2009 Healthcare Survey Instrument

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

Management Questions*

1) Layout of Patient Flow

Tests how well the patient pathway is configured at the infrastructure level and whether staff pro-actively improve their own work-place organisation

Score:

1☐ 2☐ 3☐ 4☐ 5☐ -99☐

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?

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)	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)	Score 5: Hospital layout has been configured to optimize patient flow; workplace organization is challenged regularly and changed whenever needed

2) Rationale for Introducing Standardisation/ Pathway Management

Tests the motivation and impetus behind changes to operations and what change story was communicated

Score:

1☐ 2☐ 3☐ 4☐ 5☐ -99☐

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?

Score 1: Changes were imposed top-down or because other departments were making (similar) changes; rationale was not communicated or understood	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	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'

3) Standardisation and Protocols *Tests if there are standardised procedures (e.g. integrated clinical pathways) that are applied and monitored systematically* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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?		
	Score 1: Little standardisation and few protocols exists (e.g. different clinical staff have different approaches to the same treatments)	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)	Score 5: Protocols are known and used by all clinical staff and regularly followed up on through some form of monitoring or oversight
4) Good use of Human Resources *Tests whether staff are deployed to do what they are best qualified for, but nevertheless help out elsewhere when needed* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	a) With respect to your staff, what happens when different hospital areas become busier than others? b) How do you know which tasks are best suited to different staff? c) What kind of procedures do you have in place to assist staff flow between areas; for example, is there one central person or centre which coordinates this process?		
	Score 1: Staff often end up undertaking tasks for which they are not qualified or over-qualified when they could be used elsewhere; staff do not move across units, even when they are generally underutilised	Score 3: Senior staff try to use the right staff for the right job, but do not go to great lengths to ensure this; staff may move but often in an uncoordinated manner	Score 5: Staff recognise effective human resource deployment as a key issue and will go to some lengths to make it happen; shifting staff from less busy to busy areas is done routinely and in a coordinated manner, based on the documented skills
5) Continuous Improvement *Tests processes for and attitudes towards continuous improvement, and whether learnings are captured and documented* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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?		
	Score 1: Process improvements are made only when problems occur, or only involve one staff group	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)	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
d) Who decides how work is allocated across clinical staff? All managers☐ Mostly managers☐ About the same☐ Mostly clinical leaders☐ All clinical leaders☐ -99☐			

6) Performance Tracking *Tests whether performance is tracked using meaningful metrics and with appropriate regularity* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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?		
	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)	Score 3: Most important performance or quality indicators are tracked formally; tracking is overseen by senior staff	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
7) Performance Review *Tests whether performance is reviewed with appropriate frequency and communicated to staff* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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?		
	Score 1: Performance is reviewed infrequently or in an un-meaningful way (e.g. only success or failure is noted)	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	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
8) Performance Dialogue *Tests the **quality** of review conversations* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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?		
	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	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	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
9) Consequence Management *Tests whether differing levels of performance (NOT personal but plan/ process based) lead to different consequence* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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?		
	Score 1: Failure to achieve agreed objectives does not carry any consequences	Score 3: Failure to achieve agreed results is tolerated for a period before action is taken	Score 5: A failure to achieve agreed targets drives retraining in identified areas of weakness or moving individuals to where their skills are appropriate

10) Target Balance *Tests whether targets cover a sufficiently broad set of metrics* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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)?		
	Score 1: Goals focused only on government targets and achieving the budget	Score 3: Goals are 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	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)
11) Target Inter-Connection *Tests whether targets are tied to hospital objectives and how well they cascade down the organisation* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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?		
	Score 1: Goals do not cascade down the organisation	Score 3: Goals do cascade, but only to some staff groups (e.g. nurses only)	Score 5: Goals increase in specificity as they cascade, ultimately defining individual expectations for all staff groups
12) Time Horizon of Targets *Tests whether hospital has a '3 horizons' approach to planning and targets* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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?		
	Score 1: The staff's main focus is on achieving short-term targets	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	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
13) Target Stretch *Tests whether targets are appropriately difficult to achieve* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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?		
	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)	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	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)

14) Clarity and Comparability of Targets *Tests how easily understandable performance measures are and whether performance is openly communicated* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	a) If I asked someone on your staff directly about individual targets, what would he or she tell me? b) Does anyone complain that the targets are too complex? c) How do people know how their own performance compares to other people's performance? Is this published or posted in any way?		
	Score 1: Performance measures are complex and not clearly understood, or only relate to government/ regulator targets; individual performance is not made public	Score 3: Performance measures are well defined and communicated; performance is public at all levels but comparisons are discouraged	Score 5: Performance measures are well defined, strongly communicated and reinforced at all reviews; performance and rankings are made public to induce competition
15) Rewarding High Performers *Tests whether good performance is rewarded proportionately* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	a) How does your appraisal/ review system work? Can you tell me about your most recent round? b) How does your staff's pay relate to the results of this review? How does the bonus system work? c) Are there non-financial rewards for the best performers across all staff groups? d) How does your reward system compare to that at other comparable hospitals?		
	Score 1: Staff members are rewarded in the same way irrespective of their level of performance	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	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
Manager's Bonus: What is your bonus as a percentage of salary? _____	% of the bonus based on individual performance _____ % of the bonus based on unit/specialty performance_____ % of the bonus based on hospital performance _____	*Refused to answer* Yes ☐ No ☐ *Bonus on individual, unit, and hospital performance MUST add up to 100*	
16) Removing Poor Performers *Tests whether hospital is able to deal with underperformers* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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? b) How long is under-performance tolerated? How difficult is it to terminate a nurse/ clinician? c) Do you find staff members who lead a sort of charmed life? Do some individuals always just manage to avoid being fired?		
	Score 1: Poor performers are rarely removed from their positions	Score 3: Suspected poor performers stay in a position for more than a year before action is taken	Score 5: We move poor performers out of the hospital/ department or to less critical roles as soon as a weakness is identified
17) Promoting High Performers *Tests whether promotion is performance based*	a) Can you tell me about your career progression/ promotion system? b) How do you identify and develop your star performers? What types of professional development opportunities are provided? c) How do you make decisions regarding progression/ promotions within the unit/ hospital? d) Are better performers likely to be promoted faster or are promotions given on the basis of tenure/ seniority?		

Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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 *Tests what emphasis is put on talent management* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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: 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 *Tests whether hospital will go out of its way to keep its top talent* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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: 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 *Tests the strength of the employee value proposition* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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: 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 *Tests whether there is formal leadership roles and accountability among clinicians for delivery of hospital targets and objectives* Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	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: 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 specialty (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☐ 2☐ 3☐ 4☐ 5☐ -99☐	Score 1: The hospital has no authority, even for replacement hires.	Score 3: Requires sign-off from outside the hospitall 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
k) To the extent the hospital decides over hiring a FULL-TIME PERMANENT nurse, 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 the nurse is going to join decide jointly	Score 5: The speciality the nurse is going to join decides this entirely
l) Where are decisions taken on adding more beds to the speciality (for example 5% more bed spaces)? Score: 1☐ 2☐ 3☐ 4☐ 5☐ -99☐	Score 1: The hospital CEO decides entirely	Score 3: The hospital CEO and the speciality decide jointly90% of the time)	Score 5: The speciality decides this entirely

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 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

e) Percent of managers who have a CLINICAL degree? _____

e) Percent of managers who have an MBA? _____

e) Average actual hours worked per week by nurses _____

e) Percent of nurses in the specialty who have left in the last 12 months _____

e) Percent of nurses who are union members _____

e) Percent of doctors who are union members _____

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?

_____ Refused to answer: Yes ☐ No ☐

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

Overall _____

Operations _____
(patient care processes)

Talent _____
(people, promotions, incentives, etc.)

Would you like me to send you a copy of this report when it is written? Yes ☐ No ☐

Post - Interview

a) Interview duration (minutes) _____

b) Interviewee knowledge of management practices

Score: 1☐ 2☐ 3☐ 4☐ 5☐

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 hosptial	Score 5: Expert knowledge about his specialty and the rest of the hospital

c) Interviewee willingness to reveal information

Score: 1☐ 2☐ 3☐ 4☐ 5☐

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☐ 2☐ 3☐ 4☐ 5☐

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.