

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097467

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/29/2019

Service Date: 10/03/2019

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

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?

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

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.

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. Please comment on good or bad experiences related to this visit

Great!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097491

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/29/2019

Service Date: 10/04/2019

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

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?

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?

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?
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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865303

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/29/2019

Service Date: 10/10/2019

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?

PROBABLY YES

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?

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

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. Please comment on good or bad experiences related to this visit

Food was very good!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865388

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/29/2019

Service Date: 10/12/2019

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

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?

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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865437

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/29/2019

Service Date: 10/12/2019

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

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?

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?

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865461

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/29/2019

Service Date: 10/12/2019

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

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. 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.

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865479

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/29/2019

Service Date: 10/10/2019

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?

8

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

PROBABLY YES

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+ 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?

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?

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?

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

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)

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.

DISAGREE

Comments

1. Please comment on good or bad experiences related to this visit

Everything was excellent, except that I wish I was explained the side effects/problems from taking Antivert every 6 hours. I continued that after I left the hospital and it made diagnosing my vestibular issues & getting treatment w/PT more challenging.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865503

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/29/2019

Service Date: 10/09/2019

Unit: CCS

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

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

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?

USUALLY

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865516

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/29/2019

Service Date: 10/10/2019

Unit: MSO

Specialty: Urology/Renal

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?

DEFINITELY YES

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?

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?

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?

USUALLY

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

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865530

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/29/2019

Service Date: 10/11/2019

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

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

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?

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

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: 1979865586

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/29/2019

Service Date: 10/09/2019

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

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?

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

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. Please comment on good or bad experiences related to this visit

Everything was great.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865605

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/29/2019

Service Date: 10/08/2019

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

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?

SOME HIGH SCHOOL

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?

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?

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?

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.

STRONGLY 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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865475

Mode: Paper

Survey Designator: HZ0101

Received Date: 10/30/2019

Service Date: 10/13/2019

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?

8

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

PROBABLY YES

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?

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?

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

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: 1979865554

Mode: Paper

Survey Designator: HZ0101

Received Date: 10/30/2019

Service Date: 10/12/2019

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

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?

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?

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

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. Please comment on good or bad experiences related to this visit

Little noisy at shift change at nurses station.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097299

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/30/2019

Service Date: 10/04/2019

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

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. 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?

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.

STRONGLY AGREE

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: 1979865391

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/30/2019

Service Date: 10/10/2019

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

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?

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?

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.

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865426

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/30/2019

Service Date: 10/12/2019

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

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?

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

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. Please comment on good or bad experiences related to this visit

I had a very good experience with this hospital. Everyone was kind and helpful!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865572

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/30/2019

Service Date: 10/07/2019

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

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?

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?

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

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. Please comment on good or bad experiences related to this visit

My stay was a pleasant experiments. The nurses were very nice & explains all my medications. The aids were very helpful.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865575

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/30/2019

Service Date: 10/11/2019

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

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?

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?

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

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

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. Please comment on good or bad experiences related to this visit

Mount Nittany Medical Center is a top notch facility. Food was very good/good selection. Staff, nurses & doctors were great. Thanks!!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865580

Mode: Paper

Survey Designator: HZ0101

Received Date: 10/31/2019

Service Date: 10/08/2019

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

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?

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

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.

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. Please comment on good or bad experiences related to this visit

My stay at Mt. Nittany was positive experience from the time I went to the ER throughout my 6 day admission I commend all staff members who showed respect and genuine care & concern for me!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097320

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/31/2019

Service Date: 10/04/2019

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

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?

<= 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?

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?

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?

SOMETIMES

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

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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097464

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/31/2019

Service Date: 10/02/2019

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

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

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

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. Please comment on good or bad experiences related to this visit

I had excellent care there. (The food is great, that is why I came here!) Your dietary does a very good job in keeping food warm and provides other food if needed.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865376

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/31/2019

Service Date: 10/12/2019

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

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?

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

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?

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)

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.

AGREE

Comments

1. Please comment on good or bad experiences related to this visit

The nurses I had the day of surgery were outstanding. *Rob the night RN and *Rosemary the day CNA were absolutely wonderful. *Rosemary shook her finger at my husband and told him to take care of "her girl". Hysterical!

Patient Name:

Parent or Guardian's Name:

Phone Number: 814-404-9938

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097304

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/01/2019

Service Date: 10/05/2019

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

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 HIGH SCHOOL

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?

NEVER

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.

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. Please comment on good or bad experiences related to this visit

Good.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865451

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/01/2019

Service Date: 10/11/2019

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?

9

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

DEFINITELY YES

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?

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?

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?

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

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. Please comment on good or bad experiences related to this visit

The student nurses were great.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865467

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/01/2019

Service Date: 10/09/2019

Unit: MSO

Specialty: Thoracic Surgery

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

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?

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?

USUALLY

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.

AGREE

Comments

1. Please comment on good or bad experiences related to this visit

Very good experience, well maintained hospital, very nice dr.'s & nurses, very clean, everybody made my stay very comfortable, will recommend this facility to everyone thank you.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865482

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/01/2019

Service Date: 10/13/2019

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?

9

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

DEFINITELY YES

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?

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?

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?

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

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)

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)

NO

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865496

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/01/2019

Service Date: 10/08/2019

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?

8

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

DEFINITELY YES

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?

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?

ALWAYS

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

SOMETIMES

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.

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. Please comment on good or bad experiences related to this visit

Long wait in the ER, cold and late.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865505

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/01/2019

Service Date: 10/08/2019

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

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

DEFINITELY YES

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?

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?

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?

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?

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

AGREE

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

STRONGLY AGREE

Comments

1. Please comment on good or bad experiences related to this visit

The nurses and nurse's aides were generally SUPERB, w. only one or two experiences. It did surprise me that, in taking my medical history, nobody wanted to consult my Geisinger files, which are online, and which would have been more reliable than my memory, under the circumstances. Again, I was overwhelmed by how competent, pleasant, and attentive the nursing staff was, including the nursing aides.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865576

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/01/2019

Service Date: 10/12/2019

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

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?

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?

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.

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. Please comment on good or bad experiences related to this visit

Good experience.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102222

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/02/2019

Service Date: 10/20/2019

Unit: MSO

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?

8

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

PROBABLY YES

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-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?

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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102274

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/02/2019

Service Date: 10/17/2019

Unit: MSO

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?

9

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

DEFINITELY YES

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 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?

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

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

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

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.

DISAGREE

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

AGREE

Comments

1. Please comment on good or bad experiences related to this visit

I had one nurse Ratchett on overnight shift. I begged to have ventilator off. She said nothing at all & acted as though I was just a pest.

2. Uncategorized Comments

The rooms are so cluttered & crowded. It was overwhelming & chaotic especially for someone with high anxiety & OCD. I had bed closest to hallway so never saw outdoors because curtain to other bed was always closed. Natural lighting helps tremendously in healing. Please - less clutter.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102347

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/02/2019

Service Date: 10/17/2019

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

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?

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?

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. Please comment on good or bad experiences related to this visit

Good visit. Very professional.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102476

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/02/2019

Service Date: 10/17/2019

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?

9

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

DEFINITELY YES

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?

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?

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?

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?

ALWAYS

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

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?

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)

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.

AGREE

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

STRONGLY AGREE

Comments

1. Please comment on good or bad experiences related to this visit

The wait in the lobby of the ER seemed excessive since my PCP phoned the hospital with the details of my condition.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102478

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/02/2019

Service Date: 10/14/2019

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

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102498

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/02/2019

Service Date: 10/17/2019

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

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?

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 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: 1986102323

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/03/2019

Service Date: 10/16/2019

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?

9

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

DEFINITELY YES

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?

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?

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?

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

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. Please comment on good or bad experiences related to this visit

A real nice young lady clean my room very outgoing and good work ethics her name is *Jena a good worker like her should get a raise.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097392

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/04/2019

Service Date: 10/02/2019

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?

PROBABLY YES

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?

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?

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)

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.

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.

STRONGLYDISAGREE

Comments

1. Please comment on good or bad experiences related to this visit

My experience was good. This wasn't a problem but thought it was something noticeably off. Dietary came and spoke of weightloss (significant) about 20lbs in one day! I wouldn't mind being the decrease weight! Obviously not correct though.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865536

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/04/2019

Service Date: 10/12/2019

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

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?

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?

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?

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?

USUALLY

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: 1979865604

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/04/2019

Service Date: 10/10/2019

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

About You

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

FAIR

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

HIGH SCHOOL GRAD

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

NOT SPAN/HISP/LA

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?

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

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. 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: 1979865296

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/04/2019

Service Date: 10/07/2019

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

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?

VERY GOOD

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

SOME HIGH SCHOOL

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?

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?

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?

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?

USUALLY

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

USUALLY

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865584

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/04/2019

Service Date: 10/12/2019

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

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?

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

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. Please comment on good or bad experiences related to this visit

Very good stay.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102164

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/04/2019

Service Date: 10/18/2019

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

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?

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

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: 1986102227

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/04/2019

Service Date: 10/19/2019

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

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?

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?

USUALLY

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102265

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/04/2019

Service Date: 10/20/2019

Unit: MSO

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?

8

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

PROBABLY YES

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)

YES

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?

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?
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?
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. Please comment on good or bad experiences related to this visit
Everything A-OK.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102326

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/04/2019

Service Date: 10/15/2019

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

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?

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

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?

USUALLY

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

SOMETIMES

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

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: 1986102332

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/04/2019

Service Date: 10/19/2019

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

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

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.

AGREE

Comments

1. Please comment on good or bad experiences related to this visit

This was a very good experience in Mt. Nittany.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102542

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/04/2019

Service Date: 10/18/2019

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

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?

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

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.

AGREE

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

AGREE

Comments

1. Please comment on good or bad experiences related to this visit

The nursing care was excellent, courteous, listened. Food was outstanding. Therapy was good, understanding. Atmosphere pleasant, good! Cleanliness. Excellent experience.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097350

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/05/2019

Service Date: 10/06/2019

Unit: MSO

Specialty: Thoracic Surgery

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

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?

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?

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?

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

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. Please comment on good or bad experiences related to this visit

Always good experiences mostly.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102070

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/05/2019

Service Date: 10/15/2019

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?

8

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

PROBABLY YES

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?

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?

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

Comm About Medicines

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

NEVER

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)

NO

Comments

1. Please comment on good or bad experiences related to this visit

Average care at hospital.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102288

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/05/2019

Service Date: 10/20/2019

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?

PROBABLY YES

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 HIGH SCHOOL

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

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

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: 1986102310

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/05/2019

Service Date: 10/19/2019

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?

DEFINITELY YES

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?

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?

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?

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. Please comment on good or bad experiences related to this visit

Very good experiences!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102404

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/05/2019

Service Date: 10/18/2019

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

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. 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

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.

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: 1986102431

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/05/2019

Service Date: 10/19/2019

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?

DEFINITELY YES

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?

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)

NO

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

NO

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

YES

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?

CHINESE

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?

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: 1986102531

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/05/2019

Service Date: 10/17/2019

Unit: MSO

Specialty: Urology/Renal

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

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?

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?

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?
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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865393

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/06/2019

Service Date: 10/13/2019

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?

9

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

DEFINITELY YES

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?

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

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?

USUALLY

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

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)

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.

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. Please comment on good or bad experiences related to this visit

Everyone was very kind. Everything was explained to me. The hospital was very clean.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102062

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/06/2019

Service Date: 10/16/2019

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

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?

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

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

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: 1986102419

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/06/2019

Service Date: 10/15/2019

Unit: OMS

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?

6

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

PROBABLY YES

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?

OTHER

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?

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?

USUALLY

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?

USUALLY

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

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)

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.

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102472

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/06/2019

Service Date: 10/20/2019

Unit: MSO

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?

9

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

DEFINITELY YES

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?

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?

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?

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?

ALWAYS

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

USUALLY

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.

AGREE

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: 1986102224

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/07/2019

Service Date: 10/17/2019

Unit: MSO

Specialty: Urology/Renal

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

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?

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.

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102393

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/07/2019

Service Date: 10/20/2019

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

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

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.

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: 1986102473

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/07/2019

Service Date: 10/18/2019

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?

10-BEST POSSIBLE

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

DEFINITELY YES

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?

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?

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 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. Please comment on good or bad experiences related to this visit

Visit was pleasant & informative, & helped ease my concerns. Thank you.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102537

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/07/2019

Service Date: 10/18/2019

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?

8

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

PROBABLY YES

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 HIGH SCHOOL

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?

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097371

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/07/2019

Service Date: 10/03/2019

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?

8

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

DEFINITELY YES

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?

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?

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?

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102219

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/07/2019

Service Date: 10/19/2019

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

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?

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?

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.

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. Please comment on good or bad experiences related to this visit

Nurses on L&D were

FANTASTIC!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102229

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/07/2019

Service Date: 10/18/2019

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?

PROBABLY YES

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

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: 1986102245

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/07/2019

Service Date: 10/15/2019

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 YES

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?

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?

USUALLY

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?

USUALLY

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

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: 1986102455

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/07/2019

Service Date: 10/14/2019

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?

9

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

PROBABLY YES

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?

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?

SOMETIMES

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?

SOMETIMES

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?

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

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.

STRONGLYDISAGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097437

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/08/2019

Service Date: 10/03/2019

Unit: OMS

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?

8

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

DEFINITELY YES

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?

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?

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

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: 1973097515

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/08/2019

Service Date: 10/04/2019

Unit: OMS

Specialty: Medical

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

Comments

1. Please comment on good or bad experiences related to this visit

All satisfied with the care. Now comes the hard part of paying.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102267

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/08/2019

Service Date: 10/18/2019

Unit: OMS

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?

9

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

DEFINITELY YES

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?

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?

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?

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?

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

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. Please comment on good or bad experiences related to this visit

Very helpful. The handicapped bars in the bathroom of room 253 needs to be reconfigured. Quite dreadful!! Care was terrific!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238414

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/08/2019

Service Date: 10/25/2019

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

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?

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

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.

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. Please comment on good or bad experiences related to this visit

Over the years my wife has been a patient in several different hospitals. My stay at your hospital tops them all; hospital room and nursing care.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238515

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/08/2019

Service Date: 10/21/2019

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

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+ 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?

YES

Comm w/ Nurses

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

USUALLY

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?

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?
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

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. Please comment on good or bad experiences related to this visit
Good experience. Good -- excellent.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238536

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/08/2019

Service Date: 10/25/2019

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

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

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.

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. Please comment on good or bad experiences related to this visit

Very good experience, always polite spoke clearly and asked if any questions.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097338

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/11/2019

Service Date: 10/02/2019

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

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?

<= 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?

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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102132

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/11/2019

Service Date: 10/15/2019

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

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?

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

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?

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

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: 1986102159

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/11/2019

Service Date: 10/20/2019

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

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

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.

STRONGLY AGREE

Comments

1. Please comment on good or bad experiences related to this visit

All of the nurses and CNA's were "great." I was well taken care of and had no complaints.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097519

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/02/2019

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?

8

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

DEFINITELY YES

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?

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

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.

STRONGLY AGREE

Comments

1. Please comment on good or bad experiences related to this visit

*Diane Barker visited us upon our visit & quite honestly she is AMAZING. So kind, comforting & helpful. She's one of the reasons we feel so positively about Mt. Nittany. Along w/her team.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865431

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/10/2019

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

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?

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?

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. Uncategorized Comments

NOTE FROM MOTHER OF TRAVIS: Hospital staff was incredible w/my son. Being at Penn State & getting severe pneumonia, and being admitted to a hospital unknown to me, had me scared to death. But what an amazing hospital Nittany is! I was thrilled w/his care & my expectations are high! Thank you, Julie Kostyal

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102099

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/17/2019

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

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?

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. 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

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: 1986102119

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/18/2019

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

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. 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?

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?

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?
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

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. Please comment on good or bad experiences related to this visit
Good hospital. Nice people.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102346

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/16/2019

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?

8

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

PROBABLY YES

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 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. 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?

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?

USUALLY

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.

AGREE

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: 1992237836

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/26/2019

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?

8

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

PROBABLY YES

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?

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

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

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.

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. Please comment on good or bad experiences related to this visit

All nurses were extremely polite.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238039

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/25/2019

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?

DEFINITELY YES

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?

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?

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?

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?

USUALLY

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

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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238055

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/21/2019

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

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?

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

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.

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238070

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/22/2019

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

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

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

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. Please comment on good or bad experiences related to this visit

All good. Food surprisingly good.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238082

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/27/2019

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?

9

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

DEFINITELY YES

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?

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

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)

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.

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: 1992238267

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/27/2019

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

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?

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

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: 1992238289

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/23/2019

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

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?

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

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?

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)

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: 1992238442

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/25/2019

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?

6

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

PROBABLY YES

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?

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?

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

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?
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?
SOMETIMES

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?
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)
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. Please comment on good or bad experiences related to this visit
Many nurses didn't really care and heard them gossiping about patients in hallway at 3 a.m. Did not listen to us and when trying to rest there were parades of people coming in. Communicative and came at once not ever 5 seconds so we can't sleep. Handful were good and respectful of us but too many just ignored our request.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238455

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/23/2019

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

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. 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?

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?

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?

ALWAYS

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

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. Please comment on good or bad experiences related to this visit

All good care.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238476

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/27/2019

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

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?

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?

ALWAYS

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.

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. Please comment on good or bad experiences related to this visit

I had a very good experience with all staffing @ Mount Nittany Medical Center. Everyone was very professional in the way they treated me. The meals for patients were excellent & I would in the future highly recommend this hospital to all & anyone that asks.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238477

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/26/2019

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?

PROBABLY YES

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?

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?

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?

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?

SOMETIMES

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.

STRONGLY AGREE

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

STRONGLY AGREE

Comments

1. Please comment on good or bad experiences related to this visit

I was in rm 210 (progressive care) 10/23 - 10/26/2019. My nurse *Jess (from Spain - do not know last name) was EXCELLENT! She helped make my stay as good as possible. VERY attentive and responsive.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238507

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/23/2019

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

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?

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?

SOMETIMES

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. Please comment on good or bad experiences related to this visit

The only thing that needs to change is the rooms are too small for two beds. It, very hard to get around when you don't have room to move.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238550

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/11/2019

Service Date: 10/26/2019

Unit: MSO

Specialty: Thoracic Surgery

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

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?

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?

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.

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. Please comment on good or bad experiences related to this visit

O.K.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097399

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/12/2019

Service Date: 10/02/2019

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?

9

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

DEFINITELY YES

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?

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

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: 1973097453

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/12/2019

Service Date: 10/03/2019

Unit: OMS

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?

8

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

PROBABLY YES

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?

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?

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

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.

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. Please comment on good or bad experiences related to this visit

All pretty good.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097471

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/12/2019

Service Date: 10/06/2019

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?

PROBABLY YES

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?

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097509

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/12/2019

Service Date: 10/04/2019

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

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?

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?

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

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: 1986102181

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/12/2019

Service Date: 10/17/2019

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

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?

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

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.

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: 1992238232

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/12/2019

Service Date: 10/23/2019

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

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?

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

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. Please comment on good or bad experiences related to this visit

This was my second visit & both were excellent.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238495

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/12/2019

Service Date: 10/24/2019

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

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

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.

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. Please comment on good or bad experiences related to this visit

My experience was all positive. Nurses and support staff all very attentive and respectful.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238521

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/12/2019

Service Date: 10/22/2019

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?

5

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

PROBABLY NO

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?

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?

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?

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?

ALWAYS

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

USUALLY

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

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. Please comment on good or bad experiences related to this visit

Slop patch given during surgery was not noted in my chart by the surgery team and when I was to be discharged the following day, I could not go home because I was dizzy and vomiting. No one on my floor knew I had it until I mentioned it. The nurse was not happy it was not charted, causing me to stay an extra day.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238533

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/12/2019

Service Date: 10/21/2019

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

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 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. 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

Comm About Medicines

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

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. Please comment on good or bad experiences related to this visit

Don't remember.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865403

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/12/2019

Service Date: 10/10/2019

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

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?

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

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. Please comment on good or bad experiences related to this visit

The case manager came in and asked what I would need when I got home, set up of the apartment and arranged for home health care with PT and nurses. I didn't have to worry about arranging anything.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992237790

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/12/2019

Service Date: 10/26/2019

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 YES

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?

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?

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?

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?

SOMETIMES

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

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

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: 1992237978

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/12/2019

Service Date: 10/23/2019

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?

8

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

DEFINITELY YES

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?

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?

NEVER

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?

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?

NEVER

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)

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992237996

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/12/2019

Service Date: 10/22/2019

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

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?

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?

USUALLY

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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238483

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/12/2019

Service Date: 10/26/2019

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

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. 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?

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?

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.

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. Please comment on good or bad experiences related to this visit

Very nice to talk to.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238562

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/12/2019

Service Date: 10/21/2019

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

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?

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

Comm About Medicines

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

USUALLY

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992237730

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/15/2019

Service Date: 10/26/2019

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?

8

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

PROBABLY YES

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?

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?

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

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?

SOMETIMES

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. Please comment on good or bad experiences related to this visit

A different protocol needed for "non"-major procedure overnight being awakened @ 3-4 A.M. to be weighed is ridiculous on a 24 hr. stay for kidney stone, being awakened every 2 hrs. for BP/vitals is the same.

2. Uncategorized Comments

How anybody every recovers in a hospital I do not know as there is no time for rest - Also if you have a "hairy chested" person maybe shave/trim the area before applying heart monitor contacts.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238167

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/15/2019

Service Date: 10/21/2019

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

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?

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

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.

AGREE

Comments

1. Please comment on good or bad experiences related to this visit

Good food nice people.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238368

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/15/2019

Service Date: 10/24/2019

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

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?

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?

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?

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?

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?

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238524

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/15/2019

Service Date: 10/22/2019

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

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?

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.

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238561

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/15/2019

Service Date: 10/27/2019

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?

5

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

PROBABLY YES

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?

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?

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?

USUALLY

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?

USUALLY

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

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)

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. Please comment on good or bad experiences related to this visit

Visit was as expected. Paperwork write up sent to primary care was wrong and confusing. Not sure what was written down/why but had to clarify during a personal visit.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102205

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/16/2019

Service Date: 10/15/2019

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

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?

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?

ALWAYS

Hospital Environment

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

NEVER

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

SOMETIMES

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)

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.

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: 1992237765

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/18/2019

Service Date: 10/23/2019

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

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?

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?

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?

SOMETIMES

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?

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)

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. Please comment on good or bad experiences related to this visit

My room was near the nurse's station. Frequent staff conversations went on in the hallway outside my room. I don't think they realized that patients could hear what they were saying when our doors were open.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097479

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/18/2019

Service Date: 10/05/2019

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

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?

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

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?

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?

USUALLY

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

USUALLY

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

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. Please comment on good or bad experiences related to this visit

There seems to be a problem when admitted from the ED. I waited hours to get to the floors and _____ - no food or offer of such (It was OK with doctor). This is not the first time I have experienced this.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261639

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/18/2019

Service Date: 10/31/2019

Unit: CCS

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

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?

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

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. Please comment on good or bad experiences related to this visit

I had very good nurses in the ICU. *Josh (7a-7p) and *Chris (7p-7a) took very good care of me. All the nurses treated me with respect, compassion and overall exceptional care. *Megan on GYN floor listened to my concern of chest pain and got the ball rolling with an EKG and found I had heart damage. *Megan even came to the ICU to see how I was doing. Please keep training the nurses with the compassion they showed me.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102266

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/19/2019

Service Date: 10/17/2019

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?

5

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

PROBABLY YES

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?

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?

SOMETIMES

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

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?

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?

SOMETIMES

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

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: 1992237852

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/19/2019

Service Date: 10/23/2019

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

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?

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

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: 1992238090

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/19/2019

Service Date: 10/24/2019

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?

6

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

PROBABLY YES

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?

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?

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?

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?

USUALLY

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

SOMETIMES

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.

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. Uncategorized Comments

Input & output was to be measured - my urine sat in the bathroom 2 days & then my family needed to state that it was not taken care of. I was to be weighed, was weighed once on the scales all other times in was by the bed. I got tired of hearing _____ are so busy & short staff, sorry I'm late. Staff would not be so busy if they would put away their cell phones & take that time to complete this to be.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238291

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/19/2019

Service Date: 10/23/2019

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

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?

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. 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?

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?

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.

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: 1999261044

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/19/2019

Service Date: 10/30/2019

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

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?

SOMETIMES

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: 1999261490

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/19/2019

Service Date: 10/31/2019

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

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-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

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.

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: 1999261365

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/20/2019

Service Date: 10/31/2019

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?

8

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

DEFINITELY YES

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?

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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261692

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/20/2019

Service Date: 10/31/2019

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

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)

NO

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?

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?

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

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.

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: 1999261715

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/21/2019

Service Date: 10/29/2019

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

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?

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?

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?

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?

ALWAYS

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

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.

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999260979

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/21/2019

Service Date: 10/30/2019

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

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?

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?

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?

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?

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?

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.

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261191

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/21/2019

Service Date: 10/31/2019

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

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. 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?

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?
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?
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. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
AGREE
2. When I left the hospital, I clearly understood the purpose for taking each of my medications.
STRONGLY AGREE

Comments

1. Please comment on good or bad experiences related to this visit
Very good by nurses. Drs. visit no.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261289

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/21/2019

Service Date: 10/29/2019

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

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?

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

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.

AGREE

Comments

1. Please comment on good or bad experiences related to this visit

All good.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261615

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/21/2019

Service Date: 10/29/2019

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

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?

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

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?

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)

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. Please comment on good or bad experiences related to this visit

Had a good experience at Mt. Nittany Hospital.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261823

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/21/2019

Service Date: 10/28/2019

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?

8

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

PROBABLY YES

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 HIGH SCHOOL

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?

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?

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?

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?

USUALLY

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

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.

STRONGLY AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097469

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/22/2019

Service Date: 10/03/2019

Unit: OMS

Specialty: Internal Medicine

Background Questions

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

DEFINITELY YES

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+ 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?

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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865507

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/22/2019

Service Date: 10/10/2019

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?

8

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

PROBABLY YES

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?

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?

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?

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

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.

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. Please comment on good or bad experiences related to this visit

It was OK.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865593

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/22/2019

Service Date: 10/11/2019

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

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-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?

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?

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.

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: 1986102169

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/22/2019

Service Date: 10/18/2019

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

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?

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

Comments

1. Please comment on good or bad experiences related to this visit
My cardiologist put me on new meds & told me he was keeping me for at least 2 more days to see how I would do. Two hrs. later *Dr. Sumner, the hospitalist, came in & said I was leaving. I told her what the card SAID. She SAID she supersedes his orders. That is the only bad experience I've ever had at the hosp. SHE MADE ME FEEL LIKE SHE didn't CARE. ER people, dietary, nurses, X-ray & lab people were all wonderful. Food was also very good.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992237757

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/22/2019

Service Date: 10/27/2019

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?

9

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

DEFINITELY YES

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?

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?

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

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.

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: 1992238331

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/22/2019

Service Date: 10/23/2019

Unit: OMS

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?

10-BEST POSSIBLE

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

DEFINITELY YES

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?

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?

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

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?

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.

AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999260863

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/22/2019

Service Date: 10/30/2019

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

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?

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

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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261784

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/22/2019

Service Date: 10/31/2019

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

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-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

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

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: 1979865420

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/25/2019

Service Date: 10/11/2019

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

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?

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?

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

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. Please comment on good or bad experiences related to this visit

My experience at Mount Nittany could not have been any better!

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238198

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/25/2019

Service Date: 10/25/2019

Unit: MSO

Specialty: Medical

Background Questions

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

DEFINITELY YES

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?

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

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?
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

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.
AGREE

Comments

1. Please comment on good or bad experiences related to this visit
Everyone was nice & very helpful. The room was very clean & neat.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238253

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/25/2019

Service Date: 10/22/2019

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

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

NOT SPAN/HISP/LA

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?

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?

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?
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?
USUALLY
2. During this hospital stay, how often was the area around your room quiet at night?
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
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: 1992238423

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/25/2019

Service Date: 10/23/2019

Unit: OMS

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?

8

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

PROBABLY YES

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?

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

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

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

AGREE

Comments

1. Please comment on good or bad experiences related to this visit

Everything was good.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999260892

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/25/2019

Service Date: 10/30/2019

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 NO

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)

NO

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. 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?

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

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

Comments

1. Please comment on good or bad experiences related to this visit
*Dr. Mehulic told my I had CHF & severe pneumonia after asking to speak to cardiologist & pulmonologist was told I had _____. Had I not advocated for myself.
2. Uncategorized Comments
I would have left w/meds not only unnecessary but perhaps fatal. I will point out that *Dr. Mehulic listened to me once I stood my ground - and might have legit reasons for dx. me w/CHF & severe pneumonia - what I need from hospital is it dx. suspected that the dept. which heads - dx. - be invited for input. I was given Lipitor. When my LOL is 39 & HDC is to overall chol. 140. Also restricted fluids during bad call made - when in fact I need as much fluids as I could take.
Thank you. Pamela M _____ P.S. Nurses overall - 10 rating - except when IV infiltrated - less than caring nurse - my R. forearm ballooned to twice its size - NG.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261513

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/25/2019

Service Date: 10/30/2019

Unit: WCS

Specialty: Obstetrics/Gynecology

Background Questions

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

PROBABLY YES

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?

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)

NO

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

NO

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

YES

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?

RUSSIAN

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?

USUALLY

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

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.
AGREE
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: 1999261806

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/25/2019

Service Date: 10/30/2019

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?

10-BEST POSSIBLE

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

PROBABLY YES

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 HIGH SCHOOL

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

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: 1979865458

Mode: Paper

Survey Designator: HZ0101

Received Date: 11/26/2019

Service Date: 10/10/2019

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

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?

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

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. Please comment on good or bad experiences related to this visit

The overall experience was wonderful! Thank you to all of the nurses and doctors, esp. *Dr. Shuman! I will definitely recommend MNH to all my family and friends.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865509

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/26/2019

Service Date: 10/12/2019

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

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?

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?

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?

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?

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)

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.

STRONGLY 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. Please comment on good or bad experiences related to this visit

Nurse *Adam Burget was very helpful with my care. Need more staff that are as helpful and kind as *Adam B.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102256

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/26/2019

Service Date: 10/14/2019

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

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?

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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261199

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/27/2019

Service Date: 10/30/2019

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

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. 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?

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

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: 1999261539

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/27/2019

Service Date: 10/31/2019

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?

8

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

PROBABLY YES

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?

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?

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

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.

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. Please comment on good or bad experiences related to this visit

Biggest concern was my ER stay. Information was not properly passed on regarding medication given in the field -

____ IV pain & nausea relief - physician attending was not properly informed - could have been a very bad situation.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261627

Mode: Paper

Survey Designator: HZ0101U

Received Date: 11/27/2019

Service Date: 10/31/2019

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

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?

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865273

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/02/2019

Service Date: 10/10/2019

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

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?

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

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.

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102348

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/03/2019

Service Date: 10/14/2019

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

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

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

Comm About Medicines

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

NEVER

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)

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. Please comment on good or bad experiences related to this visit

Checking to see I was able to go home - and I was.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238250

Mode: Paper

Survey Designator: HZ0101U

Received Date: 12/03/2019

Service Date: 10/27/2019

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

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

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.

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. Please comment on good or bad experiences related to this visit

Everything was good.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238519

Mode: Paper

Survey Designator: HZ0101U

Received Date: 12/03/2019

Service Date: 10/23/2019

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

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?

POOR

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?

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?

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 listen carefully to you?

USUALLY

2. 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?

ALWAYS

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.

STRONGLY 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. Please comment on good or bad experiences related to this visit

No comment - not memorable.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261833

Mode: Paper

Survey Designator: HZ0101U

Received Date: 12/03/2019

Service Date: 10/30/2019

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

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

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.

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: 1973097321

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/04/2019

Service Date: 10/04/2019

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

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. 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?

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

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)

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.

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. Please comment on good or bad experiences related to this visit

I was very pleased with my hospital stay everyone was very considerate. Very good food, clean rooms, I love this hospital, staff, doctors and nurses.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261577

Mode: Paper

Survey Designator: HZ0101U

Received Date: 12/05/2019

Service Date: 10/31/2019

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

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?

HIGH SCHOOL GRAD

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?

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

Care Transitions

1. 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: 1979865465

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/06/2019

Service Date: 10/09/2019

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

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

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

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. Please comment on good or bad experiences related to this visit

I had not one bad experience during my stay at Mount Nittany Medical Center.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238374

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/06/2019

Service Date: 10/27/2019

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?

PROBABLY YES

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?

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?

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?

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.

AGREE

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

AGREE

Comments

1. Please comment on good or bad experiences related to this visit

Overall GOOD.

2. Uncategorized Comments

DO NOT GIVE OUT! I don't need CALLS!

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102424

Mode: Paper

Survey Designator: HZ0101U

Received Date: 12/06/2019

Service Date: 10/17/2019

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

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?

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?

USUALLY

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

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?

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.

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. Please comment on good or bad experiences related to this visit

It was very good. I was proved with the information that I needed.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992237839

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/09/2019

Service Date: 10/23/2019

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

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 HIGH SCHOOL

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?

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

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.

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: 1992237956

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/09/2019

Service Date: 10/26/2019

Unit: OMS

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?

5

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

PROBABLY YES

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?

4+ YRS 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?

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?

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?
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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238454

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/09/2019

Service Date: 10/27/2019

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

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?

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

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261369

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/09/2019

Service Date: 10/30/2019

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?

8

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

PROBABLY NO

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?

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?

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?

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

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.

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: 1999261466

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/09/2019

Service Date: 10/31/2019

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

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?

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?

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

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

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: 1999261798

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/09/2019

Service Date: 10/29/2019

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

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261684

Mode: Paper

Survey Designator: HZ0101U

Received Date: 12/10/2019

Service Date: 10/31/2019

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?

8

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

DEFINITELY YES

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?

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

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?

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

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: 1999261783

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/11/2019

Service Date: 10/30/2019

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

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

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. Please comment on good or bad experiences related to this visit

Very good.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261622

Mode: Paper

Survey Designator: HZ0101U

Received Date: 12/11/2019

Service Date: 10/31/2019

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

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?

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?

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?

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?

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?

SOMETIMES

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.

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: 1999261041

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/16/2019

Service Date: 10/31/2019

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

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?

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

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?

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)

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.

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: 1992237971

Mode: Paper

Survey Designator: HZ0101U

Received Date: 12/16/2019

Service Date: 10/22/2019

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

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?

POOR

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

4+ YRS 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?

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

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

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)

NO

Care Transitions

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

AGREE

Comments

1. Please comment on good or bad experiences related to this visit

Poor requested a spittoon to be able to brush my teeth, asked several times. They never produced.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992237723

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/17/2019

Service Date: 10/23/2019

Unit: OMS

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?

8

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

PROBABLY YES

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-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?

USUALLY

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

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: 1999261124

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/17/2019

Service Date: 10/28/2019

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

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. 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?

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

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. Please comment on good or bad experiences related to this visit
Very good & friendly care from EVERYONE.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992237747

Mode: Paper

Survey Designator: HZ0101

Received Date: 12/20/2019

Service Date: 10/21/2019

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

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?

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?

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?

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.

AGREE

Comments

1. Please comment on good or bad experiences related to this visit

I was treated with respect the entire time I was there, from the ER until I went home.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1992238187

Mode: Paper

Survey Designator: HZ0101U

Received Date: 12/20/2019

Service Date: 10/21/2019

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

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?

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

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

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 DISAGREE

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. Please comment on good or bad experiences related to this visit

The visit was good. Took my blood pressure and made me feel at ease. Was very careful.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102242

Mode: Paper

Survey Designator: HZ0101U

Received Date: 12/23/2019

Service Date: 10/15/2019

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

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

DEFINITELY YES

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 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. 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.

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865411

Mode: Paper

Survey Designator: HZ0101U

Received Date: 12/30/2019

Service Date: 10/07/2019

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

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?

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?

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. Please comment on good or bad experiences related to this visit

I would recommend the hospital to anyone. It's the cleanest and the staff is the greatest. I had a wonderful time when I was there. The care was great.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1999261618

Mode: Paper

Survey Designator: HZ0101U

Received Date: 01/07/2020

Service Date: 10/31/2019

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?

3

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

PROBABLY NO

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?

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?

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?

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?

NEVER

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

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

STRONGLY AGREE

Comments

1. Please comment on good or bad experiences related to this visit

I was admitted because my potassium level was 1.5. I couldn't move my legs my arms or my neck. At first, the nurses were great. I couldn't use the bathroom by myself (because of arms & legs). The nurses on night shift became VERY RUDE, and treated me like I was bothering them. They also were very loud (laughing) until midnight. I was already scared to death and frustrated that I couldn't move to get a drink and do simple things for myself. I could also hear the nurses specifically complaining about me when I pushed the call button. I was already (medically) going through a lot and the nurses made me feel very uncomfortable. One time I was on the toilet and pressed the call button (I was in a room by myself, right from the nurses station with the toilet) in the room by the bed) for help. I could hear the nurses making fun of me and it took 5 minutes to come in my room. I started crying because I felt so humiliated and started to have a panic attack. I asked the nurse for one of my prescription Xanax during my attack and she just stood there and did nothing. These nurse were awful. I was on the 2nd floor. I will leave my name on the back page.

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1986102430

Mode: Paper

Survey Designator: HZ0101U

Received Date: 01/29/2020

Service Date: 10/16/2019

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

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?

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?

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?

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

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.

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: 1992238539

Mode: Paper

Survey Designator: HZ0101U

Received Date: 02/25/2020

Service Date: 10/22/2019

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?

3

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

PROBABLY YES

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?

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?

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?

USUALLY

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?

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?

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.

AGREE

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

STRONGLY AGREE

Comments

1. Please comment on good or bad experiences related to this visit

1st part of hospitalization was excellent then I was transferred to a room with multiple floral arrangements with a demented lady, I was admitted for pneumonia and exacerbation of asthma. Why would you transfer someone with already impaired breathing capabilities to some where with flowers that could impair breathing further? A little thought process & looking a why a person is admitted before moving them is not rocket science. I have multiple allergies and with asthma transferring me to that environment does not make sense. Also putting a "normal" person in with one that is demented and up all night is not conducive to healing. Also regarding my care. The conflicting stories by doctors was confusing. The hospitalist I feel was very sexist in telling me that my fever the day I was discharged was from menopause. I know what a hot flash is an it does not elevate your temperature, I was sent home still running a fever with this explanation. His name was *Dr. Datta. Also if doc and hospitalist told me in ER I had pneumonia but *Dr. Datta after talking to *Dr. Vilensky told me I didn't have pneumonia, *Dr. Datta first stated I did. *Dr. Vilensky also told me I don't have asthma which I have been treated for by numerous specialties over 20 years, I guess *Dr. Cox, *Dr. Ratner, *Dr. M_____ and numerous family docs are wrong? Karen Hutchison

Patient Name:

Parent or Guardian's Name:

Phone Number

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1979865371

Mode: Paper

Survey Designator: HZ0101U

Received Date: 03/12/2020

Service Date: 10/10/2019

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?

4

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

DEFINITELY NO

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?

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?

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?

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?

ALWAYS

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

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?

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)

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.

AGREE

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

AGREE

Comments

1. Please comment on good or bad experiences related to this visit

I take Hydrocone regular for arthritis. I was treated like a drug addict. The pain was terrible!

2. Uncategorized Comments

Nurses would leave & not come back several times & nurse would leave & go get pain meds then switch shifts. I would have to tell the new nurses I did not get pain meds it would take alot of time to get them.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097482

Mode: Paper

Survey Designator: HZ0101U

Received Date: 03/31/2020

Service Date: 10/05/2019

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?

PROBABLY YES

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?

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?

USUALLY

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?

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: 1986102110

Mode: Paper

Survey Designator: HZ0101U

Received Date: 04/14/2020

Service Date: 10/15/2019

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

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?

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

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: 1992238259

Mode: Paper

Survey Designator: HZ0101U

Received Date: 06/05/2020

Service Date: 10/27/2019

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

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

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.

STRONGLY AGREE

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

STRONGLY AGREE

Comments

1. Please comment on good or bad experiences related to this visit

Had one nurse was not polite. Asked her to help me do something and basically told me to do it myself. Only saw her once at beginning of shift 1 day never again on to check on me.

Patient Name:

Parent or Guardian's Name:

Phone Number: