

This survey will ask about the presence of certain services at your hospital, as well as the treatment of certain patients. For the purposes of this survey, we define the following terms:

“Patients with special connections” - Refers to patients who have close financial relationships (e.g. donors/fundraisers, members of the Board of Trustees) or close social relationships (e.g. friends, colleagues, family members of hospital leadership) with the hospital or medical school or its leadership

“VIP Services” – Refers to select conveniences provided in addition to the assumed basic level of care and services; examples of this include additional space (e.g. private rooms), enhanced facilities (e.g. luxury-style rooms), comforts (e.g. access to a special menu, better views), or personal support (e.g. dedicated personal care attendants, hospital liaisons); in some instances, these may be provided to patients with “special connections”

“Patient safety” – Refers to the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery

\* 1. What is your gender?

Female

Male

\* 2. What year did you complete your residency training?

\* 3. My hospital has a completely separate “VIP services” unit/floor for those patients with “special connections” or those willing to pay additional fees

Yes

No

\* 4. My hospital has designated private “VIP services” rooms on some units for those patients with “special connections” or those willing to pay additional fees.

Yes, we have private “VIP services” rooms used for this purpose

We have private rooms but they are only used for medical reasons (e.g. infection control precautions)

We have private rooms that may be used for either medical reasons (e.g. infection control), or for “VIP services”

No, we do not have private rooms

\* 5. You answered that your facility may provide “VIP services” to certain patients. At your hospital, who is the attending of record / primary attending for patients receiving “VIP services”?

- Hospitalists are always the attending of record
- Hospitalists are sometimes the attending of record
- Hospitalists are never the attending of record

\* 6. Regarding patients who receive “VIP services”, please give the care these patients receive an overall grade on patient safety.

- A. Excellent
- B. Very Good
- C. Acceptable
- D. Poor
- E. Failing

\* 7. How does this patient safety grade compare with the average grade for the care given to non-VIP services patients?

- The “VIP services” patient care scores better
- The “VIP services” patient care scores the same
- The “VIP services” patient care scores worse

\* 8. Please rank your level of agreement with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I have felt pressured by a "VIP services" patient or their family member to order additional tests or treatments that I believed were medically unnecessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt pressured by other hospital employees/representatives to comply with "VIP services" patient's requests for additional tests or treatments that I believed were medically unnecessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more likely to comply with patient requests for additional tests or treatments that I believe are unnecessary if it is for a "VIP services" patient compared to an average patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 9. Patient Jones is 75-years-old with a past medical history of peripheral vascular disease who was admitted with a diagnosis of community acquired pneumonia. On hospital day 1, you receive a call from the Hospital CEO's office letting you know that he/she is a "close, personal friend" of several members of the Board of Trustees. He/she was started on IV antibiotics, with rapid improvement. It is now the morning of hospital day 3. He/she is afebrile and has a normal respiratory rate and normal oxygen saturation on room air. You let Patient Jones know that he/she is medically ready for discharge home. He/she responds, "I am still coughing occasionally. I would prefer to stay for 1 more day."

Would you still plan to discharge Patient Jones home?

- Yes, I would spend time with Patient Jones discussing the absence of medical necessity for continued inpatient stay, and the dangers of staying in the hospital; I would then discharge Patient Jones home that day, even if he/she disagreed with me.
- No, I would keep Patient Jones an extra day

\* 10. What aspects of Patient Jones's case played a role in your decision? Select all that apply.

- Your concern about his/her presenting illness and/or past medical history necessitating additional monitoring
- Patient Jones's concerns/reluctance about the need for additional monitoring
- Patient Jones's connection to the Board of Trustees

\* 11. Patient Smith is 84-years-old with a past medical history of COPD and recent left hemiarthroplasty who was admitted with a diagnosis of acute pulmonary embolism. Since his/her family has a history hosting fundraisers for the hospital, he/she is admitted to a private "VIP services" room. On hospital day 1 Patient Smith was started on systemic anticoagulation and remained hemodynamically stable without any cardiac abnormalities. On hospital day 3, you speak with his/her primary care physician who agrees that Patient Smith sounds medically ready for discharge on your anticoagulation plan, and agrees to coordinate outpatient monitoring. You let Patient Smith and his/her family know that he/she is medically ready for discharge, but Patient Smith's son and daughter are very concerned about "the clot and the heart"—they request that he/she be seen by "heart and blood specialists" and that you order tests to figure out why he/she had a pulmonary embolism.

Would you order additional testing and specialist consultation for Patient Smith?

- No, I would spend time with the Smith family discussing that based on Patient Smith's clinical picture and improvement, no additional inpatient workup was necessary; I would then discharge him/her home, even if they disagreed with me.
- Yes, I would order additional testing and/or specialist consultation per the family's request.

\* 12. What aspects of Patient Smith's case played a role in your decision? Select all that apply.

- Your concern about his/her presenting illness and/or past medical history necessitating additional workup
- The Smith family's concerns about the need for additional workup
- The Smith family's financial connections to the hospital and Patient Smith's "VIP" status