

**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

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### **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: