American Hospital Association

1985 Annual Survey of Hospitals

American Hospital Association
840 North Lake Shore Drive
Chicago, Illinois 60611

GENERAL INSTRUCTIONS

Two copies of the Annual Survey questionnaire are enclosed. Please return one completed copy to the American Hospital Association in the enclosed envelope. Federal hospitals, other than Veterans Administration hospitals, should forward this copy to their central agency, which will send it to the American Hospital Association. Those hospitals where the state hospital association has special arrangements with the American Hospital Association should return their completed surveys as directed by their state hospital association. The second copy should be completed and retained in your files for reference. All hospitals are asked to forward a photocopy of the completed questionnaire to their state hospital association.

In order to facilitate completion of the 1985 Annual Survey of Hospitals, selected responses to the 1984 survey for your facility have been printed on the current survey. In Sections B and C, please correct items where the printed data no longer apply to your facility. Only those items that need correction or clarification require a response. Items that did not appear on the 1984 survey are underlined; please check those that apply to your facility. In Sections D through H, selected items from the 1984 survey for your facility have been printed for comparative purposes. Please do not make any corrections to the 1984 data or re-copy the 1984 data in the space provided for the 1985 data. If your facility did not return a survey in 1984, please respond to all current year items that apply to your facility. Do not complete the 1984 section if it is blank.

Report utilization, revenue, expenses, and capital expenditures for a full 12-month period, preferably the period ending September 30, 1985. If you prefer, you may use your fiscal year as the reporting period. When using the fiscal year, report personnel data as of September 30, 1985, regardless of the end of the reporting period.

Make an entry for every item on the form. Enter "0" if zero is appropriate; enter "NA" only when data are not available from your records.

AMERICAN HOSPITAL ASSOCIATION
PLEASE REFER TO THE INSTRUCTIONS AND DEFINITIONS

A. REPORTING PERIOD

Report data for a full 12-month period preferably October 1 1984 through September 30 1985 (365 days) (Use the same reporting period for data reported in sections D E and F)

1. Indicate period used: Beginning date ☐☐ MONTH ☐☐ DAY ☐☐ YEAR

   Ending date ☐☐ MONTH ☐☐ DAY ☐☐ YEAR

2. Were you in operation 12 full months at the end of your reporting period? ..... YES ☐ NO ☐

   Number of days open during reporting period ☐☐☐

3. Indicate the beginning of your current fiscal year ☐☐ MONTH ☐☐ DAY ☐☐ YEAR

B. CLASSIFICATION

CONTROL

1. Indicate the type of organization that is responsible for establishing policy for overall operation of your hospital CHECK ONLY ONE

Government, nonfederal
- ☐ 12 State
- ☐ 13 County
- ☐ 14 City
- ☐ 15 City-County
- ☐ 16 Hospital district or authority

Nongovernment, not-for-profit
- ☐ 21 Church-operated
- ☐ 23 Other not-for-profit

Investor-owned, for-profit
- ☐ 31 Individual
- ☐ 32 Partnership
- ☐ 33 Corporation

Government, federal
- ☐ 41 Air Force
- ☐ 42 Army
- ☐ 43 Navy
- ☐ 44 Public Health Service
- ☐ 45 Veterans Administration
- ☐ 46 Federal other than 41-45 or 47-48
- ☐ 47 PHS Indian Service
- ☐ 48 Department of Justice

SERVICE

2. Indicate the ONE category that BEST describes your hospital or the type of service it provides to the MAJORITY of admissions:
   - ☐ 10 General medical and surgical
   - ☐ 11 Hospital unit of an institution (prison hospital, college infirmary)
   - ☐ 12 Hospital unit within an institution for the mentally retarded
   - ☐ 22 Psychiatric
   - ☐ 33 Tuberculosis and other respiratory diseases
   - ☐ 44 Obstetrics and gynecology
   - ☐ 45 Eye, ear, nose and throat
   - ☐ 46 Rehabilitation
   - ☐ 47 Orthopedic
   - ☐ 48 Chronic disease
   - ☐ 62 Institution for mentally retarded
   - ☐ 82 Alcoholism and other chemical dependency
   - ☐ 49 Other-specify treatment area _____

3. Does your hospital restrict admissions primarily to children? ..... YES ☐ NO ☐

4. Does your hospital provide treatment, on any basis other than emergency or out of area care to members of a:
   - a. Health maintenance organization (HMO) ..... YES ☐ NO ☐
   - b. Preferred provider organization (PPO) ..... YES ☐ NO ☐

ORGANIZATIONAL STRUCTURE

5. Is the hospital a member of a multihospital system? ..... YES ☐ NO ☐
   If yes, please provide the name, city and state of the system headquarters

   Name: _____

   City: _____

   State: _____

6. Is the hospital a division or subsidiary of a holding company? ..... YES ☐ NO ☐

7. Does the hospital itself operate subsidiary corporations? ..... YES ☐ NO ☐

8. Is the hospital contract managed? ..... YES ☐ NO ☐
   If yes, please provide the name, city and state of the organization that manages the hospital

   Name: _____

   City: _____

   State: _____

C. FACILITIES AND SERVICES

GENERAL MEDICAL, SURGICAL, AND ANCILLARY SERVICES

For each service listed below, please check the one column that best describes the status of the facility or service in your hospital as of the LAST DAY OF THE REPORTING PERIOD. Please note that the facilities/services listed below need not be provided in a formal organizational unit unless specifically stated in the definitions for that service. If the service is not available, please check column 3.

Column Number	Description
1	Service is made available by the hospital (staffed or contracted).
2	Service is not maintained in the hospital but is available through a FORMAL CONTRACTUAL arrangement with another hospital or provider (include joint ventures)
3	Service is not available at the hospital nor by formal contract with another hospital or provider.

	(1) Provided at the Hospital	(2) Provided at Another Hospital or Provider	(3) Not Available
1 Medical/surgical, acute	☐	☐	☐
2 Pediatric, acute	☐	☐	☐
3 Psychiatric, acute	☐	☐	☐
4 Obstetrics	☐	☐	☐
5 Physical medicine and rehabilitation	☐	☐	☐
6 Alcoholism/chemical dependency inpatient services	☐	☐	☐
7 Medical/surgical intensive care	☐	☐	☐
8 Cardiac intensive care	☐	☐	☐
9 Pediatric intensive care	☐	☐	☐
10 Neonatal intensive care	☐	☐	☐
11 Burn care	☐	☐	☐
12 Other special care	☐	☐	☐
13 Skilled nursing long-term care	☐	☐	☐
14 Psychiatric long-term care	☐	☐	☐
15 Mental retardation	☐	☐	☐
16 Other long-term care (include ICF)	☐	☐	☐
17 Sheltered care	☐	☐	☐
18 Self-care	☐	☐	☐
19 Chronic obstructive pulmonary disease	☐	☐	☐
20 Abortion services	☐	☐	☐
21 Alcoholism/chemical dependency outpatient services	☐	☐	☐
22 Cardiac catheterization laboratory	☐	☐	☐
23 Day Hospital	☐	☐	☐
24 Dental Services	☐	☐	☐
25 Electrocardiography	☐	☐	☐
26 Emergency Services:			
a Emergency department	☐	☐	☐
b Trauma center	☐	☐	☐

C. FACILITIES AND SERVICES (Continued)

	(1) Provided at the Hospital	(2) Provided at Another Hospital or Provider	(3) Not Available
27 Family planning	☐	☐	☐
28 Genetic counseling	☐	☐	☐
29 Comprehensive geriatric assessment service	☐	☐	☐
30 Health promotion	☐	☐	☐
31 Hemodialysis	☐	☐	☐
32 Home care program	☐	☐	☐
33 Hospice	☐	☐	☐
34 Laboratory services:			
a General laboratory services	☐	☐	☐
b Histopathology laboratory	☐	☐	☐
c Blood bank	☐	☐	☐
35 Lithotripsy:			
a Percutaneous lithotripsy	☐	☐	☐
b Extracorporeal shock wave lithotripter (ESWL)	☐	☐	☐
36 Newborn services:			
a Newborn nursery	☐	☐	☐
b Premature nursery	☐	☐	☐
c Birthing room	☐	☐	☐
37 Optometric services	☐	☐	☐
38 Organized outpatient department	☐	☐	☐
39 Pharmacy services:			
a Pharmacy	☐	☐	☐
b Intraveneous admixture service	☐	☐	☐
c Pharmacy unit dose system	☐	☐	☐
40 Podiatric services	☐	☐	☐
41 Psychiatric acute services:			
a Psychiatric services, pediatric	☐	☐	☐
b Psychiatric emergency services	☐	☐	☐
c Clinical psychology services	☐	☐	☐
d Psychiatric consultation and education	☐	☐	☐
e Psychiatric foster and/or home care program	☐	☐	☐
f Psychiatric liaison services	☐	☐	☐
g Psychiatric partial hospitalization program	☐	☐	☐
h Psychiatric outpatient services	☐	☐	☐

C. FACILITIES AND SERVICES (Continued)

	(1) Provided at the Hospital	(2) Provided at Another Hospital or Provider	(3) Not Available
42. Radiology, diagnostic:			
a. CT scanner	☐	☐	☐
b. Diagnostic radioisotope facility	☐	☐	☐
c. Diagnostic x-ray	☐	☐	☐
d. Magnetic resonance imaging (Nuclear magnetic resonance)	☐	☐	☐
e. Ultrasound	☐	☐	☐
43. Radiation therapy:			
a. Megavoltage radiation therapy	☐	☐	☐
b. Radioactive implants	☐	☐	☐
c. Therapeutic radioisotope facility	☐	☐	☐
d. X-ray radiation therapy	☐	☐	☐
44. Supplementary Patient Assistance:			
a. Chaplaincy services	☐	☐	☐
b. Hospital auxiliary	☐	☐	☐
c. Patient representative services	☐	☐	☐
d. Social work services	☐	☐	☐
e. Volunteer services department	☐	☐	☐
45. Surgical services:			
a. General surgical services	☐	☐	☐
b. Outpatient surgical services	☐	☐	☐
c. Kidney transplant	☐	☐	☐
d. Organ transplant (other than kidney)	☐	☐	☐
e. Open-heart surgery	☐	☐	☐
46. Therapy services:			
a. Occupational therapy	☐	☐	☐
b. Physical therapy	☐	☐	☐
c. Recreational therapy	☐	☐	☐
d. Respiratory therapy	☐	☐	☐
e. Speech pathology	☐	☐	☐
f. Rehabilitation outpatient services	☐	☐	☐

D. BEDS AND UTILIZATION BY INPATIENT SERVICE

Account for all adult and pediatric inpatient beds set up and staffed for use at the end of the reporting period. Do not include normal newborn bassinets. List beds for a particular service area only if a unit is specifically designated for the service area. Hospitals with separate nursing home-type units as reported in section E and F should list the beds contained in those units under the appropriate subacute care categories in this section.

E.

	(1) Beds Set Up and Staffed Last Day of the Reporting Period 1984	(2) Beds Set Up and Staffed Last Day of the Reporting Period 1985	(3) Total Inpatient Days for Reporting Period 1984	(4) Total Inpatient Days for Reporting Period 1985
1. General medical/surgical (adult, include gynecology)				
2. General medical/surgical (pediatric)				
3. Obstetrics (indicate level of unit _____) (see instructions section D)				
4. Psychiatric, acute care				
5. Alcoholism/chemical dependency, acute care				
6. Other acute (specify type: _____)				
7. TOTAL ACUTE CARE (add lines 1-6)				
8. Medical/surgical intensive care (include mixed ICU/CCU)				
9. Cardiac intensive care				
10. Neonatal intensive care				
11. Neonatal intermediate care				
12. Pediatric intensive care				
13. Burn care				
14. Other special care				
15. Other intensive care (specify type: _____)				
16. TOTAL INTENSIVE CARE (add lines 8-15)				
17. Physical medicine and rehabilitation				
18. Chronic obstructive pulmonary disease				
19. Chronic disease				
20. Hospice				
21. Other (specify type: _____)				
22. TOTAL OTHER (add lines 17-21)				
23. Skilled nursing long-term care				
24. Psychiatric long-term care				
25. Alcoholism/chemical dependency, subacute care				
26. Other long-term care (include ICF)				
27. Mental retardation				
28. Sheltered care				
29. Self care				
30. Other subacute care (specify type: _____)				
31. Swing beds (utilization only)	XXXX	XXXX		
32. TOTAL SUBACUTE CARE (add lines 23-31)				
33. TOTAL FACILITY (add lines 7, 16, 22, 32)				

E. TOTAL FACILITY BEDS AND UTILIZATION

All statistics reported in D, E, F, and G must be CONSISTENT. For example, all data in section E must be reflected in sections F and G, and vice versa.

		1984 reported	1985
1	LICENSED BED CAPACITY. The maximum number of beds authorized by state licensing (certifying) agency. If state does not regulate number, please report "NONE"		

2 SWING-BEDS

a Does your hospital utilize swing-beds as defined on page 14? YES ☐ NO ☐

b If YES, please report the total number of acute care beds designated as swing beds

c Please report the number of admissions and inpatient days for the reporting period that the swing-beds were used in the provision of acute and subacute care services

	(1) Admissions	(2) Inpatient Days
(1) Total for swing beds		
(2) Skilled nursing swing beds		
(3) Intermediate care swing beds		

		1984 reported	1985
3	NEWBORN NURSERY		
a	Number of bassinets set up and staffed for use at the end of the reporting period (exclude pediatric and neonatal beds listed on page 11)		
b	Total births (exclude fetal deaths)		
c	Newborn days (exclude neonatal listed on page 11)		

		1984 reported	1985
4	SURGICAL OPERATIONS, whether major or minor		
a	Inpatient		
b	Outpatient		
c	Total		
d	Number of operating rooms/suites		

5 OUTPATIENT VISITS

Please record the number of outpatient visits for each of the categories below. Do not report occasions of service in any category.

		1984 reported	1985 Visits
a	Emergency		
b	Clinic/Other		
c	Total		

E. TOTAL HOSPITAL BEDS AND UTILIZATION (Continued)

6. ADULT, PEDIATRIC, AND NEONATAL BEDS (exclude newborn nursery, include neonatal care units):

a. Was there a significant temporary or a permanent change in the total number of adult, pediatric, and neonatal beds set up and staffed during the reporting period? YES ☐ NO ☐

If YES, give beds added or withdrawn (show increase by + and decrease by −) and dates of change. If more than two changes occurred during the reporting period, please report all changes on a separate sheet of paper.

(1) Bed change (+ or −): _____

Date: MONTH ☐☐ DAY ☐☐ YEAR ☐☐

(2) Bed change (+ or −): _____

Date: MONTH ☐☐ DAY ☐☐ YEAR ☐☐

b. Does your hospital maintain a separate nursing home type of long-term care unit? (Please refer to the instructions and definitions for section E on page 16.) ..... YES ☐ NO ☐

If NO, report total facility statistics only in column (4) below.
If YES, report data for both the hospital and nursing home units in columns (5) and (6) below, in addition to total facility statistics in column (4).

	(1) 1984 Reported Total Facility Statistics	(2) 1984 Reported Hospital	(3) 1984 Reported Nursing Home–Type Unit	(4) 1985 Total Facility Statistics	(5) 1985 Hospital	(6) 1985 Nursing Home–Type Unit
c. Beds set up and staffed for use at the end of the reporting period (if number differs from 1984, answer E6a above) (include neonatal & swing beds)						
d. Admissions (exclude newborns, include neonatal & swing admissions)*						
e. Inpatient days (exclude newborns, include neonatal & swing days)						
f. Discharges (exclude newborns, include neonatal, swing discharges & deaths)*						
g. Discharge days (exclude newborns, include neonatal, swing days & deaths)						
7. CENSUS ON THE LAST DAY OF YOUR REPORTING PERIOD (exclude newborns, include neonatal)						
8. MEDICARE/MEDICAID UTILIZATION						
a. Total Medicare (Title XVIII) inpatient discharges*						
b. Total Medicare (Title XVIII) inpatient days						
c. Total Medicare (Title XVIII) outpatient visits						
d. Total Medicaid (Title XIX) inpatient discharges*						
e. Total Medicaid (Title XIX) inpatient days						
f. Total Medicaid (Title XIX) outpatient visits						
9. 65 AND OLDER UTILIZATION						
a. Age 65 and older admissions*						
b. Age 65 and older inpatient days						

*Because of unit transfers, column 4 may be less than the sum of columns 5 and 6.

F. FINANCIAL DATA

1 REVENUE** (for reporting period only. Do not include revenue related losses; if actual figures are not available, please estimate; round to the nearest dollar)	All institutions fill out: (1) 1984 Reported Total Facility Statistics	(2) 1985 Total Facility Statistics	Fill out only if hospital has separate units for nursing home type of long-term care: (3) 1985 Hospital	(4) 1985 Nursing Home-Type Unit
a GROSS REVENUE from service to INPATIENTS (based on full established rates)				
b GROSS REVENUE from service to OUTPATIENTS (based on full established rates)				
c TOTAL GROSS revenue from service to PATIENTS (1a+1b)				
d SOURCES OF GROSS PATIENT REVENUE:				
(1) Government				
(a) Medicare inpatient				
(b) Medicare outpatient				
(c) Medicaid inpatient				
(d) Medicaid outpatient				
(e) Other				
(f) Total government sources (add (1d(1a) through 1d(1e))				
(2) Nongovernment				
(a) Self-pay				
(b) Blue Cross/Blue Shield				
(c) Commercial insurers				
(d) Other				
(e) Total nongovernment sources (add 1d(2a) through 1d(2d))				
(3) Total sources of gross patient revenue (1d(1f) + 1d(2e)) (total should equal line 1c)				
e DEDUCTIONS FROM REVENUE:				
(1) Government contractual adjustments				
(2) Nongovernment contractual adjustments				
(3) Bad debts				
(4) Charity				
(5) Other deductions				
(6) Total deductions (add 1e(1) through 1e(5))				
f TOTAL NET revenue from service to PATIENTS (subtract 1e(6) from 1c)				
g SOURCES OF NET PATIENT REVENUE:				
(1) Government				
(a) Medicare inpatient				
(b) Medicare outpatient				
(c) Medicaid inpatient				
(d) Medicaid outpatient				
(e) Other				
(f) Total government sources (add 1g(1a) through 1g(1e))				
(2) Nongovernment				
(a) Self-pay				
(b) Blue Cross/Blue Shield				
(c) Commercial insurers				
(d) Other				
(e) Total nongovernment sources (add 1g(2a) through 1g(2d))				
(3) Total sources of net patient revenue (1g(1f)+1g(2e)) (total should equal line 1f)				
h OTHER OPERATING REVENUE:				
(1) Tax appropriations				
(2) Other (include cafeteria, gift shop, etc.)				
(3) TOTAL OTHER OPERATING REVENUE (1h(1) + 1h(2))				
i NONOPERATING REVENUE (No negative numbers! Losses or expenses should be reported in F2b(7).)				
(1) Contributions				
(2) Grants				
(3) Interest income				
(4) Other				
(5) TOTAL NONOPERATING REVENUE (add 1i(1) through 1i(4))				
j TOTAL REVENUE (1f + 1h(3) + 1i(5))				

** REVENUE DATA ARE CONFIDENTIAL AND ARE NOT RELEASED WITHOUT WRITTEN PERMISSION.

F. FINANCIAL DATA (Continued)

	(1) 1984 Reported Total Facility Statistics	(2) 1985 Total Facility Statistics	(3) 1985 Hospital	(4) 1985 Nursing Home–Type Unit
2. EXPENSES (for the reporting period only; if actual figures are not available, please estimate; round to the nearest dollar)				
a PAYROLL EXPENSES for all categories of personnel specified below: (see definitions page 18)				
(1) Physicians and dentists (include only salaries)				
(2) Medical and dental residents (include medical and dental interns)				
(3) Trainees (medical technology, x-ray therapy, administrative, and so forth)				
(4) Registered and licensed practical nurses				
(5) All other personnel				
(6) TOTAL PAYROLL EXPENSES (add **2a**(1) through **2a**(5))				
b NONPAYROLL EXPENSES:				
(1) Employee benefits (social security, group insurance, retirement benefits)				
(2) Professional fees (medical, dental, legal, auditing consultant, and so forth)				
(3) Contracted nursing services (include staff from nursing registries, service contracts, and temporary help agencies)				
(4) Depreciation expense (FOR REPORTING PERIOD ONLY)				
(5) Interest expense				
(6) Energy expense				
(7) All other expenses (supplies, purchased services, nonoperating expenses, and so forth)				
(8) TOTAL NONPAYROLL EXPENSES (add **2b**(1) through **2b**(7))				
c TOTAL EXPENSES (**2a**(6) + **2b**(8)) (compare to total revenue)				

	1984 Reported Unrestricted Funds	1985 Unrestricted Funds
3 UNRESTRICTED FUNDS		
a ASSETS recorded on the balance sheet at the end of the reporting period (include actual or estimated value of plant/equipment that is leased):**		
(1) Current cash and short-term investments		
(2) (a) Current receivables		
(b) Uncollectibles		
(c) Net receivables (subtract **3a**(2b) from **3a**(2a))		
(3) Other current assets		
(4) (a) Gross plant and equipment assets (include land, buildings, and equipment; include actual or estimated value of plant/equipment that is leased)		
(b) LESS: Deduction for accumulated depreciation		
(c) NET plant and equipment assets (subtract **3a**(4b) from **3a**(4a); if zero, please explain)		
(5) Long-term investments (at lower of cost or market value)		
(6) Other unrestricted assets		
(7) Total unrestricted assets (**3a**(1) + **3a**(2c) + **3a**(3) + **3a**(4c) + **3a**(5) + **3a**(6))		
b LIABILITIES AND FUND BALANCE**		
(1) Current liabilities		
(2) Long-term debt		
(3) Other liabilities		
(4) Unrestricted fund balance		
(5) Total unrestricted liabilities and fund balance (add **3b**(1) through **3b**(4); should equal **3a**(7))		
4. RESTRICTED FUNDS** (report fund balances only)		
a Specific purpose (specify: _____)		
b Plant replacement and expansion		
c Endowment funds		

****ASSETS AND LIABILITIES ARE CONFIDENTIAL AND ARE NOT RELEASED WITHOUT WRITTEN PERMISSION.**

F. FINANCIAL DATA (Continued)

5. **CAPITAL EXPENDITURES** (for reporting period only)

a. Report only the actual expenditures made during the reporting period on completed or incomplete capital projects

Asset Account	Capital Expenditures
(1) Land	
(2) Buildings and improvements	
(3) (a) Fixed equipment	
(b) Movable equipment	
(c) TOTAL EQUIPMENT (5a(3a) + 5a(3b))	
(4) Construction in progress	
(5) TOTAL	

b. Did your facility make any debt principal payments during the reporting period?** YES ☐ NO ☐

If yes, please indicate amount of principal reduction _____

c. During the reporting period did the hospital acquire any new debt for capital projects?**

(Do not include capital leases) YES ☐ NO ☐

If YES give the amount and repayment period for each of the following sources:

	Amount	Repayment Period in Years
(1) Direct loans from banks		
(2) Bond issues:		
(a) Tax exempt		
(b) Taxable		
(3) Other (please specify: _____)		
(4) TOTAL		

d. Please indicate the amount and repayment period for those debt sources indicated above that are:**

	Amount	Repayment Period in Years
(1) Section 242 federally insured mortgages		
(2) Privately insured bonds		

e. Did the hospital undertake any refinancing of existing debt?** YES ☐ NO ☐

If YES please give the amount and repayment period (to the nearest full year) for the refinancing

Amount _____

Repayment period _____ years

6. Is the information reported in sections F1 through F5 based on your externally audited financial statements?** YES ☐ NO ☐

7. Did your hospital begin a construction project during the reporting period? YES ☐ NO ☐

If yes, please complete the appropriate lines below

a. Please estimate total construction costs of all projects begun during the reporting period $_____

b. Estimate the percent of total construction costs attributable to the following types of construction:

(1) Modernization or replacement of buildings	%
(2) Addition(s) to existing buildings	%
(3) New building(s)	%
(4) Other	%
	100%

c. Please estimate the percentage of the total construction funds that came from each of the following sources:

(1) Government grants and appropriations	%
(2) Philanthropy	%
(3) Internal operations	%
(4) Debt	%
(5) Equity	%
(6) Other	%
	100%

d. Bed complement:

(1) Before project(s) started	
(2) After project(s) completed	

****ASSETS AND LIABILITIES ARE CONFIDENTIAL AND ARE NOT RELEASED WITHOUT WRITTEN PERMISSION**

G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1985

G

1. HOSPITAL PERSONNEL BY OCCUPATIONAL CATEGORY

Report full-time and part-time personnel including trainees who were on the payroll as of SEPTEMBER 30, 1985, and whose payroll expenses are reported in F2a. If full-time and part-time are not available, please report full-time equivalent (FTE) personnel in column (3) and zero in column (4). For those hospitals that operate a nursing home-type unit as reported in E5b, DO NOT INCLUDE NURSING HOME STAFF HERE. If there are staff positions that are shared between the hospital and nursing home-type unit, please record these staff as part-time employees in each area. This means that one full-time employee would be counted as a part-time employee under the appropriate hospital occupational category and also as one part-time employee in total nursing home personnel. Include members of religious orders for who dollar equivalents were reported.

	(1) 1984 Full-Time (35 hr/wk or more)	(2) 1984 Part-Time (less than 35 hr/wk)	(3) 1985 Full-Time (35 hr/wk or more) On Payroll	(4) 1985 Part-Time (less than 35 hr/wk) On Payroll
a Administration:				
(1) Administrators and assistant administrators				
b Physician and dental services:				
(1) Physicians				
(2) Medical residents				
(3) Dentists				
(4) Dental residents				
c Nursing services:				
(1) Registered nurses				
(2) Licensed practical (vocational) nurses				
(3) Ancillary nursing personnel				
d Physician's assistants				
e Nurse practitioners				
f Medical record services:				
(1) Medical record administrators				
(2) Medical record technicians				
g Pharmacy:				
(1) Pharmacists, licensed				
(2) Pharmacy technicians				
h Clinical laboratory services:				
(1) Medical technologists				
(2) Other laboratory personnel				
i Dietary services:				
(1) Dietitians				
(2) Dietetic technicians				

2

3

4

G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1985 (Continued)

	(1) 1984 Full-Time (35 hr/wk or more)	(2) 1984 Part-Time (less than 35 hr/wk)	(3) 1985 Full-Time (35 hr/wk or more) On Payroll	(4) 1985 Part-Time (less than 35 hr/wk) On Payroll
j Radiological services:				
(1) Radiographers (radiologic technologists)				
(2) Radiation therapy technologists				
(3) Nuclear medicine technologists				
(4) Other radiologic personnel				
k Therapeutic services:				
(1) Occupational therapists				
(2) Occupational therapy assistants and aides				
(3) Physical therapists				
(4) Physical therapy assistants and aides				
(5) Recreational therapists				
l Speech and hearing services:				
(1) Speech pathologists				
(2) Audiologists				
m Respiratory therapy services:				
(1) Respiratory therapists				
(2) Respiratory therapy technicians				
n Psychologists				
o Medical social workers				
p All other professional and technical personnel				
q All other personnel				
r Total hospital personnel				

2. TRAINEES ON PAYROLL

Report full-time and part-time trainees (personnel who have not met the minimum qualifications or completed the necessary requirements for certification) who were on the payroll as of SEPTEMBER 30, 1985, whose payroll expenses are reported in line F2a(3), and who were included in TOTAL HOSPITAL PERSONNEL (line G1r) and NURSING HOME PERSONNEL (line G2). Please do not include medical and dental residents.

	1984 Full-Time (35 hr/wk or more)	1984 Part-Time (less than 35 hr/wk)	1985 Full-Time (35 hr/wk or more)	1985 Part-Time (less than 35 hr/wk)
TOTAL OTHER TRAINEES (exclude medical and dental residents)				

3. NURSING HOME PERSONNEL ON PAYROLL

Complete only if hospital has a separate nursing home-type unit as reported in E5b. Report full-time and part-time nursing home personnel who were on the payroll as of September 30, 1985, and whose payroll expenses are reported in line F2a, column 4. If nursing home staff is shared with the hospital, please report these staff as part-time employees.

	1984 Full-Time (35 hr/wk or more)	1984 Part-Time (less than 35 hr/wk)	1985 Full-Time (35 hr/wk or more)	1985 Part-Time (less than 35 hr/wk)
TOTAL NURSING HOME PERSONNEL				

4. TOTAL FACILITY PERSONNEL ON PAYROLL

Complete only if hospital has a separate nursing home-type unit as reported in E5b. Report full-time and part-time hospital plus nursing home personnel who were on the payroll as of September 30, 1985, and whose payroll expenses are reported in line F2a, column 2.

	1984 Full-Time (35 hr/wk or more)	1984 Part-Time (less than 35 hr/wk)	1985 Full-Time (35 hr/wk or more)	1985 Part-Time (less than 35 hr/wk)
TOTAL FACILITY PERSONNEL (Hospital plus Nursing Home)				

H. MEDICAL STAFF

Please indicate the number of practitioners on the ACTIVE and ASSOCIATE (do not include courtesy, consulting, honorary, provisional, or other) medical staff and the number of house staff in each of the following specialty groups as of September 30, 1985. Under house staff please report the number of individuals as of September 30, 1985. Do not report full-time equivalents or portions. If the exact numbers are unavailable, please give your best estimates. If you cannot supply estimates for specialty categories, please fill in the total figures

	(1) Number of Active and Associate Medical Staff (Include Board Certified)	(2) Number of Active and Associate Medical Staff Who Are Board Certified	(3) Number of House Staff (Include Staff in Approved Training Positions)	(4) Number of House Staff in ACGME or AOA Approved Training Positions
1. Medical specialties				
a. General and family practice				
b. Pediatric				
c. General internal medicine				
d. Other medical specialties				
2. Surgical specialties				
a. General surgery				
b. Obstetrics and gynecology				
c. Other surgical specialties				
3. Other specialties				
a. Pathology				
b. Radiology				
c. Anesthesiology				
d. Other specialties				
4. Dental specialties				
1985 TOTAL				
1984 TOTAL				