

CGH EMPLOYEES UNION

PATIENT CARE SURVEY

PLEASE FILL OUT ALL YOUR INFORMATION

First Name: _____ Last Name: _____

Cell Phone: _____ Home Phone: _____

☐ Yes, I want to receive text updates (data & message reates may apply)

Personal Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

What is your job title? _____

What is your current status? (check one) ☐ Full Time ☐ Part Time ☐ Temporary

What is your
worksite? _____

How long have you been employed? _____

What shift do you work? _____

What areas need improvement at CGH? (rank as many as you like with 1 being most important)

- | | |
|--|---|
| _____ Pay and Market Parity | _____ Consistency in Policy Enforcement |
| _____ Health Insurance and IMRF Protection | _____ Paid Time Off, Sick Days and Holidays |
| _____ Job Security | _____ Safety on the Job |
| _____ Training, Career Development and Education | _____ Parental Leave |
| _____ Respect and Fairness at Work | _____ A Voice in Decision Making |
| _____ Safe Staffing and Workload | _____ Patient Care Standards |
| _____ Other (Please list an example) _____ | |

Do you think your department is adequately staffed to deliver quality patient care? ☐ Yes ☐ No

Does your pay compare favorably to other hospitals in the market? ☐ Yes ☐ No

If employees had a voice in decision making would quality of care improve? ☐ Yes ☐ No

Do you believe CGH administration treats employees with the respect they deserve? ☐ Yes ☐ No

Do you believe forming your union will benefit the employees and patients at CGH? ☐ Yes ☐ No