

Healthy Hospital Survey

Thank you for your interest in participating in this survey.

Please note:

- **You can save your partial responses and return to the survey at a later date.** To save, click the link "**Save and Continue Survey Later**" at the top right of the browser window on any page in the survey. A banner will open above the survey page where you will need to enter your e-mail address. An e-mail will be automatically sent to you containing a personalized link that you should use to re-enter the survey. You may save and resume as often as needed in this way.
- **You can print the questions in order to help you gather your information:** [Open PDF Preview \(2.8MB\)](#)
Please note that we ask you to enter your responses in this online survey tool.

Background

1. Hospital Name

2. May we list your organization as a participant? (Individual responses will be kept confidential, data will only be reported in the aggregate.)

- Yes
 No

3. Please provide your e-mail address so we can send you a personalized report of results and an invitation to participate in the webinar that will report the survey results.*

Specific Practices

Please rate the effectiveness of the following programs/initiatives at your organization (on a scale of 1-5 with 5 the highest) and indicate how long they have been in place.

	Duration of Practice	Effectiveness Rating
4. How effective are your smoking cessation programs ? (i.e., smokers are engaged in smoking cessation activities, successfully complete the program and remain smoke free)	-- Please Select --	-- Please Select --
5. How effective are your fitness programs ? (i.e., they meet the needs of the workforce as demonstrated by significant and continued participation over time with increased levels of activity)	-- Please Select --	-- Please Select --
6. How effective are your wellness coaching programs ? (i.e., they engage the right participants, get them to complete the program and reduce health risks)	-- Please Select --	-- Please Select --
7. How effective is your wellness committee/program leader at shaping a healthy environment?	-- Please Select --	-- Please Select --
8. How effective is your strategic health plan in terms of meeting your stated objectives? (i.e., it has a stated mission, vision, guiding principles and periodic measurement of progress toward stated goals)	-- Please Select --	-- Please Select --
9. How effective are your disease management programs ? (i.e., they identify affected employees and dependents, engage them in the program, and manage their disease states)	-- Please Select --	-- Please Select --
10. How effective are you at fostering shared vision and collaboration among your vendors (e.g., using vendor summits, shared data processes and analyses) to improve alignment, performance and coordination of various available resources? (i.e., in the local community, internally and through external service providers)	-- Please Select --	-- Please Select --
11. How effective is your worksite healthy eating policy ? (i.e., you developed an effective policy, implemented it and observe employee and business unit compliance with it)	-- Please Select --	-- Please Select --
12. How effective is your smoke-free worksite policy ? (i.e., you developed an effective policy, implemented it and observe employee and business unit compliance with it)	-- Please Select --	-- Please Select --

All "Effectiveness Rating" choices for Q4 – Q12 are:
 1 - Very Ineffective
 2 - Ineffective
 3 - Neutral
 4 - Effective
 5 - Very Effective
 Do Not Know

All "Duration of Practice" choices for Q4 – Q15 are:
 In 1st Year
 In 2nd Year
 In Place 3+ Years
 Plan to address in the future
 Do not plan to address

Please rate the extent to which the following statements describe your organization (on a scale of 1-5 with 5 the highest) and indicate how long they have been in place.

	Duration of Practice	Statement Description
13. To what extent does your organization promote wellness/health and productivity through an effective sustainability initiative ? (e.g., you developed an effective policy, promote the use of bikes and walking instead of driving, promote the use of stairs instead of elevators, installed more efficient and brighter lighting, offer organic food options and observe employee and business unit compliance)	-- Please Select --	-- Please Select --
14. To what extent do you offer employees and their dependents access to robust consumer decision support tools ? (e.g., you identify high-quality providers, efficacy of treatment alternatives and cost of care options and providers)	-- Please Select --	-- Please Select --
15. To what extent are your various absence and health-related programs (e.g., medical, wellness, disease management, disability, workers' compensation, EAP, behavioral health and incidental absence) integrated or coordinated ?	-- Please Select --	-- Please Select --

All "Statement Description" choices for Q13 – Q15 are:
 1 - To no extent
 2 - To a small extent
 3 - To a moderate extent
 4 - To a great extent
 5 - To a very great extent
 Do Not Know

Specific Practices *continued*

16. What is the approximate **aggregate annual budget** allocated toward the following?

a. **Payroll** (include base pay plus bonus)

- Do not have a budget
- Do not know
- Budget (whole dollars)

b. **Healthcare programs** (include medical, prescription drugs, behavioral health, EAP, dental, disease management and vision; exclude life insurance, disability, voluntary plans and wellness)

- Do not have a budget
- Do not know
- Budget (whole dollars)

c. **Time off programs** (include paid time off, vacation, holidays, sick leave, disability, workers' compensation, FMLA, military, bereavement, jury duty and sabbaticals; paid lunch and coffee breaks)

- Do not have a budget
- Do not know
- Budget (whole dollars)

d. **Workplace wellness/health and productivity programs** (include incentives, health risk appraisals and screenings, wellness education, wellness surveys, dedicated staff, website, training and communications; exclude on-site wellness center)

- Do not have a budget
- Do not know
- Budget (whole dollars)

e. **On-site wellness center** (include health professionals, clinics, coaches, employee assistance and fitness facilities)

- Do not have a budget
- Do not know
- Budget (whole dollars)

17. How do you **fund** your wellness/health and productivity initiatives? (check all that apply)

- Benefits budget
- Employee contributions
- General HR budget
- General operating budget
- Grant funding
- Vendor sponsors
- Other

18. What **department** has **primary responsibility** for your wellness/health and productivity initiatives?

- Marketing
- Human Resources
- Benefits
- Organization Development
- Wellness/Health Promotion
- Other

19. How many **dedicated full-time equivalent employees** manage your wellness/health and productivity initiative?

- Do not have any dedicated employees
- Do not know
- Dedicated employees (whole number)

Specific Practices *continued*

20. What *types of incentives* do you offer? (check all that apply)

- Cash
- Health benefits premium discounts
- Vacation days/paid time off
- Reduced deductibles/coinsurance/copayments
- Contribution to a health savings account/flexible spending account/health reimbursement account
- Gift cards
- Gifts/merchandise
- Raffles/drawings
- Do not provide incentives
- Do not know
- Other, please specify

21. What is the approximate *total dollar value of incentives* an individual employee or dependent can earn in a year for participating in or accomplishing goals related to your wellness/health and productivity initiatives?

Employee

- Do not provide incentives
- Do not know
- Value of incentives (whole dollars)

Dependent

- Do not provide incentives
- Do not know
- Value of incentives (whole dollars)

22. What percentage of eligible employees and their dependents complete your annual *health risk assessment*?

- Do not offer
- Do not know
- Completed health risk assessment (percent, no decimals)

23. What percentage of eligible employees and their dependents receive age- and gender-appropriate *biometric screenings*?

- Do not offer
- Do not know
- Biometric screenings (percent, no decimals)

24. For how many years has your formal wellness/health and productivity initiative been in place?

- Do not offer
- Do not know
- Number of years (whole number)

25. How frequently does your organization review its progress towards achieving its wellness/health and productivity goals?

26. Please identify the *most unique characteristic* of your wellness/health and productivity initiatives.

Questions About the Effectiveness of Your Wellness/Health and Productivity Initiatives

This section contains a series of questions with some examples of programs that can be used. We would like you to respond with how effective your programs are at accomplishing your goals, rather than the extent to which programs actually exist.

27. Please rate the effectiveness of your organization's health plans, programs and services (on a scale of 1-5 with 5 the highest) (e.g., benefits and programs, including medical, prescription drugs, dental, vision, wellness, coaching, disease management, utilization management and consumer driven health):

a. How effective are your organization's programs at providing **high-quality treatment** (e.g., adequate coverage, uniform treatment protocols, pay for performance and centers of excellence programs) for health conditions once they are diagnosed?

b. How effective are your organization's programs at providing **cost-effective treatment** (e.g., appropriate coverage, pay for performance, effective utilization management, competitive fixed-fee schedules or capitation) for health conditions once they are diagnosed?

c. How effective are your organization's programs (e.g., risk/condition identification through health risk assessments and screenings, sort through programs/coaching, incentives to drive participation and changes in behavior) **at supporting employees faced with health risks** (e.g., blood pressure, smoking, stress, wellbeing, weight, fitness, nutrition) **and chronic conditions** (e.g., diabetes, asthma, back pain, osteoarthritis, chronic obstructive pulmonary disease, congestive heart failure, hypertension, obesity, cancer and depression) to change their behavior to be healthier?

d. How effective are your organization's programs (e.g., risk/condition identification through health risk assessments and screenings, support through programs/coaching and incentives to drive participation and changes in behavior) **at supporting dependents faced with health risks** (e.g., blood pressure, smoking, stress, wellbeing, weight, fitness and nutrition) **and chronic conditions** (e.g., diabetes, asthma, back pain, osteoarthritis, chronic obstructive pulmonary disease, congestive heart failure, hypertension, obesity, cancer, and depression) to change their behavior to be healthier?

e. How effective are your organization's programs and HR services at **optimizing health and fitness** through a holistic approach (i.e., addressing mind, body and spirit) to health promotion and management of your workforce and their dependents?

Choices for Q27 and Q28 are:

- 1 - Very Ineffective
- 2 - Ineffective
- 3 - Neutral
- 4 - Effective
- 5 - Very Effective
- Do Not Know

28. Please rate the effectiveness of your organization's time off and related programs (on a scale of 1-5 with 5 the highest) (e.g., paid time off, vacation, holiday, sick leave, short-term disability, long-term disability, safety, workers' compensation, family medical leave, return to work, sabbaticals and maternity/paternity leave):

a. How effective are your organization's time off programs at **meeting income replacement needs** in the event of lost time? (e.g., sick time, salary continuance, short-term disability and long-term disability)

b. How effective are your organization's programs at **promoting safety**? (e.g., risk management, workers' compensation and safety programs)

c. How effective are your organization's programs at **promoting risk management**? (e.g., consolidated paid time off, coordinated health, disability and workers' compensation management, safety programs, rehabilitation and return to work)

d. How effective are your organization's programs at **promoting personal accountability**? (e.g., consolidated paid time off, coordinated health, disability and workers' compensation management, safety programs, rehabilitation and return to work)

e. How effective are your organization's programs at **promoting life-long health**? (e.g., policies and practices that encourage use of time to address health and fitness, time off used as a health incentive)

f. How effective are your organization's programs at **promoting personal renewal**? (e.g., policies and practices that encourage the use of time for personal renewal and development)

Questions About the Effectiveness of Your Wellness/Health and Productivity Initiatives *continued*

29. Please rate the effectiveness of your organization's on-site health resources for employees (on a scale of 1-5 with 5 the highest) (e.g., health professionals, clinics, pharmacies, coaches, employee assistance, fitness facilities, classes and environment):

a. How effective are your organization's on-site resources at **treating minor illnesses and injuries**?

b. How effective are your organization's on-site resources (e.g., flu shots, weight-loss meetings, preventive care screenings, annual health fairs, fitness programs and health education) at **detection and prevention** to avoid more serious health issues?

c. How effective are your organization's on-site resources at **supporting employees faced with health risks or chronic conditions**?

d. How effective are your organization's on-site resources (e.g., smoke-free environment, healthy dining, physical structure promoting fitness, health centers and policies and programs supporting quality of life) at **empowering a culture of health**?

Choices for Q29 – Q31 are:

- 1 - Very Ineffective
- 2 - Ineffective
- 3 - Neutral
- 4 - Effective
- 5 - Very Effective
- Do Not Know

30. Please rate the effectiveness of your organization's behavioral health programs (on a scale of 1-5 with 5 the highest) (e.g., mental health, substance abuse, counseling, employee assistance plan, resource and referral services and work/life programs):

a. How effective are your organization's support services (e.g., employee assistance program, managed behavioral health benefit) at addressing **existing behavioral health issues** (i.e., mental health/substance abuse)?

b. How effective are your organization's support resources (e.g., work/life, resource and referral services, financial counseling and coaching programs) at **addressing factors that lead to substance abuse and mental health issues**?

c. How effective are your organization's policies and programs (e.g., to promote personal and professional growth and drive passion, commitment, integrity, purpose, honesty, service to others, persistence, self-fulfillment and positive relationships) at **stimulating the psychological wellbeing** (i.e., mental, emotional and social) of employees?

31. Please rate the effectiveness of your organization's employee benefits communications (on a scale of 1-5 with 5 the highest):

a. How effective are your organization's benefits communications at **communicating to employees what is covered and information that is required** (e.g., legal disclosures, plan documents, plan benefit summaries and policies)?

b. How effective are your institution's benefits communications (e.g., branded, multi-channel communications that build awareness, personalized for people faced with health risks/conditions, coordinated across programs) at **engaging your employees and their dependents and shaping behaviors** of those faced with health risks/conditions?

c. How effective are your organization's communications (e.g., an annual strategic communications plan, strong leadership sponsorship and personalized communications where appropriate) at **conveying your commitment to a holistic approach to wellness/health and productivity**?

Questions About the Effectiveness of Your Wellness/Health and Productivity Initiatives *continued*

32. Please rate the effectiveness of your organization's use of metrics to evaluate and expand your programs (on a scale of 1-5 with 5 the highest):

a. How effective is your organization at using metrics to measure and monitor **benefit costs**? (e.g., cost per employee, cost per service and cost per admit)

b. How effective is your organization at using metrics to measure and monitor **utilization levels**? (e.g., emergency room visits, hospitalizations and PCP visits)

c. How effective is your organization at using metrics to measure and monitor **quality of care**? (e.g., readmission rates, secondary infection rates)

d. How effective is your organization at using metrics to measure **program participation** (e.g., risk assessments, screenings, coaching completion, health fairs, education courses, lifestyle change courses and disease management) for wellness and disease management initiatives?

e. How effective is your organization at using metrics to measure **health risk levels** (e.g., blood pressure, smoking, stress, wellbeing, weight, fitness and nutrition) for wellness and disease management initiatives?

f. How effective is your organization at using metrics to measure **condition prevalence** (diabetes, asthma, back pain, osteoarthritis, chronic obstructive pulmonary disease, congestive heart failure, hypertension, obesity, cancer and depression) for wellness and disease management initiatives?

g. How effective is your organization at using metrics to measure **clinical measures** (e.g., LDL, BMI, blood sugar, bone density and blood pressure) for wellness and disease management initiatives?

h. How effective is your organization at using metrics to measure how wellness and disease management initiatives **affect behaviors**? (e.g., smoking, risk reduction and absence)

i. How effective is your organization at using metrics to measure, assess and target interventions to **improve outcomes**? (e.g., health, productivity, workforce readiness, employee engagement, motivation and capacity)

j. How effective is your organization at measuring **program satisfaction**? (e.g., of participants, providers, leadership and business unit leaders)

Choices for Q32 are:
1 - Very Ineffective
2 - Ineffective
3 - Neutral
4 - Effective
5 - Very Effective
Do Not Know

Questions About the Effectiveness of Your Wellness/Health and Productivity Initiatives *continued*

33. Please rate the effectiveness of your organization's efforts to shape employee behavior (on a scale of 1-5 with 5 the highest):

a. How effective is your organization at **addressing unacceptable employee behavior**? (e.g., tardiness, absence, abusive behavior, harassment, dangerous activity, and the violation of policies, practices, and procedures)

b. How effective is your organization at using **robust performance management, training and mentoring** to shape desired employee behavior? (e.g., present, productive, safe, nurturing, innovative, motivated, compliant and healthy)

c. How effective are **leaders of the organization at modeling desired behaviors**, recognizing the value of healthy and engaged employees and emphasizing autonomy and collaboration?

Choices for Q33 are:
1 - Very Ineffective
2 - Ineffective
3 - Neutral
4 - Effective
5 - Very Effective
Do Not Know

- Choices for Q40 are:
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

About Your Hospital

34. Please indicate the number of employees eligible for and enrolled in your employer-sponsored medical coverage (insured and self-insured plan options):

Eligible (whole number)

Enrolled (whole number)

Do not know

35. How many dependents (spouses, children or domestic partners) are enrolled in medical coverage?

Do not know

Dependents (whole number)

36. What is the average age of your workforce?

Do not know

Average age (whole number)

37. Is your organization public or private?

Public

Private

38. Is your organization not-for-profit or for-profit?

Not-For-Profit

For-Profit

39. Which of the following best describes the primary affiliation of your organization?

Government-run (including federal-, county- or state-run hospital)

Research-based (e.g., affiliated with a university)

Religious

Investor-owned for-profit (e.g., partnership, publicly traded)

Other

40. In what state is the headquarters of your organization located?

-- Please Select --

41. What percentage of your workforce is currently represented by collectively bargained contracts?

Do not know

Percentage workforce represented

42. Is your nursing staff currently represented by collectively bargained contracts?

Yes

No

43. On a scale of 1 to 5, how would you characterize the level of union/organization collaboration in your collective bargaining negotiations?

1 Not At All Collaborative

2

3

4

5 Very Collaborative

N/A

Outcomes

In order for us to analyze the relationship between strategies/practices and outcomes, please provide the following outcome metrics. If you need time to gather some of this information, you may save your response and come back to finish this last section later. Please use the **"Save and Continue Survey Later"** link in the top right of the browser window.

44. What were your organization's total 2008 health benefits expenses (i.e., medical, prescription drugs, disease management and wellness) for employees and dependents, per participating active employee for the last complete plan year? (This includes the organization's and employees' contributions, but excludes participant out-of-pocket expenses.)

- Do not know
- Health benefits expenses (whole dollars)

45. Does this include domestic claims (i.e., claims for services provided by your organization to employees)?

- Yes
- No

46. What percentage of claims dollars do you estimate are domestic?

- Do not know
- Percentage of domestic claims dollars (up to one decimal)

47. What is the average annual percentage increase in your actual health care cost expenses (i.e., medical, prescription drugs, disease management and wellness) over the past two years?

2007 to 2008

- Do not know
- Percentage increase (up to one decimal)

2006 to 2007

- Do not know
- Percentage increase (up to one decimal)

48. What was your organization's voluntary turnover rate (voluntary terminations only) in 2008?

- Do not know
- 2008 turnover rate (up to one decimal)

49. What was the average number of days of unscheduled absence (days taken without prior notice—sick leave days may be used as a proxy) per employee in 2008?

- Do not know
- Average number of days (percentage, up to one decimal)

50. What percentage of your workforce had an extended absence (e.g., sick leave, salary continuance, short-term disability) in 2008 lasting longer than five days?

- Do not know
- Extended absence (percentage, up to one decimal)

51. What was your annual Workers' Compensation cost (i.e., premium or projected incurred cost) as a percentage of payroll in 2008?

- Do not know
- Workers' compensation cost (percentage of payroll, up to one decimal)

52. Please identify the documented outcomes of your wellness/health and productivity initiative.

53. Please let us know how you learned about this survey. (check all that apply)

- Sibson Consulting Announcement
- From a Friend
- Chicago Compensation Association (CCA)
- Cleveland Museum of Natural History's Wellness @ Work Awards
- Colleges and Universities Professional Association (CUPA-HR)
- Corporate Wellness Conference
- Disability Management Employer Coalition (DMEC)
- International Foundation of Employee Benefit Plans (IFEBP)
- International Society of Certified Employee Benefit Specialists (ISCEBS)
- Midwest Business Group on Health (MBGH)
- National Association of College and University Business Officers (NACUBO)
- National Center for the Study of Collective Bargaining in Higher Education Professionals (NCSCBHEP)
- Other

54. May we have your contact information to help us reach you in the event we have questions regarding your response?

First Name *Last Name*

Title

Phone Number