

Community Conversation Application

Hospital: _____

Contact Person: _____

Phone: _____ Email: _____

Why should we pick your community as one of the locations for a community conversation?

What do you hope to learn by participating in this project?

As you think about the future, what do you think are your three biggest challenges facing your community?

What are the top three services (by volume) being provided by your hospital?

On a scale of 1-5, does your **community** have a good understanding of what health services are being utilized on a regular basis? (1=not informed, 5=well-informed)

1 2 3 4 5

On a scale of 1-5, how ready is your **board** to talk about alternative models of health delivery? (1 = not ready at all, 5 = very ready)

1 2 3 4 5

On a scale of 1-5, how ready is your **medical staff** to talk about doing things differently? (1 = not ready at all, 5 = very ready)

1 2 3 4 5

On a scale of 1-5, how ready is your **community** to talk about doing things differently? (1 = not ready at all, 5 = very ready)

1 2 3 4 5

List five community groups/key partners that you would want to have involved in the meetings?

What alternative models are you most interested in?

What is your average daily census without swing beds? _____

Do you currently receive any tax support? Yes No

If yes, please describe

Yes, our hospital would like to submit an application to participate in a Community Conversation. We agree to participate in all phases of this multi-hospital collaborative. We understand this commitment requires support from administrative leadership and the board to meet the expectations outlined below.

- Provision of staff time and resources necessary to assist with preparation for the meetings.
- Development of an invitation list for both the stakeholder and public meetings.
- Assist with distribution of meeting notices, etc.
- Provision of data and other information to assist with “presentation” given during meetings.
- Commit staff and board participation in the stakeholder and public meetings.
- Assist with distribution of “report” following meetings.

Hospital Board Chair

Date _____

Hospital CEO or Senior Administrator

Date _____

Please return this agreement to Jennifer Findley.
jfindley@kha-net.org