments

Nurses and CNA's were amazing during my stay. By far some of the best staff I have ever encountered @ any other health care institutions.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1710565646

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/11/2019

Service Date: 11/27/2018

Unit: OMS

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

VERY GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

GOOD

2. Doctors' concern for your questions and worries

GOOD

3. How well doctors kept you informed

GOOD

4. Friendliness/courtesy of doctors†

GOOD

5. Skill of doctors†

GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
FAIR
2. In general, how would you rate your overall health?
FAIR
3. What is the highest grade or level of school that you have completed?
<= 8TH GRADE
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS
2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?

ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

ALWAYS

2. During this hospital stay, how often was the area around your room quiet at night?

ALWAYS

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

ALWAYS

2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

AGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

STRONGLY AGREE

Comments

1. Visitors and Family Section Comments

Very friendly.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1710565370

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/15/2019

Service Date: 11/27/2018

Unit: MSO

Specialty: Orthopedics

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

9

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

FAIR

Meals

1. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†
GOOD
2. Explanations about what would happen during tests and treatments†
GOOD
3. Courtesy of the person who started the IV†
VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†
VERY GOOD
2. Staff attitude toward your visitors†
VERY GOOD

Doctors

1. Time doctors spent with you
FAIR
2. Friendliness/courtesy of doctors†
VERY GOOD
3. Skill of doctors†
VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†
VERY GOOD
2. Speed of discharge process after you were told you could go home†
VERY GOOD
3. Instructions given about how to care for yourself at home†
VERY GOOD

Personal Issues

1. Staff concern for your privacy
VERY GOOD
2. How well your pain was addressed†
VERY GOOD
3. How well staff addressed your emotional needs
VERY GOOD
4. Response to concerns/complaints made during your stay
VERY GOOD
5. Extent to which staff washed their hands before examining you†
VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
VERY GOOD
2. In general, how would you rate your overall health?

VERY GOOD

3. What is the highest grade or level of school that you have completed?
4-YR COLL. GRAD.
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?
ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
ALWAYS
2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

STRONGLY AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

STRONGLY AGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

STRONGLY AGREE

Comments

1. Doctors Section Comments

I only saw physician before my hip replacement, but never saw him again my stay.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1710565165

Mode: Paper

Survey Designator: IZ0101

Received Date: 01/17/2019

Service Date: 11/28/2018

Unit: CCS

Specialty: Cardiology/Coronary

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

VERY GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

VERY GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

VERY GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
EXCELLENT
2. In general, how would you rate your overall health?
VERY GOOD
3. What is the highest grade or level of school that you have completed?
HIGH SCHOOL GRAD
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
USUALLY
2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?

ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

ALWAYS

2. During this hospital stay, how often was the area around your room quiet at night?

USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

ALWAYS

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

STRONGLY AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

STRONGLY AGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

STRONGLY AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1694740250

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/17/2019

Service Date: 11/10/2018

Unit: OMS

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

4

2. Would you recommend this hospital to your friends and family?

DEFINITELY NO

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

FAIR

2. Room cleanliness†

GOOD

3. Courtesy of the person who cleaned your room

GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

GOOD

2. Quality of the food

FAIR

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

GOOD

2. Promptness in responding to the call button†

GOOD

3. Nurses' attitude toward your requests

GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

FAIR

6. Skill of the nurses†

GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

GOOD

2. Explanations about what would happen during tests and treatments†

POOR

3. Courtesy of the person who took your blood†

GOOD

4. Courtesy of the person who started the IV†

GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

GOOD

2. Staff attitude toward your visitors†

FAIR

Doctors

1. Time doctors spent with you

POOR

2. Doctors' concern for your questions and worries

POOR

3. How well doctors kept you informed

POOR

4. Friendliness/courtesy of doctors†

POOR

5. Skill of doctors†

POOR

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY POOR

Personal Issues

1. Staff concern for your privacy

GOOD

2. How well your pain was addressed†

GOOD

3. How well staff addressed your emotional needs

POOR

4. Response to concerns/complaints made during your stay

POOR

5. Staff effort to include you in decisions about your treatment

POOR

Overall Assessment

1. How well staff worked together to care for you
GOOD
2. Likelihood of your recommending this hospital to others
VERY POOR
3. Overall rating of care given at hospital
POOR

About You

1. In general, how would you rate your overall mental or emotional health?
GOOD
2. In general, how would you rate your overall health?
FAIR
3. What is the highest grade or level of school that you have completed?
HIGH SCHOOL GRAD
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
USUALLY
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
SOMETIMES
2. During this hospital stay, how often did doctors listen carefully to you?
SOMETIMES
3. During this hospital stay, how often did doctors explain things in a way you could understand?
SOMETIMES

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS

2. During this hospital stay, how often was the area around your room quiet at night?

USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

SOMETIMES

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

NEVER

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

SOMETIMES

2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

NEVER

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

NO

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

DISAGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

STRONGLYDISAGREE

Comments

1. Doctors Section Comments

*Dr. Sorborino's attitude towards me was demeaning. He reminded me of a little kid "playing" dr. Did NOT like him!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1704787289

Mode: Paper

Survey Designator: IZ0101

Received Date: 01/22/2019

Service Date: 11/22/2018

Unit: WCS

Specialty: Obstetrics/Gynecology

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

7

2. Would you recommend this hospital to your friends and family?

PROBABLY NO

Admission

1. Speed of admission process†

FAIR

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

FAIR

2. Room cleanliness†

FAIR

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

GOOD

2. Quality of the food

GOOD

3. Courtesy of the person who served your food†

GOOD

Nurses

1. Friendliness/courtesy of the nurses†

GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

FAIR

4. Amount of attention paid to your special or personal needs

FAIR

5. How well the nurses kept you informed

FAIR

6. Skill of the nurses†

GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

VERY GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

GOOD

3. How well doctors kept you informed

GOOD

4. Friendliness/courtesy of doctors†

GOOD

5. Skill of doctors†

GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

GOOD

Personal Issues

1. Staff concern for your privacy

GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

GOOD

4. Response to concerns/complaints made during your stay

GOOD

5. Staff effort to include you in decisions about your treatment

GOOD

6. Extent to which staff washed their hands before examining you†

FAIR

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
FAIR
3. Overall rating of care given at hospital
GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
VERY GOOD
2. In general, how would you rate your overall health?
VERY GOOD
3. What is the highest grade or level of school that you have completed?
4-YR COLL. GRAD.
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
USUALLY
2. During this hospital stay, how often did nurses listen carefully to you?
USUALLY
3. During this hospital stay, how often did nurses explain things in a way you could understand?
USUALLY

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS
2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?

ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

SOMETIMES

2. During this hospital stay, how often was the area around your room quiet at night?

ALWAYS

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

ALWAYS

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

ALWAYS

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

ALWAYS

2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

SOMETIMES

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

AGREE

Comments

1. Room Section Comments

Toilet, floors, trash, vanity area in bathroom could have been cleaned & Stocked more. Loved the cleaning lady very kind & respectful!

2. Nurses Section Comments

Very unhappy w/nurse *Kaitlyn who cared for me a couple times. I was really unhappy my new son had to be put on formula & she needed my consent but refused to discuss options w/me & didn't let me speak w/physician regarding his plan - She often threw thermometer cover across room toward trash. Would miss, check if she missed, but leave them on floor, pump cord too long on breast-pump so she stored cord in trash can!! Was grossed out so brought up to another nurse who said "oh it's fine it doesn't touch milk" but when they took the pump back out of room wrapped dirty cord around it! Gross & unsanitary!

3. Doctors Section Comments

Anesthesiologist for epidural - wanted to give m spinal & epidural but I only wanted epi. Didn't discuss w/me beforehand & made me feel comfortable for not going w/both. Didn't discuss medicines w/me. Improperly placed epi first try so had to redo. Seemed to numb one side of my body.

4. Discharge Section Comments

Wished instructions were a little more detailed as to what as normal/not normal post-delivery - had to call OB's office several times w/questions.

5. Personal Issues Section Comments

Super grossed out by lactation consultant *Molly putting finger in her mouth to mimic latch & then putting neighboring finger in my newborn's mouth all w/out gloves/hand washing!

6. Overall Assessment Section Comments

Loved our discharge nurse (*Rachel) & we had an excellent nurse on Thanksgiving day I believe it was - don't know name - had multiple times (not *Kaitlyn) & loved!!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1694739674

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/22/2019

Service Date: 11/09/2018

Unit: MSO

Specialty: Orthopedics

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

9

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Discharge

1. Extent to which you felt ready to be discharged†

GOOD

2. Speed of discharge process after you were told you could go home†

GOOD

3. Instructions given about how to care for yourself at home†

GOOD

Personal Issues

1. How well your pain was addressed†

VERY GOOD

2. How well staff addressed your emotional needs

VERY GOOD

3. Response to concerns/complaints made during your stay

VERY GOOD

4. Staff effort to include you in decisions about your treatment

VERY GOOD

5. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you

VERY GOOD

2. Likelihood of your recommending this hospital to others

VERY GOOD

3. Overall rating of care given at hospital

VERY GOOD

About You

1. What is your race-White? (y/n)

NO

2. What is your race-Black or African American? (y/n)

NO

3. What is your race-Asian? (y/n)

NO

4. What is your race-Native Hawaiian or other Pacific Islander? (y/n)

NO

5. What is your race-American Indian or Alaska Native? (y/n)

NO

6. During this hospital stay, were you admitted to this hospital through the Emergency Room?

NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did nurses listen carefully to you?

ALWAYS

3. During this hospital stay, how often did nurses explain things in a way you could understand?

ALWAYS

Response of Hosp Staff

1. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did doctors listen carefully to you?

ALWAYS

3. During this hospital stay, how often did doctors explain things in a way you could understand?

ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

ALWAYS

2. During this hospital stay, how often was the area around your room quiet at night?

ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1704787336

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/24/2019

Service Date: 11/19/2018

Unit: WCS

Specialty: Obstetrics/Gynecology

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

9

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

GOOD

Room

1. Pleasantness of room decor†

VERY GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

FAIR

2. Staff attitude toward your visitors†

GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Staff effort to include you in decisions about your treatment

GOOD

5. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
VERY GOOD
2. In general, how would you rate your overall health?
VERY GOOD
3. What is the highest grade or level of school that you have completed?
4-YR COLL. GRAD.
4. What is your race-White? (y/n)
NO
5. What is your race-Black or African American? (y/n)
NO
6. What is your race-Asian? (y/n)
NO
7. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
8. What is your race-American Indian or Alaska Native? (y/n)
NO
9. During this hospital stay, were you admitted to this hospital through the Emergency Room?
NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
USUALLY

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS
2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
USUALLY
3. During this hospital stay, how often did doctors explain things in a way you could understand?
USUALLY

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
ALWAYS
2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
USUALLY

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)
YES
2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)
NO

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
AGREE
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
STRONGLY AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1704787926

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/25/2019

Service Date: 11/21/2018

Unit: MSO

Specialty: Surgical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

GOOD

Room

1. Pleasantness of room decor†

VERY GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

VERY GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

VERY GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
GOOD
2. In general, how would you rate your overall health?
VERY GOOD
3. What is the highest grade or level of school that you have completed?
4-YR COLL. GRAD.
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?
ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)
YES
2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)
YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
STRONGLY AGREE
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
STRONGLY AGREE
3. When I left the hospital, I clearly understood the purpose for taking each of my medications.
STRONGLY AGREE

Comments

1. Personal Issues Section Comments
(No complaints!)
2. Overall Assessment Section Comments
Please see the attached letter in which I describe the excellent care I received.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1710565669

Mode: Paper

Survey Designator: IZ0101

Received Date: 01/28/2019

Service Date: 11/30/2018

Unit: WCS

Specialty: Obstetrics/Gynecology

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

9

2. Would you recommend this hospital to your friends and family?

PROBABLY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

FAIR

5. Noise level in and around room†

FAIR

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Courtesy of the person who took your blood†

VERY GOOD

2. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

FAIR

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

GOOD

2. Doctors' concern for your questions and worries

GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

GOOD

2. Speed of discharge process after you were told you could go home†

VERY GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

GOOD

2. How well your pain was addressed†

GOOD

3. How well staff addressed your emotional needs

GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you

VERY GOOD

2. Likelihood of your recommending this hospital to others

VERY GOOD

3. Overall rating of care given at hospital

VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?

GOOD

2. In general, how would you rate your overall health?

VERY GOOD

3. What is the highest grade or level of school that you have completed?

4-YR COLL. GRAD.

4. Are you of Spanish, Hispanic or Latino origin or descent?

NOT SPAN/HISP/LA

5. What is your race-White? (y/n)

YES

6. What is your race-Black or African American? (y/n)

NO

7. What is your race-Asian? (y/n)

NO

8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)

NO

9. What is your race-American Indian or Alaska Native? (y/n)

NO

10. What language do you mainly speak at home?

ENGLISH

11. During this hospital stay, were you admitted to this hospital through the Emergency Room?

NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did nurses listen carefully to you?

ALWAYS

3. During this hospital stay, how often did nurses explain things in a way you could understand?

ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

USUALLY

2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did doctors listen carefully to you?

ALWAYS

3. During this hospital stay, how often did doctors explain things in a way you could understand?

USUALLY

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

USUALLY

2. During this hospital stay, how often was the area around your room quiet at night?

USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

USUALLY

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

SOMETIMES

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

STRONGLY AGREE

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

STRONGLY AGREE

Comments

1. Visitors and Family Section Comments

There wasn't a lot of room for visitors in my room, & it was inconvenient for them to go to the restroom, which wasn't close by.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1694740581

Mode: Paper

Survey Designator: IZ0101U

Received Date: 02/06/2019

Service Date: 11/08/2018

Unit: MSO

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

9

Discharge

1. Extent to which you felt ready to be discharged†

GOOD

2. Speed of discharge process after you were told you could go home†

FAIR

3. Instructions given about how to care for yourself at home†

GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

GOOD

3. How well staff addressed your emotional needs

GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you

VERY GOOD

2. Likelihood of your recommending this hospital to others

VERY GOOD

3. Overall rating of care given at hospital

VERY GOOD

About You

1. What is your race-White? (y/n)

NO

2. What is your race-Black or African American? (y/n)

NO

3. What is your race-Asian? (y/n)

NO

4. What is your race-Native Hawaiian or other Pacific Islander? (y/n)

NO

5. What is your race-American Indian or Alaska Native? (y/n)

NO

6. During this hospital stay, were you admitted to this hospital through the Emergency Room?

NO

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did nurses listen carefully to you?

USUALLY

3. During this hospital stay, how often did nurses explain things in a way you could understand?

USUALLY

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

USUALLY

2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

USUALLY

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did doctors listen carefully to you?

ALWAYS

3. During this hospital stay, how often did doctors explain things in a way you could understand?

USUALLY

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

USUALLY

2. During this hospital stay, how often was the area around your room quiet at night?

ALWAYS

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

ALWAYS

2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

ALWAYS

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

ALWAYS

2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)

YES

2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)

YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

STRONGLY AGREE

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

STRONGLY AGREE

Comments

1. Discharge Section Comments

It took a long time for my transportation to arrive.

2. Overall Assessment Section Comments

Very well done!!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1694740453

Mode: Paper

Survey Designator: IZ0101U

Received Date: 02/11/2019

Service Date: 11/10/2018

Unit: OMS

Specialty: Family Practice

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

8

2. Would you recommend this hospital to your friends and family?

PROBABLY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

GOOD

5. How well the nurses kept you informed

FAIR

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

VERY GOOD

2. Explanations about what would happen during tests and treatments†

FAIR

3. Courtesy of the person who took your blood†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

GOOD

Doctors

1. Time doctors spent with you

GOOD

2. Doctors' concern for your questions and worries

GOOD

3. How well doctors kept you informed

FAIR

4. Friendliness/courtesy of doctors†

GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

GOOD

2. Speed of discharge process after you were told you could go home†

GOOD

Personal Issues

1. Staff concern for your privacy

GOOD

2. How well your pain was addressed†

GOOD

3. How well staff addressed your emotional needs

GOOD

4. Response to concerns/complaints made during your stay

GOOD

5. Staff effort to include you in decisions about your treatment

FAIR

Overall Assessment

1. How well staff worked together to care for you

GOOD

2. Likelihood of your recommending this hospital to others

GOOD

3. Overall rating of care given at hospital

GOOD

About You

1. In general, how would you rate your overall mental or emotional health?

FAIR

2. In general, how would you rate your overall health?

GOOD

3. What is the highest grade or level of school that you have completed?

SOME COLLEGE

4. Are you of Spanish, Hispanic or Latino origin or descent?

NOT SPAN/HISP/LA

5. What is your race-White? (y/n)

YES

6. What is your race-Black or African American? (y/n)

NO

7. What is your race-Asian? (y/n)

NO

8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)

NO

9. What is your race-American Indian or Alaska Native? (y/n)

NO

10. What language do you mainly speak at home?

ENGLISH

11. During this hospital stay, were you admitted to this hospital through the Emergency Room?

YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did nurses listen carefully to you?

USUALLY

3. During this hospital stay, how often did nurses explain things in a way you could understand?

SOMETIMES

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

USUALLY

2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?

ALWAYS

2. During this hospital stay, how often did doctors listen carefully to you?

USUALLY

3. During this hospital stay, how often did doctors explain things in a way you could understand?

SOMETIMES

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?

ALWAYS

2. During this hospital stay, how often was the area around your room quiet at night?

USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
SOMETIMES
2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
SOMETIMES

Discharge Information

1. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)
NO

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
STRONGLYDISAGREE
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
DISAGREE
3. When I left the hospital, I clearly understood the purpose for taking each of my medications.
AGREE

Comments

1. Room Section Comments

Person in next bed talked a lot. I complained to the nurses and was moved to another room on another floor. It was a private room and much quieter.

2. Meals Section Comments

Excellent food.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1704787357

Mode: Paper

Survey Designator: IZ0101U

Received Date: 03/26/2019

Service Date: 11/21/2018

Unit: CCS

Specialty: Medical

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

9

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

VERY GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

VERY GOOD

2. Quality of the food

VERY GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

POOR

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

GOOD

2. Doctors' concern for your questions and worries

GOOD

3. How well doctors kept you informed

GOOD

4. Friendliness/courtesy of doctors†

GOOD

5. Skill of doctors†

GOOD

Discharge

1. Extent to which you felt ready to be discharged†

FAIR

2. Speed of discharge process after you were told you could go home†

POOR

3. Instructions given about how to care for yourself at home†

GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

VERY GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
FAIR
2. In general, how would you rate your overall health?
FAIR
3. What is the highest grade or level of school that you have completed?
SOME COLLEGE
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
YES

Comm w/ Nurses

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
ALWAYS

Response of Hosp Staff

1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
ALWAYS

Comm w/ Doctors

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
ALWAYS
2. During this hospital stay, how often did doctors listen carefully to you?
ALWAYS
3. During this hospital stay, how often did doctors explain things in a way you could understand?
ALWAYS

Hospital Environment

1. During this hospital stay, how often were your room and bathroom kept clean?
ALWAYS
2. During this hospital stay, how often was the area around your room quiet at night?
USUALLY

Communication About Pain

1. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
ALWAYS
2. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
ALWAYS

Comm About Medicines

1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
ALWAYS
2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
ALWAYS

Discharge Information

1. During your hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (y/n)
YES
2. During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (y/n)
YES

Care Transitions

1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
STRONGLY AGREE
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
STRONGLY AGREE
3. When I left the hospital, I clearly understood the purpose for taking each of my medications.
STRONGLY AGREE

Comments

1. Admission Section Comments
Came in having a stroke they took me right in and started treating me.
2. Meals Section Comments
2. Wish it was a little more.
3. Nurses Section Comments
All the girls that took care of my husband was wonderful.
4. Tests and Treatment Section Comments
1. MRI machine was down had to wait almost 8 hrs.
5. Visitors and Family Section Comments
Wife stayed the whole time and nurses were great very friendly.
6. Doctors Section Comments
Had to wait for one of the doc to come in told nurses I was leaving after nurse paged doc and said that they came about 20 mins. later.
7. Discharge Section Comments
Took the one doc to come sign off.
8. Uncategorized Comments
admitted 11/18 - discharge 11/24.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1710565622

Mode: Paper

Survey Designator: IZ0101

Received Date: 08/23/2019

Service Date: 11/28/2018

Unit: MSO

Specialty: Orthopedics

Background Questions

1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

10-BEST POSSIBLE

2. Would you recommend this hospital to your friends and family?

DEFINITELY YES

Admission

1. Speed of admission process†

VERY GOOD

2. Courtesy of the person who admitted you†

VERY GOOD

Room

1. Pleasantness of room decor†

VERY GOOD

2. Room cleanliness†

VERY GOOD

3. Courtesy of the person who cleaned your room

VERY GOOD

4. Room temperature

VERY GOOD

5. Noise level in and around room†

VERY GOOD

Meals

1. Temperature of the food (cold foods cold, hot foods hot)

GOOD

2. Quality of the food

GOOD

3. Courtesy of the person who served your food†

VERY GOOD

Nurses

1. Friendliness/courtesy of the nurses†

VERY GOOD

2. Promptness in responding to the call button†

VERY GOOD

3. Nurses' attitude toward your requests

VERY GOOD

4. Amount of attention paid to your special or personal needs

VERY GOOD

5. How well the nurses kept you informed

VERY GOOD

6. Skill of the nurses†

VERY GOOD

Tests and Treatments

1. Waiting time for tests or treatments†

VERY GOOD

2. Explanations about what would happen during tests and treatments†

VERY GOOD

3. Courtesy of the person who took your blood†

VERY GOOD

4. Courtesy of the person who started the IV†

VERY GOOD

Visitors and Family

1. Accommodations and comfort for visitors†

VERY GOOD

2. Staff attitude toward your visitors†

VERY GOOD

Doctors

1. Time doctors spent with you

VERY GOOD

2. Doctors' concern for your questions and worries

VERY GOOD

3. How well doctors kept you informed

VERY GOOD

4. Friendliness/courtesy of doctors†

VERY GOOD

5. Skill of doctors†

VERY GOOD

Discharge

1. Extent to which you felt ready to be discharged†

VERY GOOD

2. Speed of discharge process after you were told you could go home†

GOOD

3. Instructions given about how to care for yourself at home†

VERY GOOD

Personal Issues

1. Staff concern for your privacy

VERY GOOD

2. How well your pain was addressed†

VERY GOOD

3. How well staff addressed your emotional needs

VERY GOOD

4. Response to concerns/complaints made during your stay

GOOD

5. Staff effort to include you in decisions about your treatment

VERY GOOD

6. Extent to which staff washed their hands before examining you†

VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
VERY GOOD
2. Likelihood of your recommending this hospital to others
VERY GOOD
3. Overall rating of care given at hospital
VERY GOOD

About You

1. In general, how would you rate your overall mental or emotional health?
EXCELLENT
2. In general, how would you rate your overall health?
VERY GOOD
3. What is the highest grade or level of school that you have completed?
SOME COLLEGE
4. Are you of Spanish, Hispanic or Latino origin or descent?
NOT SPAN/HISP/LA
5. What is your race-White? (y/n)
YES
6. What is your race-Black or African American? (y/n)
NO
7. What is your race-Asian? (y/n)
NO
8. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
9. What is your race-American Indian or Alaska Native? (y/n)
NO
10. What language do you mainly speak at home?
ENGLISH
11. During this hospital stay, were you admitted to this hospital through the Emergency Room?
NO

Comm w/ Nurses

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2. During this hospital stay, how often did nurses listen carefully to you?
ALWAYS
3. During this hospital stay, how often did nurses explain things in a way you could understand?
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Response of Hosp Staff

1. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
ALWAYS

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Comments

1. Meals Section Comments
Good.
2. Visitors and Family Section Comments
Good.
3. Overall Assessment Section Comments
Good.

Patient Name:

Parent or Guardian's Name:

Phone Number: