



## Southern Coos Hospital and Health Center - Patient Survey

At Southern Coos Hospital & Health Center (SCHHC), we believe that listening to our community is key to providing exceptional healthcare. That is why we are inviting you to join us in shaping the future of healthcare in the community and at SCHHC.

### Healthcare Utilization

- 1) This question asks about the health care services you or someone in your household have used in the last 2 years and how many times you needed them.

What health care services have you or someone in your household used in the last 2 years? <i>Please select all that apply.</i>	Circle the selection that best shows how many times you <u>and</u> those in your household have used that service in the last 2 years.				
<input type="checkbox"/> Emergency Department	0	1	2-5	6-10	10+
<input type="checkbox"/> Urgent Care	0	1	2-5	6-10	10+
<input type="checkbox"/> Primary Care	0	1	2-5	6-10	10+
<input type="checkbox"/> Pediatric Care	0	1	2-5	6-10	10+
<input type="checkbox"/> Inpatient Care	0	1	2-5	6-10	10+
<input type="checkbox"/> Surgery (inpatient)	0	1	2-5	6-10	10+
<input type="checkbox"/> Surgery (outpatient)	0	1	2-5	6-10	10+
<input type="checkbox"/> Maternity/Labor & Delivery Care	0	1	2-5	6-10	10+
<input type="checkbox"/> Physical Therapy	0	1	2-5	6-10	10+
<input type="checkbox"/> Occupational Therapy	0	1	2-5	6-10	10+
<input type="checkbox"/> X-Ray	0	1	2-5	6-10	10+
<input type="checkbox"/> CT scan	0	1	2-5	6-10	10+
<input type="checkbox"/> MRI scan	0	1	2-5	6-10	10+
<input type="checkbox"/> EKG/ECG (non-invasive test of electrical signal in the heart)	0	1	2-5	6-10	10+
<input type="checkbox"/> Infusion	0	1	2-5	6-10	10+
<input type="checkbox"/> Radiation Therapy	0	1	2-5	6-10	10+
<input type="checkbox"/> Heart Care (cardiac exercise stress test)	0	1	2-5	6-10	10+



**2) Which specialists have you or someone in your household seen in the last two years? *Please select all that apply.***

- ☐ Cardiology
- ☐ Dermatology
- ☐ Ear, Nose, Throat (ENT)
- ☐ Endocrinology
- ☐ Gastroenterology (GI)
- ☐ Gynecology
- ☐ Behavioral Health Services (mental health, counseling, substance use/addiction, etc.)
- ☐ Psychiatric Services (medication, complex diagnosis)
- ☐ Nephrology
- ☐ Neurology
- ☐ Oncology
- ☐ Ophthalmology
- ☐ Orthopedics
- ☐ Podiatry
- ☐ Pulmonary (Respiratory)
- ☐ Urology
- ☐ Other: \_\_\_\_\_

**3) Have you received any of the following health care services at SCHHC in the past 2 years? *Please select all that apply.***

Emergency Department	Yes	No	Prefer Not to Answer
Inpatient Hospital	Yes	No	Prefer Not to Answer
Swing Bed (Transition from acute care to a lower level of care while still in the hospital)	Yes	No	Prefer Not to Answer
Primary Care	Yes	No	Prefer Not to Answer
Outpatient Care	Yes	No	Prefer Not to Answer
Specialty Care	Yes	No	Prefer Not to Answer
Surgery (inpatient)	Yes	No	Prefer Not to Answer
Surgery (outpatient)	Yes	No	Prefer Not to Answer
Behavioral Health Services	Yes	No	Prefer Not to Answer
Other (please specify):			



4) What town or city do you usually go to for the health care services you've needed in the last 2 years? ***Please select all that apply.***

- ☐ Bandon  
☐ Coquille  
☐ Coos Bay  
☐ Reedsport  
☐ Gold Beach  
☐ Other: \_\_\_\_\_

5) Do you currently have a primary care doctor or clinic that you visit for regular check-ups?

- ☐ Yes  
☐ No [If no, skip to Q8]  
☐ Prefer not to answer [If prefer not to answer, skip to Q8]

6) In what town is this provider located?

- Town: \_\_\_\_\_  
☐ Prefer not to answer [If prefer not to answer, skip to Q8]

7) What is the name of the clinic where this provider works?

- Clinic: \_\_\_\_\_  
☐ Prefer not to answer [If prefer not to answer, skip to Q8]

## Community Healthcare

8) On a scale of 1 to 5 (where 1= gotten worse, 3= same/no improvement, 5= a lot of improvement), how do you think local health care has changed in the past 5 years?

1                      2                      3                      4                      5

9) What are the most important health care services needed in our community? ***Please select only three and rank them from #1 (most important) to #3 (less important).***

- \_\_\_\_\_ More access to primary care  
\_\_\_\_\_ More access to behavioral health care (including addiction services)  
\_\_\_\_\_ More access to dental care  
\_\_\_\_\_ Services and support for healthy aging  
\_\_\_\_\_ Services and support for families with children



**10) What are the barriers, if any, that make it hard for you to get care locally?**  
**Please select all that apply.**

- ☐ Service is not available locally
- ☐ I can't get an appointment when I need one; the wait times are too long
- ☐ My provider is in another town
- ☐ I was referred by my primary care provider to someone else
- ☐ Cost – I don't have health insurance
- ☐ I have insurance, but it doesn't cover the cost and/or local provider
- ☐ I don't think that the quality locally is as good as in other places
- ☐ I don't think the local health care facilities are up to date
- ☐ **There are no barriers**
- ☐ Other (please specify): \_\_\_\_\_
- ☐ Do not know/prefer not to answer

## **Customer Service**

**11) Think about the best customer service you've ever received, not just in healthcare. We want to know about a time when you were really impressed by the service you got. What made the experience stand out and feel special? List as many reasons as you can.**

Comment:



**12) Now, thinking about healthcare, SCHHC wants to know what would make your health care experience outstanding. As a patient or a guest, please rank the following factors from most important (#1) to least important (#8).**

\_\_\_\_\_ **Warm Welcome and Help:** When I arrive, the staff greets me with a smile, acknowledges me, and helps me quickly find my way to the right place.

\_\_\_\_\_ **Clean, Up to Date, and Easy to Access Facilities:** The environment is pleasant, the temperature is comfortable, and the latest medical technology is available.

\_\_\_\_\_ **Clear Communication:** I don't have to repeat myself because everyone understands my needs. Information is passed smoothly from one person to the next. If my appointment or procedure is delayed, the staff lets me know why and how long I might need to wait, so I am not left wondering.

\_\_\_\_\_ **Respect for Family:** The staff is friendly and respectful to my family or anyone with me, making them feel included and valued.

\_\_\_\_\_ **Cultural Sensitivity:** My cultural background and beliefs are respected, and I feel like they are considered when providing care.

\_\_\_\_\_ **Focus on My Health and Comfort:** I feel confident that the hospital is always prioritizing both my health and my comfort during my visit.

\_\_\_\_\_ **Active Listening:** The staff really listens when I talk about my concerns or health issues, making me feel heard and understood.

\_\_\_\_\_ **Safety:** I always feel safe and secure during my visit.

**13) Are there any important factors we didn't include on the list above that matter to you and your family?**

Comment:

## Branding

**14) Do you find it confusing that Southern Coos Hospital is in Bandon instead of Coos Bay?**

☐ Yes      ☐ No      ☐ I don't know or prefer not to answer

**15) Do you think the name Southern Coos Hospital and Health Clinic accurately reflects who we are and what we do?**

☐ Yes      ☐ No      ☐ I don't know or prefer not to answer

**16) How important do you think it is for the hospital's name to show its geographic location, since many regional hospitals do that?**

☐ Very important  
☐ Somewhat important  
☐ Not that important  
☐ Not important at all  
☐ I don't know or prefer not to answer  
☐ Other:



**17) When you think about the town and area you live in, what words or descriptions come to mind?**

Comment:

**18) Which of the name options below stands out to you the most and why?**

- |   |   |
|---|---|
| <input type="checkbox"/> Southern Coos Health System              | <input type="checkbox"/> Bandon Health            |
| <input type="checkbox"/> Southern Coos Regional Hospital          | <input type="checkbox"/> Bandon Health System     |
| <input type="checkbox"/> Southern Coos Medical Center             | <input type="checkbox"/> Bandon Medical Center    |
| <input type="checkbox"/> Bandon Hospital & Clinics                | <input type="checkbox"/> Bandon Regional Hospital |
| <input type="checkbox"/> Other: _____                             |   |
| <input type="checkbox"/> <b>Why do you prefer your selection:</b> |   |

## Demographics

To help us understand our community better, please provide the following information.

**19) Are you an employee of Southern Coos Hospital & Health Center?**

- ☐ Yes      ☐ No

**20) What is your age?**

- ☐ Under 18    ☐ 18-24    ☐ 25-34    ☐ 35-44    ☐ 45-54  
☐ 55-64    ☐ 65-74    ☐ 65+    ☐ Prefer not to answer

**21) What is the ZIP Code for your home address?**

- ☐ 97411    ☐ 97414    ☐ 97420    ☐ 97423    ☐ 97450  
☐ 974581    ☐ 97459    ☐ 97465    ☐ 97466    ☐ 97476  
☐ Other, please specify: \_\_\_\_\_  
☐ Prefer not to answer

**22) Finally, SCHHC may hold an in-person meeting to talk more about the results from this survey. Would you be interested in joining a focus group to share more information?**

- ☐ Yes      ☐ No

**23) Please provide your email or cell phone number so we can contact you. Thank you!**

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

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Thank you for your participation!**