

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 2733472242

Mode: Internet

Survey Designator: HZ0101UE

Received Date: 09/22/2021

Service Date: 09/13/2021

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?

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)

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)

YES

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?
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)
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: 2726472372

Mode: Paper

Survey Designator: HZ0101U

Received Date: 09/27/2021

Service Date: 09/01/2021

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?

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?

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?

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)

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.

STRONGLY AGREE

Comments

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

There was a nurse and *Christina who wonderful I was there 6 days when she entered my room. She was the first & only one to ask if I needed a bath & hair washed. Several of the nurses were great. When I was gotten the _____ to use no one asked about or checked. Till several days later I did & it was awful looking. I was told it should have changed once or twice a day at that point. Someone needs to make sure either the patient, nurse or nurses and aware of checking it.

2. Uncategorized Comments

I was given instructions to take any meds prescribed. That I'd be getting oxygen for a home. & to have a chest X-ray within 4 weeks & 1 week follow up w/primary. Nothing on what to do once got home. Rest, move? The discharging dr. made me awful. While in my room - more than 6' away between me in bed & her at the computer board. I couldn't help it & started coughing. She shut the computer down & made a comment about couldn't do her stuff? With me coughing - was leaving room to finish elsewhere. If she had an issue with me coughing & she was how far away & wearing her mask. Why didn't she just keep her words to herself & walk out?

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 2733472185

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/04/2021

Service Date: 09/08/2021

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?

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?

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)

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

Most of my nurses were very empathetic and understanding. They seemed to really care about my well being.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 2733472697

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/05/2021

Service Date: 09/06/2021

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

NOT SPAN/HISP/LA

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

YES

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

NO

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

NO

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

NO

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

NO

8. What language do you mainly speak at home?

ENGLISH

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

NO

Comm w/ Nurses

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

ALWAYS

2. During this hospital stay, how often did nurses 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?
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

Hospit 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?
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

Have always had a positive experience at this facility. In this age of COVID-19, it is good to know that we have such a wonderful hospital. We are very lucky.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 2733472447

Mode: Paper

Survey Designator: HZ0101

Received Date: 10/06/2021

Service Date: 09/09/2021

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?

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?

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)

NO

Care Transitions

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

AGREE

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

STRONGLY AGREE

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 2733471689

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/06/2021

Service Date: 09/05/2021

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?

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?

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

I'm not sure.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 2733471723

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/06/2021

Service Date: 09/08/2021

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?

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?

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

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: 2733471728

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/06/2021

Service Date: 09/07/2021

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?

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

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

ICU nursing team gave excellent care to me during my COVID fight. I'm grateful for their service.

Patient Name:

Parent or Guardian's Name:

Phone Number:

Client Name: Mount Nittany Medical Center

Site Name: Mount Nittany Medical Center

Barcode: 2733471868

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/06/2021

Service Date: 09/07/2021

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?

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?

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: 2733471914

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/06/2021

Service Date: 09/03/2021

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?

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?

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?

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?

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

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: 2733472501

Mode: Paper

Survey Designator: HZ0101U

Received Date: 10/06/2021

Service Date: 09/07/2021

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?

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

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

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

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

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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

Nursing staff was incredible and extremely helpful.

Patient Name:

Parent or Guardian's Name:

Phone Number: