



## Site Assessment Profile

The following items provide an operational profile of your hospital or department. Please provide information on as many items that are applicable.

- 1.1 Name of medical facility: \_\_\_\_\_
- 1.2 Date this survey completed: \_\_\_\_\_
- 1.3 Number of licensed inpatient beds: \_\_\_\_\_
- 1.4a Number of inpatient admissions for last fiscal year: \_\_\_\_\_
- 1.4b Number of occupied bed days for last fiscal year: \_\_\_\_\_
- 1.4c Annual census of your department: \_\_\_\_\_
- 1.5 Number of outpatient visits per year for last fiscal year: \_\_\_\_\_
- 1.6 Staff Profile: Check if for hospital wide  or department

### Complete for Civilian Facilities:

Number of Positions	Filled	Vacant
Physicians		
Nurses		
Others		

### Complete for DoD Facilities:

Number of Positions	Filled	Vacant
Physicians - Military		
Physicians - Civil Service		
Nurses - Military		
Nurses - Civil Service		
Contract Staff		
Enlisted Staff		
GS Staff		
Others		

- 1.7 Organization of services (check all that apply)

	% of Population	Inpt.	Outpt.	Other Areas Not Listed	%
ED					
OR					
ICU					
L&D					
Med/Surg					
Pediatrics					
Ambulatory Care					
Psychiatry					



1.8 Support Services (check all that apply)

Admitting	Finance	Materials Management	Radiology
Central Processing	Housekeeping	Pastoral Service	Respiratory Therapy
Clinical Laboratories	Human Resources	Patient Advocate	Social Service
Consulting Services	Information Systems	Pharmacy	Transport Service
Dietary/Nutrition	Laundry	PT/OT	Other

1.9 Are there impending changes or initiatives that your facility is expecting in the next 12 months? (Check all that apply)

Change in or absence of executive leader	Plant Renovations	
Change in or absence of Medical Director	Regulatory agency site visit (e.g., JCAHO)	
Change in or absence of Nursing Director	Hospital-wide mandatory training	
New patient care services	Major research efforts	
Deployment	Major readiness exercise	
Union contract renewal	Other	

1.10 Overall Vision for the institution (May provide Mission, Vision and Values):

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\_\_\_\_\_

\_\_\_\_\_

1.11 What are the facility's strategic goals?

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\_\_\_\_\_

\_\_\_\_\_

1.12 Has a Medical Team Training initiative ever been conducted in your organization? Yes or No. If yes, what was the impact and are teams still functional (list departments)?

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1.13 What clinical and safety measures are you currently tracking (Include FMEA indicators)?

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1.14 Patient Satisfaction Surveys:

1.14a What patient satisfaction tool does your site currently use?

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1.14b What do patients report being most satisfied with?

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1.14c What do patients report being least satisfied with?

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1.14d Please provide most recent reported measures:

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1.15 Staff Satisfaction Surveys:

1.15a What tool do you currently use to assess staff satisfaction?

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1.15b What do staff report as being the most satisfying part of their job?

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1.15c What do staff report as being least satisfied with?

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1.15d Please provide most recent reported measures:

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