

**MAYOR'S REVIVING THE RENAISSANCE  
HEALTH & HUMAN SERVICES COMMITTEE  
HEALTHCARE PROVIDER SURVEY**

*Please assist us in assessing the current healthcare environment in Biloxi by  
completing this survey and returning it to the committee by **May 1, 2006.***

**Company Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Contact Numbers:** \_\_\_\_\_

**EMPLOYEES**

1. Number of employees pre-Hurricane Katrina: Clinical \_\_\_\_\_ Non-Clinical \_\_\_\_\_  
Number of employees post-Hurricane Katrina: Clinical \_\_\_\_\_ Non-Clinical \_\_\_\_\_  
Number of open positions: \_\_\_\_\_ Are you using contract labor: \_\_\_\_\_
2. Are outside interests recruiting your staff? \_\_\_\_\_ How many, if any, have left as a result? \_\_\_\_\_  
What measures are being taken in your business to retain/recruit staff?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Is transportation a problem for your employees? \_\_\_\_\_  
\_\_\_\_\_
4. Do your employees have adequate childcare? \_\_\_\_\_  
\_\_\_\_\_
5. Is (affordable) housing an issue for your current employees? \_\_\_\_\_ Is this issue a hindrance to recruiting efforts? \_\_\_\_\_  
\_\_\_\_\_

**BUSINESS DEVELOPMENT**

1. Has your business reduced services, hours of operation or area served as a result of Hurricane Katrina? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What percentage of your patients/clients have left the market? \_\_\_\_\_
3. Have out-of-market competitors moved to the MS Gulf Coast since Hurricane Katrina? \_\_\_\_\_  
\_\_\_\_\_
4. What are, if any, the major obstacles of your business remaining competitive? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTHCARE ISSUES**

What are the healthcare issues facing the City of Biloxi? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISASTER PLANNING**

How have you modified or changed your disaster plans? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS**

Are you facing any other issues that are not covered on this survey? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Survey completed by: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Title

*Thank you for your participation in this survey. Please call 228-436-1202 if any additional information is needed.*

Please return completed survey by **May 1, 2006**, using the enclosed return envelope addressed to:

Tim Mitchell  
Biloxi Regional Medical Center  
P.O. Box 128  
Biloxi, Mississippi 39533

Or you may fax to: 228-436-1160