



Doctors Council SEIU

50 Broadway, 11th Floor, Suite 1101
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Barry Liebowitz, M.D., President – Frank Proscia, M.D., Executive Director



PATIENT CARE SURVEY FOR MEMBERS OF DOCTORS COUNCIL SEIU

What
Do
You
Think



- ◇ How can we work together to protect our jobs, our families, our patients, our profession and our future?
- ◇ Here's your chance to speak out about the patient care issues that concern you most.
- ◇ Do you have suggestions for proposals to improve patient care?

Then complete the following Patient Care Survey!

If you have any questions, call Doctors Council SEIU at (212) 532-7690

PLEASE COMPLETE THIS SURVEY FULLY, AND RETURN IT TO DOCTORS COUNCIL SEIU BY FAX AT 212-481-4137 OR BY MAILING IT TO US.

Patient Care Survey

1. What suggestions do you have to improve patient care?

2. What suggestions do you have to improve classifying patients according to acuity of illness?

3. What problems and concerns do you have related to staffing and case/work loads?

4. What concerns do you have regarding patient flow as it impacts patient care?

5. What suggestions do you have on the recruitment and retention of staff?

6. What concerns do you have on any administrative matters, policies or practices that affect patient care?

7. a. Has your patient load increased or decreased? If so, how? _____

b. Has your department's/clinic's census increased or decreased? If so, how? _____

8. What three (3) issues are most important to you and you would like to see improvement in the delivery of care to your patients?

1. _____
2. _____
3. _____

9. Have patients been denied services or care? If so, how and why? _____

10. Have there been any changes in the utilization of services by your patients? If so, how? _____

11. Have service needs changed? If so, how? _____

12. a) Do you believe that doctors have too heavy a workload? Yes No
 b) Do you believe that staffing is a problem? Yes No
 c) Do you believe that you are forced to see too many patients and that you do not get to spend an adequate amount of time with each patient? Yes No
 d) Do you believe that there should be a minimum amount of time spent with each patient, and if so, what is this amount of time and how should it be determined?

e) What suggestions do you have that you believe should be adopted in order to improve the above concerns, such as workload, staffing, time per patient, etc.?

13. Is there a problem with appointments, clinics, patient care services or consults? Yes No
 If yes, please explain by describing with wait times for appointments, clinics, services, consults, etc.

14. Are there unfilled doctor positions and/or ancillary (nurses, aides, etc.) positions in your department/specialty and if so, please explain by stating your department/specialty, the number of positions unfilled, what the number used to be, the effect this has on patient care, etc.

15. Please complete the following two charts. The first asks what occurs on an average day, and the second asks what you believe the proper coverage should be.

a) On an average day, the following occurs in my unit:

Unit Census _____ Unit Capacity _____ Acuity: High Average Low
 Case/work load: High Average Low

Patient Care Staffing Count:

	Regular Full Time	Regular Part Time	Per Diem Sessional/Hourly	Float (Transfer)	Agency/ Traveler
MDs					
Residents/ Interns/Fellows					
PAs					
Nurse Practitioners					
RNs					
LPNs					
CNAs					
Techs					

Was there a unit secretary on duty? Yes No

b) I believe the proper coverage should be as follows:

Unit Census _____ Unit Capacity _____ Acuity: High Average Low
 Case/work load: High Average Low

Patient Care Staffing Count:

	Regular Full Time	Regular Part Time	Per Diem Sessional/Hourly	Float (Transfer)	Agency/ Traveler
MDs					
Residents/ Interns/Fellows					
PAs					
Nurse Practitioners					
RNs					
LPNs					
CNAs					
Techs					

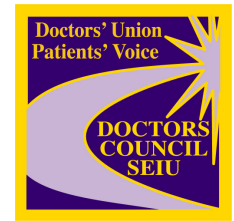
Was there a unit secretary on duty? Yes No

******For Other Comments and Suggestions Please Attach Additional Pages******



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HOW CAN I HELP?

By completing this Patient Care Survey, you have taken the first step. As you know, what we change or win will depend on our active involvement as Union members. That is why we are asking you not only what do you want or need, but what are you willing to do about it.

Please indicate which responsibilities you can share to help protect your jobs and the delivery of care to your patients. In which of the following are you willing to participate to increase our chances of success of achieving what you want as expressed through your returned Patient Care Survey.

- Be on the Patient Care Committee
- BE A DOCTORS COUNCIL SEIU REPRESENTATIVE FOR YOUR DEPARTMENT
- Attend Meetings Or Special Events To Show Our Support
- Walking Through My Work Area and Speaking to Co-Workers
- Organizing Non-Members To Join Our Union And To Increase Our Strength
- Speak To Legislatures Or Press About Our Issues
- Other (Specify): _____

<i>(Important to Complete)</i>	<i>(Complete Fully)</i>
Your Name _____ Male or Female? _____	
Social Security Number(will be kept confidential) _____ Date of Hire _____ Date of Birth _____	
Home Phone _____ Cell Phone _____ Work Phone _____	
Pager (beeper) _____ Other _____	
Home Address _____	
City _____ State _____ Zip _____	
E-Mail Address _____	
Employer _____ Hospital/Facility _____	
Job Title _____ Department/Work Location _____ Shift _____	
Work Status (circle one): Full Time Part Time Other (specify) _____	
Annual Salary _____ Hourly Salary _____	
Are you Board Certified (circle one)? Yes No (If so, in what area{s}) _____	
Average number of hours you work per week _____ Days Off _____	