

American
Hospital
Association

1989 Annual Survey of Hospitals

Please return to:
American Hospital Association
840 North Lake Shore Drive
Chicago, Illinois 60611

Please return by:

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GENERAL INSTRUCTIONS

Two copies of the Annual Survey questionnaire are enclosed. Please check and correct any label information that is inaccurate and 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.

Report utilization, revenue, expenses, and capital expenditures for a full 12-month period, preferably the period ending September 30, 1989. **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, 1989, regardless of the end of the reporting period.

Make an entry for every item on the form. Enter "NA" only if data is not available. Enter "0" if zero is appropriate.

**AMERICAN HOSPITAL ASSOCIATION
INSTRUCTIONS AND DEFINITIONS
FOR
ANNUAL SURVEY OF HOSPITALS 1989**

HOSPITAL. For purposes of this survey, a hospital is defined as the organization or corporate entity licensed or registered as a hospital by a state to provide diagnostic and therapeutic patient services for a variety of medical conditions, both surgical and nonsurgical

**SECTION A
REPORTING PERIOD
Instructions**

Record the beginning and ending dates of the reporting period in a six-digit number; for example, January 1, 1989, should be shown as 01/01/89. Number of days should equal the time span between the two dates that the hospital was open. If you are reporting for less than 365 days, utilization and finances should be presented for days reported only

**SECTION B
ORGANIZATIONAL STRUCTURE
Instructions and Definitions**

CONTROL

- 1 Check the box to the left of the type of organization that is responsible for establishing policy for overall operation of the hospital.

Government, nonfederal.

State. Controlled by an agency of state government.

County. Controlled by an agency of county government

City. Controlled by an agency of municipal government.

City-County. Controlled jointly by agencies of municipal and county governments.

Hospital district or authority. Controlled by a political subdivision of a state, county or city created solely for the purpose of establishing and maintaining medical care or health-related care institutions

Nongovernment, not-for-profit. Hospitals controlled by not-for-profit organizations, including religious organizations (Catholic hospitals, for example), community hospitals, cooperative hospitals, hospitals operated by fraternal societies, and so forth

Investor-owned, for-profit. Hospitals controlled on a for-profit basis by an individual, partnership, or a profit-making corporation

Government, federal. Hospitals controlled by an agency or department of the federal government

SERVICE

- 2 Indicate the ONE category that best describes the type of service that your hospital provides to the majority of admissions.

General medical and surgical. Provides diagnostic and therapeutic services to patients for a variety of medical conditions, both surgical and nonsurgical

Hospital unit of an institution. Provides diagnostic and therapeutic services to patients in an institution

Hospital unit within an institution for the mentally retarded. Provides diagnostic and therapeutic services to patients in an institution for the mentally retarded

Psychiatric. Provides diagnostic and therapeutic services to patients with mental or emotional disorders

Tuberculosis and other respiratory diseases. Provides medical care and rehabilitative services to patients for whom the primary diagnosis is tuberculosis or other respiratory diseases

Obstetrics and gynecology. Provides medical and surgical treatment to pregnant women and to mothers following delivery. Also provides diagnostic and therapeutic services to women with diseases or disorders of the reproductive organs

Eye, ear, nose and throat. Provides diagnosis and treatment of diseases and injuries of the eyes, ears, nose, and throat

Rehabilitation. Provides a comprehensive array of restoration services for the disabled and all support services necessary to help them attain their maximum functional capacity

Orthopedic. Provides corrective treatment of deformities, diseases, and ailments of the locomotive apparatus, especially affecting the limbs, bones, muscles, and joints

Chronic disease. Provides medical and skilled nursing services to patients with long-term illnesses who are not in an acute phase, but who require an intensity of services not available in nursing homes

Institution for the mentally retarded. Provides health related care on a regular basis to patients with psychiatric or developmental impairment who cannot be treated in a skilled nursing unit

Alcoholism and other chemical dependency. Provides diagnosis and therapeutic services to patients with alcoholism or other drug dependencies

OTHER

4. a **Health maintenance organization (HMO).** An organization that has management responsibility for providing comprehensive health care services on a prepayment basis to voluntarily enrolled persons within a designated population

b **Preferred provider organization (PPO).** A formal arrangement whereby the services of a select panel of health care providers are marketed on the basis of cost efficiency to purchasers, for which payment is on a prospectively negotiated, predominately fee-for-service basis, and in which subscribers have an economic incentive to use the select panel

- 5 **Healthcare system.** A corporate body that may own and/or manage health provider facilities or health related subsidiaries as well as non-health related facilities that are either freestanding facilities or subsidiary corporations

- 6 **Holding company.** Any company, incorporated or unincorporated, that is in a position to control or materially influence the management of one or more other companies by virtue of its ownership of securities and/or its right to appoint directors in the other company of companies

- 7 **Subsidiary.** A company that is wholly controlled by another or one that is more than 50% owned by another organization.

- 8 **Contract managed.** General day to day management of an entire organization by another organization, under a formal contract. Managing organization reports directly to the board of trustees or owners of the managed organization; managed organization retains total legal responsibility and ownership of the facility's assets and liabilities.

- 9 **Alliance.** A formal organization, usually owned by shareholder/members that works on behalf of its individual members in the provision of services and products and in the promotion of activities and ventures. Examples of alliances: Voluntary Hospitals of America, Consolidated Catholic Health Care and American HealthCare System.

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SECTION C
FACILITIES AND SERVICES
Definitions

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C. FACILITIES AND SERVICES

- 1a. **General inpatient care for AIDS/ARC.** Inpatient diagnosis and treatment have been provided for AIDS/ARC patients, but dedicated unit not provided.
- 1b. **AIDS/ARC unit.** Special unit or team designated and equipped specifically for diagnosis, treatment, continuing care planning, and counseling services for AIDS/ARC patients and their families.
- 1c. **Specialized outpatient program for AIDS/ARC.** Special outpatient program providing diagnostic, treatment, continuing care planning, and counseling for AIDS/ARC patients and their families
- 1d. **HIV testing.** Service providing blood and laboratory testing to detect the presence of the HIV virus
2. **Alcoholism/chemical dependency outpatient services.** Organized hospital services that provide medical care and/or rehabilitative treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency
3. **Arthritis treatment center.** Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders
4. **Birth room/Labor, delivery, recovery, postpartum room (LDRP room).** Combination labor and delivery unit with home like setting for parents who have completed specified childbirth courses and wish to participate jointly in the birth of their child
- 5a. **Cardiac catheterization laboratory.** Facilities offering special diagnostic procedures for cardiac patients. Available procedures must include, but need not be limited to, introduction of a catheter into the interior of the heart by way of a vein or artery or by direct needle puncture. Procedures must be performed in a laboratory or a special procedure room.
- 5b. **Open-heart surgery.** Heart surgery where the chest has been opened and the blood recirculated and oxygenated with the proper equipment and the necessary staff to perform the surgery
- 5c. **Angioplasty.** The reconstruction or restructuring of a blood vessel by operative means or by nonsurgical techniques such as balloon dilation or laser.
6. **Chronic obstructive pulmonary disease services.** Services provided for the treatment of disorders such as asthma, chronic bronchitis, and emphysema which are marked by persistent obstruction of bronchial air flow
- 7a. **Emergency department.** Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care. **Must be available 24 hours a day.**
- 7b. **Certified trauma center.** State certified facility that provides emergency and specialized intensive care to critically ill and injured patients.
8. **Extracorporeal shock wave lithotripter (ESWL).** A medical device used for treating stones in the kidney or ureter. The device disintegrates kidney stones noninvasively through the transmission of acoustic shock waves directed at the stones
9. **Fitness center.** Provides exercise, testing or evaluation programs and fitness activities to the community and hospital employees.
10. **Genetic counseling/screening.** A service equipped with adequate laboratory facilities and directed by a qualified physician to advise parents and prospective parents on potential problems in cases of genetic defects. Service provides antenatal diagnosis including amniocentesis, chorionic villi sampling, fetal blood sampling and MRI imaging. Service shall have appropriate ultrasound evaluation capacity
- 11a. **Adult day care program.** Program providing health, recreation, and/or social services to older adults during the day. May include intake assessment, health monitoring, occupational therapy, personal care, noon meal, and transportation services
- 11b. **Alzheimer's diagnostic/assessment services.** Specially organized program to diagnose and evaluate people suspected of having Alzheimer's disease. Includes the assessment of medical, social and behavioral conditions and development of a treatment plan addressing family preferences and financial options as well as medical concerns
- 11c. **Comprehensive geriatric assessment.** Diagnostic and evaluation services that determine elderly patients' long-term care needs. Includes the assessment of medical conditions, functional activities, mental and emotional conditions, and incorporates these into a treatment plan incorporating family and financial concerns as well as medical needs
- 11d. **Emergency response.** A program for disabled elderly individuals whereby subscribers have an emergency response unit attached to their telephone, linking them to the hospital emergency department, and can automatically call for help by pressing a button.
- 11e. **Geriatric acute care unit.** Provides acute care to elderly patients in specially designed medical and surgical units. Care is provided by a multi-disciplinary team trained in geriatrics. Unit may also offer architectural modifications to accommodate the special needs of older adults.
- 11f. **Geriatric clinics.** Special medical or surgical clinics providing services targeted to older adults such as arthritis, primary geriatric and podiatric clinics
- 11g. **Respite care.** Facilities and services that provide for short-term placement of individuals to help meet family emergencies, planned absences (such as vacations or hospitalization), or to allow the family caregivers to shop or do errands
- 11h. **Senior membership program.** A senior enrollment program which offers older adults service benefits such as information, claims assistance, education and senior wellness programs, and discounts for other hospital services. May or may not charge an application fee
12. **Health promotion.** Education and/or other supportive services that are planned and coordinated by the hospital and that will assist individuals or groups to adopt healthy behaviors and/or reduce health risks, increase self-care skills, improve management of common minor ailments, use health care services effectively, and/or improve understanding of medical procedures and therapeutic regimens
- 12a. **Patient education.** Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures and self care.
- 12b. **Community health promotion.** Similar to 12a, but for individuals in the community, not within a place of employment or as a patient
- 12c. **Worksite health promotion.** Similar to 12a, but for employees of a company implemented by the hospital and sponsored by their employer

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C. FACILITIES AND SERVICES

For each service or facility listed below, please check all those provided by your hospital as of the last day of the reporting period. If a service is not maintained in the hospital but is available through a FORMAL CONTRACTUAL arrangement with another hospital or provider (include joint ventures), please check column (2). If neither column (1) nor (2) applies for a particular service, please leave it blank.

	(1) Provided by the Hospital	(2) Provided under Arrangement with Another Hospital or Provider
1 Acquired immune-deficiency syndrome (AIDS) services:		
a General inpatient care for AIDS/ARC	<input type="checkbox"/>	<input type="checkbox"/>
b AIDS/ARC unit	<input type="checkbox"/>	<input type="checkbox"/>
c Specialized outpatient program for AIDS/ARC	<input type="checkbox"/>	<input type="checkbox"/>
d HIV testing	<input type="checkbox"/>	<input type="checkbox"/>
2 Alcoholism/chemical dependency outpatient services	<input type="checkbox"/>	<input type="checkbox"/>
3 Arthritis treatment center	<input type="checkbox"/>	<input type="checkbox"/>
4 Birthing room/Labor, delivery, recovery, postpartum room (LDRP room)	<input type="checkbox"/>	<input type="checkbox"/>
5 Cardiac Services:		
a Cardiac catheterization laboratory	<input type="checkbox"/>	<input type="checkbox"/>
b Open heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
c Angioplasty	<input type="checkbox"/>	<input type="checkbox"/>
6 Chronic obstructive pulmonary disease services	<input type="checkbox"/>	<input type="checkbox"/>
7 Emergency services:		
a Emergency department	<input type="checkbox"/>	<input type="checkbox"/>
b Certified trauma center	<input type="checkbox"/>	<input type="checkbox"/>
8 Extracorporeal shock wave lithotripter (ESWL)	<input type="checkbox"/>	<input type="checkbox"/>
9 Fitness center	<input type="checkbox"/>	<input type="checkbox"/>
10 Genetic counseling/screening	<input type="checkbox"/>	<input type="checkbox"/>
11 Geriatric services:		
a Adult day care program	<input type="checkbox"/>	<input type="checkbox"/>
b Alzheimer's diagnostic/assessment services	<input type="checkbox"/>	<input type="checkbox"/>
c Comprehensive geriatric assessment	<input type="checkbox"/>	<input type="checkbox"/>
d Emergency response	<input type="checkbox"/>	<input type="checkbox"/>
e Geriatric acute care unit	<input type="checkbox"/>	<input type="checkbox"/>
f Geriatric clinics	<input type="checkbox"/>	<input type="checkbox"/>
g Respite care	<input type="checkbox"/>	<input type="checkbox"/>
h Senior membership program	<input type="checkbox"/>	<input type="checkbox"/>
12 Health promotion:		
a Patient education	<input type="checkbox"/>	<input type="checkbox"/>
b Community health promotion	<input type="checkbox"/>	<input type="checkbox"/>
c Worksite health promotion	<input type="checkbox"/>	<input type="checkbox"/>

C. FACILITIES AND SERVICES

13. **Hemodialysis.** Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis
14. **Home health services.** Service providing nursing, therapy, and health-related homemaker or social services in the patient's home
15. **Hospice.** A program providing palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial, and legal needs of terminally ill patients and their families. Care can be provided in a variety of settings, both inpatient and at home
- 16a. **Histopathology laboratory.** A laboratory in which tissue specimens are examined by a qualified pathologist
- 16b. **Blood bank.** A medical facility with the responsibility for all of the following: blood procurement, drawing, processing, and distribution
- 17a. **Medicare-certified distinct part skilled nursing unit.** Also known as a "hospital-based skilled nursing unit"; refers to a skilled nursing unit that is located as a distinct unit within the hospital, is owned and operated by the hospital, and that meets Medicare certification criteria
- 17b. **Other skilled nursing care.** Refers to care provided in a hospital owned skilled nursing facility (other than distinct part unit) which provides non-acute medical and nursing services, therapy and social services under the supervision of a licensed registered nurse on a 24-hour basis
18. **Occupational health services.** Includes services designed to protect the safety of employees from hazards in the work environment
- 19a. **Hospital based outpatient care center/services.** Organized hospital health care services offered by appointment on an ambulatory basis. Services may include outpatient surgery, examination, diagnosis and treatment of a variety of medical conditions on a nonemergency basis, and laboratory and other diagnostic testing as ordered by staff or outside physician referral
- 19b. **Freestanding outpatient care center.** A facility owned and operated by the hospital, but physically separate from the hospital, that provides various medical treatments on an outpatient basis only. May be any of the following three types of center, depending on the level of care it is equipped to provide: freestanding emergency center, freestanding urgent care center, or primary care center. In addition to treating minor illnesses or injuries, the center will stabilize seriously ill or injured patients before transporting them to a hospital. Laboratory and radiology services are usually available
- 20a. **Psychiatric child/adolescent services.** Provides care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment
- 20b. **Psychiatric consultation-liaison services.** Provides organized psychiatric consultation/liaison services to nonpsychiatric hospital staff and/or departments on psychological aspects of medical care that may be generic or specific to individual patients
- 20c. **Psychiatric education services.** Provides psychiatric educational services to community agencies and workers such as schools, police, courts, public health nurses, welfare agencies, clergy, and so forth. The purpose is to expand the mental health knowledge and competence of personnel not working in the mental health field and to promote good mental health through improved understanding, attitudes, and behavioral patterns
- 20d. **Psychiatric emergency services.** Services or facilities available on a 24-hour basis to provide immediate unscheduled outpatient care, diagnosis, evaluation, crisis intervention, and assistance to persons suffering acute emotional or mental distress
- 20e. **Psychiatric geriatric services.** Provides care to emotionally disturbed elderly patients, including those admitted for diagnosis and those admitted for treatment
- 20f. **Psychiatric outpatient services.** Provides medical care, including diagnosis and treatment, of psychiatric outpatients
- 20g. **Psychiatric partial hospitalization program.** Organized hospital facilities and services for day care and/or night care of psychiatric patients who do not require inpatient care 24 hours a day
- 21a. **Megavoltage radiation therapy.** The use of specialized equipment in the supervoltage and megavoltage (above 1 million volts) ranges for deep therapy treatment of cancer. Includes cobalt units, linear accelerators with or without electron beam therapy capability, betatrons, and Van de Graff machines
- 21b. **Radioactive implants.** The use of radioactive material (radium, cobalt-60, cesium-137, or iridium-192 implants) for the treatment of malignancies
- 21c. **Therapeutic radioisotope facility.** The use of radioactive isotopes (radiopharmaceuticals) for the treatment of malignancies
- 21d. **X-ray radiation therapy.** The treatment of disease by Roentgen rays or other radiant energy, with the exception of radium, cobalt, or radioisotopes
- 22a. **CT scanner.** Computed tomographic scanner for head or whole body scans
- 22b. **Diagnostic radioisotope facility.** The use of radioactive isotopes (radiopharmaceuticals) as tracers or indicators to detect an abnormal condition or disease
- 22c. **Diagnostic X-ray.** The use of X-rays to provide a basic source of information regarding the structure of internal body systems
- 22d. **Magnetic resonance imaging (MRI).** The use of a uniform magnetic field and radio frequencies to study tissue and structure of the body. This procedure enables the visualization of biochemical activity of the cell in vivo without the use of ionizing radiation, radioisotopic substances, or high-frequency sound
- 22e. **Ultrasound.** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures

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C. FACILITIES AND SERVICES (continued)

	(1) Provided by the Hospital	(2) Provided under Arrangement with Another Hospital or Provider
13. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>
14. Home health services	<input type="checkbox"/>	<input type="checkbox"/>
15. Hospice	<input type="checkbox"/>	<input type="checkbox"/>
16. Laboratory services:		
a. Histopathology	<input type="checkbox"/>	<input type="checkbox"/>
b. Blood bank	<input type="checkbox"/>	<input type="checkbox"/>
17. Long-term care services:		
a. Medicare-certified distinct-part skilled nursing unit	<input type="checkbox"/>	<input type="checkbox"/>
b. Other skilled nursing care	<input type="checkbox"/>	<input type="checkbox"/>
18. Occupational health services	<input type="checkbox"/>	<input type="checkbox"/>
19. Outpatient services:		
a. Hospital based outpatient care center/services	<input type="checkbox"/>	<input type="checkbox"/>
b. Freestanding outpatient care center	<input type="checkbox"/>	<input type="checkbox"/>
20. Psychiatric services:		
a. Psychiatric child/adolescent services	<input type="checkbox"/>	<input type="checkbox"/>
b. Psychiatric consultation-liaison services	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychiatric education services	<input type="checkbox"/>	<input type="checkbox"/>
d. Psychiatric emergency services	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychiatric geriatric services	<input type="checkbox"/>	<input type="checkbox"/>
f. Psychiatric outpatient services	<input type="checkbox"/>	<input type="checkbox"/>
g. Psychiatric partial hospitalization program	<input type="checkbox"/>	<input type="checkbox"/>
21. Radiation therapy:		
a. Megavoltage radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>
b. Radioactive implants	<input type="checkbox"/>	<input type="checkbox"/>
c. Therapeutic radioisotope facility	<input type="checkbox"/>	<input type="checkbox"/>
d. X-ray radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>
22. Radiology, diagnostic:		
a. CT scanner	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic radioisotope facility	<input type="checkbox"/>	<input type="checkbox"/>
c. Diagnostic x-ray	<input type="checkbox"/>	<input type="checkbox"/>
d. Magnetic resonance imaging (MRI)	<input type="checkbox"/>	<input type="checkbox"/>
e. Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>

C. FACILITIES AND SERVICES

23. **Rehabilitation outpatient services.** Outpatient program providing medical, health-related, therapy, social and/or vocational services to help disabled persons attain or retain their maximum functional capacity
- 24a. **Fertility counseling.** A service which counsels and educates on infertility problems and includes laboratory and surgical workup and management for individuals having problems conceiving children
- 24b. **In vitro fertilization.** Program providing for the induction of fertilization of a surgically removed ovum by donated sperm in a culture medium followed by a short incubation period. The embryo is then reimplanted in the female womb
- 24c. **Sterilization.** A service with capacity to perform total occlusion or ligation as appropriate for women and vasectomy for men
- 25a. **Organized social work services.** Services that are properly directed and sufficiently staffed by qualified individuals who provide assistance and counseling to patients and their families in dealing with social, emotional, and environmental problems associated with illness or disability, often in the context of financial or discharge planning coordination.
- 25b. **Social services.** Services including discharge planning coordination and information and referral services provided to patients and their families by personnel other than qualified social workers
- 25c. **Outpatient social work services.** Social work services provided in ambulatory care areas.
- 25d. **Emergency department social work services.** Social work services provided to emergency department patients by social workers dedicated to the emergency department or on call
26. **Sports medicine clinic/services.** Provision of diagnostic screening and assessment, clinical and rehabilitation services for the prevention and treatment of sports related injuries
- 27a. **Hospital auxiliary.** A volunteer community organization formed to assist the institution in carrying out its purpose and to serve as a link between the institution and the community.
- 27b. **Patient representative services.** Organized hospital services providing personnel through whom patients and staff can seek solutions to institutional problems affecting the delivery of high-quality care and services.
- 27c. **Volunteer services department.** An organized hospital department responsible for coordinating the services of volunteers working within the institution
- 28a. **Outpatient surgery.** Scheduled surgical services provided to patients who do not remain in the hospital overnight. The surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility.
- 28b. **Organ/tissue transplant services.** Service offering specially trained and equipped staff qualified to perform the surgical removal of viable human tissue or organs from either a living donor or a deceased person immediately after death, and the surgical grafting of the tissue or organ into a suitably evaluated and prepared patient.
- 28c. **Orthopedic surgery.** Surgical treatment of the skeletal system, its articulations, and associated structures
- 29a. **Occupational therapy.** Facilities for the provision of occupational therapy services prescribed by physicians and administered by or under the direction of, a qualified occupational therapist
- 29b. **Physical therapy.** Facilities for the provision of physical therapy services prescribed by physicians and administered by, or under the direction of a qualified physical therapist
- 29c. **Recreational therapy.** Facilities for the provision of recreational therapy services prescribed by physicians and administered by or under the direction of a qualified recreational therapist
- 29d. **Respiratory therapy.** The equipment and staff necessary for the administration of oxygen and certain potent drugs through inhalation or positive pressure
- 29e. **Speech pathology.** Service providing evaluation and treatment to inpatients or outpatients with speech and language disorders.
30. **Women's health center/services.** An area set aside for coordinated education and treatment services specifically for and promoted to women as provided by this special unit. Services may or may not include obstetrics but include a range of services other than OB.

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C. FACILITIES AND SERVICES (continued)

	(1) Provided by the Hospital	(2) Provided under Arrangement with Another Hospital or Provider
23 Rehabilitation outpatient services	<input type="checkbox"/>	<input type="checkbox"/>
24 Reproductive health:		
a Fertility counseling	<input type="checkbox"/>	<input type="checkbox"/>
b In vitro fertilization	<input type="checkbox"/>	<input type="checkbox"/>
c Sterilization	<input type="checkbox"/>	<input type="checkbox"/>
25 Social work services:		
a Organized social work services	<input type="checkbox"/>	<input type="checkbox"/>
b Social services	<input type="checkbox"/>	<input type="checkbox"/>
c Outpatient social work services	<input type="checkbox"/>	<input type="checkbox"/>
d Emergency department social work services	<input type="checkbox"/>	<input type="checkbox"/>
26 Sports medicine clinic/services	<input type="checkbox"/>	<input type="checkbox"/>
27 Supplementary patient assistance:		
a Hospital auxiliary	<input type="checkbox"/>	<input type="checkbox"/>
b Patient representative services	<input type="checkbox"/>	<input type="checkbox"/>
c Volunteer services department	<input type="checkbox"/>	<input type="checkbox"/>
28 Surgical services:		
a Outpatient surgery	<input type="checkbox"/>	<input type="checkbox"/>
b Organ/tissue transplant	<input type="checkbox"/>	<input type="checkbox"/>
c Orthopedic surgery	<input type="checkbox"/>	<input type="checkbox"/>
29 Therapy services:		
a Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>
b Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>
c Recreational therapy	<input type="checkbox"/>	<input type="checkbox"/>
d Respiratory therapy	<input type="checkbox"/>	<input type="checkbox"/>
e Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>
30 Women's health center/services	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D
BEDS AND UTILIZATION BY INPATIENT SERVICE
Instructions and Definitions

Account for all adult and pediatric inpatient beds set up and staffed for use at the end of the reporting period. List beds for a particular service area only if a unit is specifically designated for the service area. Do not include normal newborn bassinets.

TOTAL FACILITY beds set up and staffed (page 243, line 23, column 1) should equal beds (page 245, line 2c, column 1). Inpatient days (page 243, line 25) should equal inpatient days (page 245, line 2e, column 1). Do not count beds more than once. Please list data under the appropriate service area only if a specific ward, wing, floor, or other unit has been designated exclusively for that service. For example, if pediatric inpatients are lodged in the same units as adults, separate bed and utilization data should not be reported for pediatric patients. If obstetric, rehabilitation, or other patients are placed in general medical and surgical units, no separate data for these service areas should be reported. Similarly, if alcoholism/chemical dependency patients are treated in psychiatric inpatient units, utilization data for these patients should be included as part of the psychiatric unit.

If ACTUAL UTILIZATION DATA by unit cannot be readily obtained, please provide ESTIMATES for service area utilization.

BEDS SET UP AND STAFFED. The number of beds at the end of the reporting period that are staffed and ready for use.

- 1 **MEDICAL/SURGICAL, ACUTE.** Provides acute care to patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans.
- 2 **PEDIATRIC, ACUTE.** Provides acute care to pediatric patients on the basis of physicians' orders and approved nursing care plans.
- 3 **OBSTETRIC CARE UNIT.** Levels should be designated: (1) unit provides services for uncomplicated maternity and newborn cases; (2) unit provides services for uncomplicated cases, the majority of complicated problems, and special neonatal services; and (3) unit provides services for all serious illnesses and abnormalities and is supervised by a full time maternal/fetal specialist.
- 5 **MEDICAL/SURGICAL INTENSIVE CARE.** Provides patient care of a more intensive nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care. Includes mixed intensive care units.
- 6 **CARDIAC INTENSIVE CARE.** Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation care. May include myocardial infarction, pulmonary care, and heart transplant units.
- 7 **NEONATAL INTENSIVE CARE.** A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery and special care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.
- 8 **NEONATAL INTERMEDIATE CARE.** A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.
- 9 **PEDIATRIC INTENSIVE CARE.** Provides care to pediatric patients that is of a more intensive nature than that usually provided to pediatric patients. The unit is staffed with specially trained personnel and contains monitoring and specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.
- 10 **BURN CARE.** Provides care to severely burned patients. Severely burned patients are those with any of the following: 1) second-degree burns of more than 25% total body surface area for adults or 20% total body surface area for children; 2) third-degree burns of more than 10% total body surface area; 3) any severe burns of the hands, face, eyes, ears, or feet; or 4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures and other major traumas, and all other poor risk factors.
- 11 **OTHER SPECIAL CARE.** Provides care to patients requiring care more intensive than that provided in the acute area, yet not sufficiently intensive to require admission to an intensive care unit. Patients admitted to this area are usually transferred here from an intensive care unit once their condition has improved. These units are sometimes referred to as definitive observation, step-down, or progressive care units.
- 13 **REHABILITATION.** Provides care encompassing a comprehensive array of restoration services for the disabled and all support services necessary to help patients attain their maximum functional capacity.
- 14 **CHRONIC DISEASE.** Provides medical and skilled nursing care to patients with long term illnesses who are not in the acute phase, but who require an intensity of services not available in nursing homes.
- 15 **HOSPICE.** Provides palliative care, chiefly medical relief of pain, and supportive services for terminally ill patients and their families.
- 16 **PSYCHIATRIC CARE.** Provides acute or long term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems, on the basis of physicians' orders and approved nursing care plans. Long term care may include intensive supervision to the chronically mentally ill, mentally disordered, or other mentally incompetent persons.
- 17 **ALCOHOLISM/CHEMICAL DEPENDENCY.** Provides diagnosis and therapeutic services to patients with alcoholism or other drug dependencies. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care than provided in an outpatient setting or where patient requires supervised withdrawal.
- 18 **MENTAL RETARDATION.** Provides on a regular basis, health-related care and services to patients with psychiatric or developmental impairment who do not require the degree of care or treatment that a skilled nursing unit is designed to provide.
- 19 **SKILLED NURSING CARE.** Provides non-acute medical and nursing care services, therapy and social services under the supervision of a licensed registered nurse on a 24-hour basis.
- 20 **INTERMEDIATE CARE FACILITY.** Provides health-related services to patients with a variety of physical or emotional conditions who do not require the degree of care provided by a hospital or skilled nursing facility but who require the care and services available through institutional facilities.
- 21 **RESIDENTIAL CARE/ELDERLY HOUSING.** The provision of residential services for those who do not require daily medical or nursing services, but may require some assistance in the activities of daily living. Includes sheltered care facilities for developmentally disabled or long term psychiatric patients as well as elderly housing.
- 24 **SWING BEDS.** A licensed acute care bed that has been designated by a hospital to provide either acute or long-term care services. The beds should meet the following conditions under section 1883,b1 of the Social Security Act:
 - 1) A hospital must be located in a "rural" area.
 - 2) A hospital must have less than 100 acute care beds.
 - 3) When applicable, a hospital must receive a certificate-of-need (CON) for the provision of long-term services from its state health planning and development agency.

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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 providing skilled nursing and other institutional care services (including services in 19-21 below) and reported in sections E and F should list the beds contained in those units/facilities under the appropriate categories in this section

	(1) Beds Set Up and Staffed Last Day of the Reporting Period 1989	(2) Total Inpatient Days for Reporting Period 1989
1 General medical/surgical (adult, include gynecology)	_____	_____
2 General medical/surgical (pediatric)	_____	_____
3 Obstetrics (indicate level of unit (1), (2) or (3): _____) (See instructions section D)	_____	_____
4 Other acute (Specify type: _____)	_____	_____
5 Medical/surgical intensive care (Include mixed ICU/CCU)	_____	_____
6 Cardiac intensive care	_____	_____
7 Neonatal intensive care (exclude normal newborns listed on page 245)	_____	_____
8 Neonatal intermediate care (exclude normal newborns listed on page 245)	_____	_____
9 Pediatric intensive care	_____	_____
10 Burn care	_____	_____
11 Other special care	_____	_____
12 Other intensive care (Specify type: _____)	_____	_____
13 Rehabilitation	_____	_____
14 Chronic disease	_____	_____
15 Hospice	_____	_____
16 Psychiatric care	_____	_____
17 Alcoholism/chemical dependency care	_____	_____
18 Mental retardation	_____	_____
19 Skilled nursing care	_____	_____
20 Intermediate care facility	_____	_____
21 Residential care/elderly housing	_____	_____
22 Other subacute (Specify type: _____)	_____	_____
23 TOTAL FACILITY (excluding swing bed utilization Add lines 1 to 22)	_____	_____
24 SWING-BEDS		
a. Is your hospital certified by Medicare to provide swing bed services as defined on page 242?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. If YES, please report the total number of acute care beds from the above that were utilized by the hospital as swing beds (Please do not include beds for newborn or beds for intensive care units)	_____	
c. Please report the number of admissions and inpatient days for the reporting period that the swing-beds (Medicare certified) were used in the provision of long-term care swing services.	(1) Admissions	(2) Inpatient Days
(1) Skilled nursing swing bed utilization	_____	_____
(2) Intermediate care swing bed utilization	_____	_____
25 TOTAL FACILITY INPATIENT DAY TOTAL (including swing bed utilization Add lines 23, 24c(1) and 24c(2))		_____

E. TOTAL FACILITY BEDS AND UTILIZATION

- 1 a A significant temporary change occurs when beds are temporarily out of use and not included in the bed count; it is not considered a permanent change. Report in a six-digit number, the date(s) when bed change(s) occurred; for example, January 7, 1989, should be shown as 01/07/89. If there have been more than two changes during the reporting period, please report all changes on a separate sheet of paper.
- 2 a Information pertaining to nursing home type units/facilities that provide non-acute medical and nursing services and are owned and operated by the hospital should be included if the following conditions are met:
- (1) Hospital and nursing home-type unit/facility are governed by a common governing board
 - (2) Hospital and nursing home-type unit/facility must file a common cost report
 - (3) The nursing home-type unit/facility must be integrated with the hospital utilizing the same ancillary and other services as the hospital
 - (4) The nursing home-type unit/facility must be part of, but distinct from the acute care beds in the hospital facility
- If above criteria are not met, no information related to a nursing home type unit/facility should appear on the questionnaire
- For purposes of this survey, nursing home-type unit is a unit/facility that offers primarily only the following type of services to the majority of all admissions:
- Skilled nursing: The provision of medical and nursing care services, therapy, and social services under the supervision of a licensed registered nurse on a 24-hour basis in a residential setting
- Intermediate care: The provision, on a regular basis, of therapy care and services to persons who do not require the degree of care or treatment that a skilled nursing unit is designed to provide.
- Residential care/elderly housing: The provision of residential services for those who do not require daily nursing or medical services, but may require some assistance in activities of daily living. Category may include sheltered care facilities for the developmentally disabled or long-term psychiatric patients as well as elderly housing
- b-h All hospitals should fill out column 1, TOTAL FACILITY statistics. A combination facility that includes a hospital and nursing home-type unit/facility should give breakdowns for these units in columns 2 and 3. Include unit transfers in admission and discharge counts for a unit/facility; exclude unit/facility transfers in admissions and discharges reported for the total facility
- c Report the number of adult and pediatric beds regularly available (those set up and staffed for use) at the end of the reporting period. Report only operating beds, not constructed bed capacity. Include all bed facilities that are set up and staffed for use by inpatients who have no other bed facilities, such as pediatric bassinets, isolation units, quiet rooms, and reception and observation units assigned to or reserved for them. Exclude newborn bassinets and bed facilities for patients receiving special procedures for a portion of their stay and who have other bed facilities assigned to or reserved for them. Exclude, for example, labor room, postanesthesia, or postoperative recovery room beds, psychiatric holding beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital. Any discrepancies between total beds reported in 1988 should be accounted for in E1b. Be sure to include data for the nursing home-type unit/facility in the financial and personnel sections, as instructions for these sections indicate
- d Include the number of adult and pediatric admissions only (exclude births and unit transfers). This figure should include all patients admitted during the reporting period. The sum of admissions for the units can be greater than the total reported for the entire facility because of interward transfers
- e Report the number of adult and pediatric days of care rendered during the entire reporting period. Do not include days of care rendered for normal infants born in the hospital, but do include those for their mothers. Include days of care for infants born in the hospital and transferred into a neonatal care unit. Inpatient day of care (also commonly referred to as a **patient day** or a **census day**, or by some federal hospitals as an **occupied bed day**) is a period of service between the census-taking hours on two successive calendar days, the day of discharge being counted only when the patient was admitted the same day. For interward transfers between the hospital and nursing home unit/facility, report inpatient days only for the time spent in each unit/facility
- f Report the number of adult and pediatric discharges only (exclude interward transfers). This figure should include all patients discharged during the reporting period. The sum of discharges for the units can be greater than the total reported for the entire facility because of interward transfers
- g Report the total number of patient days of care rendered to patients discharged during the reporting period; include days of care rendered to those patients prior to the beginning of the reporting period. Do not report discharge days for patients transferred between the hospital and nursing home unit/facility, except for those patients discharged from the institution following transfer. In this case, report discharge days for both units according to the days of care rendered in each unit
- 4 a Record the number of normal newborn bassinets. DO NOT include neonatal intensive or intermediate care bassinets. These should be reported on page 243, D7 and D8 and on page 245, E2b and c
- c Report the number of inpatient days for normal newborn nursery. DO NOT include neonatal intensive or intermediate care inpatient days as these should be reported on page 243, D7 and D8, and on page 245, E2e
- 5 Count each patient undergoing surgery as one surgical operation regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure room. For outpatient surgical operations, please record operations performed on patients who do not remain in the hospital overnight. Include all operations whether performed in the inpatient operating rooms or in procedure rooms located in an outpatient facility. Include an endoscopy only when used as an operative tool and not when used for diagnosis alone
- 6 An outpatient visit is a visit to each emergency or nonemergency outpatient service area by a person who is not lodged in the hospital overnight. Include in the visit count each appearance of an outpatient in each emergency or nonemergency outpatient service area. Do not include the number of diagnostic and/or therapeutic **treatments** the patient received in the ancillary departments
- a Emergency visits should reflect total number of patients seen in an emergency unit
- b Other visits should reflect the number of scheduled or unscheduled visits to outpatient service areas other than the emergency room. Include physician referrals and outpatient surgeries. DO NOT INCLUDE OCCASIONS OF SERVICE (Note: an occasion of service is each test, examination, treatment, or procedure rendered to an outpatient in ancillary departments. For example: one other visit would be an outpatient receiving a blood test and an X-ray during a single appearance in the ancillary service area.)

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E. TOTAL FACILITY BEDS AND UTILIZATION

All statistics reported in D, E and F must be CONSISTENT. For example, total facility beds (page 243, line 23, column 1) should match the beds as listed on this page (line 2c, column 1). Inpatient days (page 243, line 25) should match those listed on this page (line 2e, column 1)

1 BED CHANGES (for all facility beds excluding newborn nursery bassinets)

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

b 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	YEAR

(2) Bed change (+ or -): _____

Date:

MONTH	DAY

YEAR	YEAR

2 BEDS AND UTILIZATION (exclude newborn nursery, include neonatal, intensive and intermediate care units):

a Does your hospital maintain a separate nursing home type of long-term care unit/facility? (Please refer to the instructions and definitions on page 244.) YES NO

If NO, report total facility statistics only in column (1) below

If YES, report data for both the hospital and nursing home units/facility in columns (2) and (3) below, in addition to total facility statistics in column (1)

***Because of unit transfers, column (1) may be less than the sum of columns (2) and (3)**

	(1) Total Facility	(2) Hospital	(3) Nursing Home- Type Unit/Facility
b Licensed bed capacity The maximum number of beds authorized by state licensing (certifying) agency. If state does not regulate number, please report "NONE"			
c Beds set up and staffed for use at the end of the reporting period (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)			
h Census (number of inpatients occupying beds on the last day of reporting period. Exclude newborn & include neonatal)			
3 MEDICARE/MEDICAID UTILIZATION (excl. newborns, incl. neonatal & swing)			
a Total Medicare (Title XVIII) inpatient discharges*			
b Total Medicare (Title XVIII) inpatient days			
c Total Medicaid (Title XIX) inpatient discharges*			
d Total Medicaid (Title XIX) inpatient days			
4 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 243)			
b Total births (exclude fetal deaths)			
c Newborn days (exclude neonatal listed on page 243)			
5 SURGICAL OPERATIONS, whether major or minor:			
a Inpatient			
b Outpatient			
c TOTAL			
6. OUTPATIENT VISITS			<u>Visits</u>
Please record the number of outpatient visits for each of the categories below. Do not report occasions of service in any category			
a Emergency			
b Other (include physician referrals and outpatient surgeries)			
c Total			

SECTION F
FINANCIAL DATA
Instructions and Definitions

F F

All questions on finances are based on AICPA's **Hospital Audit Guide**. If ACTUAL FIGURES ARE NOT AVAILABLE, PLEASE ESTIMATE. DO NOT use "NA" to designate "not available"; ENTER "0" WHEREVER APPROPRIATE

All hospitals should fill out column (1) TOTAL FACILITY STATISTICS. A combination facility that includes a hospital and a nursing home-type unit/facility should give breakdowns for these units in columns (2) and (3) (Please refer to section D and section E2a, Instructions and Definitions, before completing columns (2) and (3))

1. REVENUE

The hospital's full established rates for all hospital services rendered to patients, plus other operating revenue and nonoperating revenue.

All hospitals should fill in this section, including nonfederal government hospitals that are not obligated to operate on the basis of patient revenue. If possible, an estimated breakdown should be made for revenue from inpatients and outpatients. If not possible, enter the total gross revenue on line F1c.

Report only revenues for the current reporting period as designated in Section A1. Do not report adjustments to revenues carried over from previous years.

- f. Other operating revenue. Revenue from nonpatient care services to patients, plus sales and activities to persons other than patients that are normally part of the day-to-day operation of a hospital. Includes, but is not limited to, revenue from educational programs, cafeteria sales, and gift shop sales.
- g. Total nonoperating revenue. Includes contributions, grants and interest income. Excludes revenue derived from patient care, which is reported on lines F1a through e and nonpatient revenue derived from normal, day-to-day hospital operation, which is reported on line F1f(3). Negative numbers should not be reported in this section. DO NOT include losses or expenses. Nonoperating expenses should be reported on page 247, section F2b(5).

2. EXPENSES

Include all expired costs for goods and services that have been used or consumed in carrying on some activity during the reporting period and from which no benefit will extend beyond the present.

a. PAYROLL EXPENSES

Report salaries for all full-time and part-time personnel in section G, Personnel.

- (1) **Trainees.** Include persons who have not completed the necessary requirements for certification or met the qualifications required for full salary under the related title.
- (3) **Total payroll.** Compare figures with last year's statistics on payroll expenses; explain major discrepancies.

b. NONPAYROLL OPERATING EXPENSES

- (3) **Depreciation expense.** Report only depreciation expense applicable to the reporting period.
- (4) **Interest expense.** Report interest expenses for the reporting period only.
- (5) **Total nonoperating expenses.** Includes state and federal corporate income and real estate taxes, if applicable, as well as all other expenses not directly related to patient care or hospital-related patient services.
- (6) **All other operating expenses.** Include expenses for supplies, expenses for purchased services, utilities, and any other expenses not included in the above categories.

c. TOTAL EXPENSES

Compare figures with last year's statistics on total expenses and explain major discrepancies. Also, compare total expense with total revenue reported.

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F. FINANCIAL DATA

All institutions
fill out column (1)

Fill out column (2)
and (3) only if
hospital has
separate units for
nursing home type
of long-term care:

	(1) Total Facility Statistics	(2) Hospital	(3) Nursing Home-Type Unit/Facility
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)			
a GROSS REVENUE from service to INPATIENTS (based on full established rates)	.00	.00	
b GROSS REVENUE from service to OUTPATIENTS (based on full established rates)	.00	.00	
c TOTAL GROSS revenue from service to PATIENTS (ADD 1a + 1b)	.00	.00	.00
d DEDUCTIONS FROM REVENUE:			
(1) Medicare contractual adjustments	.00	.00	
(2) Medicaid contractual adjustments	.00	.00	
(3) Other government contractual adjustments	.00	.00	
(4) Nongovernment contractual adjustments	.00	.00	
(5) Bad debts	.00	.00	
(6) Charity	.00	.00	
(7) Other deductions	.00	.00	
(8) Total deductions (add 1d(1) through 1d(7))	.00	.00	
e TOTAL NET revenue from service to Patients (subtract 1d(8) from 1c)	.00	.00	.00
f OTHER OPERATING REVENUE			
(1) Tax appropriations	.00	.00	
(2) Other (include cafeteria gift shop, etc.)	.00	.00	
(3) TOTAL OTHER OPERATING REVENUE (1f(1) + 1f(2))	.00	.00	
g TOTAL NONREPORTING REVENUE (include contributions, grants, interest income) (No negative numbers! Losses or expenses should be reported in F2b(5))	.00	.00	
h TOTAL REVENUE (add 1e + 1f(3) + 1g)	.00	.00	.00
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 246)			
(1) Medical and dental residents (include medical and dental interns) and trainees (medical technology, x-ray therapy, etc.)	.00	.00	
(2) All other personnel	.00	.00	
(3) TOTAL PAYROLL EXPENSES (add 2a(1) + 2a(2))	.00	.00	.00
b NONPAYROLL EXPENSES:			
(1) Employee benefits (social security, group insurance retirement benefits, Workman's Compensation, unemployment insurance)	.00	.00	
(2) Professional fees (medical dental, legal, auditing, consultant, etc.)	.00	.00	
(3) Depreciation expense (FOR REPORTING PERIOD ONLY)	.00	.00	
(4) Interest expense	.00	.00	
(5) Total nonoperating expenses (include income taxes)	.00	.00	
(6) All other operating expenses (include supplies, purchased services, utilities, etc.)	.00	.00	
(7) TOTAL NONPAYROLL EXPENSES (add 2b(1) through 2b(6))	.00	.00	.00
c TOTAL EXPENSES (add 2a(3) + 2b(7)) (compare to total revenue)	.00	.00	.00
3. NET INCOME (Excess of Revenue over Expenses)**	.00	.00	.00

**This data will be treated as confidential and not released without written permission. AHA will however share this data with your respective state hospital association. The state association may not release this data without written permission from the hospital.

F. FINANCIAL DATA – Instructions and Definitions (Continued)

5. UNRESTRICTED FUNDS

a. ASSETS (Include all unrestricted funds)

Include all assets that are carried on the HOSPITAL'S balance sheet. DO NOT include funds from inter-corporate accounts. DO NOT report negative values except in cash.

(4a) Actual or estimated value of the plant and/or equipment that is leased should be included.

(4c) Net plant and equipment assets equals gross assets less accumulated depreciation as reported in expenses, page 247, section F2b3

(5) Amounts due from restricted funds should be included here in other unrestricted assets.

6. RESTRICTED FUNDS

Report fund balances (assets less liabilities) only

7. CAPITAL EXPENDITURES

b. A construction project is defined as a building project on which substantially complete general and specialty construction contracts are awarded for execution within a specified time for a stipulated sum of money. Total construction costs should include all costs associated with the project (e.g., equipment, land improvements, architect fees, etc.) Exclude projects refinanced in 1989 but begun in a previous year.

F. F

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7

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F. FINANCIAL DATA (Continued)

	(1) Total Facility Gross	(2) Total Facility Net
4. SOURCES OF PATIENT REVENUE:**		
(a) Government		
(1) Medicare	.00	.00
(2) Medicaid	.00	.00
(3) Other (please specify: _____)	.00	.00
(4) Total government sources	.00	.00
(b) Nongovernment		
(1) Self-pay	.00	.00
(2) Third party payors (include Blue Cross)	.00	.00
(3) Other (please specify: _____)	.00	.00
(4) Total nongovernment sources	.00	.00
(c) Total sources of patient revenue (add 4(a4) + 4(b4) (total should equal line 1c for gross and 1e for net on page 247)	.00	.00

	1989 Unrestricted Funds
5. UNRESTRICTED FUNDS**	
a. ASSETS (include all unrestricted funds) recorded on the balance sheet at the end of the reporting period:	
(1) Current cash and short-term investments	.00
(2) Net receivables (current receivables less uncollectables)	.00
(3) Other current assets	.00
(4) (a) Gross plant and equipment assets (include land, buildings, and equipment; Include actual or estimated value of plant/equipment that is leased)	.00
(b) LESS: Deduction for accumulated depreciation	.00
(c) NET plant and equipment assets (4a-4b; if zero, please explain)	.00
(5) Other unrestricted assets (include long-term investments)	.00
(6) Total unrestricted assets (Add 5a(1) through 5 a(5))	.00
b. LIABILITIES AND FUND BALANCE (Include all unrestricted funds)	
(1) Current liabilities	.00
(2) Long-term debt	.00
(3) Other liabilities	.00
(4) Unrestricted fund balance	.00
(5) Total unrestricted liabilities and fund balance (add 5b(1) through 5b(4); should equal 5 a(6))	.00

6. RESTRICTED FUNDS** (report fund balances only)	
a. Specific purpose (specify: _____)	.00
b. Plant replacement and expansion	.00
c. Endowment funds	.00

7. CAPITAL EXPENDITURES

a. During the reporting period did the hospital acquire any new debt? YES NO

If yes please indicate total amount of new debt and the proportion for refinancing of existing debt **

Total new debt _____ .00
Percent of total for refinancing _____ %

b. During the reporting period did the hospital begin a construction project? YES NO

If yes please indicate total cost for the new project and the percentage of the total that is related to modernization of existing facilities **

Total construction _____ .00
Percent of total for modernization _____ %

**This data will be treated as confidential and not released without written permission. AHA will however share this data with your respective state hospital association. The state association may not release this data without written permission from the hospital.

SECTION G
PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1989
Instructions and Definitions

G.

Report the number of full-time and part-time personnel in the categories specified and as defined below who were on the hospital payroll as of September 30, 1989, EVEN IF YOUR REPORTING PERIOD ENDED ON A DIFFERENT DATE. Exclude private-duty nurses, volunteers, and all personnel whose salary is financed entirely by outside research grants. Personnel who work in more than one area should be included only in the category of their primary responsibility and should be counted only once. Include trainees if on the hospital payroll as of September 30, 1989. Include members of religious orders for whom dollar equivalents were reported.

Full-time personnel. Persons whose regularly scheduled work-week is 35 hours or more

Part-time personnel. Persons whose regularly scheduled work-week is less than 35 hours

- 1 b Include only those physicians and dentists engaged in clinical practice and on the payroll. Those who hold administrative positions should be reported under "Administration" (G1a). Exclude physicians and dentists who are paid on a fee basis.

OCCUPATIONAL DEFINITIONS - HOSPITAL PERSONNEL BY OCCUPATIONAL CATEGORY

- 1 a (1) **Administrator and assistant administrators.** The top level position in the facility, the person in charge of policy development, activity coordination, procedural development, and planning of the institution. Also includes persons who work under the supervision of the facility administrator as department administration assistants for the areas of finance, organization, personnel, purchasing, accounting, and voluntary services.
- c (1) **Registered nurses.** Nurses who have graduated from approved schools of nursing and who are currently registered by a state. They are responsible for the nature and quality of all nursing care that patients receive. Do not include any registered nurses more appropriately reported in other occupational categories, such as facility administrators.
- c (2) **Licensed practical or vocational nurses.** Nurses who have graduated from an approved school of practical (vocational) nursing who work under the supervision of registered nurses and/or physicians.
- c (3) **Ancillary personnel.** Persons who assist the nursing staff by performing routine duties in caring for patients under the direct supervision of a nurse, including nursing aids, orderlies, attendants, operating room technicians, and so forth.
- d **Physician's assistants.** Persons who provide health care services customarily performed by a physician under responsible supervision of that qualified licensed physician and who have successfully completed an accredited education program for physician's assistants that is approved by the Committee on Allied Health Education and Accreditation or other recognized accrediting agencies or who have been certified, licensed, or registered by recognized agencies or commissions.
- e **Nurse practitioners.** Registered nurses who have successfully completed a formal program of study designed to prepare registered nurses to provide primary health care through diagnosis, clinical judgment, and management abilities to restore, maintain, and improve the health status of patients.
- f (1) **Medical record administrators (medical record librarians).** Persons who plan, design, develop, and manage systems of patient information, administrative and clinical statistical data, and patient medical records.
- f (2) **Medical record technicians.** Persons who assist the medical record administrator and perform the technical tasks associated with the maintenance and use of medical records.
- g (1) **Pharmacists, licensed.** Persons licensed within the state who are concerned with the preparation and distribution of medicinal products.
- g (2) **Pharmacy technicians.** Persons who assist the pharmacist with selected activities, including medication profile reviews for drug incompatibilities, typing labels and prescription packaging, handling of purchase records, and inventory control.
- h (1) **Medical technologists (biochemistry technologist, blood technologist, microbiology technologist).** Persons who perform a wide range of complex and specialized procedures in all general areas of the clinical laboratory, making independent and correlated judgments and working in conjunction with pathologists, physicians, and qualified scientists. They may supervise and/or teach laboratory personnel.
- h (2) **Other clinical laboratory personnel.** Other laboratory personnel performing specified tasks requiring special training or experience. This includes medical laboratory scientists, cytotechnologists, histologic technicians, medical laboratory technicians, certified laboratory assistants, and other laboratory personnel performing specified tasks requiring special training or experience.
- i (1) **Dietitians.** Persons who apply the principles of nutrition and management in administering institutional food service programs, planning special diets at the physician's request, and instructing individuals and groups in the application of nutrition principles to the selection of food.
- i (2) **Dietetic technicians.** Persons who function as service personnel in the nutritional care of patients in health care facilities, assist with the planning, implementation, and evaluation of food programs, and work with both the food service supervisor and the dietitian.
- j (1) **Radiographers (radiologic technologists).** Persons who accurately demonstrate anatomical structures on a radiograph by applying knowledge of anatomy, positioning, and radiographic technique. They recognize emergency patient conditions and initiate life-saving first aid. They may maintain equipment, process film, keep patient records, and perform various office tasks. Radiographers must be graduates of at least a two-year educational program.
- j (2) **Radiation therapy technologists.** Persons who assist the radiologist in all aspects of radiation therapy treatment. They may expose specific areas of patient's body to prescribed doses of ionizing radiation and operate a variety of laboratory equipment, including high energy linear accelerators, radioactive isotopes, and particle generators. They must be graduates of a 12-month or 2-year program in radiation therapy.
- j (3) **Nuclear medicine technologists.** Persons who work under the supervision of a physician in administering and measuring radioactive nucleotides in diagnostic and therapeutic applications. They must be graduates of a 12-month or longer educational program in nuclear medicine technology.
- j (4) **Other radiologic personnel.** Persons with the following titles: ultrasound technologists/technicians, radiation monitors, health physics technicians, personnel monitors, radiation protectors, radiologic assistants, and x-ray assistants. Also included under this category are radiologic technicians, radiation therapy technicians, and nuclear medicine technicians. A technician is one who has not completed the educational requirements specified above for the technologist level of the respective occupational area.

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G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1989

1. HOSPITAL PERSONNEL BY OCCUPATIONAL CATEGORY

Report full-time and part-time personnel including trainees who were on the payroll as of SEPTEMBER 30, 1989 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 (1) and zero in column (2). For those hospitals that operate a nursing home-type unit/facility as reported in E2a, DO NOT INCLUDE NURSING HOME STAFF HERE. If there are staff positions that are shared between the hospital and nursing home-type unit/facility, 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 whom dollar equivalents were reported

	(1) 1989 Full-Time (35 hr/wk or more) On Payroll	(2) 1989 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/interns	_____	_____
(3) Dentists	_____	_____
(4) Dental residents/interns	_____	_____
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	_____	_____
j Radiological services:		
(1) Radiographers (radiologic technologists)	_____	_____
(2) Radiation therapy technologists	_____	_____
(3) Nuclear medicine technologists	_____	_____
(4) Other radiologic personnel	_____	_____

G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1989 (Continued)

1. k (1) **Occupational therapists.** Persons who evaluate the self-care, work, or leisure time and task performance skills of well and disabled patients of all age ranges. They plan and implement programs and social and interpersonal activities designed to restore, develop, and/or maintain the patient's ability to satisfactorily accomplish those daily living tasks required to his specific age and necessary to his particular occupational role adjustment.
- k (2) **Occupational therapy assistants.** Persons who work under the supervision of an occupational therapist in evaluating patients and planning and implementing programs and who are prepared to function independently when working with patients
- k (2) **Occupational therapy aids (or attendants).** Persons who assist occupational therapists in administering medically oriented occupational programs to assist in rehabilitating patients in hospitals and similar institutions
- k (3) **Physical therapists.** Therapists who use physical agents, biomechanical and neurophysiological principles, and assistive devices in relieving pain, restoring maximum function, and preventing disability following disease, injury, or loss of bodily part
- k (4) **Physical therapy assistants and aids.** Persons who assist the physical therapist by assembling equipment, carrying out specified treatment programs, and helping with complex treatment procedures. Other duties include responsibility for the personal care of patients, safety precautions, and routine clerical and maintenance work
- k (5) **Recreational therapists.** Persons who plan, organize, and direct medically approved recreation programs such as sports, trips, dramatics, and arts and crafts, either to help patients in recovery from illness or in coping with a temporary or permanent disability. In pediatric setting, may be classified as child-life workers
- l (1) **Speech pathologists.** Persons who diagnose and evaluate speech and language abilities and plan, direct, and conduct rehabilitative treatment programs to restore or develop communication skills
- l (2) **Audiologists.** Persons who assess type and degree of hearing impairment and participate in aural rehabilitation programs that meet the needs of the individual patient
- m (1) **Respiratory therapists.** Persons who specialize in the application of scientific knowledge and theory to practical, clinical problems of respiratory care. Knowledge and skills for performing these functions are usually achieved through two or more years of academic and clinical responsibility for all respiratory care modalities, including responsibilities involved in supervision of respiratory technician functions
- m (2) **Respiratory therapy technicians.** Persons who specialize in the technical details of general respiratory therapeutics. The knowledge and skills of the technician are usually acquired through formal education programs of at least one year in length. They may assume clinical responsibility for specified respiratory care modalities involving the application of well-defined therapeutic techniques under the direct or indirect supervision of a therapist or physician
- n **Psychologists.** Persons with a doctoral degree in psychology from an American Psychological Association approved program in clinical psychology or a masters level psychologist who has obtained recognition of competency through the American Board of Examiners for professional psychology, state certification or licensing, or through endorsement by his or her state psychological association
- o **Social workers.** Persons who have completed a formal program of study providing preparation to identify and understand the social and emotional factors underlying a patient's illness and to communicate these factors to the health team. They assist patients and their families in understanding and accepting the treatment necessary to maximize medical benefits and in their adjustments to permanent and temporary effects of illness. They utilize resources, such as family and community agencies, in assisting patients to recovery.
- p **All other health professional and technical personnel.** Persons not previously included who work in health occupations requiring special education and training to allow them to function in a health setting
- q **All other personnel.** Persons not previously counted. These include accounting, data processing, secretarial, and clerical; kitchen, laundry, housekeeping, and maintenance personnel; and so forth.
- 2 Report the total number of trainees who were on the payroll as of September 30, 1989, and who were included in TOTAL HOSPITAL PERSONNEL, line G1r. A trainee is a person who has not completed the necessary requirements for certification or met the qualifications required for full salary under the related title. Exclude medical and dental residents and interns, as they are reported separately in lines G1b(2) and G1b(4)
- 5 Report total paid man-hours for the entire reporting period. Paid man-hours consist of worked man-hours and nonworked man-hours. Worked man-hours include regular hours worked, overtime hours worked, hours worked when on call or on standby, hours spent in in-service education, and so forth. Nonworked man-hours should include paid vacations, holidays, sick days, military leave, educational leave, bereavement or funeral leave, jury duty and so forth

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G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1989 (Continued)

	(1) 1989 Full-Time (35 hr/wk or more) On Payroll	(2) 1989 Part-Time (less than 35 hr/wk) On Payroll
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 Social workers	_____	_____
p All other health professional and technical personnel	_____	_____
q All other personnel	_____	_____
r Total hospital personnel (add 1a through 1q)	_____	_____

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, 1989, whose payroll expenses are reported in the F2a(1), and who were included in TOTAL HOSPITAL PERSONNEL (line G1r) and NURSING HOME PERSONNEL (line G3). Please do not include medical and dental residents

	1989 Full-Time (35 hr/wk or more)	1989 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/facility as reported in E2a. Report full-time and part-time nursing home personnel who were on the payroll as of September 30, 1989, and whose payroll expenses are reported in line F2a, column 3. If personnel is shared with the hospital, report personnel as part-time employees here and on lines a-r

	1989 Full-Time (35 hr/wk or more)	1989 Part-Time (less than 35 hr/wk)
TOTAL NURSING HOME PERSONNEL	_____	_____

4. TOTAL FACILITY PERSONNEL ON PAYROLL

Report full-time and part-time hospital plus nursing home personnel who were on the payroll as of September 30, 1989, and whose payroll expenses are reported in line F2a, column 1. Report total hospital personnel if no nursing home-type unit/facility is present

	1989 Full-Time (35 hr/wk or more)	1989 Part-Time (less than 35 hr/wk)
TOTAL FACILITY PERSONNEL (Hospital plus Nursing Home Unit/Facility)	_____	_____

5. 1989 TOTAL PAID MAN-HOURS

Please report TOTAL PAID MAN-HOURS for personnel reported on line G4 and for whom payroll expenses are reported in line F2a(3). Also, please report a separate breakdown of **TOTAL PAID MAN-HOURS for medical and dental residents/interns and trainees whose payroll expenses are included in line F2a.(1).** MAN-HOURS SHOULD BE REPORTED FOR THE ENTIRE REPORTING PERIOD. Include paid manhours for sick and vacation time

a Medical and dental residents/interns and trainees Paid Man-hours	_____
b <u>Total Personnel Paid Man-hours</u>	_____

**SECTION H
MEDICAL STAFF
Definitions**

H.

Active and associate. JCAHO categories of medical staff. Excludes those physicians in the following medical staff categories: courtesy, consulting, honorary, provisional, or other. Include all active and associate staff who are board certified

Board certified. Physicians who have passed an examination given by a medical specialty board and have been certified by that board as specialists. Do not include board-eligible physicians. For physicians certified by more than one board, please include only the primary certification board.

1. Medical specialties

Pediatrics. Includes pediatrics, pediatric allergy, and pediatric cardiology.

Other medical specialties. Includes pulmonary diseases, nephrology, allergy, neurology and dermatology

2. Surgical specialties

Other surgical specialties. Includes neurological surgery, otolaryngology, colon and rectal surgery, urology, head and neck surgery, traumatic surgery and pediatric surgery.

3. Other specialties

Pathology. Includes anatomical and clinical pathology and forensic pathology

Psychiatry. Includes child psychiatry.

Radiology. Includes diagnostic radiology and radiation oncology.

Other specialties. Includes aerospace medicine, occupational medicine, general preventive medicine and public health

I.

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H. MEDICAL STAFF

Indicate number of practitioners on ACTIVE and ASSOCIATE (do not include courtesy, consulting, honorary, provisional, or other) medical staff in the following specialty groups as of September 30, 1989. Do not report full-time equivalents. If exact numbers are unavailable, give your best estimates.

	Active and Associate Medical Staff	
	(1) Total (Include Board Certified)	(2) Board Certified
1. MEDICAL SPECIALTIES		
a General & family practice	_____	_____
b Internal medicine	_____	_____
c Pediatrics	_____	_____
d Cardiovascular disease	_____	_____
e Gastroenterology	_____	_____
f Oncology	_____	_____
g Neurology	_____	_____
h Other medical specialties	_____	_____
2. SURGICAL SPECIALTIES		
a Obstetrics & gynecology	_____	_____
b Ophthalmology	_____	_____
c Orthopedic surgery	_____	_____
d Plastic surgery	_____	_____
e General surgery	_____	_____
f Thoracic surgery	_____	_____
g Other surgical specialties	_____	_____
3. OTHER		
a Anesthesiology	_____	_____
b Emergency medicine	_____	_____
c Nuclear medicine	_____	_____
d Pathology	_____	_____
e Psychiatry	_____	_____
f Physical medicine & rehabilitation	_____	_____
g Radiology	_____	_____
h Other specialties	_____	_____
1989 TOTAL	_____	_____

4 Does your hospital have a contractual arrangement with a physician who serves in a paid capacity (i.e., medical director or vice president for medical affairs) as liaison between hospital management and the medical staff?

YES NO

I. MEDICARE PROVIDER NUMBERS

The following information should pertain only to units within this facility that have received certification by the Health Care Financing Administration (HCFA). Please refer to your most recent Medicare cost report.

- Please provide the Medicare provider number for your facility _____
- If applicable, please indicate the Medicare subprovider number for each of the following designated distinct part unit service areas:

	Subprovider Number
a Rehabilitation	_____
b Psychiatric	_____
c Hospice	_____
d Alcoholism and other chemical dependency	_____
e Swing bed SNF	_____
f Hospital-based SNF	_____
g Other (Specify service _____)	_____

