

2009 Healthcare Survey Instrument

Interview Details	Hospital and Manager's Information
Hospital ID: _____	a) Position: _____
Hospital Name: _____	b) Specialty: Cardiology <input type="checkbox"/> Orthopedics <input type="checkbox"/> Other <input type="checkbox"/>
Interviewer Name: _____	c) If "Other", what is his/her specialty? _____
Date (DD/MM/YY): _____	d) Tenure in post (<i>number of years</i>): _____
Time (24 hour clock): _____	e) Tenure in hospital (<i>number of years</i>): _____
Running interview <input type="checkbox"/> Listening to interview <input type="checkbox"/>	f) How old is your hospital (<i>number of years</i>)? _____
	g) Country: _____
	h) Region: _____
	i) Number of other hospitals within 30 minutes drive with the same specialty: ____

Management Questions*

<p><u>1) Layout of Patient Flow</u></p> <p><i>Tests how well the patient pathway is configured at the infrastructure level and whether staff pro-actively improve their own work-place organisation</i></p>	<p>a) Can you briefly describe the patient journey or flow for a typical episode? b) How closely located are wards, theatres, diagnostics centres and consumables? c) How often do you run into problems with the current layout and pathway management?</p>		
<p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>Score 1: Lay-out of hospital and organisation of workplace is not conducive to patient flow (e.g. ward is on different level from theatre or consumables are often not available in the right place at the right time)</p>	<p>Score 3: Lay-out of hospital has been thought-through and optimised as far as possible; work place organisation is not regularly challenged/ changed (or vice versa)</p>	<p>Score 5: Hospital layout has been configured to optimize patient flow; workplace organization is challenged regularly and changed whenever needed</p>
<p><u>2) Rationale for Introducing Standardisation/ Pathway Management</u></p> <p><i>Tests the motivation and impetus behind changes to operations and what change story was communicated</i></p>	<p>a) Can you take me through the rationale for making operational improvements to the management of the patient pathway? Can you describe a recent example? b) How often do you challenge/ streamline the patient pathway? c) What factors led to the adoption of these practices? d) Who typically drives these changes?</p>		
<p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>Score 1: Changes were imposed top-down or because other departments were making (similar) changes; rationale was not communicated or understood</p>	<p>Score 3: Changes were made because of financial pressure and the need to save money or as a (short-term) measure to achieve government and/ or external targets</p>	<p>Score 5: Changes were made to improve overall performance, both clinical and financial, with buy-in from all affected staff groups; the changes were communicated in a coherent 'change story'</p>

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<p>3) Standardisation and Protocols</p> <p><i>Tests if there are standardised procedures (e.g. integrated clinical pathways) that are applied and monitored systematically</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) How standardised are the main clinical processes? b) How clear are clinical staff members about how specific procedures should be carried out? c) What tools and resources does the clinical staff employ (e.g. checklists or patient bar-coding) to ensure that they have the correct patient and/ or conduct the appropriate procedure? d) How are managers able to monitor whether clinical staff are following established protocols?</p>		
<p>4) Good use of Human Resources</p> <p><i>Tests whether staff are deployed to do what they are best qualified for, but nevertheless help out elsewhere when needed</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>Score 1: Little standardisation and few protocols exists (e.g. different clinical staff have different approaches to the same treatments)</p>	<p>Score 3: Protocols have been created, but are not commonly used because they are too complicated or not monitored adequately (e.g. may be on website or in manual only)</p>	<p>Score 5: Protocols are known and used by all clinical staff and regularly followed up on through some form of monitoring or oversight</p>
<p>5) Continuous Improvement</p> <p><i>Tests processes for and attitudes towards continuous improvement, and whether learnings are captured and documented</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) How do problems typically get exposed and fixed? b) Can you talk me through the process for a recent problem that you faced? c) When processes do change, what is the main driver of change? d) Who within the hospital typically gets involved in changing or improving? How do/ can different staff groups get involved in this process? Can you think of any examples?</p>		
<p>d) Who decides how work is allocated across clinical staff?</p> <p>All managers <input type="checkbox"/> Mostly managers <input type="checkbox"/> About the same <input type="checkbox"/> Mostly clinical leaders <input type="checkbox"/> All clinical leaders <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>Score 1: Process improvements are made only when problems occur, or only involve one staff group</p>	<p>Score 3: Improvements are made in irregular meetings involving all staff groups, to improve performance in their area of work (e.g. ward or theatre)</p>	<p>Score 5: Exposing problems in a structured way is integral to an individuals responsibilities and resolution involves all staff groups, along the entire patient pathway; exposing and resolving problems is a part of a regular business process rather than being the result of extraordinary efforts</p>

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<p>6) Performance Tracking</p> <p><i>Tests whether performance is tracked using meaningful metrics and with appropriate regularity</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) What kind of performance or quality indicators would you use for performance tracking? b) How frequently are these measured? c) Who gets to see these data? d) If I were to walk through your hospital wards and surgical rooms, could I tell how you were doing against your performance goals?</p>		
	<p>Score 1: Measures tracked do not indicate directly if overall objectives are being met (only government targets are tracked); tracking is an ad-hoc process (certain processes aren't tracked at all)</p>	<p>Score 3: Most important performance or quality indicators are tracked formally; tracking is overseen by senior staff</p>	<p>Score 5: Performance or quality indicators are continuously tracked and communicated against most critical measures, both formally and informally, to all staff using a range of visual management tools</p>
<p>7) Performance Review</p> <p><i>Tests whether performance is reviewed with appropriate frequency and communicated to staff</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) How do you review your main performance indicators? b) Can you tell me about a recent review meeting? c) Who is involved in these meetings? Who gets to see the results of this review? d) What is a typical follow-up plan that results from these meetings?</p>		
	<p>Score 1: Performance is reviewed infrequently or in an un-meaningful way (e.g. only success or failure is noted)</p>	<p>Score 3: Performance is reviewed periodically with both successes and failures identified; results are communicated to senior staff; no clear follow up plan is adopted</p>	<p>Score 5: Performance is continually reviewed, based on the indicators tracked; all aspects are followed up on, to ensure continuous improvement; results are communicated to all staff</p>
<p>8) Performance Dialogue</p> <p><i>Tests the quality of review conversations</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) How are these meetings structured? How is the agenda determined? b) During these meetings do you find that you generally have enough information for review? c) How useful do you find these meetings? What type of feedback occurs in these meetings? d) For a given problem, how do you generally identify the root cause?</p>		
	<p>Score 1: The right information for a constructive discussion is often not present or the quality is too low; conversations focus overly on data that is not meaningful; a clear agenda is not known and purpose is not explicitly stated; next steps are not clearly defined</p>	<p>Score 3: Review conversations are held with the appropriate data present; objectives of meetings are clear to all participating and a clear agenda is present; conversations do not, drive to the root causes of the problems; next steps are not well defined</p>	<p>Score 5: Regular review/ performance conversations focus on problem solving and addressing root causes; purpose, agenda and follow-up steps are clear to all; meetings are an opportunity for constructive feedback and coaching</p>
<p>9) Consequence Management</p> <p><i>Tests whether differing levels of performance (NOT personal but plan/ process based) lead to different consequence</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) Let's say you've agreed to a follow-up plan at one of your meetings, what would happen if the plan weren't enacted? b) How long is it between when a problem is identified to when it is solved? Can you give me a recent example? c) How do you deal with repeated failures in a specific sub-specialty or cost area?</p>		
	<p>Score 1: Failure to achieve agreed objectives does not carry any consequences</p>	<p>Score 3: Failure to achieve agreed results is tolerated for a period before action is taken</p>	<p>Score 5: A failure to achieve agreed targets drives retraining in identified areas of weakness or moving individuals to where their skills are appropriate</p>

<p align="center">10) Target Balance</p> <p align="center"><i>Tests whether targets cover a sufficiently broad set of metrics</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) What types of targets are set for the hospital? What are the goals for your specialty? b) Tell me about goals that are not set externally (e.g. by the government, regulators)?</p>		
<p align="center">11) Target Inter-Connection</p> <p align="center"><i>Tests whether targets are tied to hospital objectives and how well they cascade down the organisation</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) What is the motivation behind these goals? b) How are these goals cascaded down to the different staff groups or to individual staff members? c) How are your unit targets linked to overall hospital performance and its goals?</p>		
<p align="center">12) Time Horizon of Targets</p> <p align="center"><i>Tests whether hospital has a '3 horizons' approach to planning and targets</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) What kind of time scale are you looking at with your targets? b) Which goals receive the most emphasis? c) Are the long-term and short-term goals set independently? d) Could you meet all your short-run goals but miss your long-run goals?</p>		
<p align="center">13) Target Stretch</p> <p align="center"><i>Tests whether targets are appropriately difficult to achieve</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) How tough are your targets? How pushed are you by the targets? b) On average, how often would you say that you meet your targets? How are your targets benchmarked? c) Do you feel all specialties, departments or staff groups receive the same degree of difficulty in terms on targets? Do some groups perhaps have easier targets?</p>		
<p>Score 1: Goals focused only on government targets and achieving the budget</p>	<p>Score 3: Goals are a balanced set of targets (including quality, waiting time, operational efficiency, and financial balance); goals form part of the appraisal for senior staff only or do not extend to all staff groups; real interdependency is not well understood</p>	<p>Score 5: Goals are a balanced set of targets covering all four dimensions (see Score 3); interplay of all four dimensions is understood by senior and junior staff (clinicians as well as nurses and managers)</p>	
<p>Score 1: Goals do not cascade down the organisation</p>	<p>Score 3: Goals do cascade, but only to some staff groups (e.g. nurses only)</p>	<p>Score 5: Goals increase in specificity as they cascade, ultimately defining individual expectations for all staff groups</p>	
<p>Score 1: The staff's main focus is on achieving short-term targets</p>	<p>Score 3: There are short and long-term goals for all levels of the organisation; goals are set independently and therefore are not necessarily linked to one another</p>	<p>Score 5: Long-term goals are translated into specific short-term targets so that short-term targets become a 'staircase' to reach long-term goals</p>	
<p>Score 1: Goals are either too easy or impossible to achieve, at least in part because they are set with little clinician involvement (e.g. simply off historical performance)</p>	<p>Score 3: In most areas, senior staff push for aggressive goals based on external benchmarks, but with little buy-in from clinical staff; there are a few sacred cows that are not held to the same standard</p>	<p>Score 5: Goals are genuinely demanding for all parts of the organisation and developed in consultation with senior staff (e.g. to adjust external benchmarks appropriately)</p>	

<p><u>14) Clarity and Comparability of Targets</u></p> <p><i>Tests how easily understandable performance measures are and whether performance is openly communicated</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) If I asked someone on your staff directly about individual targets, what would he or she tell me?</p> <p>b) Does anyone complain that the targets are too complex?</p> <p>c) How do people know how their own performance compares to other people's performance? Is this published or posted in any way?</p>		
	<p>Score 1: Performance measures are complex and not clearly understood, or only relate to government/ regulator targets; individual performance is not made public</p>	<p>Score 3: Performance measures are well defined and communicated; performance is public at all levels but comparisons are discouraged</p>	<p>Score 5: Performance measures are well defined, strongly communicated and reinforced at all reviews; performance and rankings are made public to induce competition</p>
<p><u>15) Rewarding High Performers</u></p> <p><i>Tests whether good performance is rewarded proportionately</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) How does your appraisal/ review system work? Can you tell me about your most recent round?</p> <p>b) How does your staff's pay relate to the results of this review? How does the bonus system work?</p> <p>c) Are there non-financial rewards for the best performers across all staff groups?</p> <p>d) How does your reward system compare to that at other comparable hospitals?</p>		
	<p>Score 1: Staff members are rewarded in the same way irrespective of their level of performance</p>	<p>Score 3: There is an evaluation system for the awarding of performance related rewards that are non-financial at the individual level; rewards are always or never achieved</p>	<p>Score 5: There is an evaluation system which rewards individuals based on performance; the system includes both personal financial and non-financial awards; rewards are awarded as a consequence of well-defined and monitored individual achievements</p>
<p>Manager's Bonus:</p> <p>What is your bonus as a percentage of salary? _____</p>	<p>% of the bonus based on individual performance _____</p> <p>% of the bonus based on unit/specialty performance _____</p> <p>% of the bonus based on hospital performance _____</p> <p><i>Refused to answer</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Bonus on individual, unit, and hospital performance MUST add up to 100</i></p>		
<p><u>16) Removing Poor Performers</u></p> <p><i>Tests whether hospital is able to deal with underperformers</i></p> <p>Score:</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/></p>	<p>a) If you had a clinician or a nurse who could not do his/her job, what would you do? Could you give me a recent example?</p> <p>b) How long is under-performance tolerated? How difficult is it to terminate a nurse/ clinician?</p> <p>c) Do you find staff members who lead a sort of charmed life? Do some individuals always just manage to avoid being fired?</p>		
	<p>Score 1: Poor performers are rarely removed from their positions</p>	<p>Score 3: Suspected poor performers stay in a position for more than a year before action is taken</p>	<p>Score 5: We move poor performers out of the hospital/ department or to less critical roles as soon as a weakness is identified</p>
<p><u>17) Promoting High Performers</u></p> <p><i>Tests whether promotion is performance based</i></p>	<p>a) Can you tell me about your career progression/ promotion system?</p> <p>b) How do you identify and develop your star performers? What types of professional development opportunities are provided?</p> <p>c) How do you make decisions regarding progression/ promotions within the unit/ hospital?</p> <p>d) Are better performers likely to be promoted faster or are promotions given on the basis of tenure/ seniority?</p>		

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Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/>	Score 1: People are promoted primarily on the basis of tenure (years of service)	Score 3: People are promoted upon the basis of performance	Score 5: We actively identify, develop and promote our top performers
18) Managing Talent <i>Tests what emphasis is put on talent management</i>	a) How do you ensure you have enough staff/ nurses of the right type in the hospital? b) How do senior managers show that attracting talented individuals and developing their skills is a top priority? c) Do senior staff members get any rewards for bringing in and keeping talented people in the hospital?		
Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/>	Score 1: Senior staff do not communicate that attracting, retaining and developing talent throughout the organisation is a top priority	Score 3: Senior staff believe and communicate that having top talent throughout the organisation is key to good performance	Score 5: Senior staff are evaluated and held accountable on the strength of the talent pool they actively build
19) Retaining Talent <i>Tests whether hospital will go out of its way to keep its top talent</i>	a) If you had a top performing manager, nurse or clinician that wanted to leave, what would the hospital do? b) Could you give me an example of a star performer being persuaded to stay after wanting to leave? c) Could you give me an example of a star performer who left the hospital without anyone trying to keep them?		
Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/>	Score 1: We do little to try and keep our top talent	Score 3: We usually work hard to keep our top talent	Score 5: We do whatever it takes to retain our top talent across all staff groups
20) Attracting Talent <i>Tests the strength of the employee value proposition</i>	a) What makes it distinctive to work at your hospital, as opposed to other similar hospitals? b) If I were a top nurse/clinician and you wanted to persuade me to work at your hospital, how would you do this? c) What do you think people may not like about working at your hospital?		
Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/>	Score 1: Competing hospitals offer stronger reasons for talented people to join their organizations	Score 3: Our value proposition is comparable to those offered by other hospitals	Score 5: We provide a unique value proposition to encourage talented individuals to join our hospital before our competition
Leadership Questions*			
21) Clearly Defined Accountability for Clinicians <i>Tests whether there is formal leadership roles and accountability among clinicians for delivery of hospital targets and objectives</i>	a) Can you tell me about the role that clinicians (e.g. doctors/ consultants) have in improving performance and achieving targets? b) How are individual clinicians responsible for delivery of targets? Does this apply to cost targets as well as quality targets? c) How do clinicians take on roles to deliver cost improvements? Are they selected for this role or do they volunteer? Can you think of examples?		
Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/>	Score 1: Formal accountability for clinical performance (quality) only	Score 3: There is some accountability for delivery beyond clinical quality but this might be diffused within a team or not carry significant consequences; clinical performance still considered to be the main part of the job	Score 5: Formal accountability across quality service and cost dimensions with effective performance management and consequences for good/ poor performance

Organization Questions

a) How many people work in the hospital? _____

b) How many doctors are employed by the hospital? _____

c) What is the average number of doctors on site each day? _____

d) How many nurses work in the hospital? _____

e) How many beds in the hospital? _____

f) How many beds are in your speciality? _____ *(If Specialty Manager, please complete. Otherwise, leave blank.)*

Please say "Can you walk me through the hospital's hierarchy?". Then iteratively ask "Who does a junior nurse report to?", "Who would [his/her boss] report to"...., Keep asking until you reach the CEO (head of hospital)

g) Number of levels in the school BETWEEN the nurse and the CEO/GM:: _____
For example a hospital with CEO, Head of Cardiology, Nurse Manager, Staff Nurse has 2 levels between the Nurse and CEO (the Head of Cardiology and Nurse Manager)

h) How many people DIRECTLY report to the manager of your speciality (e.g. the number of people DIRECTLY in the hierarchical layer below him/her)? _____

i) How many people DIRECTLY report to the hospital CEO/GM? _____

j) To hire a FULL-TIME PERMANENT nurse what agreement would your hospital CEO/GM need?

Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/>	Score 1: The hospital has no authority, even for replacement hires.	Score 3: Requires sign-off from outside the hospital based on the individual case. Typically agreed (i.e. about 80 or 90% of the time).	Score 5: Complete authority of the hospital - it is their decision entirely
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k) To the extent the hospital decides over hiring a FULL-TIME PERMANENT nurse, who within the hospital would make that decision?

Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/>	Score 1: The hospital CEO decides entirely	Score 3: The hospital CEO and the speciality the nurse is going to join decide jointly	Score 5: The speciality the nurse is going to join decides this entirely
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l) Where are decisions taken on adding more beds to the speciality (for example 5% more bed spaces)?

Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> -99 <input type="checkbox"/>	Score 1: The hospital CEO decides entirely	Score 3: The hospital CEO and the speciality decide jointly 90% of the time	Score 5: The speciality decides this entirely
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m) To the extent the hospital decides over adding more beds, who within the hospital would make that decision?

Score:

1 2 3 4 5 -99

Score 1: The hospital CEO decides entirely

Score 3: The hospital CEO and the speciality decide jointly

Score 5: The speciality decides this entirely

n) To what degree do individual departments have autonomy to set their own budget and make strategic investments?

Score:

1 2 3 4 5 -99

Score 1: Departments are seen as cost centres which are allocated pre-determined budgets; department leaders have limited autonomy for setting strategic direction and little/no authority to make strategic decisions.

Score 3: Departments function as business units where department leaders collaborate with senior management to set budgets and determine their strategic direction.

Score 5: Departments are seen as revenue centers which function as fully independent business units; department leaders have complete authority to make investment decisions and set their own strategic agenda.

o) What is the largest CAPITAL INVESTMENT your speciality could make without PRIOR authorization from CEO?
(ignore form filling) [PLEASE CROSS CHECK ANY ZERO RESPONSE BY ASKING "what about buying a new computer - would that be possible?", and then probe further. _____

Ownership

a) Who owns the hospital? _____

b) What is the hospital's public/private status?

Public Private Other -99

If other, what? _____

c) Is the hospital managed by a third-party management company?

Yes No -99

d) Is the hospital part of a network?

Yes No -99

e) TOTAL number of hospitals within the network? _____

f) Number of OTHER clinical sites affiliated with THIS hospital _____

g) How many OTHER clinical sites have a Cardio/Ortho unit? _____

h) Is CEO/GM of the hospital on the site being interviewed?

Yes No -99

Human Resources	
<p>e) Percent of managers who have a CLINICAL degree? _____</p> <p>e) Percent of managers who have an MBA? _____</p> <p>e) Average actual hours worked per week by nurses _____</p> <p>e) Percent of nurses in the specialty who have left in the last 12 months _____</p> <p>e) Percent of nurses who are union members _____</p> <p>e) Percent of doctors who are union members _____</p> <p>f) Roughly how many times bigger is the CEO salary than a nurse's salary. That is, does the CEO earn twice as much, ten times as much, or 100 times as much? _____</p> <p style="text-align: right;">Refused to answer: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>h) Ignoring yourself, how well managed do you think the rest of the hospital is on scale: 1 to 10, where 1 is worst practice, 10 is best practice and 5 is average</p> <p>Overall _____</p> <p>Operations (patient care processes) _____</p> <p>Talent (people, promotions, incentives, etc.) _____</p> <p>Would you like me to send you a copy of this report when it is written? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Post - Interview

a) Interview duration (minutes) _____			
b) Interviewee knowledge of management practices			
Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Score 1: Some knowledge his specialty, and no knowledge about the rest of the hospital	Score 3: Expert knowledge his specialty, and some knowledge about the rest of the hospital	Score 5: Expert knowledge about his specialty and the rest of the hospital
c) Interviewee willingness to reveal information			
Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Score 1: Very reluctant to provide more than basic information	Score 3: Provides all basic information and some more confidential information	Score 5: Totally willing to provide any information about the hospital!
d) Interviewee patience			
Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Score 1: Little patience - wants to run the interview as quickly as possible. I felt heavy time pressure	Score 3: Some patience - willing to provide richness to answers but also time constrained. I felt moderate time pressure	Score 5: Lot of patience - willing to talk for as long as required. I felt no time pressure

d) Did the manager mention that the hospital was a teaching hospital? Yes No

f) Number of times mentioned overriding economic factors (e.g. recession)? _____

f) Number of times rescheduled (0=never rescheduled) _____

g) Seniority of interviewee

1 - CEO 2 - Multi-specialty manager

3 - Specialty Manager 4 – Within specialty management

5 - Technician without management role (e.g. nurse or junior doctor)

h) Age of interviewee (don't ask) - guess if not told _____

i) Gender of interviewee Male Female

j) Did the interviewee have a degree - guess if not told

l) Interview language _____

*The Management and Leadership questions were asked in the following order during the interview: 1,2,3,5,4,6,7,8,9,10,11,12,13,21,14,15,16,17,18,19,20.