

American
Hospital
Association



1990 Annual Survey of Hospital

GENERAL IN

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

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GENERAL INSTRUCTIONS

Two copies of the Annual Survey questionnaire are enclosed. Please check and correct any label information as printed on the front of the survey. Return one completed copy in the enclosed return envelope to the American Hospital Association and retain the second completed copy in your files for reference. Also, please forward a photocopy of the completed questionnaire to your state hospital association.

The requested return date is listed on the cover page, but if additional time is necessary to complete the survey, please notify us by calling 312/280-6463.

Report utilization and financial information for a full 12-month period, preferably the period ending September 30, 1990. **If you prefer, you may use your fiscal year as the reporting period.**

Report personnel figures according to the number of full-time, part-time, and trainees on payroll as of September 30, 1990, regardless of the reporting period used. For hospitals that operate a nursing home-type unit, the nursing home/unit staff members should not be included in the personnel occupational categories. There is a separate question that requests the total number of full-time and part-time nursing home/unit staff.

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

If assistance is needed, please contact the American Hospital Association Annual Survey staff at 312/280-6463. You may also contact your state hospital association or other state agency if so directed by survey return instructions.

1990 Annual Survey of Hospitals

AMERICAN HOSPITAL ASSOCIATION
PLEASE REFER TO THE INSTRUCTIONS AND DEFINITIONS

A. REPORTING PERIOD

Report data for a full 12-month period, preferably 10/01/89 through 09/30/90 (365 days). (Use the same reporting period for data reported in sections D, E and F.)

- 1 Reporting Period used (beginning and ending date) _____ to _____
Month Day Year Month Day Year
- 2 a. Were you in operation 12 full months at the end of your reporting period? YES NO
- b. Number of days open during reporting period
- 3 Indicate the beginning of your current fiscal year _____
Month Day Year

B. ORGANIZATIONAL STRUCTURE

1. CONTROL

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

Investor-owned, for-profit

- 31 Individual
- 32 Partnership
- 33 Corporation

Nongovernment, not-for-profit (NFP)

- 21 Church-operated
- 23 Other not-for-profit (including NFP 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

2. SERVICE

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. OTHER

- a. Does your hospital restrict admissions primarily to children? YES NO
- b. Is your hospital primarily osteopathic? YES NO
- c. Does your hospital have a formal written contract with:
- (1) Health maintenance organization (HMO) that specifies the obligations of each party YES NO
- (2) Preferred provider organization (PPO) that specifies the obligations of each party YES NO
- d. Is the hospital part of a health care system? If yes, please provide the name, city and state of the system headquarters: YES NO
- Name: _____
- City: _____ State: _____
- e. Is the hospital a division or subsidiary of a holding company? YES NO
- f. Does the hospital itself operate subsidiary corporations? YES NO
- g. Is the hospital contract managed? If yes please provide the name, city and state of the organization that manages the hospital: YES NO
- Name: _____
- City: _____ State: _____
- h. Is the hospital a member of an alliance? If yes, please provide the name(s), city, and state of the alliance headquarters: YES NO
- Name: _____
- City: _____ State: _____

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**AMERICAN HOSPITAL ASSOCIATION
INSTRUCTIONS AND DEFINITIONS
FOR
ANNUAL SURVEY OF HOSPITALS 1990**

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, 1990, should be shown as 01/01/90. 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**

1 CONTROL

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.

2 SERVICE

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

3 OTHER

b **Osteopathic.** Osteopathic medicine is a medical practice based on a theory that diseases are due chiefly to a loss of structural integrity which can be restored by manipulation of the neuro-muscular and skeletal system, supplemented by therapeutic measures (as use of medicine or surgery)

c (1) **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

(2) **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.

d **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 including freestanding facilities and/or subsidiary corporations.

e **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 or companies

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

g **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.

h **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

1990 Annual Survey of Hospitals

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. Facilities and services added to the survey since last year are underlined.

	(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. Alcohol/drug abuse or 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. <u>Non-invasive cardiac assessment services</u>	<input type="checkbox"/>	<input type="checkbox"/>
c. Open heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
d. Angioplasty	<input type="checkbox"/>	<input type="checkbox"/>
e. <u>Cardiac rehabilitation</u>	<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"/>
(1) Level of unit # _____ Source of designation: _____		
8. Extracorporeal shock wave lithotripter (ESWL) [check one: Fixed() or Mobile()]	<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 system	<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"/>

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**SECTION C
FACILITIES AND SERVICES
Definitions**

C. FACILITIES AND SERVICES

- d. If a hospital vice,
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- 1a. **General inpatient care for AIDS/ARC.** Inpatient diagnosis and treatment for AIDS/ARC patients, but dedicated unit is not available
 - 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. **Alcohol/drug abuse or 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. **Non-invasive cardiac assessment services.** Includes cardiac studies, tests and evaluations not conducted in the cardiac catheterization laboratory or operating room. Non-invasive cardiac assessment services include at a minimum: echocardiography and exercise stress testing (stress EKG); and may additionally include cardiac nuclear medicine studies
 - 5c. **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.
 - 5d. **Angioplasty.** The reconstruction or restructuring of a blood vessel by operative means or by nonsurgical techniques such as balloon dilation or laser.
 - 5e. **Cardiac rehabilitation.** Restorative services whereby a patient is reconditioned from a state of cardiac injury, or high risk to resume daily activities of living at an optimum level. Programs often include counselling, education and exercise. Patient instruction in self monitoring of their cardiac condition, stress management and dietary counselling are often components of these programs. Cardiac rehab services are used after open heart surgery, angioplasty, acute myocardial infarction (heart attack), and for patients identified as being at high risk for adverse cardiovascular events.
 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.** A facility certified to provide emergency and specialized intensive care to critically ill and injured patients. **Level 1** is a regional resource trauma center, which is capable of providing total care for every aspect of injury and plays a leadership role in trauma research and education. **Level 2** is a community trauma center, which is capable of providing trauma care to all but the most severely injured patients who require highly specialized care. **Level 3** is a rural trauma hospital, which is capable of providing care to a large number of injury victims and can resuscitate and stabilize more severely injured patients so that they can be transported to level 1 or 2 facilities. Source of designation should be listed on the line provided, which may include: city/county, regional, American College of Surgeons (ACS), self, etc. Please provide explanation on page 34 if necessary
 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 supervision, medical and psychological care, and social activities for older adults who live at home or in another family setting, but cannot be alone or prefer to be with others 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 assist in determining elderly patients' short-term and long-term needs for health care and related services. Includes the assessment of medical conditions, functional abilities, and mental health and emotional needs, and incorporates these into a treatment plan that addresses family and financial concerns as well as medical needs
 - 11d. **Emergency response system.** A program for disabled and/or homebound elderly individuals whereby subscribers have an emergency response unit attached to their telephone, linking them to the hospital emergency department and allowing them to automatically call for help by pressing a button.
 - 11e. **Geriatric acute care unit.** Provides acute care to older patients in a special unit in the hospital. Care is provided by a multi-disciplinary team trained in geriatrics. The unit may also offer architectural/design 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 elderly or disabled individuals to help family care-givers handle emergencies or take planned absences from home (such as vacations or hospitalization), or to allow them 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

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C. FACILITIES AND SERVICES (continued)

	(1)	(2)	
	Provided by the Hospital	Provided under Arrangement with Another Hospital or Provider	
12. Health promotion:			12a
a. Patient education	<input type="checkbox"/>	<input type="checkbox"/>	16a
b. Community health promotion	<input type="checkbox"/>	<input type="checkbox"/>	16b
c. Worksite health promotion	<input type="checkbox"/>	<input type="checkbox"/>	17a
13. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	17b
14. Home health services	<input type="checkbox"/>	<input type="checkbox"/>	18.
15. Hospice	<input type="checkbox"/>	<input type="checkbox"/>	19a
16. Laboratory services:			19b
a. Histopathology	<input type="checkbox"/>	<input type="checkbox"/>	
b. Blood bank	<input type="checkbox"/>	<input type="checkbox"/>	
17. Long-term care services:			20a
a. Medicare-certified distinct-part skilled nursing unit	<input type="checkbox"/>	<input type="checkbox"/>	20b
b. Other skilled nursing care	<input type="checkbox"/>	<input type="checkbox"/>	20c.
18. Occupational health services	<input type="checkbox"/>	<input type="checkbox"/>	
19. Outpatient services:			20d.
a. Hospital based outpatient care center/services	<input type="checkbox"/>	<input type="checkbox"/>	20e.
b. Freestanding outpatient care center	<input type="checkbox"/>	<input type="checkbox"/>	20f
20. Psychiatric services:			20g.
a. Psychiatric child/adolescent services	<input type="checkbox"/>	<input type="checkbox"/>	21a.
b. Psychiatric consultation-liaison services	<input type="checkbox"/>	<input type="checkbox"/>	21b.
c. Psychiatric education services	<input type="checkbox"/>	<input type="checkbox"/>	21c.
d. Psychiatric emergency services	<input type="checkbox"/>	<input type="checkbox"/>	21d.
e. Psychiatric geriatric services	<input type="checkbox"/>	<input type="checkbox"/>	21e.
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. <u>Stereotactic radiosurgery</u>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Therapeutic radioisotope facility	<input type="checkbox"/>	<input type="checkbox"/>	
e. X-ray radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>	

C. FACILITIES AND SERVICES

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. **Worksites health promotion.** Similar to 12a but for employees of a company implemented by the hospital and sponsored by their employer
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 services of intensive day/evening outpatient services of three hours or more duration but are distinguished from other outpatients visits of one hour
- 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. **Stereotactic radiosurgery.** Single high dose external irradiation of small and medium sized intracranial structures, using multiple beams of ionizing radiation in mechanically fixed conditions. Convergent beam irradiation of intracranial tumors or vascular malformations which have been precisely localized in three dimensions
- 21d. **Therapeutic radioisotope facility.** The use of radioactive isotopes (radiopharmaceuticals) for the treatment of malignancies
- 21e. **X-ray radiation therapy.** The treatment of disease by Roentgen rays or other radiant energy, with the exception of radium, cobalt, or radioisotopes

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C. FACILITIES AND SERVICES (continued)

	(1) Provided by the Hospital	(2) Provided under Arrangement with Another Hospital or Provider
22. Radiology, diagnostic:		
a. CT scanner [Check one: Fixed () or Mobile()]	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic radioisotope facility	<input type="checkbox"/>	<input type="checkbox"/>
c. Magnetic resonance imaging (MRI) [Check one: Fixed () or Mobile()]	<input type="checkbox"/>	<input type="checkbox"/>
d. <u>Positive emission tomography scanner (PET)</u>	<input type="checkbox"/>	<input type="checkbox"/>
e. <u>Single photon emission computerized tomography (SPECT)</u>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
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. Outpatient social work services	<input type="checkbox"/>	<input type="checkbox"/>
c. 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. Orthopedic surgery	<input type="checkbox"/>	<input type="checkbox"/>
c. <u>Kidney transplant</u>	<input type="checkbox"/>	<input type="checkbox"/>
d. <u>Organ transplant (other than kidney)</u>	<input type="checkbox"/>	<input type="checkbox"/>
e. <u>Tissue transplant</u>	<input type="checkbox"/>	<input type="checkbox"/>
f. <u>Bone marrow transplant program</u>	<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"/>
31. <u>Health sciences library</u>	<input type="checkbox"/>	<input type="checkbox"/>

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31

C. FACILITIES AND SERVICES

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- 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. **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
 - 22d. **PET.** PET is a nuclear medicine imaging technology which uses radioactive (positron emitting) isotopes created in a cyclotron or generator and computers to produce composite pictures of the brain and heart at work. PET Scanning produces sectional images depicting metabolic activity or blood flow rather than anatomy
 - 22e. **SPECT.** SPECT is a nuclear medicine imaging technology which combines existing technology of gamma camera imaging with computed tomographic imaging technology to provide a more precise and clear image
 - 22f. **Ultrasound.** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures
 - 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. **Outpatient social work services.** Social work services provided in ambulatory care areas.
 - 25c. **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. **Orthopedic surgery.** Surgical treatment of the skeletal system, its articulations, and associated structures.
 - 28c. **Kidney transplant.** Service offering specially trained and equipped staff to perform the surgical removal of a viable kidney from either a living donor or a deceased person immediately after death, and the surgical grafting of the kidney to a suitably evaluated and prepared patient
 - 28d. **Organ transplant (other than kidney).** Service offering specially trained and equipped staff to perform the surgical removal of viable human organs from either a living or deceased person immediately after death, and the surgical grafting of the organ into a suitably evaluated and prepared patient
 - 28e. **Tissue transplant.** Service offering specially trained and equipped staff to perform the surgical removal of viable human tissue from either a living or deceased person immediately after death, and the surgical grafting of the tissue into a suitably evaluated and prepared patient
 - 28f. **Bone marrow transplant program.** Bone marrow transplants are typically performed on select cancer patients as part of their rescue treatment following extensive chemotherapy and radiation therapy. A bone marrow program involves a significant dollar investment in special facilities and trained staff for bone marrow procurement, compatibility testing, frozen storage, transplantation; as well as appropriately trained physicians, critical care nurses and lab facilities for managing the severely immunocompromised patient following completion of bone marrow transplant procedures
 - 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 therapy.** 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
 - 31. **Health sciences library.** A facility that maintains an organized collection of printed and/or other library materials, has a staff trained to provide and interpret such materials as required to meet informational or educational needs, and keeps an established schedule in which services of the staff are available to clientele.

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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 with skilled nursing and/or other institutional care (on lines 18-21) should complete the section on page 13 for separate nursing home type unit/facility data.

Account service

TOTAL 11, line appropriate pediatric obstetric reported should be if ACTU

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	(1) Beds Set Up & Staffed on last day of the Reporting Period	(2) Total Inpatient Days for the Reporting Period
--	--	--

1	General medical/surgical (adult, include gynecology)	_____	_____
2	General medical/surgical (pediatric)	_____	_____
3	Obstetrics (circle unit level: 1 2 or 3, see page 12 definitions)	_____	_____
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 13)	_____	_____
8	Neonatal intermediate care (exclude normal newborns listed on page 13)	_____	_____
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/drug abuse or dependency care	_____	_____
18	Mental retardation	_____	_____
19	Skilled nursing care	_____	_____
20	Intermediate care	_____	_____
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 12?		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); This number should equal that reported on 2e, page 13)		_____

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 11, line 23, column 1) should equal beds (page 13 line 2c, column 1). Inpatient days (page 11, line 25) should equal inpatient days (page 13, 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/drug abuse or 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 and 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/Drug Abuse or Dependency Care.** 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.** Provides health-related services (nursing care and social services) to residents with a variety of physical conditions or functional disabilities. These residents do not require the care provided by a hospital or skilled nursing facility, but do need supervision and supportive services.
- 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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E. TOTAL FACILITY BEDS AND UTILIZATION

Inpatient days and beds reported on this page should be consistent with these items as reported on page 11.

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

- a. Was there a permanent or significant temporary change in the total number of beds set up and staffed for use during the reporting period? YES NO
- b. If YES, please provide the following information on changes:

	(+ or -) Number of Beds	Date of Change Month/Day/Year
(1) 1st Change		/ /
(2) 2nd Change		/ /

(Please list additional changes on page 34)

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 14) YES NO
- If NO, report total facility statistics only in column (1) below. If YES, report data for all three columns

*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) (should match bed total on page 11 line 23)	_____	_____	_____
d. Admissions (exclude newborns, include neonatal & swing admissions)*	_____	_____	_____
e. Inpatient days (exclude newborns, include neonatal & swing days) (should match TOTAL FACILITY inpatient day total on page 11, line 25)	_____	_____	_____
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 11)	_____	_____	_____
b. Total births (exclude fetal deaths)	_____	_____	_____
c. Newborn days (exclude neonatal listed on page 11)	_____	_____	_____
5. SURGICAL OPERATIONS (whether major or minor)			
a. Inpatient	_____	_____	_____
b. Outpatient	_____	_____	_____
c. Total	_____	_____	_____
6. OUTPATIENT VISITS (Please report outpatient visits as defined on page 14 and not occasions of service.)			
			Visits
a. Emergency	_____	_____	_____
b. Other (all nonemergency visits including physician referrals and outpatient surgeries)	_____	_____	_____
c. Total	_____	_____	_____

SECTION E

TOTAL FACILITY BEDS AND UTILIZATION

Instructions and Definitions

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, 1990, should be shown as 01/07/90. If there have been more than two changes during the reporting period, please report all additional changes as supplemental information on page 34

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) Only one legal entity may be vested with title to the physical property or operate under the authority of a duly executed lease of the physical property.

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, Intermediate Care, Residential Care/Elderly housing, or Mental Retardation See page 12 for the definitions describing these care services

- 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 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 difference between total beds reported in 1990 versus 1989 should be accounted for in E1b.

- d. Include the number of adult and pediatric admissions only (exclude births). 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 unit 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 newborns). 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 unit 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 11, D7 and D8 and on page 13, 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 11, D7 and D8 and on page 13, 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 while receiving medical, dental or other health related services. Include in the visit count each appearance of an outpatient in each emergency or nonemergency outpatient service area (Report visits, not 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
 - c. Compare the total outpatient visits with those that were reported last year and explain major differences (more than 50%). Use page 34 if explanation is lengthy

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F. FINANCIAL DATA

For reporting period only, as stated on page 3 of this survey. If final figures are not available, please estimate. Round to the nearest dollar.

	All hospitals fill out column (1)	Only hospitals with separate units for nursing home type of long term care should fill out columns (2) & (3)	
1. STATEMENT OF REVENUES AND EXPENSES OF GENERAL FUNDS	(1) Total Facility	(2) Hospital	(3) Nursing Home Type Unit/Facility
a. NET PATIENT SERVICE REVENUE**	00	00	00
b. OTHER REVENUE**			
(1) Tax appropriations	00	00	
(2) Other (including operating gains)	00	00	
(3) TOTAL OTHER REVENUE [1b(1) + 1b(2)]	00	00	
c. TOTAL REVENUE** [1a + 1b(3)]	00	00	00
d. PAYROLL EXPENSES			
(1) Medical & dental residents/interns and trainees	00	00	
(2) All other personnel	00	00	
(3) TOTAL PAYROLL EXPENSES [1d(1) + 1d(2)]	00	00	00
e. NONPAYROLL EXPENSES			
(1) Employee benefits	00	00	
(2) Professional fees	00	00	
(3) Depreciation expense (for reporting period only)	00	00	
(4) Interest expense	00	00	
(5) Bad debt expense	00	00	
(6) All other operating expenses (including operating losses)	00	00	
(7) TOTAL NONPAYROLL EXPENSES (add 1e(1) thru 1e(6))	00	00	00
f. TOTAL EXPENSES [1d(3) + 1e(7)]	00	00	00
g. NONOPERATING GAINS**			
(1) Investment income	00	00	
(2) Other nonoperating gains (including extraordinary gains)	00	00	
(3) TOTAL NONOPERATING GAINS	00	00	00
h. NONOPERATING LOSSES (including extraordinary losses)	00	00	00
i. NET INCOME** (Revenue and gains in excess of expenses and losses) [(1c + 1g(3)) - (1f + 1h)]	00	00	00
2. DETAIL OF PATIENT SERVICE REVENUE** (based on full established rates; include charity care in gross revenue)			
a. GROSS REVENUE from service to INPATIENTS	00	00	
b. GROSS REVENUE from service to OUTPATIENTS	00	00	
c. TOTAL GROSS REVENUE from service to PATIENTS (2a + 2b)	00	00	00
d. DEDUCTIONS FROM REVENUE			
(1) Medicare contractual adjustments	00	00	
(2) Medicaid contractual adjustments	00	00	
(3) Other governmental contractual adjustments	00	00	
(4) Self-pay adjustments	00	00	
(5) Third party payor contractual adjustments (include Blue Cross)	00	00	
(6) Other nongovernment contractual adjustments	00	00	
(7) Charity (revenue forgone at full established rates)	00	00	
(8) Total deductions [add 2d(1) thru 2d(7)]	00	00	00
e. NET PATIENT SERVICE REVENUE [2c - 2d(8)] (should agree to line 1a)	00	00	00

**This data will be treated as confidential and will not be released without written permission from the hospital.

All 19: "0" All for 1.

2.

SECTION F
FINANCIAL DATA
Instructions and Definitions

All financial data questions are based on the AICPA Audits of Providers of Health Care Services (July 1990). If final figures are not available, please estimate. Do not use "NA" to designate "not applicable"; enter "0" wherever appropriate.

All hospitals should fill out column 1 "Total Facility Statistics." A combination facility that includes a nursing home-type facility meeting the conditions outlined in the instructions for Section E 2 a should give breakdowns for these units in columns (2) and (3).

1. STATEMENT OF REVENUES AND EXPENSES OF GENERAL FUNDS

General funds. Funds that are used to account for resources not restricted for identified purposes by donors and grantors. They account for all resources and obligations not recorded in donor restricted funds, including assets whose use is limited, agency funds, and property and equipment related to the general operations of the entity.

Activities associated with the provision of health care services constitute the ongoing major or central operations of providers of health care services. Revenue, expenses, gains and losses arising from those activities are classified as "operating." Gains and losses from transactions that are peripheral or incidental to the provision of health care services and from other events stemming from the environment that may be largely beyond the control of the entity and its management are classified as "nonoperating." The classification of items as revenue or gain and expense or loss depends on the individual health care provider. The same transaction may result in revenue to one hospital and gain to another.

Therefore, classify and report revenue, expenses, gains and losses on the appropriate survey line in a manner consistent with your hospital's financial statements prepared under the basis of generally accepted accounting principles. However, since no separate line items have been provided for operating gains and losses, include these in "other revenue" (1b(2)) and in "all other operating expenses" (1e(6)) respectively.

- a. **Net patient service revenue.** Reported at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.
- b. **Other revenue.** Revenue from services other than health care provided to patients, as well as sales and services to nonpatients. Revenue which arises from the normal day-to-day operations from services other than health care provided to patients. Includes sales and services to nonpatients, and revenue from miscellaneous sources (rental of hospital space, sale of cafeteria meals, gift shop sales) Also include operating gains in this category.
- d(1) **Medical and dental residents/interns and trainees.** Salaries for professional personnel in training such as medical and dental residents/interns, and all technical trainees in medical technology, x-ray, therapy, laboratory, etc. Include persons who have not completed the necessary requirements for certification or met the qualifications required for full salary under the related title: Note; the salaries listed for residents/interns should correspond to personnel reported in Section G. (page 21, G1b(2) or b(4)) or total other trainees (page 23, G2).
- e(1) **Employee benefits.** Includes social security, group insurance, retirement benefits, workman's compensation, unemployment insurance, etc.
- e(2) **Professional fees.** Fees paid to physicians for patient care and supervisory activities and non-medical professional fees such as legal, auditing and consulting.
- e(5) **Bad debt-expense.** The provision for actual or expected uncollectibles resulting from the extension of credit.
- e(6) **All other operating expenses.** Include expenses for supplies, expenses for purchased services, utilities, income taxes, operating losses and any other expenses not included in the above categories.

2. DETAIL OF PATIENT SERVICE REVENUE

- d. **Contractual adjustments.** Differences between revenue at established rates and amounts realized from third-party payors under contractual agreements.
- d.(7) **Charity care.** Health services that were never expected to result in cash inflows. Charity care results from a provider's policy to provide health care services free of charge to individuals who met certain financial criteria. For purposes of this survey, charity care is measured on the basis of revenue forgone, at full established rates.

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4.

F. FINANCIAL DATA (Continued)

3. SOURCES OF PATIENT SERVICE REVENUE**

	Total Facility Gross	Total Facility Net
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 GROSS REVENUE from service to PATIENTS [3a(4) + 3b(4)] (total should agree with line 2c for gross & 2e for net on page 15)	00	00

4. BALANCE SHEET - GENERAL FUNDS**

a. ASSETS		
(1) Current assets		
(a) Cash and cash equivalents	00	
(b) Net patient accounts receivable	00	
(c) Other accounts receivable	00	
(d) Other current assets	00	
(e) Total current assets (sum of above 4 lines)		00
(2) Noncurrent assets whose use is limited		00
(3) Property and equipment		
(a) Gross property and equipment	00	
(b) Less: Accumulated depreciation	00	
(c) Net property and equipment		00
(4) Other assets		00
(5) Total assets [4a(1)(e) + 4a(2) + 4a(3)(c) + 4a(4)]		00
b. LIABILITIES AND FUND BALANCE		
(1) Current liabilities		00
(2) Long-term debt		00
(3) Other noncurrent liabilities		00
(4) Fund balance		00
(5) Total liabilities and fund balance [should agree to line 4a(5)]		00

5. OTHER FUND BALANCES**

a. DONOR RESTRICTED FUNDS (report fund balances only)		
(1) Specific purpose		00
(2) Plant replacement and expansion		00
(3) Endowment funds		00
b. FOUNDATION (report total of general and restricted fund balances)		00

5.

6. CHANGES IN GENERAL FUND BALANCE**

a. FUND BALANCE at beginning of year		00
b. ADDITIONS		
(1) Net income (from line 1i on page 15 if positive, report 0 if value is negative)		00
(2) Other (please specify: _____)		00
(3) Total		00
c. DEDUCTIONS (no negative amounts)		
(1) Net loss (absolute value of line 1i on page 15 if negative, report 0 if value is positive)		00
(2) Other (please specify: _____)		00
(3) Total		00
d. FUND BALANCE at end of year [should agree to line 4b(4)]		00

**This data will be treated as confidential and will not be released without written permission from the hospital.

4. BALANCE SHEET - GENERAL FUNDS

The AICPA Guide allows both disaggregated (funds are layered) and aggregated (funds are combined) balance sheets. This survey utilizes the disaggregated, layered approach whereby several funds are reported in self-balancing layers. The two major divisions of the layered balance sheet are labeled "general" (or "unrestricted") and "restricted." Only the general funds should be reported in this section of the survey.

If your hospital prepares an aggregated balance sheet and combines all of its funds into a single non-layered balance sheet, the restricted funds must be separated (usually from assets whose use is limited) and reported in section 5 "Other Fund Balances" in order to conform to the format of this survey.

This section is most easily prepared by direct reference to your hospital's financial statements.

- a.(1c) **Other accounts receivable.** Include estimated third party payor settlements, due from other funds, related party receivables, employee receivables, etc.
- a.(1d) **Other current assets.** May include the current portion (i.e., required for current liabilities) of assets whose use is limited, prepaid expenses, supplies inventory, short-term investments
- a.(1e) **Total current assets.** This amount should agree to total current assets per your financial statements.
- a.(2) **Noncurrent assets whose use is limited.** The noncurrent portion of general fund assets 1) set aside by the governing board for identified purposes (also referred to as board-designated assets) 2) proceeds of debt issues and funds of the health care entity deposited with a trustee and limited to use in accordance with the requirements of an indenture or a similar agreement and 3) other assets limited to use for identified purposes through an agreement between the health care entity and outside party other than a donor or grantor (includes assets set aside under a self-insurance funding arrangement and assets set aside under agreements with third-party payors to meet depreciation funding requirements)
- a.(3a) **Gross property and equipment.** Include land, buildings, and equipment. Include actual or estimated value of property/equipment that is leased.
- a.(3b) **Accumulated depreciation.** Depreciation accumulated over the years including the depreciation applicable to the current year.
- a.(3c) **Net property and equipment.** Gross property and equipment less accumulated depreciation.
- a.(4) **Other assets.** May include deferred financing costs/unamortized bond issue costs, investment in affiliated company/partnership, deferred third party reimbursement, deferred pension expense, deferred pension asset, long-term receivables.
- b.(1) **Current liabilities.** May include accounts payable, accrued expenses, current portion of long-term debt, borrowings under line of credit, estimated third-party settlements, advances from third party payors due to donor-restricted funds, accrued interest payable, unexpended grants/gifts/income, accrued payroll and related liabilities. This amount should agree to "total current liabilities" per your financial statements
- b.(2) **Long-term debt.** May include revenue and other bonds, mortgages payable, notes payable loans/contracts payable.
- b.(3) **Other noncurrent liabilities.** May include estimated malpractice/self insurance costs, deferred compensation payable, deferred third-party reimbursement, accrued pension/deferred pension liability.
- b.(4) **Fund balance.** The excess of assets over liabilities (net equity) An excess of liabilities is reflected as a deficit.

5. OTHER FUND BALANCES

Report fund balances only.

- a **Donor-restricted funds.** Funds restricted for specific purposes by donors and grantors--for example, endowment funds or funds restricted to plant replacement and expansion.
 - a.(1) **Specific purpose funds.** Funds restricted for a specific purpose or project. Board-designated funds do not constitute specific purpose funds.
 - a.(3) **Endowment funds.** Funds for which a donor has stipulated, as a condition of a gift, that the principal of the fund is to be maintained inviolate and in perpetuity and that only income may be expended.
- b. **Foundation.** An organization that is 1) under the control of (or common control with) the hospital (but not consolidated or combined with the hospital) and 2) solicits funds solely for the benefit of the hospital

F. FINANCIAL DATA (Continued)

7. CAPITAL ACCOUNTS**

Include capitalized leases in the appropriate category, for example, a building under capital lease should be included in "Buildings and improvements" Record lines (1) to (5) as historical costs
 Long-term debt which has been refinanced should be shown as both an addition and a retirement Include capital lease obligations in long-term debt

	(1) Balance at Beginning of Year	(2) Additions and Transfers-in	(3) Retirements, Disposals and Transfers-out	(1) + (2) - (3) Balance at End of Year
a. ACCOUNTS				
(1) Land	.00	.00	.00	.00
(2) Buildings and improvements	.00	.00	.00	.00
(3) Equipment	.00	.00	.00	.00
(4) Construction in progress	.00	.00	.00	.00
(5) Total cost [balance at end of year should agree to line 4a(3)(a) on page 17]	.00			.00
b. Less: Accumulated Depreciation [balance at end of year should agree to line 4a(3)(b) on page 17]	.00			.00
c. NET BOOK VALUE [balance at end of year should agree to line 4a(3)(c) on page 17]	.00			.00
	(1) Balance at Beginning of Year	(2) Additions	(3) Payments and Retirements	(1) + (2) - (3) Balance at End of Year
d. LONG-TERM DEBT [balance at end of year should agree to line 4b(2) on page 17]	.00	.00	.00	.00

**This data will be treated as confidential and will not be released without written permission from the hospital.

7. CAPITAL ACCOUNTS

This section captures some of the detail and activity of the property and equipment and long-term debt sections of the general fund balance sheet.

- a. (1) **Land.** Include all land and nondepreciable improvements
- (2) **Buildings and improvements.** Include land improvements, if depreciable
- (3) **Equipment.** Includes all fixed and movable equipment.
- (4) **Construction in progress.** Include costs incurred for uncompleted buildings and equipment (i.e., depreciation has not commenced) Amounts for completed construction projects should be transferred-out of the construction in progress account to the appropriate asset account.

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1990 Annual Survey of Hospitals

G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1990

1. HOSPITAL PERSONNEL BY OCCUPATIONAL CATEGORY

Report full-time and part-time personnel including trainees who were on the payroll as of SEPTEMBER 30, 1990 and whose payroll expenses are reported in F1d. 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) Full-Time (35 hr/wk or more) On Payroll	(2) Part-Time (less than 33 hr/wk) On Payroll
a Administration:		
(1) Administrator 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	_____	_____

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SECTION G
PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1990
Instructions and Definitions

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, 1990, 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, 1990. 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 aides, 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 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

G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1990 (Continued)

	(1) Full-Time (35 hr/wk or more) On Payroll	(2) 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 who were on payroll and included in TOTAL HOSPITAL PERSONNEL (line G1r) or NURSING HOME PERSONNEL (line G3). Please do not include medical and dental residents and interns, who are listed on line G1b. Note that corresponding payroll expense for trainees should be listed on page 15 (line F1d (1)).

	Full-Time (35 hr/wk or more)	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 on Page 13. (E 2a) Report full-time and part-time nursing home personnel who were on the payroll as of September 30, 1990. If personnel is shared with the hospital, report personnel as part-time employees here and on lines a-r.

	Full-Time (35 hr/wk or more)	Part-Time (less than 35 hr/wk)
a. Registered Nurses	_____	_____
b. Licensed practical (vocational) nurses	_____	_____
c. All other personnel	_____	_____
d. Total nursing home personnel (3a + 3b + 3c)	_____	_____

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, 1990. If no nursing home-type unit/facility is present, please zero fill nursing home personnel and carry down the total hospital personnel figures to these lines

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

5. 1990 TOTAL PAID MAN HOURS

Please report TOTAL PAID MAN-HOURS for all personnel who were on payroll during the current reporting year. Refer to top of page 3 for your hospitals reporting period. See definitions on page 24.

a. Medical and dental residents/interns and trainees Paid Man-hours (year's total hours)	_____	b. Total Personnel Paid Man-Hours (year's total hours)	_____
--	-------	--	-------

G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1990 (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 aides (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 aides.** 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 settings, 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, 1990, 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 as indicated on top of survey page 3. 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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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, 1990. Do not report full-time equivalents. For physicians certified by more than one board, please include only the primary certification. 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	_____	_____
4. TOTAL	_____	_____

5. 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.

1. Please provide the Medicare provider number for your facility _____
2. 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. Home care	_____
e. Alcoholism and other chemical dependency	_____
f. Swing bed SNF	_____
g. Hospital-based SNF	_____
h. Other (Specify service: _____)	_____

**SECTION H
MEDICAL STAFF
Definitions**

Active and associate. JCAHO categories of medical staff. Exclude 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, 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

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.

lied

I understand that certain parts of the financial data provided may be released only under the terms and conditions described in Section F, which includes release to the respective state hospital association upon request. The state hospital association may not release this data without written permission from the hospital.

Date of Completion

Signature of Administrator

Thank you for your cooperation in completing this survey. If there are any questions about your responses to this survey, who should be contacted?

Name (please print) Title

(Area Code) Telephone Number

Name (please print) Title

(Area Code) Telephone Number

Hospital's Main Fax Number

NOTE: PLEASE COPY THE INFORMATION FOR YOUR HOSPITAL FILE BEFORE RETURNING THE ORIGINAL FORM TO THE AMERICAN HOSPITAL ASSOCIATION. ALSO, PLEASE FORWARD A PHOTOCOPY OF THE COMPLETED QUESTIONNAIRE TO YOUR STATE HOSPITAL ASSOCIATION. THANK YOU.