

CONFIDENTIAL JCAHO INFORMATION SURVEY
OF DOCTORS EMPLOYED BY

Employer _____

Facility/ Hospital _____

Please note that this front page will be removed by Doctors Council SEIU and kept separate and apart from the returned completed surveys. Therefore, confidentiality shall be ensured as this page with name and information will not be connected to the survey answers. A summary of the results of this survey shall be presented by the Doctors and Doctors Council SEIU to JCAHO.

Doctors Council SEIU will keep all names of doctors completing this survey strictly confidential and a summary of results shall be shared with JCAHO in a public information interview.

Your Name (Please print) _____		Date _____
Employer _____	Facility/Hospital _____	
Department _____	Job Title _____	
When did you start with your Employer (date of hire)? _____	How long have you been a doctor? _____	
Pager/Cell # _____	e-mail address _____	
I would be willing to meet a JCAHO inspector to discuss my concerns: _____ Yes _____ No		

Please return by any of the following methods:

- (1) Mailing this survey to:
Doctors Council SEIU, 50 Broadway, 11th Floor, Suite 1101, New York, NY 10004;***
- (2) Faxing the survey pages to Doctors Council SEIU at (212) 481-4137;***
- (3) If you have e-mail, you may request and return this survey from and to the following e-mail address- info@doctorscouncil.com;***
- (4) You may return the survey to Doctors Council SEIU at any meeting; or***
- (5) Call Doctors Council SEIU at (212)532-7690 we will get the survey from you.***

CONFIDENTIAL JCAHO INFORMATION SURVEY

This survey is designed to measure the impact of your Employer's policies and practices at your hospital/facility on the issues that matter most to patients and health care professionals, including doctors. **IN ALL POSSIBLE AREAS, PLEASE PROVIDE CONCRETE EXAMPLES, WITH AS MUCH DETAIL AS POSSIBLE. FOR EXAMPLE, PLEASE EXPLAIN IN DETAIL SPECIFIC NUMBERS, DATES, PROCEDURES, EQUIPMENT, TRENDS, ETC.** With any question(s), please feel free to explain your answers on the fourth and last page located on the back and to attach and enclose additional pages of statements and documentation.

Section I: **QUALITY AND SAFE PATIENT CARE AND STAFFING**

- 1. In your experience, in the past three (3) years (or, if less, since you began), has the number of doctors in your department/division:
A. ___ Decreased B. ___ Increased C. ___ Stayed the same
- 2. In your experience, in the past three (3) years, has the number of support health care professional workers staff, including nurses in your department/division:
A. ___ Decreased B. ___ Increased C. ___ Stayed the same
- 3. In your professional opinion, which of the following incidents has insufficient staffing contributed to in the past three (3) months (check ALL that apply):
A. ___ Poor patient outcome B. ___ Codes C. ___ Injuries or other harm to patients D. ___ Injuries or other harm to staff
E. ___ Medication errors F. ___ Late lab work G. ___ Skipped treatments or medications H. ___ Lapses in infection control
I. ___ Potentially dangerous delay in doctors or nurses in response time J. ___ Failure to carry out doctors' orders
K. ___ Insufficient counseling of patients or their families L. ___ Increased length of stay
M. ___ Delays in appointments, procedures or screenings
- 4. How frequently do you feel pressured to discharge patients before, in your professional medical judgment, they should be discharged?
A. ___ Always B. ___ Often C. ___ Sometimes D. ___ Rarely E. ___ Never
- 5. How frequently does short-staffing of doctors or nurses result in increased length of stay?
A. ___ Always B. ___ Often C. ___ Sometimes D. ___ Rarely E. ___ Never
- 6. In your experience, in the past year, has any or all of the following poor quality and/or unsafe patient care situations occurred (check ALL that apply):
 Lack of quality patient care
 Unsafe patient care
 Lack of trained or experienced staff, including doctors and nurses, in the department/division assigned
 Lack of adequate staffing, including doctors and nurses (short-staffed)/not following staffing guidelines
 Inappropriate or lack of acuity system (nurse to patient ratio)
 Lack of equipment/supplies
 Delayed medications or treatments
 Errors with medications or treatment
 Inability to see patients in a timely manner
 Delays in patient appointments, screenings or procedures
 Lack of enough time to spend with patients, including assessments or to give patient discharge instructions/counseling on treatment plan
 Too many patients to be seen during shift/clinic session
 Other (please specify) _____

Description of assignment and problem, missed treatments or a specific poor patient outcome(s) _____

- 7. In your experience, does your department/division NOT regularly staff enough of the following (check ALL that apply):
 Doctors Nurses Technicians Clerks
- 8. (A) Has the patient load/number of patients in the last year: Increased Decreased Stayed the same
(B) Has the number of patient procedures in the last year: Increased Decreased Stayed the same
- 9. (A) Are you aware of instances where patient appointments to see a doctor are delayed or long? Yes No
If Yes, please explain: _____
(B) Are you aware of instances where patient procedures for clinical or diagnostic screenings are delayed or long? Yes No
If Yes, please explain: _____
(C) What is the impact on patient care of these? _____
- 10. How often does your workload interfere with your ability to deliver quality and safe patient care?
 Always Often Sometimes Rarely Never
- 11. (A) How often does your workload interfere with patients being involved in all aspects of their care and treatment?
 Always Often Sometimes Rarely Never
(B) How often does your workload interfere with patients being properly monitored before, during and after procedures?
 Always Often Sometimes Rarely Never
- 12. Any other comments on quality and safe patient care and staffing: _____

Section II. **EQUIPMENT AND SUPPLIES**

13. Are the equipment and supplies needed to perform quality and safe patient care available to you in timely and safe working order?
___Always ___Often ___Sometimes ___Rarely ___Never
14. In the past three (3) years, has the quality of equipment and supplies in the hospital:
___Declined ___Improved ___Stayed the same
15. When was the last time a defect in equipment and supplies affected your ability to test or care for a patient?
___In the past week ___In the past month ___In the past three months ___In the past year ___Never
- What piece of equipment and/or supply was involved? _____

What was the impact on the patient? _____

16. In what ways, if any, have computer problems interfered with your ability to perform your job (check ALL that apply)?
___None available ___Broken equipment ___No printer ___User unfriendly programs
___Other (explain) _____
17. How frequently are equipment and/or supplies that you need to care for patients broken, in poor working order, out of stock or otherwise unavailable?
A. ___Always B. ___Often C. ___Sometimes D. ___Rarely E. ___Never
18. What is the most important patient care-related equipment and/or supply item most frequently broken, in poor working order, out of stock or otherwise unavailable? _____
19. Are there concerns over hazardous materials and waste? ___Yes ___No If so, what and where? _____

20. Is there an adequate quality or performance improvement and assessment plan? ___Yes ___No If no, explain. _____

21. Is the transmission of data and information in a timely and accurate manner a problem? ___Yes ___No If so, how? _____

22. (A) Is medical record data and information being managed in a timely manner? ___Yes ___No If no, explain. _____

(B) Do you have difficulties or problems with patient charts being available or complete? ___Yes ___No

(C) What percent of time do you have charts available to you with the needed information: ___%

Please explain _____

23. Any other comments on equipment and supplies: _____

Section III. **WORKLOAD AND MORALE**

For each of the following statements, choose the answer that most accurately describes the changes you have seen in your department in the last three (3) years (or since you started, if more recent).

24. Has the number of doctors in the department/division: ___Decreased ___Increased ___Stayed the same

25. Is the turn-over rate of doctors a problem in the delivery of patient care? ___Yes ___No If so, please explain how? _____

26. Has the number of nurses in the department/division: ___Decreased ___Increased ___Stayed the same

27. Has your workload: ___Increased ___Decreased ___Stayed the same Comment: _____

28. In your view, has your Employer's commitment to giving you what you need to do your job well:
___Decreased ___Increased ___Stayed the same

29. Does your Employer have an adequate recruitment and retention plan for doctors? ___No ___Yes

30. Does your Employer have adequate Continuing Medical Education (CME) and development opportunities for doctors? No Yes
31. (A) Do you feel that your Employer appreciates and respects you? No Yes
 (B) Do you believe that your Employer is fulfilling its mission at your hospital/facility? No Yes
32. Any other comments on workload and morale: _____

Section IV. **INPUT AND VOICE IN PATIENT CARE**

33. Do you believe that you have a voice in patient care decisions?
 A. Always B. Often C. Sometimes D. Rarely E. Never
34. Do you set expectations, develop plans, and coordinate processes to measure, access and improve the quality of the hospital's governance, coordination, clinical and support activities?
 A. Always B. Often C. Sometimes D. Rarely E. Never
35. Do you assist in the coordination of care with other practitioners and hospital personnel (for example, nursing and social workers)?
 A. Always B. Often C. Sometimes D. Rarely E. Never
36. Do you have enough time for delivery of patient care and the education of your patients?
 A. Always B. Often C. Sometimes D. Rarely E. Never
37. Are you consulted prior to decisions being made or implemented about patient care delivery or doctors' practices?
 A. Always B. Often C. Sometimes D. Rarely E. Never
38. If you are or have ever been consulted, was your opinion or input followed or listened to? No Yes
39. Do you believe that you have an adequate opportunity to effectively take part in hospital committees? No Yes
40. Do you believe that you are encouraged to speak out on or advocate on behalf of patients and patient care and that if you do so your job is safe or that you will not be discriminated against or be retaliated against? No Yes
41. Any other comments on input and voice in patient care: _____

Section V. **THE JCAHO ACCREDITATION INSPECTION**

42. Hospital management prepares for an inspection by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Based on your experience, which of the following phrases describe hospital management's preparations for an inspection (check ALL that apply)?
 A. Encouraging staff to make false written or verbal statements
 B. Encouraging staff to change or add information to records created in the past.
 C. Making cosmetic changes which will temporarily hide problems without eliminating them
 D. Making permanent improvements which will correct quality problems.
 E. Encouraging staff to provide candid and unrehearsed answers to questions from JCAHO inspectors.
43. Do you think that you can honestly answer JCAHO inspectors' questions without risking reprisals from hospital management?
 No Yes
44. If you could speak privately with JCAHO inspectors without management's knowledge, what is the most important piece of information you would give them? _____
45. I would be willing to meet a JCAHO inspector to discuss my concerns. Yes No

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PLEASE FEEL FREE TO ADD ADDITIONAL PAGES IF NEEDED

