



January 25, 2021

## NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Patient Experience meeting at 4:00PM on Thursday January 28, 2021 in the Support Services Building Emerald Conference Room - 520 W. Mineral King Ave, Visalia, CA 93291 or via GoTo Meeting from your computer, tablet or smartphone  
<https://global.gotomeeting.com/join/166830605> or Via phone 1 (669) 224-3412  
/Access Code: 166-830-605

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Delta Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

Due to COVID 19 visitor restrictions to the Medical Center - the disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Delta Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 and on the Kaweah Delta Health Care District web page <http://www.kaweahdelta.org>.

KAWEAH DELTA HEALTH CARE DISTRICT  
Garth Gipson, Secretary/Treasurer

A handwritten signature in black ink that reads 'Cindy Moccio'.

Cindy Moccio  
Board Clerk, Executive Assistant to CEO

DISTRIBUTION:  
Governing Board  
Legal Counsel  
Executive Team  
Chief of Staff  
<http://www.kaweahdelta.org>

# KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS

## PATIENT EXPERIENCE

Thursday, January 28, 2020 - 4:00PM

Support Services Building Emerald Conference Room

520 W. Mineral King Ave, Visalia, CA 93291

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/166830605>

Call in option: 1 (669) 224-3412      Access Code: 166-830-605

ATTENDING: Board Members; Dave Francis (Chair), Ambar Rodriguez; Gary Herbst, CEO; Dianne Cox, VP Chief of Human Resources; Ed Largoza, RN Director of Patient Experience; Keri Noeske, VP of Nursing and George Ortega, Recording.

### OPEN MEETING – 4:00PM

1. **Call to order** – *Dave Francis, Committee Chair*
2. **Public / Medical Staff participation** – Members of the public wishing to address the Committee concerning items not on the agenda and within the subject matter jurisdiction of the Committee may step forward and are requested to identify themselves at this time. Members of the public or the medical staff may comment on agenda items after the item has been discussed by the Committee but before a Committee recommendation is decided. In either case, each speaker will be allowed five minutes.
3. **Follow Up** – *Dianne Cox, Dianne Cox, VP Chief of Human Resources*
  - 3.1. [Update KDMF/VMC move to CG CAHPS survey tool](#)
  - 3.2. **Discharge Outcome Calls** by JL Morgan
4. **Office of Patient Experience Overview** – *Ed Largoza, RN, Director of Patient Experience*
  - 4.1. **Team members**
  - 4.2. **Responsibilities**
    - 4.2.1. **Solicit Feedback**
    - 4.2.2. **Survey Review**
      - 4.2.2.1. **CMS Mode Experiment Survey Study**
5. **July-December Overall Rating Review** – *Ed Largoza, RN, Director of Patient Experience*
  - 5.1. **Hospital CAHPS** (*Consumer Assessment of Healthcare Providers and Systems*)
  - 5.2. **Emergency Department PEC** (*Patient Experience of Care*)
  - 5.3. **Clinician & Group CAHPS**
  - 5.4. **Home Health CAHPS**

- 5.5. Hospice CAHPS
- 5.6. In-Center Hemodialysis CAHPS
- 5.7. Rehabilitation

**6. Service Excellence – Ed Largoza, RN, Director of Patient Experience**

- 6.1. Focus
  - 6.1.1. Nursing Communication
  - 6.1.2. Physician Communication
- 6.2. Initiatives
  - 6.2.1. Communication White Boards
  - 6.2.2. Medicine Guides
  - 6.2.3. Leader Rounding

**7. Adjourn Closed Meeting – Dave Francis, Committee Chair**

*In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors committee meeting.*

# Patient Experience

## Operation Always

Ensuring Consistent World-Class Service

January 28, 2021

More than medicine. Life.

# Follow Up

A. Update on KDMF CG CAHPS survey tool

B. Discharge Outcome Calls by JL Morgan

## **Discharge Outcome – *Readmission Risk***

- Post Discharge Health Condition
- Follow-up Appointment
- Prescriptions Filled
- Understanding Prescription Purpose
- Other Prescription Questions
- Understanding Discharge Instructions

## **Discharge Outcome – *Patient Satisfaction***

- Staff Attitude
- Satisfaction with Healthcare
- Nurse Responsiveness
- Staff Recognition
- Patient Preferences
- Request for Call Back

# Patient Experience (PX) Department

## Team members

### Overview



**Ed Largoza, BSCS, MSN,  
RN, NE-BC**  
Director of Patient  
Experience  
559-624-5051



**Miriam Juarez-  
Bermudez**  
Patient Experience  
Specialist  
559-624-5151

# Patient Experience (PX) Department

## Overview

### Responsibilities

1. Community resource to assist with real-time communication & coordination needs
2. Collaborate with nursing, environmental service, and food service departments to review performance, successes, barriers and develop improvement plans
3. Oversee patient surveying of hospital, emergency department, clinics, home health, dialysis center, hospice, and rehab
4. Analyze and share patient experience results with leaders, employees, and providers
5. Design & assist in implementing initiatives for service excellence
  - Leader Rounding (Evaluate service standards -> recognize & coach)
  - Nursing – Communication White Boards
  - Physicians – Introductions & Explaining
6. Develop curriculum and train team members on service standards & service recovery
7. Receive, respond, and follow up on complaints & grievances.

# Patient Experience (PX) Department

## Overview

*Solicit feedback from our patients & communities via Social Media, Website, Visitors, Thank you Cards, Surveys and Patient & Family Advisory Council*



**Thank you for choosing Kaweah Delta Medical Center!**

Dear \_\_\_\_\_,

We wish you a speedy recovery and hope you had excellent service during your visit. Thank you for allowing us to care for you.

With appreciation, Your Nursing Team

**We want to ensure you received outstanding care.**

**Please let us know how your experience was by calling Ed Largoza, Director of Patient Experience, at 559-624-5051.**



**OUR MISSION**

**HEALTH**  
IS OUR PASSION.

**EXCELLENCE**  
IS OUR FOCUS.

**COMPASSION**  
IS OUR PROMISE.

PLEASE SHARE YOUR EXPERIENCE BY CALLING  
**ED LARGOZA**  
Director of Patient Experience  
elargoza@kdhcd.org  
(559) 624-5051

# Survey Review

## Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS)

- Administered via phone call by JL Morgan to discharged hospital patients
- Domains (# of questions)

Nursing Communication (3)	Doctor Communication (3)	Cleanliness (1)
Quietness (1)	Staff Responsiveness (2)	Communication Medications (2)
Discharge Instructions (3)	Overall Rating (1)	Would Recommend (1)
Care Transition (3)	Demographics (7)	

- Top Box Answers: *Always, 9-10, Strongly Agree*
- Added Questions:
  - *'In conclusion, should you wish, please provide any comment or information regarding this inpatient stay?'*
  - *Quality of food and courtesy of the person who delivered your food.*
- CMS Mode & Patient Mix Adjustments

# Hospital

Consumer Assessment of Healthcare Providers & Systems

(CAHPS)

Overall Rating (% 9s & 10s)

July-Dec 2020

*'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 rate this hospital during your stay?'*

Overall Rating Performance: **76.0%** 1185 Surveys

Overall Rating Goal: **76.5%** (50<sup>th</sup>-75<sup>th</sup> Percentile JL Morgan database)

# Emergency Department

Overall Rating (% 9s & 10s)

July-Dec 2020

*‘Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you rate your care during this emergency room visit?’*

Overall Rating Performance: **67.3%** 963 Surveys

Overall Rating Goal: **70.0%** (50<sup>th</sup> Percentile JL Morgan database)

# Clinician & Group CAHPS

Overall Rating (% 9s & 10s)

July-Dec 2020

*'Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?'*

Overall Rating Performance: **84.7%** 841 Surveys

Overall Rating Goal: **85.0%** (50<sup>th</sup> Percentile JL Morgan database)

# CG CAHPS by Location

Location Category	JL Morgan 50th Percentile	Dinuba Rural Health n=134 CAHPS %	Percentile	Exeter Rural Health n=222 CAHPS %	Percentile	Lindsay Rural Health n=98 CAHPS %	Percentile
⊕ Getting Appointments, Care, and Information When Needed	79%	80.65%	50th - 75th	82.66%	50th - 75th	88.03%	75th - 90th
⊕ Doctor Communication with Patients	91%	88.43%	< 50th	88.52%	< 50th	89.84%	< 50th
⊕ Helpfulness, Courtesy and Respectfulness of Office Staff & ...	89%	94.55%	75th - 90th	89.45%	50th - 75th	89.27%	50th - 75th
⊕ Overall Rating Doctor	87%	85.07%	< 50th	86.76%	< 50th	82.98%	< 50th
Location Category	JL Morgan 50th Percentile	Sequoia Health and Wellness Center n=240 CAHPS %	Percentile	Woodlake Rural Health n=143 CAHPS %	Percentile		
⊕ Getting Appointments, Care, and Information When Needed	79%	82.11%	50th - 75th	71.60%	< 50th		
⊕ Doctor Communication with Patients	91%	87.54%	< 50th	89.44%	< 50th		
⊕ Helpfulness, Courtesy and Respectfulness of Office Staff & ...	89%	86.00%	< 50th	88.74%	< 50th		
⊕ Overall Rating Doctor	87%	83.97%	< 50th	83.69%	< 50th		

# Home Health CAHPS

## Overall Rating (% 9s & 10s) July-Dec 2020

*'Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you rate your care during this agency's home health providers?'*

Overall Rating Performance: **89.6%** 149 Surveys

Overall Rating Goal: **91.0%** (90<sup>th</sup> Percentile JL Morgan database)

# Hospice CAHPS

## Overall Rating (% 9s & 10s) Jan-Sept 2020

*'Overall, how would you rate this hospice?'*

Overall Rating Performance: **82.4%** 85 Surveys

Overall Rating Goal: **88.0%** (90<sup>th</sup> Percentile CMS database)

# Hospice CAHPS Domains

	National Average	1 <sup>st</sup> Qtr 2020 <i>26 surveys</i>	2 <sup>nd</sup> Qtr 2020 <i>25 surveys</i>	3 <sup>rd</sup> Qtr 2020 <i>34 surveys</i>
Hospice Team Communication	81.0	86.9	77.5	89.1
Getting Timely Help	78.0	88.5	77.1	90.9
Treating Family Member with Respect	91.0	88.5	88.0	94.1
Providing Emotional Support	90.0	92.2	94.0	98.2
Getting Help for Pain or symptoms	75.0	83.3	82.4	78.0
Training Family in Care	76.0	87.2	88.3	79.3
Overall Rating of Hospice	81.0	88.4	72.0	85.3
Would you recommend this hospice?	84.0	96.1	86.3	88.2

# In-Center Hemodialysis CAHPS

Overall Rating (% 9s & 10s)

May-July 2020

*'Using any number from 0 to 10, where 0 is the worst dialysis possible and 10 is the best dialysis center possible, what number would you use to rate this dialysis center?'*

Overall Rating Performance: **74.3%** 36 Surveys

Overall Rating Goal: **86.7%** (90<sup>th</sup> Percentile Press Ganey database)

# In-Center Hemodialysis CAHPS

## Composite May-July 2020

Kaweah Delta Visalia Dialysis		Your Top Box Score			All Sites N=2,495
Composite Question	Current n	Previous % Nov19-Jan20	Current % May20-Jul20		Percentile Rank
Rate kidney doctors 0-10	36	74.1%	55.6%	▼	28
Rate dialysis center staff 0-10	35	96.3%	62.9%	▼	41
Rate dialysis center 0-10	35	100.0%	74.3%	▼	60
Nephrologists' Communication and Caring		73.2%	67.1%	▼	49
Quality of Dialysis Center Care and Operations		72.9%	58.0%	▼	30
Providing Information to Patients		86.5%	75.2%	▼	28

# Rehabilitation

## Overall Rating (% 9s & 10s) July-Dec 2020

*'Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you rate your care during this agency's home health providers?'*

Overall Rating Performance: **94.6%** 28 Surveys

Overall Rating Goal: **94.1%** (75<sup>th</sup> Percentile Press Ganey database)

# Service Excellence Focus

## ➤ **Nursing Communication**

- a) Treat you with courtesy & respect
- b) Listen carefully to you
- c) Explain things in a way you could understand

## ➤ **Physician Communication**

- a) Treat you with courtesy & respect
- b) Listen carefully to you
- c) Explain things in a way you could understand

# Communication White Boards

DATE / FECHA

SUN / DOM	MON / LUN	TUE / MAR	WED / MIE	THU / JUE	FRI / VIE	SAT / SÁB
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**WELCOME TO 5 TOWER**  
BIENVENIDOS A 5 TOWER

OUR GOAL IS TO PROVIDE WORLD-CLASS CARE!  
NUESTRO OBJETIVO ES PROVEER CUIDADO DE CLASE DE MUNDO!

ROOM # / # DE CUARTO **217B**

**MY CARE TEAM**  
MI EQUIPO DE CUIDADO

Doctor(s)  
Doctor(es)

Nurse  
Enfermer(a)

Nurse Assistant  
Enfermer(a) Asistente

Charge Nurse  
Enfermer(a) a Cargo

Nurse Manager  
Gerentes de los Enfermeros

Other Team Members  
Otros Miembros del Equipo

**ABOUT ME**  
ACERCA DE MI

Please Call Me  
Por Favor Llámeme

Preferred Language  
Lenguaje Preferido

Interpreter Request **YES / SI** **NO / NO**  
Se Necesita Intérprete

Diet  
Dieta

**MY CONCERNS & QUESTIONS FOR TODAY ARE....**  
MIS PREOCUPACIONES Y PREGUNTAS POR HOY SON...

**MY SUPPORT PERSON**  
MI PERSONA DE APOYO

Name  
Nombre

Phone #  
# de Teléfono

**SAFETY PRECAUTIONS**  
PRECAUCIONES DE SEGURIDAD

**OUR GOALS FOR TODAY ARE...**  
NUESTRAS METAS DE HOY SON...

**MY PAIN MANAGEMENT**  
MANEJO DE MI DOLOR

MY ACCEPTABLE PAIN SCORE  
MI CIFRA ACEPTABLE DE DOLOR

MY CURRENT PAIN SCORE  
MI CIFRA DE DOLOR AHORA

NEXT DOSE AVAILABLE  
PRÓXIMA DOSIS DISPONIBLE

**MY MOBILITY**  
MI MOVILIDAD

Independent  
Independiente

Stand By  
A su Lado

1 Person  
1 Persona

2 Person  
2 Personas

Max Assist  
Asistencia Máxima

**MY ACTIVITY**  
MI ACTIVIDAD

DEVICES  
Dispositivo

Up in Chair  
En la Silla

Go for Walk  
Vaya a Caminar

**MY DISCHARGE PREFERENCES & NEEDS**  
MIS PREFERENCIAS Y NECESIDADES DURANTE LA ALTA HOSPITALARIA

**PLEASE CALL**  
POR FAVOR, LLÁMENOS

**DON'T FALL**  
¡NO SE CAIGA!

**PAIN RATING SCALE 0-10** ESCALA DE DOLOR

0 1 2 3 4 5 6 7 8 9 10

No Pain / Sin Dolor    Mild / Leve    Moderate / Moderado    Severe / Severo    Worst Pain Imaginable / El Peor Dolor Imaginable

**MY PERSONAL CARE**  
MI CUIDADO PERSONAL

Shower  
Baño en Regadera

Linens  
Sábanas

Bath / Wipes  
Baño / Toallas Húmedas

Oral Care  
Cuidado Bucal

Do You Have Help at Home? **YES / SI** **NO / NO**  
Tiene Ayuda en su Casa?

**ANTICIPATED DATE / TIME**  
FECHA / HORA ANTICIPADA

- A. Names of Care Team members
- B. Goals
- C. Discharge Needs
- D. Language & Support Person
- E. Patient concerns and questions
- F. Pain/Fall Risk/Safety
- G. Daily Activity & Care

# Medicine Guides

**MEDICINE GUIDE**

Please talk with your nurse or doctor about the medicines you are taking, what they are for and their common side effects. This list is for your reference. If you have questions or concerns about any of your medicines, please contact your nurse or doctor right away. If you would like to speak to a pharmacist while you are in the hospital, please let your nurse know.



PURPOSE	COMMON MEDICATIONS	COMMON SIDE EFFECTS
<p style="text-align: center;"><b>SLEEP AID</b></p>  <p style="text-align: center;">Help with trouble sleeping</p>	<ul style="list-style-type: none"> <li>• Zolpidem (Ambien)</li> </ul> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Sleepiness, drowsiness, headache, rash, abnormal dreams, unsteady gait</p>
<p style="text-align: center;"><b>NAUSEA &amp; THROWING UP</b></p>  <p style="text-align: center;">Treat nausea and vomiting</p>	<ul style="list-style-type: none"> <li>• Metoclopramide (Reglan)</li> <li>• Ondansetron (Zofran)</li> <li>• Promethazine (Phenergan)</li> </ul> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Sleepiness, dizziness, headache, unusual bowel movements (report if occurs)</p>
<p style="text-align: center;"><b>STOMACH</b></p> <p>Help with bowel movements or upset stomach</p> 	<ul style="list-style-type: none"> <li>• Docusate Sodium (Colace)</li> <li>• Famotidine (Pepcid)</li> <li>• Pantoprazole (Protonix)</li> </ul> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Mild stomach cramping, diarrhea, headache, upset stomach, gas, sleepiness, bloating</p>
<p style="text-align: center;"><b>STEROIDS</b></p> <p>Treat inflammation, breathing problems, allergic reactions or immune disorders</p> 	<ul style="list-style-type: none"> <li>• Methylprednisolone (Solu-Medrol)</li> <li>• Prednisone</li> </ul> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Increased appetite, nervousness, fluid retention, high blood sugar</p>

# Leader Rounding

## **Process:**

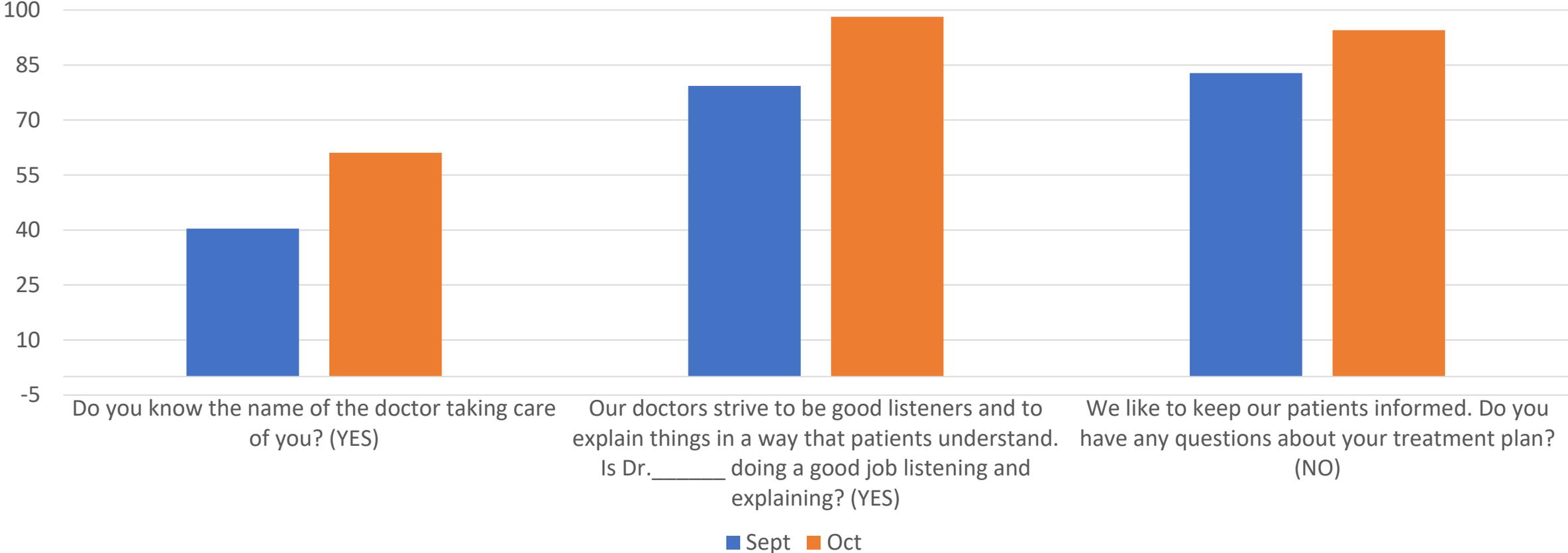
Leaders are visiting with patients and talking with them about the care and services being provided

## **Purpose:**

1. Time to connect with patients and evaluate service standards
2. Increases visibility and demonstrates shared commitment
3. Promotes a 'We' mentality

# Leader Rounding - Impact

Physician Communication - Leader Rounding



# HCAHPS Survey

## SURVEY INSTRUCTIONS

- ◆ You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes  
 No → *If No, Go to Question 1*

***You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.***

***Please note: Questions 1-29 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires November 30, 2021)***

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

### YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
- 1  Never  
2  Sometimes  
3  Usually  
4  Always
2. During this hospital stay, how often did nurses listen carefully to you?
- 1  Never  
2  Sometimes  
3  Usually  
4  Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?
- 1  Never  
2  Sometimes  
3  Usually  
4  Always
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
- 1  Never  
2  Sometimes  
3  Usually  
4  Always  
9  I never pressed the call button

## **YOUR CARE FROM DOCTORS**

---

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
- 1  Never  
2  Sometimes  
3  Usually  
4  Always
6. During this hospital stay, how often did doctors listen carefully to you?
- 1  Never  
2  Sometimes  
3  Usually  
4  Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
- 1  Never  
2  Sometimes  
3  Usually  
4  Always

## **THE HOSPITAL ENVIRONMENT**

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8. During this hospital stay, how often were your room and bathroom kept clean?
- 1  Never  
2  Sometimes  
3  Usually  
4  Always
9. During this hospital stay, how often was the area around your room quiet at night?
- 1  Never  
2  Sometimes  
3  Usually  
4  Always

## **YOUR EXPERIENCES IN THIS HOSPITAL**

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10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- 1  Yes  
2  No → If No, Go to Question 12
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- 1  Never  
2  Sometimes  
3  Usually  
4  Always
12. During this hospital stay, were you given any medicine that you had not taken before?
- 1  Yes  
2  No → If No, Go to Question 15
13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- 1  Never  
2  Sometimes  
3  Usually  
4  Always
14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- 1  Never  
2  Sometimes  
3  Usually  
4  Always

## **WHEN YOU LEFT THE HOSPITAL**

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15. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
- 1  Own home
  - 2  Someone else's home
  - 3  Another health facility → If Another, Go to Question 18
16. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- 1  Yes
  - 2  No
17. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
- 1  Yes
  - 2  No

## **OVERALL RATING OF HOSPITAL**

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Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

18. 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 during your stay?
- 0  0 Worst hospital possible
  - 1  1
  - 2  2
  - 3  3
  - 4  4
  - 5  5
  - 6  6
  - 7  7
  - 8  8
  - 9  9
  - 10  10 Best hospital possible
19. Would you recommend this hospital to your friends and family?
- 1  Definitely no
  - 2  Probably no
  - 3  Probably yes
  - 4  Definitely yes

## **UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL**

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20. 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.
- 1  Strongly disagree
  - 2  Disagree
  - 3  Agree
  - 4  Strongly agree

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

- 1  Strongly disagree
- 2  Disagree
- 3  Agree
- 4  Strongly agree

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

- 1  Strongly disagree
- 2  Disagree
- 3  Agree
- 4  Strongly agree
- 5  I was not given any medication when I left the hospital

### ABOUT YOU

---

There are only a few remaining items left.

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

- 1  Yes
- 2  No

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

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

25. In general, how would you rate your overall mental or emotional health?

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

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

- 1  8th grade or less
- 2  Some high school, but did not graduate
- 3  High school graduate or GED
- 4  Some college or 2-year degree
- 5  4-year college graduate
- 6  More than 4-year college degree

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

- 1  No, not Spanish/Hispanic/Latino
- 2  Yes, Puerto Rican
- 3  Yes, Mexican, Mexican American, Chicano
- 4  Yes, Cuban
- 5  Yes, other Spanish/Hispanic/Latino

28. What is your race? Please choose one or more.

- 1  White
- 2  Black or African American
- 3  Asian
- 4  Native Hawaiian or other Pacific Islander
- 5  American Indian or Alaska Native

29. What language do you mainly speak at home?

- 1  English
- 2  Spanish
- 3  Chinese
- 4  Russian
- 5  Vietnamese
- 6  Portuguese
- 7  German
- 9  Some other language (please print):  
\_\_\_\_\_

Questions 1-29 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. The following questions are from [NAME OF HOSPITAL] to gather additional feedback about your hospital stay and will not be shared with HHS.

*NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, THE STATEMENT ABOVE MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).*

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**THANK YOU**

**Please return the completed survey in the postage-paid envelope.**

**[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

**[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

*Questions 1-19 and 23-29 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 20-22) are copyright of Eric A. Coleman, MD, MPH, all rights reserved.*