

OSF/City Tech Discovery Survey

Recruitment and Test Plan

Last Revised on March 18, 2021

Overview

This working document outlines the plan for recruiting for, designing, and executing a survey and follow-up focused conversations, designed to get targeted resident feedback to better understand the health and wellness needs and challenges of residents of Auburn Gresham and surrounding communities, as well as their utilization of and feedback around OSF Healthcare Little Company of Mary Medical Center and its services.

Timeline

Overall Project Timeline

Phase	March				Apr				May			
1. Discovery Survey												
2a. Focused Resident Engagement												
2b. Community Collaboration												

Discovery Survey Activities

Planning

Mar 15 – Mar 19

City Tech activities:

- Develop survey design and recruiting criteria
- Develop strategy for focused conversations
- Code final survey for distribution
- Confirm additional logistics such as timeline

OSF activities:

Share priority testing areas and other testing goals with City Tech
Work with City Tech to finalize survey design and recruiting criteria

Recruitment and Survey Distribution

Mar 22 – Mar 26

City Tech activities:

Share Survey with full CUTgroup distribution list to recruit ~50-100 respondents

Analysis and Focused Conversation Recruitment

Mar 29 – Mar 31

City Tech activities:

Analyze survey results and share early results with OSF team

Select ~5-10 respondents for a focused conversation

Work with OSF team on focused conversation content

OSF activities:

Work with City Tech to finalize focused conversation content

Focused Conversations

Mar 31 – Apr 2

City Tech activities:

Conduct focused conversations with 5-10 of survey respondents to get a deeper understanding of their experience

Recommendations Readout

Apr 7

City Tech activities:

Provide detailed readout of the survey results, including resident feedback and recommendation summary

Recruitment Criteria

We will recruit Chicago residents from the existing pool of City Tech's CUTgroup members, focusing on participants from selected regions of interest, as well as those with experience with the OSF Healthcare Little Company of Mary Medical Center.

We will aim for a diverse testing group within the constraints of previously determined criteria. There is no digital skills requirement for the test group, but testers must be able to respond to an online survey, accept electronic payment and, if participating in a focused conversation, be able to join on a remote platform.

Recruitment Screening (5min, including consent form)

- Are you over the age of 18 (yes/no)
- Please choose your neighborhood of residence (*select neighborhood from pre-approved list, plus choice for other*)
- Have you utilized OSF Healthcare Little Company of Mary Medical Center or related services in the past 12 months? (yes/no)
- Do you have the ability to receive your compensation via and electronic gift card (yes/no)
- Consent (*link to consent form and privacy policy*)

Respondents must either live in neighborhood codes of interest or have utilized LCMH or related services a pre-determined number of times to qualify for the survey. Additionally, they must be at least 18yo and able to receive electronic gift card. If they qualify, they will be asked to complete a consent form before proceeding.

Survey Questions (10-15min)

Introduction and Profile Information

- Name (*free response*)
- Email (*free response*)
- ZIP (*free response*)
- Age Range (*multiple choice*)
- Sex at Birth (*multiple choice*)
- Gender (*multiple choice, free response*)
- Race (*multiple choice*)
- Ethnicity (*multiple choice*)
- Income (*ranges, with option not to answer*)
- How would you describe your insurance coverage? (*multiple choice, with option not to answer*)
- Profile Tester Name (*prompt to choose a tester name to associate their data with*)

Healthcare Utilization

- In the past (12 mo) how often have you used a healthcare system? (*multiple choice*)

- How would you estimate COVID-related changes have affected your healthcare usage *(multiple choice)*
- What are the top three things you utilize your healthcare system for? *(multiple choice checkbox, options such as illness, emergencies, etc.)*
- What does your care look like? *(multiple choice checkbox, options such as primary care physician's office, emergency room, urgent care, etc.)*
- How satisfied are you with your current healthcare options? *(Likert Scale)*
- What aspect of your care are you most satisfied with? *(free response)*
- What is your biggest pain point with the system? *(free response)*
- What barriers to access, if any, have you encountered? *(free response)*
- How would you best like to interact with your healthcare and wellness resources? *(multiple choice, check all that apply)*
- Would you prefer your healthcare and wellness interactions to be in person or online? *(multiple choice, ranging from mostly in person to mostly online)*
- What else would you like to see available? *(multiple choice/free response)*

OSF Healthcare Little Company of Mary Medical Center/Services Utilization

- How aware are you of OSF Healthcare Little Company of Mary Medical Center or related services? *(Likert Scale)*
- How often do you utilize OSF Healthcare Little Company of Mary Medical Center and related facilities for your healthcare needs? *(multiple choice, # times)*
- For what % of your healthcare needs would you estimate that you utilize OSF Healthcare Little Company of Mary Medical Center and their related facilities? *(multiple choice, % utilization)*
- If you do not utilize OSF Healthcare Little Company of Mary Medical Center, what is keep you from using those services? *(free response)*
- How would you estimate COVID-related changes have affected your usage of OSF Healthcare Little Company of Mary Medical Center and their related facilities *(multiple choice)*
- What are the top three things you utilize your healthcare system for? *(multiple choice checkbox, options such as illness, emergencies, etc.)*
- What does your care look like? *(multiple choice checkbox, options such as primary care physician's office, emergency room, urgent care, etc.)*
- How satisfied are you with your current options? *(Likert Scale)*
- What aspect of your care are you most satisfied with? *(free response)*
- What is your biggest pain point with the system? *(free response)*
- What barriers to access, if any, have you encountered? *(free response)*
- What else would you like to see available? *(free response)*

Wrap-up

- Is there anything else you would like to share about your hospital, healthcare, and wellness experiences? *(optional free response)*
- We would like to follow up with a few select respondents for a more focused conversation. Would you be interested in speaking with us for 30-45 minutes via phone or video chat? We would compensate you an additional \$30 for your extra time. *(Yes/No)*
- If yes, please select your availability below *(Checkbox with date/time choices)*

EXAMPLE