

**UTAH**  
**RURAL HOSPITAL & COMMUNITY HEALTHCARE NEEDS**  
**ASSESSMENT SURVEY – FIRST QUARTER 2012**

Hospital Name: \_\_\_\_\_

CEO / Administrator: \_\_\_\_\_

**Hospital Organization Structure and Tax / Foundation Support**

1. How is your hospital organized?

- For-Profit  
 Not-For-Profit 501c3  
 Government (e.g. Special Service District, County, City)  
 Other (Explain \_\_\_\_\_)

2. Your hospital is:

- Independent  
 Part of a System / Corporation

3. Does your hospital receive county, city or other tax support?

- Yes                       No

If yes, how much money is received on an annual basis (estimated amount)? \$ \_\_\_\_\_

If you do not receive local tax support, how likely is this to occur in the near future?

- Very likely       Likely       Not Likely       Will Not Happen  
 Unsure

4. Does your hospital operate a hospital foundation to provide additional support to the entity?

- Yes                       No                       Unsure

5. If you do not operate a hospital foundation, how likely are you to create one in the near future?  
 \_\_\_\_\_ Very likely      \_\_\_\_\_ Likely      \_\_\_\_\_ Not Likely      \_\_\_\_\_ Will Not Happen  
 \_\_\_\_\_ Unsure

**Hospital Concerns and Challenges**

Please review each possible concern / challenge and assess the degree of significance for your hospital:

	No Problem	Minor Problem	Moderate Problem	Severe Problem	Comments	
<b>Workforce Supply</b>						
Physician	1	2	3	4	5	_____
Mid-Level	1	2	3	4	5	_____
Nursing	1	2	3	4	5	_____
Ancillary (Lab, Radiology, PT, etc...)	1	2	3	4	5	_____
Specialist (Type _____)	1	2	3	4	5	_____
Specialist (Type _____)	1	2	3	4	5	_____
Specialist (Type _____)	1	2	3	4	5	_____
Other (_____)	1	2	3	4	5	_____
<b>Access to Primary Care Services</b>	1	2	3	4	5	_____
<b>Hospital reimbursement</b>						
Medicare	1	2	3	4	5	_____
Medicaid	1	2	3	4	5	_____
Third Party Payer	1	2	3	4	5	_____
Bad Debt / Charity Care	1	2	3	4	5	_____
Other (_____)	1	2	3	4	5	_____
<b>ACA Health Care Reform Readiness</b>	1	2	3	4	5	_____
<b>If a Concern, Which Areas Are Most Concerning?</b>						
1) _____						
2) _____						
3) _____						
4) _____						
<b>EHR Adoption / Meaningful Use</b>	1	2	3	4	5	_____
<b>ICD-10 Conversion</b>	1	2	3	4	5	_____
<b>Hospital Staff Training / CME</b>	1	2	3	4	5	_____
<b>Medical Staff Training /CME</b>	1	2	3	4	5	_____

Hospital Staff Morale	1	2	3	4	5	_____
Medical Staff Morale	1	2	3	4	5	_____
Hospital Conditions-of-Participation	1	2	3	4	5	_____
Access to Mental Health Services	1	2	3	4	5	_____
Impact of Uninsured	1	2	3	4	5	_____
Impact of Under-insured	1	2	3	4	5	_____
Quality Reporting (e.g. Hospital Compare)	1	2	3	4	5	_____
Physical Plant/Building Issues	1	2	3	4	5	_____
Access to Capital	1	2	3	4	5	_____
Relationships with Hospitals to Which Patients Are Referred	1	2	3	4	5	_____
Pharmacy Coverage	1	2	3	4	5	_____
Community Support for the Hospital	1	2	3	4	5	_____
Providing 24 Hour Emergency Coverage	1	2	3	4	5	_____
Adequate Patient Transport Services (EMS)	1	2	3	4	5	_____
Community/Area Economic Change	1	2	3	4	5	_____
Meaningful Peer Review of Medical Staff	1	2	3	4	5	_____
Isolation with Few Resources	1	2	3	4	5	_____
Limited Grant Writing Resources	1	2	3	4	5	_____
Utah Hospital Association Support	1	2	3	4	5	_____
American Hospital Association Support	1	2	3	4	5	_____
Utah Department of Health Support	1	2	3	4	5	_____
Community Needs Assessment	1	2	3	4	5	_____
Transparency Regulations	1	2	3	4	5	_____
Insurability and Associated Costs (e.g. Liability)	1	2	3	4	5	_____
Revenue Cycle Efficiencies	1	2	3	4	5	_____
Expense Management	1	2	3	4	5	_____
Staffing Efficiencies	1	2	3	4	5	_____
Purchasing Efficiencies	1	2	3	4	5	_____
Claims Denial Management	1	2	3	4	5	_____
Governing Board Support / Training	1	2	3	4	5	_____
Administrative / Manager Leadership Training and Development	1	2	3	4	5	_____
HIPAA Compliance	1	2	3	4	5	_____
Emergency Preparedness	1	2	3	4	5	_____
Telemedicine Capabilities	1	2	3	4	5	_____
Financial Stability	1	2	3	4	5	_____
Evidenced Based Medicine / Protocols	1	2	3	4	5	_____

Competitive Environment / Market Share	1	2	3	4	5	_____
Community Awareness of Hospital Services	1	2	3	4	5	_____
Information Technology Support	1	2	3	4	5	_____
Other						
(_____)	1	2	3	4	5	_____
(_____)	1	2	3	4	5	_____
(_____)	1	2	3	4	5	_____

**Community Relationships**

Please review the list of possible community organizations below and select the choice that best represents your view on the quality of the relationship between the hospital and the organization.

	Not Applicable	Poor	Below Average	Average	Above Average	Excellent	Comments
Public Health	0	1	2	3	4	5	_____
Rural Health Clinic(s)	0	1	2	3	4	5	_____
Long Term Care	0	1	2	3	4	5	_____
Assisted Living	0	1	2	3	4	5	_____
Retail Pharmacy	0	1	2	3	4	5	_____
Dentists / Dental Services	0	1	2	3	4	5	_____
Economic Development	0	1	2	3	4	5	_____
Local City / Town Governments	0	1	2	3	4	5	_____
Senior Citizen Groups	0	1	2	3	4	5	_____
Schools (Elementary / Secondary)	0	1	2	3	4	5	_____
Schools (University / College)	0	1	2	3	4	5	_____
Rotary Clubs	0	1	2	3	4	5	_____
Local Area State Legislators	0	1	2	3	4	5	_____
Rural Health Association of Utah	0	1	2	3	4	5	_____
Utah Rural Health Scholars Program	0	1	2	3	4	5	_____
Utah Area Health Education Center	0	1	2	3	4	5	_____
Utah Rural Health Resource Center	0	1	2	3	4	5	_____
Other Organizations							
(_____)	0	1	2	3	4	5	_____
(_____)	0	1	2	3	4	5	_____
(_____)	0	1	2	3	4	5	_____

**Community Health Care Improvement**

In your opinion, what would most improve health care in the communities your hospital serves? (Circle all that apply and add comment)

	Comments
Health Education Services	_____
Specialty Services	_____
Improved Quality of Care	_____
Transportation Assistance	_____
Interpreter Services	_____
Access to Primary Care	_____
Telemedicine	_____
Extended Hours for Outpatient Services	_____
Access to Non-Emergency Department Care (e.g. Urgent Care, After Hours Clinic Care)	_____
Other (_____)	_____
Other (_____)	_____
Other (_____)	_____

**Community Health Concerns**

What do you believe are serious health related concerns in the communities your hospital serves? (Circle all that apply and add comment)

	Comments
Alcohol / Substance Abuse	_____
Cancer	_____
Child Abuse / Neglect	_____
Diabetes	_____
Domestic Violence	_____
Heart Disease	_____
Lack of Access to Health Care	_____
Lack of Access to Dental Care	_____

Underage Alcohol Use	_____
Mental Health Issues	_____
Obesity	_____
Stroke	_____
Tobacco Use	_____
Motor Vehicle Accidents	_____
Literacy	_____
Language Barriers	_____
Teenage Promiscuity	_____
Lack of Personal Health Management (e.g. Exercise)	_____
Other (_____)	_____
Other (_____)	_____
Other (_____)	_____

**Community Health Insurance Coverage**

What percentage of your hospital business (gross revenue) is:

Medicare	_____
Medicaid	_____
Self Pay	_____
Third Party Insurance	_____
CHIP	_____
PCN	_____
VA / Military	_____
Indian Health	_____
Other (_____)	_____
Other (_____)	_____

**Utah State Legislature**

How do you believe the state legislature could better assist you (e.g. capital or other funding, loan repayment programs, special rural legislation, etc...)?

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**Community Focus Group Meeting(s)**

If focus group meeting(s) are held, please summarize on the attached.

**Additional Comments (if any):**

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**Thank you for your participation!**  
**Please return by March 31, 2012**

Send hard copies to:

Greg M. Rosenvall

UHA Rural Hospital Improvement Director | Utah Flex Program Coordinator

P. O. Box 913 | Gunnison, Utah 84634

435-528-3573 Home Office | 801-793-0426 Mobile

[greg@utahhospitals.org](mailto:greg@utahhospitals.org)

