

1. How satisfied are you with the services provided by the Emergency Department?

[More Details](#)

<span style="color: blue;">●</span> Very satisfied	9
<span style="color: orange;">●</span> Somewhat satisfied	4
<span style="color: green;">●</span> Non-applicable. I do not inter...	1
<span style="color: red;">●</span> Somewhat dissatisfied	4
<span style="color: purple;">●</span> Very dissatisfied	2

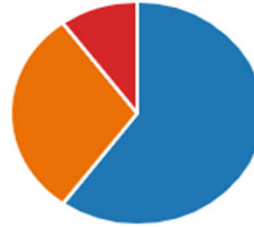


<p><b>In pondering your interactions with the EMERGENCY DEPARTMENT, please list their strengths and weaknesses. Do you have ideas for improvement?</b></p>
<p>I wonder why it takes so long to be seen when it seems like the nurses are just talking at their station. It would be nice to be visited before the doctor just to stay connected. Noise travels too easily. I know that patient beside me can hear the doctor talking to me. Not very private.</p>
<p>Strengths; Talented, helpful staff nursing and ancillary (also Docs) Weaknesses; there is a sense of adversarial relationship with the other departments in the hospital</p>
<p>Things are OK. Sometimes a lot of noise from staff. Sometimes doctors don't do a thorough history and exam.</p>
<p>Just want to run patients through fast and not thorough in their evaluations</p>
<p>Strengths are they can handle most things by themselves rather than referring to others outside the department all the time. Weakness would be they have to refer a lot outside our system but this is the consultants and not their weakness really.</p>
<p>Docs are great, still get complaints about noise, cleanliness and efficiency from patients</p>
<p>ED seems very defensive when I bring up concerns. Sometimes things such as PX are documented when no PX is performed. I know ED is not receptive to discussing cases with mid level providers and I think the interface between urgen care and ED needs alot of work. Some of the written documentation is scanty and some of the time patients are treated roughly. I know patients do not want to come to the ED if they can help it and that is saying alot right there. I think the ED should have to answer for their care when it is below standard although it seems they rarely do. They are well staffed but always seem too busy to help with optimizing patient care.</p>
<p>Upon being called in for an emergency case, often the covid test isn't done by the nurses. Occasionally I have put in the order for it or have to call and ask the nurse to do it. The IV's are often AC and a 20g or smaller prior to coming to surgery, I then have to add another IV for my anesthesia. I have been a patient in the ER recently and my meds were asked of me but not put into the EMR. I sat in the room with my SpO2 monitor alarming because my SpO2 was 85%. No one came to give me a nasal canula or oxygen so I took my inhaler and it came up close to 90%. I have had several friends complain to me about the nursing staff not helping them and the doctor taking up to 2 hours to see them for the first time.</p>
<p>very accommodating. I have never had any response but courteous and even enthusiastic willingness to help with our patients.</p>
<p>Strengths: friendly admin and clinical staff that are available to discuss cases. Willingness to collaborate with community resources as needed. Case manager to coordinate care. Weakness: Routine collaborative review with stake holders from community agencies on what is working well and on what is not working well to improve health outcomes for patients. Incorporating Serious Illness Conversation to all patients with major changes in their health condition.</p>

3. How satisfied are you with the services provided by the Laboratory Department?

[More Details](#)

● Very satisfied	12
● Somewhat satisfied	6
● Non-applicable. I do not inter...	0
● Somewhat dissatisfied	2
● Very dissatisfied	0



<b>In pondering your interactions with the LABORATORY DEPARTMENT, please list their strengths and weaknesses. Do you have ideas for improvement?</b>
Very quick with test results.
Strengths; willingness to help, team players, spectrum of available testing, adequacy of blood bank Weaknesses; ordering in Meditech, inconsistency in pathology reports
The interaction with the previous lab manager was difficult, it has seemed to really improve.
Strengths is the courier service and promptness of testing. Weaknesses are some communication issues to others when things change or new protocols are placed.
People are great, structurally the department does not interact well with the outpatient clinics.
There are tests that have been on back order for months and is troublesome to have them not have them back like urine testing for gonorrhea and chlamydia
I have always found the lab to be very responsive to any concerns I have and try to help me. Sometimes the send out labs aren't easily retrievable but that is more of a minor point.
They are very efficient and kind to work with.
would like to know the different "panels" available are they listed on the intranet?
very accommodating and no negatives.
Strengths: knowledgeable staff to assist on questions regarding lab collection. Their team traditionally has sought out questions that are not known. Question: Is there an electronic approach to asking questions or guide to read about type of labs that could be obtained from our facility for medical staff and referring providers?

5. How satisfied are you with the services provided by the Radiology Department?

[More Details](#)

Very satisfied	12
Somewhat satisfied	7
Non-applicable. I do not inter...	0
Somewhat dissatisfied	1
Very dissatisfied	0



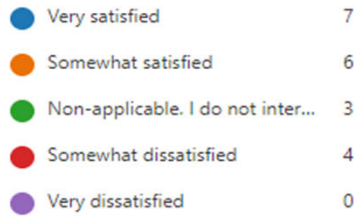
<b>In pondering your interactions with the RADIOLOGY DEPARTMENT, please list their strengths and weaknesses. Do you have ideas for improvement?</b>
Have always had a good experience in the mammography and ultrasound stations. Awesome techs in both department. Very friendly and helpful.
Strengths; Sharon and Jeff as proactive managers willing to make things happen, quality techs weaknesses; some unwillingness of preauthorization workers to help,
Get axillary's on shoulder fractures.
Don't like the current PACs system. Would like to see clearer MRI images. Would like to see quicker scheduling times for MRIs.
I have really appreciated the openness of the radiologists to phone calls and questions about patients. I also really appreciate the staff's help with making sure that the most appropriate test is ordered and that the coding is correct. This is very important for the financial stability of the hospital.
constant hassles with getting things approved and diagnoses unacceptable delays on weekends getting results back to providers
There are definitely times during the day were radiology readings take too long. Stat ED studies should be done under an hour (stroke alert under 15 minutes). There have been occasional days that it has been over 90 minute wait for ED readings. This is too long. If we are busy we hold people in the waiting room/car because beds are stalled by waiting CT or US reads. A strength of our radiologist however is that they are always willing to help with a procedure (paracentesis, thoracentesis) when necessary
Strengths are promptness of getting patients in and the accuracy and promptness of the reports. Weakness would be that we are losing some of our best radiologists coming up because of money. Ones whom have been personable, professional, strong in their field and very approachable. Will see what it is like in a year.
Need a better prior auth process. According to patients our radiology prices are not cost cometative with other facilities
Generally do very well.
so the biggest strength of the radiology dept is Dr Bernstein (which is ironic, since his contract has been terminated) and behind him Sharon, who is very reliable and always is able to stretch and accomodate patient care needs. The schedulers seem kind and competent. I think radiology is very attuned to kind/professional/competent pt care and hope this can continue despite the undesirable change in staff that is forthcoming.
Very prompt and good to work with
slow turn around on reads at times

Very courteous and willing to work any issues that come up with coding/ scheduling, etc.

Strengths: Friendly admin and clinical staff to answering questions. Works with staff to get patient scheduled in timely fashion. Reliable current radiologist interpretations and recommendations of studies.

7. How satisfied are you with the services provided by the Surgery Department?

[More Details](#)



<b>In pondering your interactions with the SURGERY DEPARTMENT, please list their strengths and weaknesses. Do you have ideas for improvement?</b>
Friendly nurses. Not as private as the cubicles could be.
Strengths: Nurses - Julia, Connie, Wendy, Jody, Keith and many more very willing to give there all, ease of being able to get cases done when needed, CRNAs-all quality providers, great PACU care and follow up phone calls Weaknesses; no leadership, no loop closure on problems, no forward thinking- planning for equipment upgrade replacement and servicing, no clear direction for staff education, no ability for physicians to give feedback on ancillary staff, we are outgrowing our space so it is loud, chaotic, messy, the locker rooms are small and disorganized. The ancillary staff are grumbly and do not appear to have a way to voice their frustrations and concerns or they are not being heard.
Some of the new staff have been weak.
I appreciate their openness to discuss patients and their willingness to see patients quickly when needed.
Surgeons not competent
General surgery very helpful and willing to consult. General surgery seems very dedicated to patient care. Weakness is orthopedic surgery whom seems to not like medicaid and medicare patients at all. Might as well not refer them locally because they will be denied. Also it appears they require complete workup done with clear indications for surgery so they can just proceed directly with surgery only and seem to not like to consult unless an OR slot can be filled. Feel sometimes should send patient with dotted lines saying "cut here" prior to considering consult.
There continues to be an environment of hostility and bullying by providers toward surgery support staff
I would like to see primary surgeon follow their postop patients rather than passing them along with apparently minimal communication. I think the OR is poorly run and the nurse anesthetists are over staffed for what is needed to be done. The OR block time should be allocated to surgeons who fill their block time. Tighter fiscal management would make the OR much more profitable for the hospital.
I don't feel like there is team work anymore. The director FH I feel is buying time. She seems to not want to work with Joe or that he is stepping on her toes and she just digs in and doesn't budge on many things. Not much follow through and communication from her to her nurses.
very collegial, very accommodating.

Strength: Willingness to try new relevant procedures to local patients when multiple disciplines request procedure. Ancillary staff helpful.

Comments: Harassment laws need to be reviewed and education provided to all DCMH and non-DCMH employees.

9. How satisfied are you with the services provided by the Anesthesia Department?

[More Details](#)

● Very satisfied	10
● Somewhat satisfied	4
● Non-applicable. I do not inter...	5
● Somewhat dissatisfied	1
● Very dissatisfied	0



<b>In pondering your interactions with the ANESTHESIA DEPARTMENT, please list their strengths and weaknesses. Do you have ideas for improvement?</b>
Better preop evaluation BEFORE the patient arrives.
I think that the nurse anesthetists do a very good job. They are very good, but I really think that we should have a group of anesthesiologists. It would add to the procedures and possibly the types of surgeries that could be done. Perhaps there could be added pain management services offered.
Only needed to call them one time to help in the ED when we were busy and they were very helpful.
Strengths is they are very professional and approachable.
Great providers, they deserve to be full voting members of the med staff.
Want the pain clinic to get up and running
I feel like our department is finally up to speed on staffing as we have been in the past. I feel like we are all on the same page. I enjoy the independent aspect as well as the education from others.
no concerns

11. How satisfied are you with the services provided by the Med Surg Department?

[More Details](#)

- Very satisfied 7
- Somewhat satisfied 5
- Non-applicable. I do not inter... 5
- Somewhat dissatisfied 1
- Very dissatisfied 0



<b>In pondering your interactions with the MED SURG DEPARTMENT, please list their strengths and weaknesses. Do you have ideas for improvement?</b>
Strengths; willingness to meet the needs of providers, good care of patients, positive attitudes
Would be great to have more check out from hospitalists, transitions of care are better but have room to become smoother, more efficient w/ greater incorporation of patient navigators in the process
The nurses I feel do provide great care to our patients with one exception. Often the day of surgery or day after the patients haven't even gotten out of bed to the chair or up to walk.
in the past, it seems some patients should have been admitted but I'm not sure if that's ER or hospitalist call. In general no concerns and very helpful
<p>Strengths: Eagerness and friendliness of clinical staff with patients and families. Care of patients.</p> <p>Weakness: Hospitalists that work multiple 24 hour shifts straight.</p> <p>Routine collaborative review by department managers with stake holders from community agencies on what is working well and on what is not working well to improve health outcomes for patients at transitions. Follow through with changes.</p> <p>Case management could be more proactive.</p> <p>Some patient daily progress notes on patients have a lot of information from previous days, so sometimes difficult to know what has changed (note looks more like for billing rather than communicating for good transition of care.)</p> <p>Incorporating Serious Illness Conversation to all patients with major changes in their health condition.</p> <p>Question: How has family communication gone with hospitalized people and limited visitors? -- how has the education at discharge been going -- are they done virtually with capable family member while clinician (MD/RN/care coordinator) at bedside with patient so capable family members receive information at time of discharge that will allow smooth discharge transition? Some family members of patients that I have cared for have had some confusion likely due to multiple reasons including spouse/MDPOA limited ability to communicate or remember and more difficult to identify by phone.</p>



13. How satisfied are you with the services provided by the ICU Department?

[More Details](#)

● Very satisfied	7
● Somewhat satisfied	2
● Non-applicable. I do not inter...	11
● Somewhat dissatisfied	0
● Very dissatisfied	0

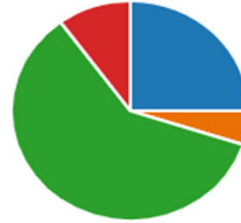


<b>In pondering your interactions with the ICU DEPARTMENT, please list their strengths and weaknesses. Do you have ideas for improvement?</b>
I've never been in the ICU department.
Strengths: nursing staff willingness, ability and attitude weaknesses; documentation of Ins and outs, VS ...is this a meditech issue?
no concerns
Strengths: Competent staff. Weakness: Room to maximize concurrent care of curative with palliative options (max quality life.) What does this look like and how to transition to using appropriate language. Incorporating Serious Illness Conversation to all patients admitted to ICU regardless of goals of care. Comment: Needs more natural light in the clinical work space.

15. How satisfied are you with the services provided by the OB Department?

[More Details](#)

● Very satisfied	5
● Somewhat satisfied	1
● Non-applicable. I do not inter...	12
● Somewhat dissatisfied	2
● Very dissatisfied	0



<b>In pondering your interactions with the OB DEPARTMENT, please list their strengths and weaknesses. Do you have ideas for improvement?</b>
Great rooms. Nice that there is a c-section suite just down the hall.
I can only comment on the physicians (Eades, Lewis). They are wonderful. Always helpful and rude.
Strengths are personable care and openness. Weakness is we need to do more deliveries and have more of a mix of socioeconomic classes as we seem to just take take of low socioeconomic and middle class go to Grand Junction. Need to show out personable and close to home care so people don't continue to drive past us.
I don't feel that the OB providers are keeping themselves current with COVID policy for OB patients.
Comment: Knowing that HopeWest has support for grief and loss of patient, family or clinical staff at any stage of pregnancy or after childbirth.

17. How satisfied are you with the services provided by the IS Department?

[More Details](#)

● Very satisfied	6
● Somewhat satisfied	8
● Non-applicable. I do not inter...	2
● Somewhat dissatisfied	4
● Very dissatisfied	0



<b>In pondering your interactions with the IS DEPARTMENT, please list their strengths and weaknesses. Do you have ideas for improvement?</b>
Weaknesses: lack of kindness, helpfulness, no ownership of problems, no single sign on, Meditech is frustrating,
Sometimes hard to get an answer on the phone.
Certain people are very responsive to questions or requests, however the process to access help when you need something is cumbersome. It would be nice to have a way to call or text and be able to directly talk to someone when there is a problem.
Brian is fantastic. It seems like they are under resourced. No Athena training for providers is a huge gap.
They are not always very quick on fixing computer issues.
Strengths are they are approachable and try to solve issues quickly the best they can. Weaknesses Meditech is outdated and very clunky to work with. Understand unfortunately upgrades cost millions. Internet is very slow considering we are suppose to have fast fiber optic internet.
Slow internet connection, poor emr training and help - emr training needs to be proactive and ongoing
The computers we have for us and the doctors desk are much too slow. The explanation I've gotten is that to print it has to go thru multiple servers. I feel it really needs an upgrade and that we need new computers that aren't slowed up by malware or virus'. Marie is great in all her help with innovian.
Strengths: Prompt in assistance. Weakness: 1 page tips on recurrent questions that are available electronically may be helpful to reduce call burden.

19. How satisfied are you being part of the DCMH Medical Staff?

[More Details](#)

- Very satisfied 6
- Somewhat satisfied 10
- Neither satisfied nor dissatisfied 2
- Somewhat dissatisfied 2
- Very dissatisfied 0



<b>In pondering your interactions with the MEDICAL STAFF,</b>	<b>please</b>
<b>list their strengths and weaknesses. Do you have ideas for improvement?</b>	
Would like to see more interaction, face-to-face, with my peers.	
Feel animosity from some of the staff.	
It is a small staff and it is a good and a bad thing. I think that the efforts to provide interaction among the staff is important. I think that the meetings such as Grand Rounds and Tumor Board are fabulous ways to provide interaction and to bring the staff together. It is also important to have the additional CME.	
as a result of COVID, things feel isolated.	
I think for the most part the Staff works together as a team.	
Surgeons treat staff abusively	
Strengths are we seem to get along and have comradery. Also many are involved including self employed and hospital employed physicians. Weakness is that communication sometimes between administration, board members and medical staff seems a bit strained. They all seem to have their own agenda rather than an overlying agenda for success of the hospital, providers and best care practices of the patients we serve. Possibly more transparency and true interaction to really improve the culture so it can be the best it can be and continue this as a priority. Culture always beats strategy I have heard somewhere. Also would recommend a formal physician/provider/nursing wellbeing program with physician/nurse peer coaching possibly. The benefits could be improved patient care, decreased burnout and decreased turnover. A program specifically invested in the health and wellness of physicians/providers as the health and wellbeing of physicians has been shown to be directly related to the quality of care they provide. If the area sees our culture as being good our reputation may increase, patients may increase, quality scores increase, profits increase, losses decrease, etc.	
There is very little/no outpatient peer review/oversight, there is not a unifying medical director - a volunteer chief of staff is not as helpful as someone with dedicated time and defined roles	
Don't feel like certain teams are listened to or are at the very least ignored.	
there is little professional collegiality between the medical staff. providers are defensive and not interested in performance improvement or improvements in process. work is unequally distributed between providers, with some providers not involved nor pulling their weight. there is disinterest among most providers in even accessing the physician website, which provides useful info on COVID as well as staff events.	
I feel the hospital has worked with us on our staffing and salaries. I enjoy the Medical Staff weekends. I think it is nice to meet with Med staff outside of taking care of patients.	

underappreciation and undervaluing of non physician providers on an organizational level  
Advanced Practice Providers (NPs/PAs) are a valuable part of the team and make huge contributions to service of our patients but are not treated as such.

The invitations are encouraging, but we aren't really considered a part of the team, in my opinion.

Strengths: Ability to take input for change and make changes over months to years depending on the issue.

Monthly CME opportunities.

Ability to trial online communication this year and improve upon strategies that can be used going forward.

New physician website with updated calendar of events, and other clinical resources.

Gwen has an assistant.

Simplified meetings to help streamline processes to current needs.

Annual retreat.

Attempts to provide routine opportunities for staff to meet in person including education and social activities.

Weakness: No routine ethics committee even if annual to review bioethic information for those on the committee.

Comments: appreciate the annual CME request or on going request on CME evaluations of what other topics should be considered.

This survey did not include administration nor pharmacy departments.

Another concern I have includes follow through or follow up on changes implemented.