



TAHOE FOREST HOSPITAL DISTRICT

Board Quality Committee

Apr 14, 2015 at 12:00 PM - 01:30 PM

Eskridge Conference Room

,

Meeting Book - 2015 Apr 14 Board Quality Committee

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No related materials

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No related materials

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No related materials



QUALITY COMMITTEE AGENDA

Tuesday, April 14, 2015 at 12:00 p.m.
Eskridge Lobby Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1. CALL TO ORDER

2. ROLL CALL

Greg Jellinek, M.D., Chair; John Mohun, Board Member

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

4. INPUT – AUDIENCE

This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. APPROVAL OF MINUTES OF: 2/10/2015 ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Quality Committee Goals 2015 & Charter ATTACHMENT

Committee will review and discuss updated goals and charter.

Staff Recommendation: Committee recommendation to the full board for approval of the Quality Committee Charter and 2015 Goals.

6.2. TFHS Quality Strategic Plan Goals ATTACHMENT

Committee will review and provide update related to the Tahoe Forest Health System strategic goals related to quality.

6.3. Patient Satisfaction Survey ATTACHMENT

Sample patient satisfaction survey templates will be reviewed and discussed.

6.4. Patient & Family Centered Care (PFCC)

6.4.1. Patient & Family Advisory Council Update

An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).

6.4.2. Patient Family Story Presentation at Board Meeting

A review of the Stanford University Patient Liaison presentation scheduled on April 27, 2015 at the BOD meeting. She will be sharing her personal healthcare story and the importance of a Just Culture philosophy and error disclosure.

6.5. Lean Training Program

An update will be provided about the Lean training program in which TFHD staff has been participating and funded through a grant from the National Rural Health Resource Center. A review of plans for future education will also be discussed.

6.6. Board Quality Education

The committee will review and discuss topics for future Board quality education.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**8. NEXT MEETING DATE**

The date and time of the next committee meeting will be proposed and/or confirmed.

9. ADJOURN

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



QUALITY COMMITTEE

DRAFT MINUTES

Tuesday, February 10, 2015 at 12:00 p.m.
Eskridge Lobby Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1. **CALL TO ORDER**

Meeting called to order at 12:06 p.m.

2. **ROLL CALL**

Greg Jellinek, M.D., Chair; John Mohun, Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

None.

4. **INPUT – AUDIENCE**

None.

5. **APPROVAL OF MINUTES OF: 10/22/2014**

Director Mohun requested clarification related to the Meaningful Use reference on page 2 of the minutes. Minutes will be corrected to reflect 2015 as the attestation year rather than 2014.

ACTION: Motion made by Director Mohun, seconded by Director Jellinek, to approve minutes with noted correction. Approved unanimously.

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

6.1. **Quality Committee Goals 2015 & Charter**

Topic moved after item 6.5 at the request of Director Mohun.

Committee reviewed the 2015 Quality Committee goals. The goals identified are the same as those identified for 2014.

Discussion took place regarding consideration for developing more clearly defined goals.

Discussion took place regarding the frequency of meetings for the Quality Committee and potential for increasing the number of meetings to six per year. The focus on quality oversight needs to be stronger by the Board.

Discussion took place regarding the role of the Quality Committee related to oversight of organizational processes. The *Interim* CEO shared that the committee is charged with advising over clinical quality. It was agreed that the Committee's goals need to be sharply defined.

The *Interim* CEO shared that a mechanism is being developed and will be put in place to capture the findings of the Just Culture assessments completed by the organization.

Director of Quality provided a review of the root cause analysis process.

It was recommended that it would be a good idea to center the Committee's goals around the QA/PI plan. The addition of improved communication to the priority index was recommended.

Discussion took place related to decreasing costs and work being done by the process improvement team and their engagement of physicians related to reduction in costs in the operating room.

Discussion took place related to the principle of LEAN management and providing education to staff and physicians. Director of Quality indicated that she has submitted an application for a program that provides free LEAN training and will report back if TFH is selected. Dr. Shawni Coll provided a summary of a LEAN project she is currently involved through a USC course in which she is participating.

Director of Quality was directed to rework the committee goals based on feedback provided.

A decision was made to move the committee meetings to every other month; the date for next meeting will be determined.

6.2. **Patient & Family Centered Care (PFCC)**

Topic moved after item 6.3 to accommodate presenters' anticipated presentation start time.

6.2.1. **Patient Advisory Council Update**

Trish Foley and Eileen Knudson provided an update related to the PFCC program. Staff has assisted with recruitment following an education program presented to each department. Patient and or patient family member have expressed an interest in volunteering in the PFCC. The first person was identified through a recommendation from Dr. Taylor, another from OB and a third through the Cancer Center.

Trish Foley provided background related to the beta program from which this council has been designed. The PFCC, through the eyes of the patient, will help to identify priorities on which to focus to improve the patient experience at TFH.

6.2.2. **Patient Family Story Presentation**

Director of Quality shared that discussions have taken place with different organizations regarding how patient stories are shared. An individual from the Reno area, who now works as a patient advocate at Stanford, has been identified as a speaker. Discussion took place regarding whether this individual should address the full board or Quality Committee only. Consideration will be given to having this speaker present following the PFCC presentation to the full board at the January 24, 2015 meeting. The topic will be included for the agenda review with the Board Chair before confirming.

The referenced presenter participated in the recent Just Culture training and expressed that she was pleased with what TFH is doing with Just Culture.

6.3. **Board Quality Education**

Director of Quality provided a review of the expectations related to Board education. Areas of education focus include:

- 6.3.1. ***Baldrige Performance Excellence Education:*** *Interim* CEO provided a summary of the Baldrige program and made a recommendation to include education funding in the 2016 fiscal year budget for related future board education in Q1 2016. Discussion took place regarding whether there was intent for TFHD to participate in the Baldrige program. The initial intent is to explore the tenants related to Baldrige without formally participating in the program which may be too burdensome for an organization of our size. Staff directed to move forward with identifying Baldrige education options for future education session.
- 6.3.2. ***Other recommendations:*** Discussion took place regarding options for quality education at the 2/12/15 special meeting of the Board. Additional consideration was given to IHA board on board training.

6.4. **Quality Assurance/Performance Improvement Plan**

Director of Quality provided background related to the presentation of the Quality Assurance/Performance Improvement (QA/PI) plan to the full board. The report would normally be reviewed first by the Quality Committee but timing of meetings resulted in the need to present to the Board in advance of the Committee. The QA/PI was reviewed and approved by the Board of Directors at the January 27, 2015 board meeting.

Discussion took place regarding the different components included in the QA/PI and related board responsibilities outlined in the policy.

Director Mohun presented concerns related to page 1 of 4 of Attachment B pertaining to the reference to CEO responsibility for operations of the hospital; inquiring as to how this is being monitored. Discussion took place related to the compliance oversight/auditing process related to this policy. Request for staff to bring back a review of how items identified in the policy are monitored for compliance.

Discussion took place related to the language pertaining to telemedicine and a need to revisit this along with the language referencing the “COO” as this position has been suspended with the appointment of the *interim* CEO.

Discussion took place related to reporting measures identified in Attachment C. Discussion took place related to CAH hospital participation in core data collection.

6.5. **Service Excellence**

Director of Quality reported that the Service Excellence report is shared with the full Board on a quarterly basis and is scheduled to come to the full board this month.

Discussion took place related to looking at the regional market either in place of, or in addition to, the markets current included in the data. Not all hospitals use Press Ganey and may not be included in the regional market data; including this data may only be worthwhile if a sufficient number of regional facilities participate. *Interim* CEO shared other options available to review the regional data

sought. Data can be accessed through CMS, and though the data available is delayed it is still useful for trending purposes.

Discussion took place related to the value of using Press Ganey. *Interim* CEO provided an overview of the tools accessible for management through Press Ganey. IVCH Administrator/CNO provided a review of how Press Ganey was selected for use.

Discussion took place related to Medical Staff's work in evaluating and responding to the Press Ganey data.

6.5.1. **Patient Satisfaction Survey Benchmarking Comparisons**

Committee reviewed the HCAHP Top Box Results for Q2 and Q3 2014.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. NEXT MEETING DATE

The date and time of the next committee meeting will be proposed and/or confirmed by the Director of Quality.

9. ADJOURN

Meeting adjourned at 1:48 p.m.

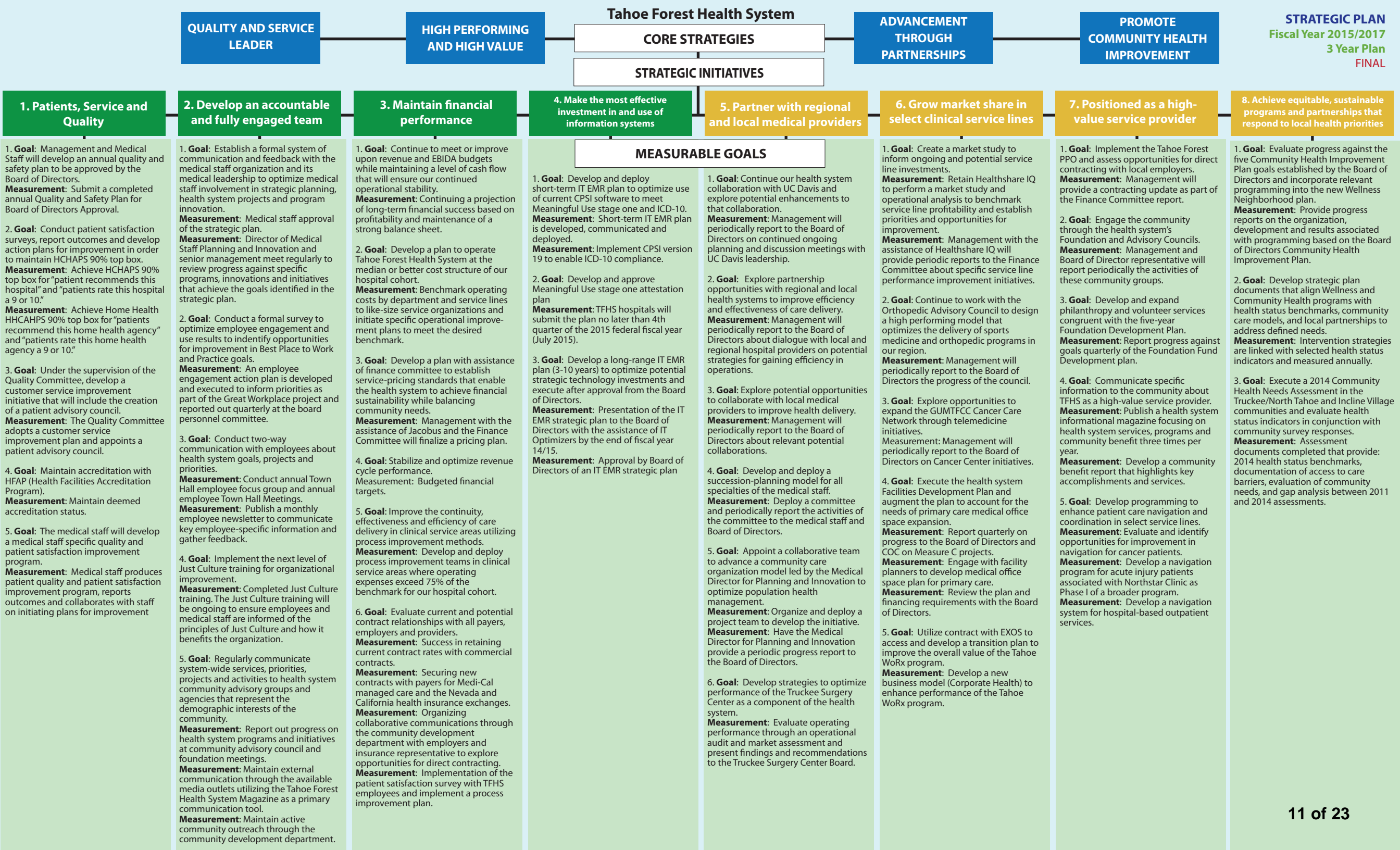
Quality Committee Charter

Tahoe Forest Hospital District is committed to performance excellence, to delivering the highest quality care and service, and to exceeding the expectations of our patients, physicians, employees, and community. This committee will provide leadership, oversight, and accountability for organization wide quality improvement processes and programs. We will regularly assess the needs of our stakeholders, evaluate proposed quality initiatives, openly debate options, and assure the production of an organization wide strategic plan for quality. We will set expectations, facilitate education, and support the monitoring of the quality of care, service excellence, risk reduction, safety enhancement, performance improvement, and healthcare outcomes. Because of our efforts Tahoe Forest Hospital District will be the best place to receive care, the best place to work, the best place to practice medicine, and a recognized asset to all in our community.

Approved January 22, 2014

Board Quality Committee Goals 2015

1. Establish a Patient & Family Advisory Council, including development of council charter, initial participant selection, and suggested topics. Develop a framework for reviewing and addressing input from the council.
2. Advance quality and patient safety metrics based on best practice including review of performance against benchmarks and the organization's participation in various reporting initiatives.
3. Using STEEEP (safe, timely, effective, efficient, equitable and patient-centered) and the Triple Aim as the organization's rubric for approaching quality, review and provide direction on the Quality and Service elements of the Health System strategic plan and the Quality Assurance Performance Improvement Plan.
4. Engage the communities we serve through appropriate sharing and public reporting of quality and service metrics.
5. Review how the Health System reports to the community on quality and service excellence through the website, community report and other media.
6. Review the annual Quality Plan and assure that objectives, action plans and key measures are aligned with Quality and Service Foundations of Excellence and the organizational strategic plan.
7. Assess and recommend quality education programs to advance the performance of the committee and the district board.
8. Assume responsibility and accountability for patient safety and quality performance.
9. Assures community needs are met through compliance to regulatory and accreditation standards.



QUALITY AND SERVICE LEADER

HIGH PERFORMING AND HIGH VALUE

Tahoe Forest Health System
CORE STRATEGIES
STRATEGIC INITIATIVES

ADVANCEMENT THROUGH PARTNERSHIPS

PROMOTE COMMUNITY HEALTH IMPROVEMENT

1. Patients, Service and Quality

1. Goal: Management and Medical Staff will develop an annual quality and safety plan to be approved by the Board of Directors.
Measurement: Submit a completed annual Quality and Safety Plan for Board of Directors Approval.

2. Goal: Conduct patient satisfaction surveys, report outcomes and develop action plans for improvement in order to maintain HCHAPS 90% top box.
Measurement: Achieve HCHAPS 90% top box for "patient recommends this hospital" and "patients rate this hospital a 9 or 10."

Measurement: Achieve Home Health HHCAHPS 90% top box for "patients recommend this home health agency" and "patients rate this home health agency a 9 or 10."

3. Goal: Under the supervision of the Quality Committee, develop a customer service improvement initiative that will include the creation of a patient advisory council.
Measurement: The Quality Committee adopts a customer service improvement plan and appoints a patient advisory council.

4. Goal: Maintain accreditation with HFAP (Health Facilities Accreditation Program).
Measurement: Maintain deemed accreditation status.

5. Goal: The medical staff will develop a medical staff specific quality and patient satisfaction improvement program.
Measurement: Medical staff produces patient quality and patient satisfaction improvement program, reports outcomes and collaborates with staff on initiating plans for improvement

2. Develop an accountable and fully engaged team

1. Goal: Establish a formal system of communication and feedback with the medical staff organization and its medical leadership to optimize medical staff involvement in strategic planning, health system projects and program innovation.
Measurement: Medical staff approval of the strategic plan.

Measurement: Director of Medical Staff Planning and Innovation and senior management meet regularly to review progress against specific programs, innovations and initiatives that achieve the goals identified in the strategic plan.

2. Goal: Conduct a formal survey to optimize employee engagement and use results to identify opportunities for improvement in Best Place to Work and Practice goals.
Measurement: An employee engagement action plan is developed and executed to inform priorities as part of the Great Workplace project and reported out quarterly at the board personnel committee.

3. Goal: Conduct two-way communication with employees about health system goals, projects and priorities.
Measurement: Conduct annual Town Hall employee focus group and annual employee Town Hall Meetings.
Measurement: Publish a monthly employee newsletter to communicate key employee-specific information and gather feedback.

4. Goal: Implement the next level of Just Culture training for organizational improvement.
Measurement: Completed Just Culture training. The Just Culture training will be ongoing to ensure employees and medical staff are informed of the principles of Just Culture and how it benefits the organization.

5. Goal: Regularly communicate system-wide services, priorities, projects and activities to health system community advisory groups and agencies that represent the demographic interests of the community.
Measurement: Report out progress on health system programs and initiatives at community advisory council and foundation meetings.
Measurement: Maintain external communication through the available media outlets utilizing the Tahoe Forest Health System Magazine as a primary communication tool.
Measurement: Maintain active community outreach through the community development department.

3. Maintain financial performance

1. Goal: Continue to meet or improve upon revenue and EBIDA budgets while maintaining a level of cash flow that will ensure our continued operational stability.
Measurement: Continuing a projection of long-term financial success based on profitability and maintenance of a strong balance sheet.

2. Goal: Develop a plan to operate Tahoe Forest Health System at the median or better cost structure of our hospital cohort.
Measurement: Benchmark operating costs by department and service lines to like-size service organizations and initiate specific operational improvement plans to meet the desired benchmark.

3. Goal: Develop a plan with assistance of finance committee to establish service-pricing standards that enable the health system to achieve financial sustainability while balancing community needs.
Measurement: Management with the assistance of Jacobus and the Finance Committee will finalize a pricing plan.

4. Goal: Stabilize and optimize revenue cycle performance.
Measurement: Budgeted financial targets.

5. Goal: Improve the continuity, effectiveness and efficiency of care delivery in clinical service areas utilizing process improvement methods.
Measurement: Develop and deploy process improvement teams in clinical service areas where operating expenses exceed 75% of the benchmark for our hospital cohort.

6. Goal: Evaluate current and potential contract relationships with all payers, employers and providers.
Measurement: Success in retaining current contract rates with commercial contracts.
Measurement: Securing new contracts with payers for Medi-Cal managed care and the Nevada and California health insurance exchanges.
Measurement: Organizing collaborative communications through the community development department with employers and insurance representative to explore opportunities for direct contracting.
Measurement: Implementation of the patient satisfaction survey with TFHS employees and implement a process improvement plan.

4. Make the most effective investment in and use of information systems

1. Goal: Develop and deploy short-term IT EMR plan to optimize use of current CPSI software to meet Meaningful Use stage one and ICD-10.
Measurement: Short-term IT EMR plan is developed, communicated and deployed.
Measurement: Implement CPSI version 19 to enable ICD-10 compliance.

2. Goal: Develop and approve Meaningful Use stage one attestation plan
Measurement: TFHS hospitals will submit the plan no later than 4th quarter of the 2015 federal fiscal year (July 2015).

3. Goal: Develop a long-range IT EMR plan (3-10 years) to optimize potential strategic technology investments and execute after approval from the Board of Directors.
Measurement: Presentation of the IT EMR strategic plan to the Board of Directors with the assistance of IT Optimizers by the end of fiscal year 14/15.
Measurement: Approval by Board of Directors of an IT EMR strategic plan

MEASURABLE GOALS

5. Partner with regional and local medical providers

1. Goal: Continue our health system collaboration with UC Davis and explore potential enhancements to that collaboration.
Measurement: Management will periodically report to the Board of Directors on continued ongoing planning and discussion meetings with UC Davis leadership.

2. Goal: Explore partnership opportunities with regional and local health systems to improve efficiency and effectiveness of care delivery.
Measurement: Management will periodically report to the Board of Directors about dialogue with local and regional hospital providers on potential strategies for gaining efficiency in operations.

3. Goal: Explore potential opportunities to collaborate with local medical providers to improve health delivery.
Measurement: Management will periodically report to the Board of Directors about relevant potential collaborations.

4. Goal: Develop and deploy a succession-planning model for all specialties of the medical staff.
Measurement: Deploy a committee and periodically report the activities of the committee to the medical staff and Board of Directors.

5. Goal: Appoint a collaborative team to advance a community care organization model led by the Medical Director for Planning and Innovation to optimize population health management.
Measurement: Organize and deploy a project team to develop the initiative.
Measurement: Have the Medical Director for Planning and Innovation provide a periodic progress report to the Board of Directors.

6. Goal: Develop strategies to optimize performance of the Truckee Surgery Center as a component of the health system.
Measurement: Evaluate operating performance through an operational audit and market assessment and present findings and recommendations to the Truckee Surgery Center Board.

6. Grow market share in select clinical service lines

1. Goal: Create a market study to inform ongoing and potential service line investments.
Measurement: Retain Healthshare IQ to perform a market study and operational analysis to benchmark service line profitability and establish priorities and opportunities for improvement.
Measurement: Management with the assistance of Healthshare IQ will provide periodic reports to the Finance Committee about specific service line performance improvement initiatives.

2. Goal: Continue to work with the Orthopedic Advisory Council to design a high performing model that optimizes the delivery of sports medicine and orthopedic programs in our region.
Measurement: Management will periodically report to the Board of Directors the progress of the council.

3. Goal: Explore opportunities to expand the GUMTFCC Cancer Care Network through telemedicine initiatives.
Measurement: Management will periodically report to the Board of Directors on Cancer Center initiatives.

4. Goal: Execute the health system Facilities Development Plan and augment the plan to account for the needs of primary care medical office space expansion.
Measurement: Report quarterly on progress to the Board of Directors and COC on Measure C projects.
Measurement: Engage with facility planners to develop medical office space plan for primary care.
Measurement: Review the plan and financing requirements with the Board of Directors.

5. Goal: Utilize contract with EXOS to access and develop a transition plan to improve the overall value of the Tahoe WoRx program.
Measurement: Develop a new business model (Corporate Health) to enhance performance of the Tahoe WoRx program.

7. Positioned as a high-value service provider

1. Goal: Implement the Tahoe Forest PPO and assess opportunities for direct contracting with local employers.
Measurement: Management will provide a contracting update as part of the Finance Committee report.

2. Goal: Engage the community through the health system's Foundation and Advisory Councils.
Measurement: Management and Board of Director representative will report periodically the activities of these community groups.

3. Goal: Develop and expand philanthropy and volunteer services congruent with the five-year Foundation Development Plan.
Measurement: Report progress against goals quarterly of the Foundation Fund Development plan.

4. Goal: Communicate specific information to the community about TFHS as a high-value service provider.
Measurement: Publish a health system informational magazine focusing on health system services, programs and community benefit three times per year.
Measurement: Develop a community benefit report that highlights key accomplishments and services.

5. Goal: Develop programming to enhance patient care navigation and coordination in select service lines.
Measurement: Evaluate and identify opportunities for improvement in navigation for cancer patients.
Measurement: Develop a navigation program for acute injury patients associated with Northstar Clinic as Phase I of a broader program.
Measurement: Develop a navigation system for hospital-based outpatient services.

8. Achieve equitable, sustainable programs and partnerships that respond to local health priorities

1. Goal: Evaluate progress against the five Community Health Improvement Plan goals established by the Board of Directors and incorporate relevant programming into the new Wellness Neighborhood plan.
Measurement: Provide progress reports on the organization, development and results associated with programming based on the Board of Directors Community Health Improvement Plan.

2. Goal: Develop strategic plan documents that align Wellness and Community Health programs with health status benchmarks, community care models, and local partnerships to address defined needs.
Measurement: Intervention strategies are linked with selected health status indicators and measured annually.

3. Goal: Execute a 2014 Community Health Needs Assessment in the Truckee/North Tahoe and Incline Village communities and evaluate health status indicators in conjunction with community survey responses.
Measurement: Assessment documents completed that provide: 2014 health status benchmarks, documentation of access to care barriers, evaluation of community needs, and gap analysis between 2011 and 2014 assessments.



AMBULATORY SURGERY SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

THE SERVICE YOU RECEIVED (fill in one circle only - for example ●)

Please select the last outpatient surgery or procedure you received. Rate only that service and visit.

- Ophthalmology (eye)
- Ear, Nose, Throat
- Orthopedics
- Gynecology
- G.I. Procedures
- Dermatology
- Urology
- Dental/Oral
- Cosmetic Surgery
- General Surgery
- Other: _____
(specify)

BACKGROUND QUESTIONS (write in answer or fill in circle as appropriate)

1. Date of procedure:

		/			/				
month			day			year			
3. Patient's sex Male Female
2. Was this your first visit as a patient to our Ambulatory Surgery Center?..... Yes No
4. Patient's age

years		

INSTRUCTIONS: Please rate the outpatient surgery you received from our facility. Rate only the service you selected above. Fill in the circle 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 good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.
Example: ●

A. REGISTRATION

	very poor 1	poor 2	fair 3	good 4	very good 5
1. If you spoke with the Surgery Center by phone, helpfulness of the person you spoke with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Ease of getting an appointment for surgery when you wanted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Information you received prior to surgery (i.e., time of surgery, how to prepare).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Helpfulness of the person at the registration desk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

B. FACILITY

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Comfort of the registration waiting area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Comfort of your room or resting area in the Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Comfort of the waiting area for your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Attractiveness of the Surgery Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Cleanliness of the Surgery Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

continued...



C. BEFORE YOUR SURGERY OR PROCEDURE	very poor 1	poor 2	fair 3	good 4	very good 5
1. Waiting time before your surgery or procedure began	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Friendliness/courtesy of the physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Explanation the physician gave you about what the surgery or procedure would be like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Friendliness/courtesy of the nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Skill of the nurse starting IV.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Information nurses gave you on the day of your procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Anesthesiologist's explanation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

D. AFTER YOUR SURGERY OR PROCEDURE	very poor 1	poor 2	fair 3	good 4	very good 5
1. Nurses' concern for your comfort after the procedure.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Information the physician provided about what was done during your surgery or procedure.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Nurses' courtesy toward family who accompanied you (if applicable).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Information nurses gave your family after your surgery or procedure.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Instructions nurses gave about caring for yourself at home.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Your confidence in the skill of the nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Your confidence in the skill of the physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

E. PERSONAL ISSUES	very poor 1	poor 2	fair 3	good 4	very good 5
1. Information provided about delays (if you experienced delays).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Our concern for your privacy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Degree to which your pain was controlled.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Response to concerns/complaints made during your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

F. OVERALL ASSESSMENT	very poor 1	poor 2	fair 3	good 4	very good 5
1. Overall rating of care received during your visit.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Degree to which staff worked together to care for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Likelihood of your recommending our Ambulatory Surgery Center to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

Patient's Name: *(optional)* _____

Telephone Number: *(optional)* _____





EMERGENCY DEPARTMENT SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

BACKGROUND QUESTIONS [write in answer or fill in circle (for example ●) as appropriate]

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---------|--|---|------|--|--|--|--|-------|--|--|-----|--|--|------|--|--|--|--|--|--|---|--|--|-------|--|--|---------|--|--|--|--|
| <p>1. Date of visit:</p> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">month</td> <td></td> <td colspan="2" style="text-align: center;">day</td> <td></td> <td colspan="4" style="text-align: center;">year</td> </tr> </table> <p>2. Time of day you arrived: (fill in one circle only)</p> <ul style="list-style-type: none"> <input type="radio"/> 7:01 am - 11:00 am <input type="radio"/> 11:01 am - 3:00 pm <input type="radio"/> 3:01 pm - 7:00 pm <input type="radio"/> 7:01 pm - 11:00 pm <input type="radio"/> 11:01 pm - 3:00 am <input type="radio"/> 3:01 am - 7:00 am | | | / | | | / | | | | | month | | | day | | | year | | | | <p>3. Time spent in the Emergency Department:</p> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">hours</td> <td></td> <td colspan="2" style="text-align: center;">minutes</td> </tr> </table> <p>4. Patient's sex <input type="radio"/> Male <input type="radio"/> Female</p> <p>5. Patient's age <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> years</p> <p>6. Who is filling out this survey?</p> <ul style="list-style-type: none"> <input type="radio"/> Patient <input type="radio"/> Friend <input type="radio"/> Parent <input type="radio"/> Other <input type="radio"/> Family | | | / | | | hours | | | minutes | | | | |
| | | / | | | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| month | | | day | | | year | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| hours | | | minutes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS: Please rate the Emergency Department services you received from our facility. Fill in the circle 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 good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.
Example: ●

A. ARRIVAL	very poor 1	poor 2	fair 3	good 4	very good 5
1. Waiting time before staff noticed your arrival	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Helpfulness of the person who first asked you about your condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Comfort of the waiting area.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Waiting time before you were brought to the treatment area.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Waiting time in the treatment area, before you were seen by a doctor.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

B. NURSES	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy of the nurses.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Degree to which the nurses took the time to listen to you.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Nurses' attention to your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Nurses' concern to keep you informed about your treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Nurses' concern for your privacy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

C. DOCTORS	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy of the doctor.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Degree to which the doctor took the time to listen to you.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Doctor's concern to keep you informed about your treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Doctor's concern for your comfort while treating you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____



D. TESTS	very				very
	poor	poor	fair	good	good
	1	2	3	4	5

(Please answer only those questions that apply to you.)

Lab

- 1. Courtesy of the person who took your blood
- 2. Concern shown for your comfort when your blood was drawn.....
- 3. Extent to which nurses checked ID bracelets before giving you medications.....

Radiology (X-ray, ultrasound, CAT scan, MRI)

- 1. Waiting time for radiology test
- 2. Courtesy of the radiology staff
- 3. Concern shown for your comfort during your test

Comments (describe good or bad experience): _____

E. FAMILY OR FRIENDS	very				very
	poor	poor	fair	good	good
	1	2	3	4	5

(If you came alone, please skip this section.)

- 1. Courtesy with which family or friends were treated
- 2. Staff concern to keep family or friends informed about your status during your course of treatment
- 3. Staff concern to let a family member or friend be with you while you were being treated.....

Comments (describe good or bad experience): _____

F. PERSONAL/INSURANCE INFORMATION	very				very
	poor	poor	fair	good	good
	1	2	3	4	5

- 1. Courtesy of the person who took your personal/insurance information
- 2. Privacy you felt when asked about your personal/insurance information.....
- 3. Ease of giving your personal/insurance information.....

Comments (describe good or bad experience): _____

G. PERSONAL ISSUES	very				very
	poor	poor	fair	good	good
	1	2	3	4	5

- 1. How well you were kept informed about delays.....
- 2. Degree to which staff cared about you as a person
- 3. How well your pain was controlled.....
- 4. Information you were given about caring for yourself at home (e.g., taking medications, getting follow-up medical care).....

Comments (describe good or bad experience): _____

H. OVERALL ASSESSMENT	very				very
	poor	poor	fair	good	good
	1	2	3	4	5

- 1. Overall rating of care received during your visit
- 2. Likelihood of your recommending our Emergency Department to others.....

Comments (describe good or bad experience): _____

Patient's Name: (optional) _____

Telephone Number: (optional) _____





EMERGENCY DEPARTMENT SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

BACKGROUND QUESTIONS [write in answer or fill in circle (for example ●) as appropriate]

1. Date of visit:

month / day / year

3. Time spent in the Emergency Department:

hours minutes

2. Time of day you arrived: (fill in one circle only)

- 7:01 am - 11:00 am
11:01 am - 3:00 pm
3:01 pm - 7:00 pm
7:01 pm - 11:00 pm
11:01 pm - 3:00 am
3:01 am - 7:00 am

4. Patient's sex Male Female

5. Patient's age years

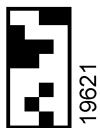
6. Who is filling out this survey?
Patient Friend
Parent Other
Family

INSTRUCTIONS: Please rate the Emergency Department services you received from our facility. Fill in the circle 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 good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely. Example: ●

Table with 5 columns: very poor, poor, fair, good, very good. Section A: ARRIVAL. 7 rows of survey questions with radio button options.

Comments (describe good or bad experience):



19621



123456789-1
Precode 1
Precode 2
Precode 3

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CL#6805-ER0101-01-11/06

123456789

B. NURSES	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy of the nurses.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Degree to which the nurses took the time to listen to you.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Nurses' attention to your needs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Nurses' concern to keep you informed about your treatment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Nurses' concern for your privacy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How clearly discharge instructions were explained.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Technical skill of nurses.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

C. DOCTORS	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy of the doctor.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Degree to which the doctor took the time to listen to you.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Doctor's concern to keep you informed about your treatment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Doctor's concern for your comfort while treating you.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Adequacy of time doctor spent with you.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

D. TESTS	very poor 1	poor 2	fair 3	good 4	very good 5
-----------------	-------------------	-----------	-----------	-----------	-------------------

(Please answer only those questions that apply to you.)

Lab

1. Courtesy of the person who took your blood.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Concern shown for your comfort when your blood was drawn.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Radiology (X-ray, ultrasound, CAT scan, MRI)

1. Waiting time for radiology test.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Courtesy of the radiology staff.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Concern shown for your comfort during your test.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

E. FAMILY OR FRIENDS	very poor 1	poor 2	fair 3	good 4	very good 5
-----------------------------	-------------------	-----------	-----------	-----------	-------------------

(If you came alone, please skip this section.)

1. Courtesy with which family or friends were treated.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Staff concern to keep family or friends informed about your status during your course of treatment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Staff concern to let a family member or friend be with you while you were being treated.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

F. PERSONAL/INSURANCE INFORMATION	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy of the person who took your personal/insurance information.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Privacy you felt when asked about your personal/insurance information.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Ease of giving your personal/insurance information.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

G. PERSONAL ISSUES	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well you were kept informed about delays.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Degree to which staff cared about you as a person.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How well your pain was controlled.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Information you were given about caring for yourself at home (e.g., taking medications, getting follow-up medical care).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

H. OVERALL ASSESSMENT	very poor 1	poor 2	fair 3	good 4	very good 5
1. Overall rating of care received during your visit.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Likelihood of your recommending our Emergency Department to others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Overall satisfaction with the emergency department.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

Patient's Name: *(optional)* _____

Telephone Number: *(optional)* _____





OMB Control Number: 0938-0981

PERSONAL ISSUES

- 1. Staff concern for your privacy
2. How well your pain was controlled
3. Degree to which hospital staff addressed your emotional needs
4. Response to concerns/complaints made during your stay
5. Staff effort to include you in decisions about your treatment

Comments (describe good or bad experience):

OVERALL ASSESSMENT

- 1. How well staff worked together to care for you
2. Likelihood of your recommending this hospital to others
3. Overall rating of care given at hospital

Comments (describe good or bad experience):

Patient's Name: Telephone Number:

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

Questions 1-22 and 'About You' questions 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.



123456789



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

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.

No -> If No, Go to Question 1

Please answer the questions in this survey about your stay at Tahoe Forest Hospital District. Do not include any other hospital stays in your answers.

Please use black or blue ink to fill in the circle completely. Example: ●

YOUR CARE FROM NURSES

- 1. During this hospital stay, how often did nurses treat you with courtesy and respect?
2. During this hospital stay, how often did nurses listen carefully to you?
3. During this hospital stay, how often did nurses explain things in a way you could understand?
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

YOUR CARE FROM DOCTORS

- 5. During this hospital stay, how often did doctors treat you with courtesy and respect?
6. During this hospital stay, how often did doctors listen carefully to you?

- 7. During this hospital stay, how often did doctors explain things in a way you could understand?
Options: Never, Sometimes, Usually, Always

THE HOSPITAL ENVIRONMENT

- 8. During this hospital stay, how often were your room and bathroom kept clean?
9. During this hospital stay, how often was the area around your room quiet at night?

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?
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
12. During this hospital stay, did you need medicine for pain?

continued...



- 13. During this hospital stay, how often was your pain well controlled?
 - Never
 - Sometimes
 - Usually
 - Always
- 14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
 - Never
 - Sometimes
 - Usually
 - Always
- 15. During this hospital stay, were you given any medicine that you had not taken before?
 - Yes
 - No → **If No, Go to Question 18**
- 16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
 - Never
 - Sometimes
 - Usually
 - Always
- 17. 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

- 18. 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 21**
- 19. 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
- 20. 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.

- 21. 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
- 22. 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

- 23. 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
- 24. 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
- 25. 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

- 26. During this hospital stay, were you admitted to this hospital through the Emergency Room?
 - Yes
 - No
- 27. In general, how would you rate your overall health?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
- 28. In general, how would you rate your overall mental or emotional health?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
- 29. 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
- 30. 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
- 31. 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
- 32. What language do you mainly speak at home?
 - English
 - Spanish
 - Chinese
 - Russian
 - Vietnamese
 - Portuguese
 - Some other language (please print): _____

ADDITIONAL QUESTIONS ABOUT YOUR STAY

Now that we have asked you to tell us about what happened during your stay, we want to ask you about how well we met your needs.

INSTRUCTIONS: Fill in the circle 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. Speed of admission process.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2. Courtesy of the person who admitted you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

ROOM

	very poor	poor	fair	good	very good
1. Pleasantness of room decor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Room cleanliness.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Courtesy of the person who cleaned your room.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Room temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Noise level in and around room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

MEALS

	very poor	poor	fair	good	very good
1. Temperature of the food (cold foods cold, hot foods hot)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2. Quality of the food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Courtesy of the person who served your food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

NURSES

	very poor	poor	fair	good	very good
1. Friendliness/courtesy of the nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Promptness in responding to the call button	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Nurses' attitude toward your requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Amount of attention paid to your special or personal needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How well the nurses kept you informed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Skill of the nurses.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

TESTS AND TREATMENTS

	very poor	poor	fair	good	very good
1. Waiting time for tests or treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Explanations about what would happen during tests or treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Courtesy of the person who took your blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Courtesy of the person who started the IV.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

VISITORS AND FAMILY

	very poor	poor	fair	good	very good
1. Accommodations and comfort for visitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Staff attitude toward your visitors.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

PHYSICIAN

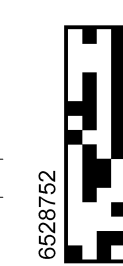
	very poor	poor	fair	good	very good
1. Time physician spent with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Physician's concern for your questions and worries.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How well physician kept you informed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Friendliness/courtesy of physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Skill of physician.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

DISCHARGE

	very poor	poor	fair	good	very good
1. Extent to which you felt ready to be discharged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Speed of discharge process after you were told you could go home.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Instructions given about how to care for yourself at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____





**TAHOE FOREST
MULTISPECIALTY CLINICS**
A Service of Tahoe Forest Health System

MEDICAL PRACTICE SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

Please rate your appointment with: Precode 3

On: Precode 4

BACKGROUND QUESTIONS

1. If someone other than the patient is completing this survey, please fill in circle:

2. Was this your first visit here?... Yes No

3. How many **minutes** did you wait after your scheduled appointment time before you were called to an exam room?.....

--	--	--

 minutes

4. How many **minutes** did you wait in the exam room before you were seen by a doctor, physician assistant (PA), nurse practitioner (NP), or midwife?.....

--	--	--

 minutes

INSTRUCTIONS: Please rate the services you received from our practice. Select 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 good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.
Example: ●

ACCESS	very poor 1	poor 2	fair 3	good 4	very good 5
1. Ease of getting through to the clinic on the phone.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Convenience of our office hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Ease of scheduling your appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Courtesy of staff in the registration area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Length of time between your call and seeing a care provider.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

MOVING THROUGH YOUR VISIT	very poor 1	poor 2	fair 3	good 4	very good 5
1. Degree to which you were informed about any delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Wait time at clinic (from arriving to leaving).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Courtesy of front office staff.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____

NURSE/ASSISTANT	very poor 1	poor 2	fair 3	good 4	very good 5
1. Friendliness/courtesy of the nurse/assistant.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Concern the nurse/assistant showed for your problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____



CARE PROVIDER	very poor	poor	fair	good	very good
	1	2	3	4	5

DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Friendliness/courtesy of the care provider..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Explanations the care provider gave you about your problem or condition..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Concern the care provider showed for your questions or worries..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Care provider's efforts to include you in decisions about your treatment..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Information the care provider gave you about medications (if any)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Instructions the care provider gave you about follow-up care (if any)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Degree to which care provider talked with you using words you could understand..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Amount of time the care provider spent with you..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Your confidence in this care provider..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Likelihood of your recommending this care provider to others..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

PERSONAL ISSUES	very poor	poor	fair	good	very good
	1	2	3	4	5

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. How well staff protected your safety (wearing gloves, etc.)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Our sensitivity to your needs..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Our concern for your privacy..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Cleanliness of our practice..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Waiting time before having testing done..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Ease of obtaining referrals for specialty care..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Ease of obtaining test results..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

OVERALL ASSESSMENT	very poor	poor	fair	good	very good
	1	2	3	4	5

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. How well the staff worked together to care for you..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Likelihood of your recommending our practice to others..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Accuracy of billing statements..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Promptness with which questions or problems about your bill were resolved (if you had any)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Courtesy of insurance/billing personnel..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Degree to which your mailed bill was clear and understandable..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

Patient's Name: *(optional)* _____

Telephone Number: *(optional)* _____



OUTPATIENT SERVICES SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

THE SERVICE YOU RECEIVED (fill in one circle only - for example ●)

Please select the last outpatient test or treatment you received. Rate only that service and visit.

- | | | |
|-----------------------------------|------------------------------------|---|
| <input type="radio"/> Ultrasound | <input type="radio"/> Nuclear Scan | <input type="radio"/> Orthopedics |
| <input type="radio"/> Mammography | <input type="radio"/> X-Ray | <input type="radio"/> Lab |
| <input type="radio"/> CT Scan | <input type="radio"/> MRI | <input type="radio"/> Other: _____
(specify) |

BACKGROUND QUESTIONS (write in answer or fill in circle as appropriate)

- | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-----|--|---|------|--|--|--|--|-------|--|--|-----|--|--|------|--|--|--|---|
| <p>1. Date of visit:</p> <table style="margin-left: 40px; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="font-size: 20px; margin: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="font-size: 20px; margin: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> </tr> <tr> <td style="text-align: center; font-size: 8px;">month</td> <td></td> <td></td> <td style="text-align: center; font-size: 8px;">day</td> <td></td> <td></td> <td style="text-align: center; font-size: 8px;">year</td> <td></td> <td></td> <td></td> </tr> </table> <p>2. Patient's first visit to our Outpatient Center..... <input type="radio"/> Yes <input type="radio"/> No</p> <p>3. Patient's sex..... <input type="radio"/> Male <input type="radio"/> Female</p> <p>4. Patient's age..... <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; text-align: center; vertical-align: middle;"> </table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; text-align: center; vertical-align: middle;"> </table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; text-align: center; vertical-align: middle;"> </table>
years</p> <p>5. How many minutes did you wait after your scheduled appointment time before you were called to the test or treatment area?..... <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; text-align: center; vertical-align: middle;"> </table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; text-align: center; vertical-align: middle;"> </table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; text-align: center; vertical-align: middle;"> </table>
minutes</p> | | | / | | | / | | | | | month | | | day | | | year | | | | <p>6. How many minutes did you wait in the test or treatment area before your test or treatment began?..... <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; text-align: center; vertical-align: middle;"> </table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; text-align: center; vertical-align: middle;"> </table> <table style="display: inline-table; border: 1px solid black; width: 30px; height: 20px; text-align: center; vertical-align: middle;"> </table>
minutes</p> <p>7. On what day was your most recent visit?
 <input type="radio"/> Monday <input type="radio"/> Thursday <input type="radio"/> Saturday
 <input type="radio"/> Tuesday <input type="radio"/> Friday <input type="radio"/> Sunday
 <input type="radio"/> Wednesday</p> <p>8. At what time of day was your most recent visit?
 <input type="radio"/> 6:00 am - 8:00 am <input type="radio"/> 2:01 pm - 4:00 pm
 <input type="radio"/> 8:01 am - 10:00 am <input type="radio"/> 4:01 pm - 6:00 pm
 <input type="radio"/> 10:01 am - Noon <input type="radio"/> 6:01 pm - 8:00 pm
 <input type="radio"/> 12:01 pm - 2:00 pm <input type="radio"/> 8:01 pm - 10:00 pm</p> |
| | | / | | | / | | | | | | | | | | | | | | | | |
| month | | | day | | | year | | | | | | | | | | | | | | | |

INSTRUCTIONS: Please rate the outpatient service you received from our facility. Rate only the service you selected above. Fill in the circle 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 good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.
Example: ●

A. REGISTRATION

very poor	poor	fair	good	very good
1	2	3	4	5

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Helpfulness of the person at the registration desk | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Ease of the registration process | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Waiting time in registration..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

continued...

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B. FACILITY

very poor	poor	fair	good	very good
1	2	3	4	5

- 1. Comfort of the waiting area
- 2. Ease of finding your way around
- 3. Cleanliness of the facility

Comments (describe good or bad experience): _____

C. YOUR TEST OR TREATMENT

very poor	poor	fair	good	very good
1	2	3	4	5

- 1. Friendliness/courtesy of the staff who provided your test or treatment
- 2. Explanations from the staff about what would happen during your test or treatment ..
- 3. Skill of the staff who provided your test or treatment
- 4. Staff's concern for your comfort
- 5. Staff's concern for your questions and worries

Comments (describe good or bad experience): _____

D. PERSONAL ISSUES

very poor	poor	fair	good	very good
1	2	3	4	5

- 1. Our concern for your privacy
- 2. Our sensitivity to your needs
- 3. Response to concerns/complaints made during your visit

Comments (describe good or bad experience): _____

E. OVERALL ASSESSMENT

very poor	poor	fair	good	very good
1	2	3	4	5

- 1. How well staff worked together to provide care
- 2. Overall rating of care received during your visit
- 3. Likelihood of your recommending our facility to others

Comments (describe good or bad experience): _____

Patient's Name: (optional) _____

Telephone Number: (optional) _____



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