



{PRINT_DATE}

RE: Your hospital discharge on Precode 4 ({PRECODE4})

Dear {FIRST_NAME} {LAST_NAME},

Our records show that you were recently a patient at California Pacific Medical Center and discharged on the date listed above. Because you had a recent hospital stay, we are asking for your help.

The enclosed survey is part of an effort to understand how patients view their hospital care. Questions 1-29 in the survey are sponsored by the United States Department of Health and Human Services and should take about 7 minutes to complete. The number on the survey is used to tell us if you returned the survey so we don't send you reminders.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on Care Compare on [Medicare.gov](http://www.medicare.gov) (www.medicare.gov/care-compare).

After you have completed the survey, please return it in the enclosed pre-paid envelope. If you have any questions about the survey, please call this toll-free number: 1-877-842-2477.

We greatly appreciate your help in improving hospital care.

Sincerely,

A handwritten signature in black ink that reads "Warner Thomas". The signature is written in a cursive style.

Warner Thomas
Sutter Health
President and CEO

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0981 (Expires September 30, 2024). The time required to complete this information collected is estimated to average 7 minutes for questions 1-29 on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.

Return to: 710 Rush Street, South Bend, IN 46601



710 RUSH STREET
SOUTH BEND IN 46601

{FIRST_NAME} {LAST_NAME}

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 completely filling in the circle 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**

Please answer the questions in this survey about your stay at **California Pacific Medical Center**. 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?
 Never
 Sometimes
 Usually
 Always
2. During this hospital stay, how often did nurses listen carefully to you?
 Never
 Sometimes
 Usually
 Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?
 Never
 Sometimes
 Usually
 Always
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
 Never
 Sometimes
 Usually
 Always
 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?
 Never
 Sometimes
 Usually
 Always

6. During this hospital stay, how often did doctors listen carefully to you?
 Never
 Sometimes
 Usually
 Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
 Never
 Sometimes
 Usually
 Always

THE HOSPITAL ENVIRONMENT

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

YOUR EXPERIENCES IN THIS HOSPITAL

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?
 Yes
 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?
 Never
 Sometimes
 Usually
 Always

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.



12. During this hospital stay, were you given any medicine that you had not taken before?
 Yes
 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?
 Never
 Sometimes
 Usually
 Always
14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
 Never
 Sometimes
 Usually
 Always

WHEN YOU LEFT THE HOSPITAL

15. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
 Own home
 Someone else's home
 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?
 Yes
 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?
 Yes
 No

OVERALL RATING OF HOSPITAL

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

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

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.
 Strongly disagree
 Disagree
 Agree
 Strongly agree
21. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
 Strongly disagree
 Disagree
 Agree
 Strongly agree
22. When I left the hospital, I clearly understood the purpose for taking each of my medications.
 Strongly disagree
 Disagree
 Agree
 Strongly agree
 I was not given any medication when I left the hospital

ABOUT YOU

23. During this hospital stay, were you admitted to this hospital through the Emergency Room?
 Yes
 No

24. In general, how would you rate your overall health?
 Excellent
 Very good
 Good
 Fair
 Poor
25. In general, how would you rate your overall mental or emotional health?
 Excellent
 Very good
 Good
 Fair
 Poor
26. What is the highest grade or level of school that you have completed?
 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree

27. Are you of Spanish, Hispanic or Latino origin or descent?
 No, not Spanish/Hispanic/Latino
 Yes, Puerto Rican
 Yes, Mexican, Mexican American, Chicano
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino
28. What is your race? Please choose one or more.
 White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native
29. What language do you mainly speak at home?
 English
 Spanish
 Chinese
 Russian
 Vietnamese
 Portuguese
 German
 Tagalog
 Arabic
 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 remainder of this survey is from California Pacific Medical Center to gather additional feedback about your hospital stay and will not be shared with HHS.

INSTRUCTIONS: Mark the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on your experiences.

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Courtesy and respect shown by the lab staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on good or bad experiences related to your stay.

Is there anyone special you would like to recognize for exceptional service?

Please provide contact information if the hospital needs to contact you. This information is not required.

Patient's Name: (optional) _____

Telephone Number: (optional) _____

THANK YOU
Please return the completed survey in the postage-paid envelope.

