Hospital Logo/Header

**Welcome…**

***We’d like to hear your viewpoints and ideas.***

***Thank you for completing this community survey.***

Hospital Name continually strives to improve the quality of our health care services to ensure that we meet the current and emerging health care needs of our community.

The Board of Trustees is interested in your viewpoints and opinions. This survey will help the Board to analyze potential future strategic directions for the organization, and help make important decisions for the future of health care services in the community.

You have a choice of answering this employee survey either online or in writing. To complete this survey online, please type the following link in your Internet browser:

**Insert link to online survey**

To complete this survey in written format, please respond to these survey questions, place the document in a sealed plain envelope, and deliver or mail it to Hospital Name. We appreciate your time and perspectives.

***Please submit this survey by*** ***Day,*** ***Date***

**What is your zip code?\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Do you use** **Hospital Name as your primary source for receiving health services?**  |
|  | Yes |  | No |
| **Have you been a patient at** **Hospital Name? (please check all that apply)** |
|  | Yes, I’ve been a hospital inpatient (overnight stay) |  | Yes, I’ve been an outpatient (no overnight stay) |
|  | No, I’ve never been a patient |  | I’ve never been a patient, but a member of my immediate family has been |
| **How long have you lived in the area? (please check only one)** |
|  | Less than 1 year |  | 1 year - less than 5 years |
|  | More than 5 years - less than 10 years |  | 10 years or more |

**Issues and Challenges**

From a community perspective, what issues do you think are most important for the organization to consider as it plans ways for future success in delivering high quality services to area residents?

**Viewpoints About The Organization**

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| **Based on your personal experience or what you’ve heard, please rate the organization in the areas of quality, cost, access and success in meeting local resident's health care needs.** |
|  | **Excellent** |  | **Good** |  | **Fair** |  | **Poor** |  | **Don’t Know** |
| Cost of health care services |  |   |  |   |  |   |  |   |  |
| Quality of health care services |  |   |  |   |  |   |  |   |  |
| Easy access to the services you need |  |   |  |   |  |   |  |   |  |
| Success in meeting local residents’ health care needs |  |   |  |   |  |   |  |   |  |

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| **Please rate your agreement with the following statements:** |
|  | **Strongly Agree** |  | **Somewhat Agree** |  | **Somewhat Disagree** |  | **Disagree** |  | **Not Sure** |
| The hospital and health center contribute a great deal to our community, in addition to caring for the sick |  |   |  |   |  |   |  |   |  |
| The hospital and health center care about the health and wellness needs of the people in the community |  |   |  |   |  |   |  |   |  |
| The hospital and health center do a good job of providing health care to people who do not have health insurance |  |   |  |   |  |   |  |   |  |
| The hospital and health center provide valuable health care services out in the community, not just in the hospital itself |  |   |  |   |  |   |  |   |  |
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| **Based on your personal experience or what you have heard, how would you rate the organization in the following areas:** |
|  | **Excellent** |  | **Good** |  | **Not So Good** |  | **Don’t Know** |
| Quality of nursing care |  |  |  |  |  |  |  |
| Customer service |  |  |  |  |  |  |  |
| Staff concern and compassion toward patients and families |  |  |  |  |  |  |  |
| General medical care |  |  |  |  |  |  |  |
| Procedures not requiring an overnight stay |  |  |  |  |  |  |  |
| Procedures requiring an overnight stay |  |  |  |  |  |  |  |
| Routine tests and/or x-rays |  |  |  |  |  |  |  |
| Emergency care |  |  |  |  |  |  |  |
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| **Which of the following factors is most important to you in choosing a hospital or clinic? (Please check your top five)** |
|  | Physician referral |  | Friendly, compassionate nurses and other employees |  | Quality of care you receive |
|  | Local board of trustees |  | Close to home |  | Comfort and ease of access |
|  | Reputation for quality |  | Modern equipment |  | Cost of care |
|  | Accepts my insurance plan |  |  |  |  |
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| **Overall, how would you rate the quality of health care provided by** **Hospital Name?** |
|  | Excellent |  | Good |  | Not so Good |  | Do Not Use Hospital Name |

**Strategic Relationship Factors**

The hospital/health center may entertain ideas for entering into a strategic relationship with another health care organization. Below are statements that describe what a potential organizational relationship could achieve for the organization. Please read each statement and check the box indicating whether you believe the factor is critical, somewhat important or not important.

**Critical** = Absolutely vital to the success of any relationship. This factor must be considered with the highest of importance as decisions are made about ways in which the organization can best meet the future health care needs of the community.

**Somewhat Important** = A non-critical, but still meaningful, factor in the success of any relationship. This factor should have influence on decisions the organization leadership makes about ways in which it can best meet the future health care needs of the community.

**Not Important** = Not a factor in the success of any relationship. This factor should not be considered by the leadership in its decisions about ways in which the organization can best meet the future health care needs of the community.

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| **The relationship should…** |
|  | **Critical** |  | **Somewhat Important** |  | **Not Important** |
| Ensure strong physician support |  |  |  |  |  |
| Encourage continued creation of a complete range of health care services |  |  |  |  |  |
| Create a reputation for excellence in services |  |  |  |  |  |
| Create resources and capabilities that allow the organization to provide services more effectively |  |  |  |  |  |
| Improve the capacity to provide effective, efficient and high-quality patient services |  |  |  |  |  |
| Develop a sustainable, competitive system with aligned incentives among the hospital/health center and physicians |  |  |  |  |  |
| Increase accessibility to care |  |  |  |  |  |
| Improve the speed, depth and breadth of service across the continuum of care |  |  |  |  |  |
| Enable development of a strong and vibrant local services network |  |  |  |  |  |
| Provide ways to increase patient service and expand the size of the organization’s market |  |  |  |  |  |
| Provide an expanded range of products and services preferred by area employers and consumers |  |  |  |  |  |
| Increase access to the money needed to improve services |  |  |  |  |  |
| Create “economies of scale” |  |  |  |  |  |
| Strengthen the organization’s ability to achieve its mission and vision |  |  |  |  |  |
| Demonstrate a strong commitment to, and performance in adhering to the organization’s vision and values |  |  |  |  |  |
| Maintain the local heritage and culture of the organization |  |  |  |  |  |
| Demonstrate a strong belief in community health care delivery |  |  |  |  |  |
| Ensure appropriate community input into critical policy and service decisions |  |  |  |  |  |
| Be the best long-term option for providing community-based health services that otherwise could not be provided at needed levels of quality, cost and satisfaction |  |  |  |  |  |
| Create new resources for defining, measuring and improving community health |  |  |  |  |  |
| Improve quality and patient safety |  |  |  |  |  |
| Reduce costs of operations |  |  |  |  |  |
| Reduce health care prices |  |  |  |  |  |
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| **What additional factors do you think should be important for the hospital and health center’s leadership to consider in its assessment of the best ways to ensure that high quality health care services continue to be available to the community?**  |

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| **What else do you think is most important for the organization to consider as it goes through the process of deciding how to best be organized for the future?**  |

*Thank you for your time and opinions.*