

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1677222502

Mode: Paper

Survey Designator: IZ0101

Received Date: 01/02/2019

Service Date: 10/20/2018

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?

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

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
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†
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
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†
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
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?

VERY GOOD

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

YES

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

NO

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

NO

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

NO

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

NO

8. What language do you mainly speak at home?

ENGLISH

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 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

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?

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 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: 1677222437

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/02/2019

Service Date: 10/16/2018

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?

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†

VERY GOOD

Room

1. Pleasantness of room decor†

GOOD

2. Room cleanliness†

FAIR

3. Courtesy of the person who cleaned your room

GOOD

4. Room temperature

GOOD

5. Noise level in and around room†

POOR

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†

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

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†

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

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†

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†

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†

POOR

Overall Assessment

1. How well staff worked together to care for you
FAIR
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?
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?
USUALLY

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?
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?
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?
SOMETIMES
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.
STRONGLY 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.
AGREE

Comments

1. Nurses Section Comments
Most of male RN's were very skilled & good, but one RN in ICU was lazy about getting me out of bed when asked.
2. Doctors Section Comments
*Dr. Vangala was wonderful about keeping my family informed.
3. Uncategorized Comments
One of the issues was that the ER STAFF ASSUMED I was home bound before my fall. This was very FRUSTRATING.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1680127476

Mode: Paper

Survey Designator: IZ0101U

Received Date: 01/17/2019

Service Date: 10/24/2018

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?

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

GOOD

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

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†

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†

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†

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

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?
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?
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?

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

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: 1673167534

Mode: Paper

Survey Designator: IZ0101

Received Date: 01/22/2019

Service Date: 10/12/2018

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?

5

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

PROBABLY YES

Admission

1. Speed of admission process†

FAIR

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)

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†

GOOD

2. Promptness in responding to the call button†

FAIR

3. Nurses' attitude toward your requests

GOOD

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. Waiting time for tests or treatments†

FAIR

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†

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†

GOOD

5. Skill of doctors†

FAIR

Discharge

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

POOR

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†

FAIR

Personal Issues

1. Staff concern for your privacy

GOOD

2. How well your pain was addressed†

VERY POOR

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
FAIR
2. Likelihood of your recommending this hospital to others
FAIR
3. Overall rating of care given at hospital
FAIR

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?
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?
SOMETIMES
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?
SOMETIMES

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?
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?

SOMETIMES

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.

DISAGREE

Comments

1. Uncategorized Comments

My husband was diagnosed with an infection in his blood. Doctors couldn't find the source. They treated him for 2 weeks w/IV antibiotics. His pain was severe (in lower back). Doctors said it was from being in bed so long. He could barely move, I had to feed him his meals - He was discharged & sent to rehab for 2 weeks with the continuing pain, & discharged after 2 more weeks. He was home for 2 nights and then I took him to Danville ER where an abscess was found in his lower back. Mt. Nittany should have sent him to Danville immediately when they couldn't find the source. We were not happy w/his care. Kathrine Genna

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1680127866

Mode: Paper

Survey Designator: IZ0101

Received Date: 02/11/2019

Service Date: 10/02/2018

Unit: OMS

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†

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. Nurses' attitude toward your requests

VERY GOOD

3. How well the nurses kept you informed

GOOD

4. 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†
VERY GOOD

Doctors

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

Discharge

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

Personal Issues

1. Staff concern for your privacy
VERY GOOD

Overall Assessment

1. How well staff worked together to care for you
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?
SOME COLLEGE
4. What is your race-White? (y/n)
YES
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. What language do you mainly speak at home?
ENGLISH
10. 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

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

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. Overall Assessment Section Comments
I would highly recommend the hospital to anyone. I was in very good hands.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1680127056

Mode: Paper

Survey Designator: IZ0101U

Received Date: 02/14/2019

Service Date: 10/04/2018

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†

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

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†

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

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†

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†

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†

VERY GOOD

3. How well staff addressed your emotional needs

GOOD

4. Response to concerns/complaints made during your stay

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?
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?
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

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.

STRONGLY AGREE

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

AGREE

Comments

1. Room Section Comments

Somehow I could hear the hum of machinery somewhere -

2. Doctors Section Comments

I happened to meet surgeon in physical therapy & he remembered my name!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1677222580

Mode: Paper

Survey Designator: IZ0101

Received Date: 03/28/2019

Service Date: 10/18/2018

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†

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?
FAIR
2. In general, how would you rate your overall health?
POOR
3. What is your race-White? (y/n)
NO
4. What is your race-Black or African American? (y/n)
NO
5. What is your race-Asian? (y/n)
NO
6. What is your race-Native Hawaiian or other Pacific Islander? (y/n)
NO
7. What is your race-American Indian or Alaska Native? (y/n)
NO
8. What language do you mainly speak at home?
ENGLISH
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?
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
3. When I left the hospital, I clearly understood the purpose for taking each of my medications.
STRONGLY AGREE

Comments

1. Meals Section Comments
Very best food you'll every get from a hospital.

Patient Name:

Parent or Guardian's Name:

Phone Number: