

# SCOPE OF SERVICES & UTILIZATION

## Mississippi Delta Hospital Performance Improvement Project

### Preliminary Information Questionnaire

**Instructions:** There are several sections to this questionnaire. You may want to have different people complete each section. Please return the entire questionnaire by \_\_\_\_\_.

#### I. DEMOGRAPHIC AND BACKGROUND INFORMATION

---

1. Please estimate the "catchment population" of your area. That is, how many people live in the area served by your facility?

\_\_\_\_\_ people

2. Are there any particularly vulnerable populations in your service area?

\_\_\_\_\_

3. What are three significant health problems in your area that affect the population and the care givers?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. What is your nearest competing hospital? \_\_\_\_\_

5. How many miles away is this hospital from your institution? \_\_\_\_\_ miles

6. How much time does it take to get there by car in good weather? \_\_\_\_\_

7. In bad weather? \_\_\_\_\_

8. Where would people go for the following services, and what is the travel distance in miles?

<b>service/specialist</b>	<b>location</b>	<b>miles</b>
Cardiologist	_____	_____
Obstetrician-gynecologist	_____	_____
Oncologist-cancer specialist	_____	_____
Psychiatrist	_____	_____

## **II. HOSPITAL ISSUES**

---

9. How would you describe the ownership & governance of your hospital? (circle one)
- |  |   |
|--|---|
| a. Publicly owned corporation<br>(city, town, county, state,<br>hospital district) | d. not-for-profit owned or leased<br>corporation    |
| b. church-owned or leased<br>corporation   | e. not-for-profit locally controlled<br>corporation |
| c. for profit owned or leased<br>corporation                                       | f. other, specify _____                             |
10. Are you a Critical Access Hospital?  
 Yes                       No
11. Is your hospital currently a member of a formal health care system? (a system is a corporate body that may lease or own two or more health provider facilities or subsidiaries)  
 Yes                       No
12. Is your hospital currently a member of a formal health care network? (a network is formal arrangement among rural health care providers that engages in collaborative functions using each members' resources)  
 Yes                       No
13. How many acute care beds does the hospital have set up? \_\_\_\_\_ beds

14. How many acute care beds does the hospital have licensed? \_\_\_\_\_ beds

15. Which of the following services does your hospital provide?

	Service	Yes	No
A	General inpatient Surgery		
B	Obstetrical care		
C	Rehabilitation	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Both	
D	Intensive Care		
E	Outpatient surgery		
F	Outpatient Psychiatry		
G	Inpatient psychiatry	<input type="checkbox"/> check if geri-psych	
H	Specialty clinics (we'll ask more about this later)		
I	Outpatient clinic	<input type="checkbox"/> check if designated Rural Health Clinic	
J	Hospital-based ambulance		
K	Long term care	<input type="checkbox"/> skilled level <input type="checkbox"/> intermediate level	
L	Swing bed services		
M	Home health		
N	Hospice		
O	Assisted living		

16. How many licensed long-term care beds? \_\_\_\_\_ beds

17. What is the average length of stay? \_\_\_\_\_ days

18. What percentage of admissions are primarily covered by Medicare? \_\_\_\_\_ %

19. Medicaid? \_\_\_\_\_ %

20. Charity care (uncompensated care)? \_\_\_\_\_ %

21. Bad Debt? \_\_\_\_\_ %

22. Please describe your quality assurance or quality improvement system:

---

---

### **III. MEDICAL STAFF AND ITS ORGANIZATION**

---

23. Please list the “active medical staff” (names of physicians who regularly admit patients and their specialty):

Name

Specialty

---

---

---

---

---

24. Please describe how many different practices are organized for these physicians:

---

---

25. Are you currently recruiting any physicians?

Yes

No

If so, what specialties?:

---

---

26. How many of the physicians who admit to your hospital are solely employed by the hospital?

---

27. How many of the physicians who regularly admit to your hospital are international medical graduates (that is, foreign-born individuals who completed medical school in a country other than the US)?

\_\_\_\_\_

28. How many mid-level practitioners practice in your service area?

Nurse practitioners or physician assistants \_\_\_\_\_

Nurse midwives \_\_\_\_\_

29. Do visiting nonsurgical specialists come to your community to provide outpatient consultations?

Yes

No

30. If yes, what specialties, how often are the clinics held, and where are they held?

specialist	frequency	location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

31. How long is the waiting period to get an appointment with a local physician for:  
a routine physical exam? \_\_\_\_\_

a child with a fever? \_\_\_\_\_

32. Approximately how many total patients (a combined number) do the primary care doctors see in one day in their outpatient practices?

\_\_\_\_\_ patients

33. Approximately how many half-day sessions of clinic are scheduled by each primary care doctor in a week?

\_\_\_\_\_ half-day sessions

#### IV. PERINATAL SERVICES

---

34. How many physicians are providing prenatal care? \_\_\_\_\_ physicians

35. How many other professionals are providing prenatal care? \_\_\_\_\_

36. How many physicians are delivering babies? \_\_\_\_\_ physicians

37. Are there hospital obstetrical nurses assigned to the labor and delivery area?

Yes                       No

38. Using an average of the last three years, what is the number of babies delivered at the hospital annually?

\_\_\_\_\_ babies

39. In the last three years, what is the number of babies delivered who were under 2,500 grams in weight?

\_\_\_\_\_ babies

40. In the last three years, what is the number of babies delivered who were under 1,500 grams in weight?

\_\_\_\_\_ babies

41. In the last three years, what is the number of neonatal deaths? \_\_\_\_\_ deaths

42. What is the number of physicians performing C-sections at your hospital?

\_\_\_\_\_ physicians

43. How many C-sections were performed at your hospital in the last three years?

\_\_\_\_\_ C-sections

44. If you do C-sections, how is anesthesia coverage managed? (Please also tell how long it takes to be available.)

\_\_\_\_\_  
\_\_\_\_\_

45. Please describe any perinatal QA activities, including criteria for triggering review:

\_\_\_\_\_  
\_\_\_\_\_

**V. SURGICAL SERVICES**

---

46. How many of your local family or general practitioners perform inpatient surgery?  
\_\_\_\_\_ practitioners

47. How many of your local surgeons perform inpatient surgery? \_\_\_\_\_ surgeons

48. Please indicate the number and specialty of visiting surgeons to your community:

<b>surgical specialty</b>	<b>number</b>	<b>location of the surgeon's home and distance from your hospital</b>

49. How is anesthesia coverage managed for routine cases? (Please also tell how long it takes to be available.)

---

---

50. How is anesthesia coverage managed for urgent cases? (Please also tell how long it takes to be available.)

---

---

51. Please provide the number of surgical procedures performed in your institution **over the most recent 12 months:**

Appendectomies	_____
Hernia repairs	_____
Cholecystectomies	_____
Hysterectomies	_____
Open reductions, fracture	_____
Closed reductions, fracture	_____
Colonoscopies	_____
Gastroscopies	_____

52. Please describe any surgery QA activities, including criteria for triggering review:

\_\_\_\_\_  
 \_\_\_\_\_

**VI. EMERGENCY MEDICAL SERVICES (EMS)**

---

53. Describe the current EMS system for your area, including the point of first contact, dispatcher system, communications, and the number of organizations providing service:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

54. Please state the number of ambulance runs per year:

	surface	air
From incident to your hospital	_____	_____
Transfer to your hospital	_____	_____
Transfer from your hospital	_____	_____

55. Is your EMS staffed by (check one):

Paid professionals?       Volunteers?       A mix

56. Are EMS personnel trained in  
 basic life support?   
 intermediate life support?   
 advanced life support?

57. Please describe the trouble spots with emergency medical system (EMS) care:

---



---

58. How many emergency room visits were there to your hospital in the last 12-month period?

\_\_\_\_\_ visits

59. How is your ER staffed?

	Weekdays	Weeknights	Weekends
Local physicians on call from home or office?			
Local physicians paid full time to be in the ER?			
Nurse practitioners and/or physician assistants			
Contract with out-of-town agency for locum tenens physicians			

60. If your physicians are on call for the ER, approximately how long is the typical physician response time:

On weekdays? \_\_\_\_\_

On weekends? \_\_\_\_\_

On weeknights? \_\_\_\_\_

**VII. FINAL ISSUES**

---

61. Where do you believe there are opportunities to expand the scope of services provided in your community?

service area	issues to resolve (facility for local service, coordination among local providers, payment for services, scheduling, equipment, etc.)
--------------	---

---

---

---

---

---

---

---

---

---

---

---

62. Please describe your current level of activity with the following organizations:

Hospital association \_\_\_\_\_  
\_\_\_\_\_

State Office of Rural Health \_\_\_\_\_  
\_\_\_\_\_

Other state-wide organization (name) \_\_\_\_\_  
\_\_\_\_\_

63. What do you estimate your market share to be for the services you currently provide?

Inpatient services \_\_\_\_\_ %

Outpatient services \_\_\_\_\_ %

Long term care \_\_\_\_\_ %

From where do you get this information? \_\_\_\_\_

64. Are you planning any capital improvement projects?

Yes                       No

65. If yes, what do you anticipate will be your financing mechanism for this project?

---

---

66. Do you currently collect tax revenues?

Yes--if so, last year's total amount: \$\_\_\_\_\_                       No

67. Did you fund depreciation last year?

Yes                       No

68. What have been your total and net revenues for the past five years?

Year	Net Revenues	Total Revenues
1997		
1998		
1999		
2000		
2001		

69. What have been your total utilization statistics for those years?

Year	Admissions	ER Visits
1997		
1998		
1999		
2000		
2001		

70. What do you estimate have been your turnover rates over the last few years?

Year	Dept. Heads	Non-supervisory staff
1997		
1998		
1999		
2000		
2001		

71. What are your largest workforce issues at this time?

---

---

---