

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097353

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/21/2019

Service Date: 10/01/2019

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 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?
ALWAYS

Comm w/ Doctors

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097386

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/21/2019

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?

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

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: 1973097398

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/21/2019

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?

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?

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?

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.

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: 1973097411

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/21/2019

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?

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?

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097415

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/21/2019

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?

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?

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

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

Great experience - I feel I was taken care of very well. Everything was great. Nurses were EXCEPTIONAL as well as doctors & other staff.

2. Uncategorized Comments

GREAT HOSPITAL!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097455

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/21/2019

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?

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?

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?

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?

SOMETIMES

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?

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

My children were very disappointed with the lack of communication between the doctors in the ER. They were not on the same page. Also, they asked questions that were in the hospital records from prior visits.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097456

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/21/2019

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?

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?

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: 1973097474

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/21/2019

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?

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+ 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?

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?

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

I feel the care provided by Head Nurse *Jackie Smith was exceptional. She was kind and compassionate. Nurse Assistant *Karen Muchmore(?) was also excellent.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097497

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/21/2019

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?

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?

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: 1973097332

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/22/2019

Service Date: 10/01/2019

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

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.

AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097495

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/22/2019

Service Date: 10/03/2019

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?

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?

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?

SOMETIMES

Comm w/ Doctors

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

USUALLY

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

SOMETIMES

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

SOMETIMES

Hospital Environment

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

ALWAYS

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

USUALLY

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 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: 1973097525

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/22/2019

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?

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

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

No matter how many times I have been in hospital. I always HAD EXCELLENT CARE from morning till night would recommend hospital to everyone.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097319

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/23/2019

Service Date: 10/06/2019

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?

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: 1973097359

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/23/2019

Service Date: 10/05/2019

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?

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?

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

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: 1973097446

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/23/2019

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?

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?

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. 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?

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?
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

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 wish they could have gave me a better idea of how long I would be there. I could of had my husband bring me books & clean clothes.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097459

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/23/2019

Service Date: 10/02/2019

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?

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. 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?

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097517

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/23/2019

Service Date: 10/03/2019

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?

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?

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?

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

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097480

Mode: Paper

Survey Designator: HZ0101

Received Date: 10/24/2019

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?

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?

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

The or lost my remote control for my stimulator and could not locate it had to call and get me a new one brought in before I could get discharged which was later than it should have been.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097335

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/24/2019

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?

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

ALWAYS

Comm w/ Doctors

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

ALWAYS

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

ALWAYS

Hospital Environment

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

ALWAYS

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

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: 1973097520

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/24/2019

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?

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?

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.

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!

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097461

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/25/2019

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?

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: 1973097345

Mode: Paper

Survey Designator: HZ0101

Received Date: 10/28/2019

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?

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?

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?

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

I would recommend this hospital to anyone! My stay was exemplary! From the moment I came into the ER to the time I was discharged it was a positive experience. I am a new resident to this area and your hospital even out-ranks the level 5 trauma center that was in my previous city. From your terrific nursing staff to the hospital cleaning crew, everyone was courteous and attentive. Your food is delicious! I would like to mention the following nurses who took super care of me. From the ICU - *Ashley, *Ashley and *Katy. From the second floor! *Kasey, *Ashley, *Jeanne, *Matthew (CNA) & *Karen (Housekeeping) and from the 4th floor: *Allie, *Laura, *Megan, *Jannie, and *Ashley. From the 3rd shift on the 4th floor: *Jill, *Bruce (CNA) & *Jamie (CNA). I won't hesitate to return should the need arise.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 1973097500

Mode: Paper

Survey Designator: HZ0101

Received Date: 10/28/2019

Service Date: 10/06/2019

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

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: 1973097521

Mode: Paper

Survey Designator: HZ0101

Received Date: 10/28/2019

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?

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?

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?

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

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: 1979865316

Mode: Paper

Survey Designator: HZ0101

Received Date: 10/28/2019

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?

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. 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: 1979865485

Mode: Paper

Survey Designator: HZ0101

Received Date: 10/28/2019

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?

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?

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

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

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

Excellent staff & drs. Patient

Patient Name:

Parent or Guardian's Name:

Phone Number: