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 AMERICAN HOSPITAL ASSOCIATION  
 840 NORTH LAKE SHORE DRIVE  
 CHICAGO ILLINOIS 60611  
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 \*\*\*\*\* HOSPITAL DATA CENTER \*\*\*\*\*  
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PUBLIC

1991

1DATE: 5/14/92

AMERICAN HOSPITAL ASSOCIATION

PAGE 1

1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME (TYPE)	E S T	LENGTH	POSITION START	END	ITEM DESCRIPTION
HOSPITAL IDENTIFICATION ...						
1	ID (A)	NA	7	1 ✓	7	A.H.A. IDENTIFICATION NUMBER
	REG (A)	NA	1	2 ✓	2	REGION CODE (*)
	STCD (A)	NA	2	2 ✓	3	STATE CODE (*)
	HOSPNO (A)	NA	4	4 ✓	7	HOSPITAL NUMBER (#)
REPORTING PERIOD AND FISCAL YEAR ...						
2	DTBEG	N	6	8	13	BEGINNING OF REPORTING PERIOD
	DBEGM	N	2	8	9	BEGINNING MONTH (@)
	DBEGD	N	2	10	11	BEGINNING DAY (@)
	DBEGY	N	2	12	13	BEGINNING YEAR (@)
3	DTEND	N	6	14	19	END OF REPORTING PERIOD
	DENDM	N	2	14	15	END MONTH (@)
	DENDD	N	2	16	17	END DAY (@)
	DENDY	N	2	18	19	END YEAR (@)
4	DCOV	NA	3	20	22	DAYS IN REPORTING PERIOD ( '000' FOR NON-REPORTERS)
5	FYR	N	1	23	23	HOSPITAL IN OPERATION A FULL YEAR (1=YES 2=NO) (@)
6	FISYR	N	6	24	29	BEGINNING DATE OF FISCAL YEAR
	FISM	N	2	24	25	BEGINNING MONTH (@)
	FISD	N	2	26	27	BEGINNING DAY (@)
	FISY	N	2	28	29	BEGINNING YEAR (@)

(\*) SEE PAGE 40.

(#) THE LAST DIGIT MAY BE NON-NUMERIC ('A', 'B', 'C' ...).

(@) THESE ITEMS WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	E S T	LENGTH	POSITION START	END	ITEM DESCRIPTION
						ORGANIZATIONAL STRUCTURE ...
7	CNTRL	NA	2	30✓	31	CONTROL CODE - TYPE OF AUTHORITY RESPONSIBLE FOR ESTABLISHING POLICY CONCERNING OVERALL OPERATION OF THE HOSPITAL:  GOVERNMENT, NONFEDERAL 12 = STATE 13 = COUNTY 14 = CITY 15 = CITY/COUNTY 16 = HOSPITAL DISTRICT/ HOSPITAL AUTHORITY  NONGOVERNMENT, NOT-FOR-PROFIT 21 = CHURCH-OPERATED 23 = OTHER NOT-FOR-PROFIT  NONGOVERNMENT, FOR-PROFIT 31 = INDIVIDUAL 32 = PARTNERSHIP 33 = CORPORATION  GOVERNMENT, FEDERAL 41 = AIR FORCE 42 = ARMY 43 = NAVY 44 = PUBLIC HEALTH SERVICE OTHER THAN 47 45 = VETERANS ADMINISTRATION 46 = FEDERAL OTHER THAN 41,42, 43,44,45,47 OR 48 47 = PUBLIC HEALTH SERVICE INDIAN SERVICE 48 = DEPARTMENT OF JUSTICE

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME (TYPE)	E S T	LENGTH	POSITION START	END	ITEM DESCRIPTION
						ORGANIZATIONAL STRUCTURE (CONTINUED) ...
8	SERV	NA	2	32✓	33	SERVICE CODE:  10 = GENERAL MEDICAL AND SURGICAL 11 = HOSPITAL UNIT OF AN INSTITUTION 12 = HOSPITAL UNIT OF 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  
49 = OTHER SPECIALTY  
62 = INSTITUTION FOR THE  
MENTALLY RETARDED  
82 = ALCOHOLISM AND OTHER  
CHEMICAL DEPENDENCY

50 = CHILDREN'S GENERAL MEDICAL  
AND SURGICAL  
51 = CHILDREN'S HOSPITAL UNIT  
OF AN INSTITUTION  
52 = CHILDREN'S PSYCHIATRIC  
53 = CHILDREN'S TUBERCULOSIS  
AND OTHER RESPIRATORY  
DISEASES  
55 = CHILDREN'S EYE, EAR, NOSE  
AND THROAT  
56 = CHILDREN'S REHABILITATION  
57 = CHILDREN'S ORTHOPEDIC  
58 = CHILDREN'S CHRONIC DISEASE  
59 = CHILDREN'S OTHER SPECIALTY

9 SERVOTH (A) N 30 34 63 SPECIAL-SERVICE DESCRIPTION  
(IF SERVICE IS 49 OR 59)

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	E S T	LENGTH	POSITION START	END	ITEM DESCRIPTION
ORGANIZATIONAL STRUCTURE (CONTINUED) ... (*)						
10	RADMCHI	N	1	64	64	DOES THE HOSPITAL RESTRICT ADMISSIONS PRIMARILY TO CHILDREN? (1=YES 2=NO)
11	OSTEO	N	1	65	65	IS THE HOSPITAL PRIMARILY OSTEOPATHIC? (1=YES 2=NO)
12	HMO86	N	1	66	66	DOES THE HOSPITAL HAVE A FORMAL WRITTEN CONTRACT WITH A HEALTH MAINTENANCE ORGANIZATION THAT SPECIFIES THE OBLIGATIONS OF EACH PARTY? (1=YES 2=NO)
13	PP086	N	1	67	67	DOES THE HOSPITAL HAVE A FORMAL WRITTEN CONTRACT WITH A PREFERRED PROVIDER ORGANIZATION THAT SPECIFIES THE OBLIGATIONS OF EACH PARTY? (1=YES 2=NO)

(\*) THESE ITEMS WILL BE BLANK IF A HOSPITAL DID NOT RESPOND  
TO THE SURVEY.

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME (TYPE)	E S T	LENGTH	POSITION START	END	ITEM DESCRIPTION
ORGANIZATIONAL STRUCTURE						

(CONTINUED) ... (\*)

14	MHSMEMB	N	1	68✓	68	IS THE HOSPITAL A MEMBER OF A HEALTH CARE SYSTEM? (1=YES 2=NO)
15	SYSID (A)	NA	4	69✓	72	SYSTEM ID (*)
16	MHSNAME (A)	NA	30	73✓	102	SYSTEM NAME
17	MHSCITY (A)	NA	20	103	122	SYSTEM-HEADQUARTERS CITY
18	MHSST (A)	NA	2	123	124	STATE (#)
19	HOLDCOMP	N	1	125✓	125	IS THE HOSPITAL A DIVISION OR SUBSIDIARY OF A HOLDING COMPANY? (1=YES 2=NO)
20	SUBS	N	1	126✓	126	DOES THE HOSPITAL ITSELF OPERATE SUBSIDIARY CORPORATIONS? (1=YES 2=NO)
21	MNGT	N	1	127✓	127	IS THE HOSPITAL CONTRACT- MANAGED? (1=YES 2=NO)
22	MNGTNM (A)	NA	30	128✓	157	MANAGEMENT-ORGANIZATION NAME
23	MNGTCITY(A)	NA	20	158	177	ORGANIZATION-HEADQUARTERS CITY
24	MNGTST (A)	NA	2	178	179	STATE (#)
25	ALLIANCE	N	1	180	180	IS THE HOSPITAL A MEMBER OF AN ALLIANCE? (1=YES 2=NO)
26	ALLINM1 (A)	NA	30	181✓	210	FIRST ALLIANCE NAME
27	ALLICTY1(A)	NA	20	211	230	ALLIANCE-HEADQUARTERS CITY
28	ALLIST1 (A)	NA	2	231	232	STATE (#)
29	ALLINM2 (A)	NA	30	233✓	262	SECOND ALLIANCE NAME
30	ALLICTY2(A)	NA	20	263	282	ALLIANCE-HEADQUARTERS CITY
31	ALLIST2 (A)	NA	2	283	284	STATE (#)

(\*) THESE ITEMS WILL BE BLANK IF A HOSPITAL DID NOT RESPOND  
TO THE SURVEY, EXCEPT FOR ITEM 15, WHICH WAS TAKEN FROM  
THE JUNE 1992 MEMBERSHIP FILE.

(#) SEE PAGE 40.

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	E S T	LENGTH	POSITION START	END	ITEM DESCRIPTION
FACILITIES AND SERVICES ... (*)						
UNLESS OTHERWISE NOTED, 1 = HOSPITAL-BASED 3 = PROVIDED BY ANOTHER HOSPITAL OR PROVIDER 4 = SERVICE IS NOT AVAILABLE						
32	AIDSGEN88	N	1	285✓	285	ACQUIRED IMMUNE-DEFICIENCY SYNDROME SERVICES
33	AIDSUNIT88	N	1	286✓	286	GENERAL INPATIENT CARE FOR AIDS/ARC
34	AIDSOP88	N	1	287✓	287	AIDS/ARC UNIT SPECIALIZED OUTPATIENT PROGRAM FOR AIDS/ARC
35	HIV88	N	1	288✓	288	HIV TESTING
36	ALCHOP82	N	1	289✓	289	ALCOHOL/DRUG ABUSE OR DEPENDENCY OUTPATIENT SERVICES
37	ARTHCEN89	N	1	290✓	290	ARTHRITIS TREATMENT CENTER
38	BROOM85	N	1	291✓	291	BIRTHING ROOM/LABOR, DELIVERY, RECOVERY, POSTPARTUM ROOM

ITEM NUMBER	ITEM NAME	(TYPE)	E S T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
39	CCLAB82	N	1	292	292	292	CARDIAC SERVICES CARDIAC CATHETERIZATION LABORATORY
40	CARDAS90	N	1	293	293	293	NON-INVASIVE CARDIAC ASSESSMENT
41	OHSURG82	N	1	294	294	294	OPEN-HEART SURGERY
42	ANGIO89	N	1	295	295	295	ANGIOPLASTY
43	CARDRHAB90	N	1	296	296	296	CARDIAC REHABILITATION
44	COPD82	N	1	297	297	297	CHRONIC OBSTRUCTIVE PULMONARY DISEASE SERVICES

(\*) THESE ITEMS WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	(TYPE)	E S T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
FACILITIES AND SERVICES (CONTINUED) ... (*)							
EMERGENCY SERVICES							
45	EMDEPT82	N	1	298	298	298	EMERGENCY DEPARTMENT
46	TRAUMA84	N	1	299	299	299	CERTIFIED TRAUMA CENTER
47	TRAUMAL90	N	1	300	300	300	LEVEL OF TRAUMA CENTER 1 = REGIONAL RESOURCE TRAUMA CENTER 2 = COMMUNITY TRAUMA CENTER 3 = RURAL TRAUMA HOSPITAL
48	TRAUMAD90(A)	N	15	301	301	315	NAME OF TRAUMA CENTER DESIGNATOR
49	ESWL85	N	1	316	316	316	EXTRACORPOREAL SHOCK-WAVE LITHOTRIPTER (ESWL)
50	ESWLTYPE90	N	1	317	317	317	TYPE OF ESWL (1=FIXED 2=MOBILE)
51	FITCEN86	N	1	318	318	318	FITNESS CENTER
52	GENTCS88	N	1	319	319	319	GENETIC COUNSELING/SCREENING
GERIATRIC SERVICES							
53	ADULTDCR86	N	1	320	320	320	ADULT DAY CARE PROGRAM
54	ALZ88	N	1	321	321	321	ALZHEIMER'S DIAGNOSTIC/ ASSESSMENT SERVICES
55	GERISV82	N	1	322	322	322	COMPREHENSIVE GERIATRIC ASSESSMENT
56	EMRESP88	N	1	323	323	323	EMERGENCY RESPONSE FOR THE ELDERLY
57	GERACU86	N	1	324	324	324	GERIATRIC ACUTE-CARE UNIT
58	GERCLIN88	N	1	325	325	325	GERIATRIC CLINICS
59	RESPIT86	N	1	326	326	326	RESPIRE CARE
60	SENIOR88	N	1	327	327	327	SENIOR MEMBERSHIP PROGRAM
HEALTH PROMOTION							
61	PATED86	N	1	328	328	328	PATIENT EDUCATION
62	COMHLTH86	N	1	329	329	329	COMMUNITY HEALTH PROMOTION
63	WRKHLTH86	N	1	330	330	330	WORKSITE HEALTH PROMOTION
64	HLTHLIB90	N	1	331	331	331	HEALTH SCIENCE LIBRARY

(\*) THESE ITEMS WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	EST	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
FACILITIES AND SERVICES (CONTINUED) ... (*)						
65	HEMDLYS82	N	1	332 ✓	332	HEMODIALYSIS
66	HOMHLTH88	N	1	333 ✓	333	HOME HEALTH SERVICES
67	HOSP82	N	1	334 ✓	334	HOSPICE
LABORATORY SERVICES						
68	HISTOLAB82	N	1	335 ✓	335	HISTOPATHOLOGY
69	BLDBK82	N	1	336 ✓	336	BLOOD BANK
LONG-TERM CARE SERVICES						
70	MCRSNU88	N	1	337 ✓	337	MEDICARE-CERTIFIED DISTINCT-PART SKILLED-NURSING UNIT
71	OTHSNC88	N	1	338 ✓	338	OTHER SKILLED-NURSING CARE
72	OCCHLTH86	N	1	339 ✓	339	OCCUPATIONAL HEALTH SERVICES
ORGANIZED OUTPATIENT SERVICES						
73	OPHOSP89	N	1	340 ✓	340	HOSPITAL BASED OUTPATIENT CARE CENTER/SERVICES
74	OPFREE89	N	1	341 ✓	341	FREESTANDING OUTPATIENT CENTER
PSYCHIATRIC SERVICES						
75	PSYCHLD87	N	1	342 ✓	342	PSYCHIATRIC CHILD/ADOLESCENT SERVICES
76	PSYLS87	N	1	343 ✓	343	PSYCHIATRIC CONSULTATION/LIAISON SERVICES
77	PSYED87	N	1	344 ✓	344	PSYCHIATRIC EDUCATION SERVICES
78	PSYEM82	N	1	345 ✓	345	PSYCHIATRIC EMERGENCY SERVICES
79	PSYGER87	N	1	346 ✓	346	PSYCHIATRIC GERIATRIC SERVICES
80	PSYOP82	N	1	347 ✓	347	PSYCHIATRIC OUTPATIENT SERVICES
81	PSYPH82	N	1	348 ✓	348	PSYCHIATRIC PARTIAL HOSPITALIZATION PROGRAM
RADIATION THERAPY						
82	MRADT82	N	1	349 ✓	349	MEGAVOLTAGE RADIATION THERAPY
83	RADIMP82	N	1	350 ✓	350	RADIOACTIVE IMPLANTS
84	STEREO90	N	1	351 ✓	351	STEREOTACTIC RADIOSURGERY
85	TRADISO82	N	1	352 ✓	352	THERAPEUTIC RADIOISOTOPE FACILITY
86	XRADT82	N	1	353 ✓	353	X-RAY RADIATION THERAPY

(\*) THESE ITEMS WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	EST	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
FACILITIES AND SERVICES (CONTINUED) ... (*)						
DIAGNOSTIC RADIOLOGY						
87	CTSCAN82	N	1	354 ✓	354	COMPUTED-TOMOGRAPHY SCANNER (HEAD OR WHOLE-BODY)
88	CTTYPE90	N	1	355 ✓	355	TYPE OF CT SCANNER (1=FIXED 2=MOBILE)
89	DRADISO82	N	1	356 ✓	356	DIAGNOSTIC RADIOISOTOPE FACILITY
90	NMR83	N	1	357 ✓	357	MAGNETIC RESONANCE IMAGING
91	MRITYPE90	N	1	358 ✓	358	TYPE OF MRI (1=FIXED 2=MOBILE)
92	PET90	N	1	359 ✓	359	POSITRON EMISSION TOMOGRAPHY

93	SPECT90	N	1	360✓	360	SCANNER SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY
94	ULTSND82	N	1	361✓	361	ULTRASOUND
95	REHABOP82	N	1	362✓	362	REHABILITATION OUTPATIENT SERVICES
96	FERTIL86	N	1	363✓	363	REPRODUCTIVE HEALTH FERTILITY COUNSELING
97	INVIT88	N	1	364✓	364	IN VITRO FERTILIZATION
98	STERIL86	N	1	365✓	365	STERILIZATION
99	SOCWK88	N	1	366✓	366	SOCIAL WORK SERVICES ORGANIZED SOCIAL WORK SERVICES
100	OPSOCWRK89	N	1	367✓	367	OUTPATIENT SOCIAL WORK SERVICES
101	EMSOCWRK89	N	1	368✓	368	EMERGENCY SOCIAL WORK SERVICES
102	SPRTMD86	N	1	369✓	369	SPORTS MEDICINE CLINIC/SERVICES
103	AUXIL79	N	1	370✓	370	SUPPLEMENTARY PATIENT ASSISTANCE HOSPITAL AUXILIARY
104	PATREP79	N	1	371✓	371	PATIENT REPRESENTATIVE SERVICES
105	VOLSV79	N	1	372✓	372	VOLUNTEER SERVICES DEPARTMENT

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	ES	T	LENGTH	POSITION START	END	ITEM DESCRIPTION
FACILITIES AND SERVICES (CONTINUED) ... (*)							
SURGICAL SERVICES							
106	ASURG82	N	1		373✓	373	OUTPATIENT SURGERY
107	ORTHSURG89	N	1		374✓	374	ORTHOPEDIC SURGERY
108	KTRANS82	N	1		375✓	375	KIDNEY TRANSPLANT
109	OTRANS82	N	1		376✓	376	ORGAN TRANSPLANT (OTHER THAN KIDNEY)
110	TTRANS90	N	1		377✓	377	TISSUE TRANSPLANT
111	BMTRANS90	N	1		378✓	378	BONE MARROW TRANSPLANT
THERAPY SERVICES							
112	OT82	N	1		379✓	379	OCCUPATIONAL THERAPY
113	PT82	N	1		380✓	380	PHYSICAL THERAPY
114	RECT82	N	1		381✓	381	RECREATIONAL THERAPY
115	RESPT82	N	1		382✓	382	RESPIRATORY THERAPY
116	SPATH82	N	1		383✓	383	SPEECH PATHOLOGY
117	WOMCEN86	N	1		384✓	384	WOMEN'S HEALTH CENTER/SERVICES
INPATIENT SERVICE UNIT BEDS AND UTILIZATION ...							
118	OBLEV	N	1		385✓	385	OBSTETRICS UNIT SERVICE LEVEL (#) 1 = PROVIDES SERVICES FOR UNCOMPLICATED MATERNITY AND NEWBORN CASES 2 = PROVIDES SERVICES FOR ALL UNCOMPLICATED AND MOST COMPLICATED CASES AND SPECIAL NEONATAL SERVICES 3 = PROVIDES SERVICES FOR ALL SERIOUS ILLNESSES AND ABNORMALITIES

(\*) THESE ITEMS WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

(#) THIS ITEM WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY OR COULD NOT REPORT ACCURATELY.

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	ES	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
INPATIENT SERVICE UNIT BEDS AND UTILIZATION (CONTINUED) ... (*)						
BEDS SET UP AND STAFFED ON LAST DAY OF REPORTING PERIOD ...						
ACUTE CARE						
119	GENBD	N	4	386	389	GENERAL MEDICAL AND SURGICAL CARE (ADULT)
120	PEDBD	N	4	390	393	GENERAL MEDICAL AND SURGICAL CARE (PEDIATRIC)
121	OBBD	N	4	394	397	OBSTETRIC CARE
122	OTHACBD89	N	4	398	401	OTHER ACUTE CARE
INTENSIVE CARE						
123	MSICBD	N	4	402	405	MEDICAL/SURGICAL INTENSIVE CARE
124	CICBD	N	4	406	409	CARDIAC INTENSIVE CARE
125	NICBD	N	4	410	413	NEONATAL INTENSIVE CARE (#)
126	NINTBD	N	4	414	417	NEONATAL INTERMEDIATE CARE (#)
127	PEDICBD	N	4	418	421	PEDIATRIC INTENSIVE CARE
128	BRNBD	N	4	422	425	BURN CARE
129	SPCICBD	N	4	426	429	OTHER SPECIAL CARE
130	OTHICBD	N	4	430	433	OTHER INTENSIVE CARE
SUBACUTE CARE						
131	REHABBD	N	4	434	437	REHABILITATION CARE
132	CDBD	N	4	438	441	CHRONIC DISEASE CARE
133	HSPEBD	N	4	442	445	HOSPICE CARE
134	PSYBD	N	4	446	449	PSYCHIATRIC CARE
135	ALCHBD	N	4	450	453	ALCOHOL/CHEMICAL DEPENDENCY CARE
136	MRBD	N	4	454	457	MENTAL RETARDATION CARE
137	SNBD88	N	4	458	461	SKILLED NURSING CARE
138	ICFBD88	N	4	462	465	INTERMEDIATE CARE FACILITY
139	RESBD	N	4	466	469	RESIDENTIAL CARE/ELDERLY HOUSING
140	OTHSUBBD89	N	4	470	473	OTHER SUBACUTE CARE
141	HOSPBD	N	4	474	477	TOTAL HOSPITAL BEDS (a)

(\*) THESE ITEMS WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

(#) SEE NOTE FOR ITEM 211 (BASSINETS).

(a) WHEN PRESENT, ITEM 141 SHOULD BE EQUAL TO ITEM 179 (TOTAL-FACILITY BEDS SET UP AND STAFFED).

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	ES	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
INPATIENT SERVICE UNIT BEDS AND UTILIZATION (CONTINUED) ... (*)						
TOTAL INPATIENT DAYS FOR REPORTING PERIOD ...						

142	GENIPD	N	8	478✓	485	ACUTE CARE GENERAL MEDICAL AND SURGICAL CARE (ADULT)
143	PEDIPD	N	8	486✓	493	GENERAL MEDICAL AND SURGICAL CARE (PEDIATRIC)
144	OBIPD	N	8	494✓	501	OBSTETRIC CARE
145	OTHACIPD89	N	8	502✓	509	OTHER ACUTE CARE
INTENSIVE CARE						
146	MSICIPD	N	8	510✓	517	MEDICAL/SURGICAL INTENSIVE CARE
147	CICIPD	N	8	518✓	525	CARDIAC INTENSIVE CARE
148	NICIPD	N	8	526✓	533	NEONATAL INTENSIVE CARE (#)
149	NINTIPD	N	8	534✓	541	NEONATAL INTERMEDIATE CARE (#)
150	PEDICIPD	N	8	542✓	549	PEDIATRIC INTENSIVE CARE
151	BRNIPD	N	8	550✓	557	BURN CARE
152	SPCICIPD	N	8	558✓	565	OTHER SPECIAL CARE
153	OTHICIPD	N	8	566✓	573	OTHER INTENSIVE CARE
SUBACUTE CARE						
154	REHABIPD	N	8	574✓	581	REHABILITATION CARE
155	CDIPD	N	8	582✓	589	CHRONIC DISEASE CARE
156	HSPEIPD	N	8	590✓	597	HOSPICE CARE
157	PSYIPD	N	8	598✓	605	PSYCHIATRIC CARE
158	ALCHIPD	N	8	606✓	613	ALCOHOL/CHEMICAL DEPENDENCY CARE
159	MRIPD	N	8	614✓	621	MENTAL RETARDATION CARE
160	SNIPD88	N	8	622✓	629	SKILLED NURSING CARE
161	ICFIPD88	N	8	630✓	637	INTERMEDIATE CARE FACILITY
162	RESIPD	N	8	638✓	645	RESIDENTIAL CARE/ELDERLY HOUSING
163	OTHSUBIPD89	N	8	646✓	653	OTHER SUBACUTE CARE
164	IPDNOSW	N	8	654✓	661	TOTAL INPATIENT DAYS (EXCLUDING SWING-BED DAYS)

(\*) THESE ITEMS WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

(#) SEE NOTE FOR ITEM 213 (NEWBORN DAYS).

DATE: 5/14/92 AMERICAN HOSPITAL ASSOCIATION PAGE 13  
1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	ES	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
INPATIENT SERVICE UNIT BEDS AND UTILIZATION (CONTINUED) ... (*)						
SWING BEDS ...						
165	SWINGMCR	N	1	662✓	662	IS THE HOSPITAL CERTIFIED BY MEDICARE TO PROVIDE SWING-BED SERVICES? (1=YES 2=NO)
166	SWINGBD	N	4	663✓	666	NUMBER OF ACUTE-CARE BEDS UTILIZED AS SWING BEDS (#)
167	SWSNADM88	N	6	667✓	672	SWING-BED ADMISSIONS (#) SKILLED NURSING CARE
168	SWINTADM88	N	6	673✓	678	INTERMEDIATE CARE
169	SWSNIPD88	N	8	679✓	686	SWING-BED INPATIENT DAYS (#) SKILLED NURSING CARE
170	SWINTIPD88	N	8	687✓	694	INTERMEDIATE CARE
171	HOSPIPD	N	8	695✓	702	TOTAL FACILITY INPATIENT-DAY TOTAL (INCLUDING SWING-BED DAYS) (a)

(\*) THESE ITEMS WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

(#) THESE ITEMS WILL BE BLANK IF A HOSPITAL REPORTED NO MEDICARE SWING-BED CERTIFICATION.

(@) WHEN PRESENT, ITEM 171 SHOULD BE EQUAL TO ITEM 181 (TOTAL-FACILITY INPATIENT DAYS).

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ITEM NUMBER	ITEM NAME	E S T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
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TOTAL FACILITY BEDS AND UTILIZATION ...

BED CHANGES ... (\*)

172	BDCHNG	N	1	703	703	WAS THERE A CHANGE IN THE NUMBER OF BEDS SET UP AND STAFFED FOR USE DURING THE REPORTING PERIOD? (1=YES 2=NO)
173	BDDIF1	N	5	704	708	FIRST NUMBER OF BEDS CHANGED (+ OR -) (#)
174	BDDT1	N	6	709	714	DATE OF FIRST BED CHANGE
	BDDT1M	N	2	709	710	MONTH OF FIRST BED CHANGE
	BDDT1D	N	2	711	712	DAY OF FIRST BED CHANGE
	BDDT1Y	N	2	713	714	YEAR OF FIRST BED CHANGE
175	BDDIF2	N	5	715	719	SECOND NUMBER OF BEDS CHANGED (+ OR -) (#)
176	BDDT2	N	6	720	725	DATE OF SECOND BED CHANGE
	BDDT2M	N	2	720	721	MONTH OF SECOND BED CHANGE
	BDDT2D	N	2	722	723	DAY OF SECOND BED CHANGE
	BDDT2Y	N	2	724	725	YEAR OF SECOND BED CHANGE

SEPARATE UNITS ...

177	SUNITS	N	1	726	726	DOES THE HOSPITAL MAINTAIN A SEPARATE NURSING-HOME TYPE OF LONG-TERM CARE UNIT? (1=YES 2=NO) (@)
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(\*) THESE ITEMS ARE USED IN THE CALCULATION OF STATISTICAL BEDS. IF MORE THAN TWO CHANGES WERE REPORTED, A SPECIAL CALCULATION IS MADE AND A SINGLE CHANGE IS SHOWN FOR THE LAST DAY OF THE REPORTING PERIOD. IF A HOSPITAL CAN REPORT ONLY THE MONTH OF THE CHANGE, THE DAY IS ARBITRARILY TAKEN TO BE THE FIRST OF THE MONTH. THESE ITEMS WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

(#) NEGATIVES ARE IN ZONED DECIMAL FORMAT.

(@) THIS ITEM WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

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ITEM NUMBER	ITEM NAME	E S T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
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TOTAL FACILITY BEDS AND UTILIZATION (CONTINUED) ...

TOTAL FACILITY

178	LBD CAP	N	4	727✓	730	LICENSED BED CAPACITY - MAXIMUM NUMBER AUTHORIZED BY STATE (*)
179	BDTOT	NA	4	731✓	734	BEDS SET UP AND STAFFED AT END OF REPORTING PERIOD (#)
180	ADMTOT	Y	6	735✓	740	ADMISSIONS
181	IPDTOT	Y	8	741✓	748	INPATIENT DAYS (#)
182	DCTOT	Y	6	749✓	754	DISCHARGES
183	DCDTOT	Y	8	755✓	762	DISCHARGE DAYS
184	CENSUS	N	4	763✓	766	CENSUS ON THE LAST DAY OF THE REPORTING PERIOD (#)
HOSPITAL UNIT (@)						
185	LBDH	N	4	767✓	770	LICENSED BEDS (*)
186	BDH	N	4	771✓	774	BEDS SET UP AND STAFFED
187	ADMH	N	6	775✓	780	ADMISSIONS
188	IPDH	N	8	781✓	788	INPATIENT DAYS
189	DCH	N	6	789✓	794	DISCHARGES
190	DCDH	N	8	795✓	802	DISCHARGE DAYS
191	CENH	N	4	803✓	806	CENSUS
LONG-TERM (NURSING-HOME) UNIT (@)						
192	LBDLT	N	4	807	810	LICENSED BEDS (*)
193	BDLT	N	4	811	814	BEDS SET UP AND STAFFED
194	ADMLT	N	6	815	820	ADMISSIONS
195	IPDLT	N	8	821	828	INPATIENT DAYS
196	DCLT	N	6	829	834	DISCHARGES
197	DCDLT	N	8	835	842	DISCHARGE DAYS
198	CENLT	N	4	843	846	CENSUS

(\*) LICENSED CAPACITY WILL BE ZERO IF THE STATE DOES NOT REGULATE THE NUMBER OF BEDS; IT WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY OR DID NOT REPORT THE ITEM.

(#) ITEM 179 SHOULD BE EQUAL TO ITEM 141 (TOTAL HOSPITAL BEDS); ITEM 181 SHOULD BE EQUAL TO ITEM 171 (TOTAL-FACILITY INPATIENT-DAY TOTAL, INCLUDING SWING-BED DAYS); ITEM 184 WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

(@) THESE ITEMS WILL BE PRESENT IF A HOSPITAL REPORTED SEPARATE UNITS; THEY WILL BE BLANK IF A HOSPITAL DID NOT REPORT SEPARATE UNITS OR DID NOT RESPOND TO THE SURVEY.

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ITEM NUMBER	ITEM NAME	E S T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
TOTAL FACILITY BEDS AND UTILIZATION (CONTINUED) ...						
MEDICARE/MEDICAID UTILIZATION						
TOTAL FACILITY						
MEDICARE						
199	MCRDC	Y	6	847✓	852	INPATIENT DISCHARGES
200	MCRIPD	Y	8	853✓	860	INPATIENT DAYS
MEDICAID						
201	MCDDC	Y	6	861✓	866	INPATIENT DISCHARGES
202	MCDIPD	Y	8	867✓	874	INPATIENT DAYS
HOSPITAL UNIT (*)						
MEDICARE						
203	MCRDCH	N	6	875✓	880	INPATIENT DISCHARGES
204	MCRIPDH	N	8	881✓	888	INPATIENT DAYS
MEDICAID						
205	MCDDCH	N	6	889✓	894	INPATIENT DISCHARGES
206	MCDIPDH	N	8	895✓	902	INPATIENT DAYS
LONG-TERM (NURSING HOME) UNIT (*)						
MEDICARE						
207	MCRDCLT	N	6	903✓	908	INPATIENT DISCHARGES
208	MCRIPDLT	N	8	909✓	916	INPATIENT DAYS

209	MCDCLT	N	6	917✓	922	MEDICAID
210	MCDIPDLT	N	8	923✓	930	INPATIENT DISCHARGES
						INPATIENT DAYS

(\*) THESE ITEMS WILL BE PRESENT IF A HOSPITAL REPORTED SEPARATE UNITS; THEY WILL BE BLANK IF A HOSPITAL DID NOT REPORT SEPARATE UNITS OR DID NOT RESPOND TO THE SURVEY.

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ITEM NUMBER	ITEM NAME	E S T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
TOTAL FACILITY BEDS AND UTILIZATION (CONTINUED) ...						
NEWBORN NURSERY						
211	BASSIN	NA	4	931✓	934	BASSINETS SET UP AND STAFFED AT END OF REPORTING PERIOD (*)
212	BIRTHS	Y	6	935✓	940	BIRTHS
213	NBDAYS	Y	6	941✓	946	NEWBORN DAYS (#)
SURGICAL OPERATIONS						
214	SUROPIP	Y	6	947✓	952	INPATIENT
215	SUROPOP	Y	6	953✓	958	OUTPATIENT
216	SUROPTOT	Y	6	959✓	964	TOTAL
OUTPATIENT VISITS						
217	VEM	Y	8	965✓	972	EMERGENCY
218	VOTH	Y	8	973✓	980	OTHER
219	VTOT	Y	8	981✓	988	TOTAL

(\*) NEONATAL BEDS (ITEMS 125 AND 126) ARE EXCLUDED.

(#) NEONATAL DAYS (ITEMS 148 AND 149) ARE EXCLUDED.

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ITEM NUMBER	ITEM NAME	E S T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
TOTAL-FACILITY EXPENSES AND LOSSES ...						
PAYROLL EXPENSES						
220	PAYRES86	Y	9	989✓	997	MEDICAL AND DENTAL RESIDENTS AND INTERNS, AND OTHER TRAINEES
221	PAYOTH86	Y	9	998✓	1006	ALL OTHER PERSONNEL
222	PAYTOT	Y	9	1007✓	1015	TOTAL PAYROLL EXPENSES
NONPAYROLL EXPENSES						
223	NPAYBEN	Y	9	1016✓	1024	EMPLOYEE BENEFITS
224	NPAYFEE	Y	9	1025✓	1033	PROFESSIONAL FEES
225	NPAYDPR	Y	9	1034✓	1042	DEPRECIATION
226	NPAYINT	Y	9	1043✓	1051	INTEREST
227	NPAYNOPTOT	Y	9	1052✓	1060	TOTAL NONOPERATING LOSSES
228	NPAYOTHOP	Y	9	1061✓	1069	ALL OTHER OPERATING EXPENSES
229	NPAYTOT	Y	9	1070✓	1078	TOTAL NONPAYROLL EXPENSES (*)
230	EXPTOT	Y	9	1079✓	1087	TOTAL EXPENSES (PAYROLL PLUS NONPAYROLL)(*)

(\*) THE FINANCIAL ITEMS ON THE 1991 A.H.A. ANNUAL SURVEY ARE BASED ON THE A.I.C.P.A. "AUDITS OF PROVIDERS OF

HEALTH CARE SERVICES" (JULY 1990), WHEREIN BAD DEBT IS CLASSIFIED AS AN EXPENSE RATHER THAN A DEDUCTION FROM REVENUE. THE EXPENSE TOTALS ON THE 1991 PUBLIC DATA FILE ARE, HOWEVER, CONSISTENT WITH THE CORRESPONDING ITEMS ON EARLIER YEARS' PUBLIC DATA FILES; I.E., BAD DEBT HAS BEEN EXCLUDED FROM THE 1991 PUBLIC EXPENSE TOTALS.

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ITEM NUMBER	ITEM NAME	E S T	LENGTH	POSITION START	END	ITEM DESCRIPTION
HOSPITAL-UNIT EXPENSES AND LOSSES ... (*)						
PAYROLL EXPENSES						
231	PAYRESH86	N	9	1088	1096	MEDICAL AND DENTAL RESIDENTS AND INTERNS, AND OTHER TRAINEES
232	PAYOTH86	N	9	1097	1105	ALL OTHER PERSONNEL
233	PAYTOTH	Y	9	1106	1114	TOTAL PAYROLL EXPENSES
NONPAYROLL EXPENSES						
234	NPAYBENH	N	9	1115	1123	EMPLOYEE BENEFITS
235	NPAYFEEH	N	9	1124	1132	PROFESSIONAL FEES
236	NPAYDPRH	N	9	1133	1141	DEPRECIATION
237	NPAYINTH	N	9	1142	1150	INTEREST
238	NPAYNOPTOTH	N	9	1151	1159	TOTAL NONOPERATING LOSSES
239	NPAYOTHOPH	N	9	1160	1168	ALL OTHER OPERATING EXPENSES
240	NPAYTOTH	Y	9	1169	1177	TOTAL NONPAYROLL EXPENSES (#)
241	EXPTOTH	Y	9	1178	1186	TOTAL EXPENSES (PAYROLL PLUS NONPAYROLL)(#)
LONG-TERM (NURSING-HOME) UNIT EXPENSES AND LOSSES ... (*)						
242	PAYTOTLT	Y	9	1187	1195	TOTAL PAYROLL EXPENSES
243	NPAYTOTLT	Y	9	1196	1204	TOTAL NONPAYROLL EXPENSES (#)
244	EXPTOTLT	Y	9	1205	1213	TOTAL EXPENSES (#)

(\*) ESTIMATED ITEMS WILL BE PRESENT IF A HOSPITAL REPORTED SEPARATE UNITS; ALL ITEMS WILL BE BLANK IF THE HOSPITAL DID NOT REPORT SEPARATE UNITS OR DID NOT RESPOND TO THE SURVEY.

(#) THE FINANCIAL ITEMS ON THE 1991 A.H.A. ANNUAL SURVEY ARE BASED ON THE A.I.C.P.A. "AUDITS OF PROVIDERS OF HEALTH CARE SERVICES" (JULY 1990), WHEREIN BAD DEBT IS CLASSIFIED AS AN EXPENSE RATHER THAN A DEDUCTION FROM REVENUE. THE EXPENSE TOTALS ON THE 1991 PUBLIC DATA FILE ARE, HOWEVER, CONSISTENT WITH THE CORRESPONDING ITEMS ON EARLIER YEARS' PUBLIC DATA FILES; I.E., BAD DEBT HAS BEEN EXCLUDED FROM THE 1991 PUBLIC EXPENSE TOTALS.

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ITEM NUMBER	ITEM NAME	E S T	LENGTH	POSITION START	END	ITEM DESCRIPTION
FULL-TIME HOSPITAL PERSONNEL (AS OF 9/30/91) ... (*)						
245	FTADM81	Y	4	1214	1217	ADMINISTRATORS AND ASSISTANT ADMINISTRATORS

246	FTMD80	Y	4	1218	1221	PHYSICIANS
247	FTMRES	Y	4	1222	1225	MEDICAL RESIDENTS/INTERNS
248	FTDD	Y	4	1226	1229	DENTISTS
249	FTDRES	Y	4	1230	1233	DENTAL RESIDENTS/INTERNS
250	FTRN82	Y	4	1234	1237	REGISTERED NURSES
251	FTLPN	Y	4	1238	1241	LICENSED PRACTICAL OR VOCATIONAL NURSES
252	FTANRS	Y	4	1242	1245	ANCILLARY NURSING PERSONNEL
253	FTPHYAST	Y	4	1246	1249	PHYSICIAN ASSISTANTS
254	FTPRACN	Y	4	1250	1253	NURSE PRACTITIONERS
255	FTMRA	Y	4	1254	1257	MEDICAL RECORD ADMINISTRATORS
256	FTMRT	Y	4	1258	1261	MEDICAL RECORD TECHNICIANS
257	FTPHAR	Y	4	1262	1265	LICENSED PHARMACISTS
258	FTPHART	Y	4	1266	1269	PHARMACY TECHNICIANS
259	FTMEDT	Y	4	1270	1273	MEDICAL TECHNOLOGISTS
260	FTLAB	Y	4	1274	1277	OTHER LABORATORY PERSONNEL
261	FTDIET	Y	4	1278	1281	DIETITIANS
262	FTDIETT	Y	4	1282	1285	DIETETIC TECHNICIANS
263	FTRADGR	Y	4	1286	1289	RADIOGRAPHERS OR RADIOLOGIC TECHNOLOGISTS
264	FTRADTT	Y	4	1290	1293	RADIATION THERAPY TECHNOLOGISTS
265	FTNMT	Y	4	1294	1297	NUCLEAR MEDICINE TECHNOLOGISTS
266	FTOTHRAD	Y	4	1298	1301	OTHER RADIOLOGIC PERSONNEL
267	FTOT	Y	4	1302	1305	OCCUPATIONAL THERAPISTS
268	FTOTA	Y	4	1306	1309	OCCUPATIONAL THERAPY ASSISTANTS AND AIDES
269	FTPT	Y	4	1310	1313	PHYSICAL THERAPISTS
270	FTPTA	Y	4	1314	1317	PHYSICAL THERAPY ASSISTANTS AND AIDES
271	FTRECT	Y	4	1318	1321	RECREATIONAL THERAPISTS

(\* ) FULL-TIME NURSING-HOME PERSONNEL ARE NOT INCLUDED.

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ITEM NUMBER	ITEM NAME	E S T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
FULL-TIME HOSPITAL PERSONNEL (CONTINUED) ... (*)						
272	FTSP	Y	4	1322	1325	SPEECH PATHOLOGISTS
273	FTAUDIO	Y	4	1326	1329	AUDIOLOGISTS
274	FTRESPT	Y	4	1330	1333	RESPIRATORY THERAPISTS
275	FTRESPTT	Y	4	1334	1337	RESPIRATORY THERAPY TECHNICIANS
276	FTPSYCH	Y	4	1338	1341	PSYCHOLOGISTS
277	FTMSW	Y	4	1342	1345	SOCIAL WORKERS
278	FTOTHPRO84	Y	4	1346	1349	ALL OTHER HEALTH PROFESSIONAL AND TECHNICAL PERSONNEL
279	FTOTHALL	Y	4	1350	1353	ALL OTHER PERSONNEL
280	FTTOTH	Y	4	1354	1357	TOTAL HOSPITAL PERSONNEL
PART-TIME HOSPITAL PERSONNEL (AS OF 9/30/91) ... (#)						
281	PTADM81	Y	4	1358	1361	ADMINISTRATORS AND ASSISTANT ADMINISTRATORS

282	PTMD80	Y	4	1362	1365	PHYSICIANS
283	PTMRES	Y	4	1366	1369	MEDICAL RESIDENTS/INTERNS
284	PTDD	Y	4	1370	1373	DENTISTS
285	PTDRES	Y	4	1374	1377	DENTAL RESIDENTS/INTERNS
286	PTRN82	Y	4	1378	1381	REGISTERED NURSES
287	PTLPN	Y	4	1382	1385	LICENSED PRACTICAL OR VOCATIONAL NURSES
288	PTANRS	Y	4	1386	1389	ANCILLARY NURSING PERSONNEL
289	PTPHYAST	Y	4	1390	1393	PHYSICIAN ASSISTANTS
290	PTPRACN	Y	4	1394	1397	NURSE PRACTITIONERS
291	PTMRA	Y	4	1398	1401	MEDICAL RECORD ADMINISTRATORS
292	PTMRT	Y	4	1402	1405	MEDICAL RECORD TECHNICIANS

(\*) FULL-TIME NURSING-HOME PERSONNEL ARE NOT INCLUDED.

(#) PERSONNEL SHARED BETWEEN A HOSPITAL UNIT AND A NURSING-HOME UNIT ARE REPORTED AS PART-TIME PERSONNEL IN EACH UNIT.

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ITEM NUMBER	ITEM NAME	ES	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
PART-TIME HOSPITAL PERSONNEL (CONTINUED) ... (*)						
293	PTPHAR	Y	4	1406	1409	LICENSED PHARMACISTS
294	PTPHART	Y	4	1410	1413	PHARMACY TECHNICIANS
295	PTMEDT	Y	4	1414	1417	MEDICAL TECHNOLOGISTS
296	PTLAB	Y	4	1418	1421	OTHER LABORATORY PERSONNEL
297	PTDIET	Y	4	1422	1425	DIETITIANS
298	PTDIETT	Y	4	1426	1429	DIETETIC TECHNICIANS
299	PTRADGR	Y	4	1430	1433	RADIOGRAPHERS OR RADIOLOGIC TECHNOLOGISTS
300	PTRADTT	Y	4	1434	1437	RADIATION THERAPY TECHNOLOGISTS
301	PTNMT	Y	4	1438	1441	NUCLEAR MEDICINE TECHNOLOGISTS
302	PTOTHRAD	Y	4	1442	1445	OTHER RADIOLOGIC PERSONNEL
303	PTOT	Y	4	1446	1449	OCCUPATIONAL THERAPISTS
304	PTOTA	Y	4	1450	1453	OCCUPATIONAL THERAPY ASSISTANTS AND AIDES
305	PTPT	Y	4	1454	1457	PHYSICAL THERAPISTS
306	PTPTA	Y	4	1458	1461	PHYSICAL THERAPY ASSISTANTS AND AIDES
307	PTRECT	Y	4	1462	1465	RECREATIONAL THERAPISTS
308	PTSP	Y	4	1466	1469	SPEECH PATHOLOGISTS
309	PTAUDIO	Y	4	1470	1473	AUDIOLOGISTS
310	PTRESPT	Y	4	1474	1477	RESPIRATORY THERAPISTS
311	PTRESPTT	Y	4	1478	1481	RESPIRATORY THERAPY TECHNICIANS
312	PTPSYCH	Y	4	1482	1485	PSYCHOLOGISTS
313	PTMSW	Y	4	1486	1489	SOCIAL WORKERS
314	PTOTHPRO84	Y	4	1490	1493	ALL OTHER HEALTH PROFESSIONAL AND TECHNICAL PERSONNEL
315	PTOTHALL	Y	4	1494	1497	ALL OTHER PERSONNEL
316	PTTOTH	Y	4	1498	1501	TOTAL HOSPITAL PERSONNEL

(\*) PERSONNEL SHARED BETWEEN A HOSPITAL UNIT AND A NURSING-HOME

UNIT ARE REPORTED AS PART-TIME PERSONNEL IN EACH UNIT.

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ITEM NUMBER	ITEM NAME	EST	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
OTHER PERSONNEL ...						
TRAINEES ON PAYROLL (*)						
317	FTTRAN84	Y	4	1502	1505	TOTAL FULL-TIME
318	PTTRAN84	Y	4	1506	1509	TOTAL PART-TIME
NURSING-HOME PERSONNEL ON PAYROLL						
FULL-TIME						
319	FTLTRN	Y	4	1510	1513	REGISTERED NURSES
320	FTLTLPN	Y	4	1514	1517	LICENSED PRACTICAL NURSES
321	FTLTOTH	Y	4	1518	1521	OTHER PERSONNEL
322	FTLTOT	Y	4	1522	1525	TOTAL PERSONNEL
PART-TIME						
323	PTLTRN	Y	4	1526	1529	REGISTERED NURSES
324	PTLTLPN	Y	4	1530	1533	LICENSED PRACTICAL NURSES
325	PTLTOTH	Y	4	1534	1537	OTHER PERSONNEL
326	PTLTOT	Y	4	1538	1541	TOTAL PERSONNEL (#)
TOTAL-FACILITY PERSONNEL						
ON PAYROLL (a)						
327	FTTOT	Y	4	1542	1545	TOTAL FULL-TIME
328	PTTOT	Y	4	1546	1549	TOTAL PART-TIME
TOTAL-FACILITY PAID MAN-HOURS						
329	MANHRRES	N	9	1550	1558	MEDICAL AND DENTAL RESIDENTS AND INTERNS, AND OTHER TRAINEES
330	MANHRTOT	N	9	1559	1567	TOTAL PERSONNEL

(\*) THESE ARE TRAINEES (OTHER THAN MEDICAL AND DENTAL RESIDENTS AND INTERNS) WHICH ARE INCLUDED IN ITEMS 280, 316, 322 OR 326.

(#) PERSONNEL SHARED BETWEEN A HOSPITAL UNIT AND A NURSING-HOME UNIT ARE REPORTED AS PART-TIME PERSONNEL IN EACH UNIT.

(a) ITEM 327 SHOULD BE EQUAL TO ITEM 280 PLUS ITEM 322; ITEM 328 SHOULD BE EQUAL TO ITEM 316 PLUS ITEM 326.

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ITEM NUMBER	ITEM NAME	EST	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
MEDICAL STAFF ...						
ALL ACTIVE AND ASSOCIATE						
MEDICAL SPECIALTIES						
331	GENMS	Y	4	1568	1571	GENERAL AND FAMILY PRACTICE
332	INTMS	Y	4	1572	1575	INTERNAL MEDICINE
333	PEDMS	Y	4	1576	1579	PEDIATRICS
334	CVMS	Y	4	1580	1583	CARDIOLOGY
335	GASMS	Y	4	1584	1587	GASTROENTEROLOGY
336	ONCMS	Y	4	1588	1591	ONCOLOGY
337	NEURMS	Y	4	1592	1595	NEUROLOGY
338	OTHMMS88	Y	4	1596	1599	OTHER MEDICAL SPECIALTIES
SURGICAL SPECIALTIES						
339	OBMS	Y	4	1600	1603	OBSTETRICS AND GYNECOLOGY
340	OPTHMS	Y	4	1604	1607	OPHTHALMOLOGY

341	ORTHMS	Y	4	1608	1611	ORTHOPEdic SURGERY
342	PLASMS	Y	4	1612	1615	PLASTIC SURGERY
343	SURGMS	Y	4	1616	1619	GENERAL SURGERY
344	THORMS	Y	4	1620	1623	THORACIC SURGERY
345	OTHMS86	Y	4	1624	1627	OTHER SURGICAL SPECIALTIES
						OTHER SPECIALTIES
346	ANTMS	Y	4	1628	1631	ANESTHESIOLOGY
347	EMERMS	Y	4	1632	1635	EMERGENCY MEDICINE
348	NUCMS	Y	4	1636	1639	NUCLEAR MEDICINE
349	PATHMS	Y	4	1640	1643	PATHOLOGY
350	PSYMS	Y	4	1644	1647	PSYCHIATRY
351	REHABMS	Y	4	1648	1651	PHYSICAL MEDICINE AND REHABILITATION
352	RADMS	Y	4	1652	1655	RADIOLOGY
353	OTHMS88	Y	4	1656	1659	OTHER SPECIALTIES
354	TOTMS	Y	4	1660	1663	TOTAL ACTIVE AND ASSOCIATE MEDICAL STAFF

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ITEM NUMBER	ITEM NAME	E S T	LENGTH	POSITION START	END	ITEM DESCRIPTION
MEDICAL STAFF (CONTINUED) ...						
BOARD-CERTIFIED ACTIVE AND ASSOCIATE						
MEDICAL SPECIALTIES						
355	GENBC	Y	4	1664	1667	GENERAL AND FAMILY PRACTICE
356	INTBC	Y	4	1668	1671	INTERNAL MEDICINE
357	PEDBC	Y	4	1672	1675	PEDIATRICS
358	CVBC	Y	4	1676	1679	CARDIOLOGY
359	GASBC	Y	4	1680	1683	GASTROENTEROLOGY
360	ONCBC	Y	4	1684	1687	ONCOLOGY
361	NEURBC	Y	4	1688	1691	NEUROLOGY
362	OTHMBC88	Y	4	1692	1695	OTHER MEDICAL SPECIALTIES
SURGICAL SPECIALTIES						
363	OBBC	Y	4	1696	1699	OBSTETRICS AND GYNECOLOGY
364	OPTHBC	Y	4	1700	1703	OPHTHALMOLOGY
365	ORTHBC	Y	4	1704	1707	ORTHOPEdic SURGERY
366	PLASBC	Y	4	1708	1711	PLASTIC SURGERY
367	SURGBC	Y	4	1712	1715	GENERAL SURGERY
368	THORBC	Y	4	1716	1719	THORACIC SURGERY
369	OTHSBC86	Y	4	1720	1723	OTHER SURGICAL SPECIALTIES
OTHER SPECIALTIES						
370	ANTBC	Y	4	1724	1727	ANESTHESIOLOGY
371	EMERBC	Y	4	1728	1731	EMERGENCY MEDICINE
372	NUCBC	Y	4	1732	1735	NUCLEAR MEDICINE
373	PATHBC	Y	4	1736	1739	PATHOLOGY
374	PSYBC	Y	4	1740	1743	PSYCHIATRY
375	REHABBC	Y	4	1744	1747	PHYSICAL MEDICINE AND REHABILITATION
376	RADBC	Y	4	1748	1751	RADIOLOGY
377	OTHBC88	Y	4	1752	1755	OTHER SPECIALTIES
378	TOTBC	Y	4	1756	1759	TOTAL BOARD-CERTIFIED MEDICAL STAFF
379	CONPHY	N	1	1760	1760	DOES THE HOSPITAL HAVE A CONTRACTUAL ARRANGEMENT WITH A PHYSICIAN WHO SERVES IN A PAID CAPACITY AS LIAISON BETWEEN HOSPITAL MANAGEMENT AND THE MEDICAL STAFF? (1=YES 2=NO)(*)

(\*) THIS ITEM WILL BE BLANK IF THE HOSPITAL DID NOT RESPOND TO THE SURVEY.

1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME (TYPE)	E S T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
MEDICAL STAFF (CONTINUED) ...						
380	CORE	N	1	1761	1761	DOES THE HOSPITAL OFFER CORE CLERKSHIP OR ELECTIVE UNDERGRADUATE EDUCATION PROGRAMS? (1=YES 2=NO)(*)
MEDICARE IDENTIFICATION ... (#)						
381	MCRPROV (A)	NA	6	1762	1767	PROVIDER NUMBER
MEMBERSHIP CLASSIFICATION ...						
382	MTYPE (A)	NA	2	1768	1769	MEMBERSHIP TYPE CODE:  01 = REGISTERED, SHORT-TERM, A.H.A. MEMBER 03 = REGISTERED, LONG-TERM, A.H.A. MEMBER 50 = REGISTERED, NON-A.H.A. MEMBER 53 = NONREGISTERED, NON-A.H.A. MEMBER 0M = NONREGISTERED OSTEOPATHIC, MEMBER OF A.O.H.A. 0N = NONREGISTERED OSTEOPATHIC, NONMEMBER OF A.O.H.A. 25 = NONREGISTERED, PROVISIONAL A.H.A. MEMBER
383	MLOS	NA	1	1770	1770	MEMBERSHIP LENGTH OF STAY (1=SHORT-TERM 2=LONG-TERM) (@)
384	MCNTRL	NA	2	1771	1772	MEMBERSHIP CONTROL CODE (@)
385	MSERV	NA	2	1773	1774	MEMBERSHIP SERVICE CODE (@)

(\*) NEW ITEM.

(#) THESE ITEMS WILL BE BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

(@) THESE ITEMS ARE TAKEN FROM THE A.H.A. MEMBERSHIP FILES AND ARE USUALLY THE REPORTS FROM THE PREVIOUS YEAR'S ANNUAL SURVEY.

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ITEM NUMBER	ITEM NAME (TYPE)	E S T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
MAILING INFORMATION ...						
386	MNAME (A)	NA	30	1775	1804	NAME OF HOSPITAL
387	MLOCAD1 (A)	NA	30	1805	1834	ADMINISTRATOR'S NAME
388	MLOCAD2 (A)	NA	30	1835	1864	STREET ADDRESS
389	MLOCCTY (A)	NA	20	1865	1884	CITY
390	MLOCSTA (A)	NA	2	1885	1886	STATE CODE (*)
391	MLOCZIP (A)	NA	5	1887	1891	ZIP CODE
TELEPHONE ...						
392	AREA (A)	NA	3	1892	1894	AREA CODE
393	TELNO (A)	NA	7	1895	1901	LOCAL NUMBER

HOSPITAL CLASSIFICATION ...

394	RESP	NA	1	1902✓	1902	RESPONSE CODE (1=YES 2=NO)
395	CHC	NA	1	1903✓	1903	COMMUNITY HOSPITAL CODE (*)
396	BSC	NA	1	1904✓	1904	BED SIZE CODE:
						1 = 6 - 24 BEDS
						2 = 25 - 49 BEDS
						3 = 50 - 99 BEDS
						4 = 100 - 199 BEDS
						5 = 200 - 299 BEDS
						6 = 300 - 399 BEDS
						7 = 400 - 499 BEDS
						8 = 500 OR MORE BEDS
397	LOS	NA	1	1905✓	1905	LENGTH OF STAY (*)
						(1=SHORT-TERM 2=LONG-TERM)

(\*) SEE PAGES 40 (MLOCSTA), 44 (CHC) AND 45 (LOS).

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME (TYPE)	E S T	LENGTH	POSITION START	END	ITEM DESCRIPTION
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CALCULATED FIELDS ...

						TOTAL-FACILITY BEDS AND UTILIZATION (*)
398	STATBD	NA	8	1906✓	1913	STATISTICAL BEDS
399	ADC	NA	8	1914✓	1921	AVERAGE DAILY CENSUS
400	OCC	NA	8	1922✓	1929	OCCUPANCY RATE (NEAREST 0.1%)
401	ADJADM	NA	8	1930✓	1937	ADJUSTED ADMISSIONS
402	ADJPD	NA	8	1938✓	1945	ADJUSTED PATIENT DAYS
403	ADJADC	NA	8	1946✓	1953	ADJUSTED AVERAGE DAILY CENSUS
404	QPPE	NA	8	1954✓	1961	PUBLISHED PAYROLL EXPENSES (#) (IN THOUSANDS)
						FULL-TIME-EQUIVALENT PERSONNEL (a)
405	FTEMD	NA	8	1962✓	1969	PHYSICIANS AND DENTISTS
406	FTERN	NA	8	1970✓	1977	REGISTERED NURSES
407	FTELPN	NA	8	1978✓	1985	LICENSED PRACTICAL AND VOCATIONAL NURSES
408	FTERES	NA	8	1986	1993	MEDICAL AND DENTAL RESIDENTS
409	FTETRN	NA	8	1994	2001	OTHER TRAINEES
410	FTETRN	NA	8	2002	2009	TOTAL TRAINEES
411	FTEOTH	NA	8	2010	2017	OTHER PERSONNEL (HOSPITAL)
412	FTEH	NA	8	2018	2025	TOTAL PERSONNEL (HOSPITAL)
413	FTEH	NA	8	2026	2033	TOTAL PERSONNEL (NURSING-HOME)
414	FTEOTH	NA	8	2034	2041	TOTAL OTHER PERSONNEL (OTHER HOSPITAL PLUS NURSING-HOME)
415	FTE	NA	8	2042	2049	TOTAL PERSONNEL (#) (HOSPITAL PLUS NURSING-HOME)

(\*) SEE PAGES 44 AND 45.

(#) PUBLISHED PAYROLL EXPENSES AND TOTAL FULL-TIME EQUIVALENT PERSONNEL DO NOT INCLUDE SALARIES OR COUNTS OF RESIDENTS, INTERNS, STUDENT NURSES OR OTHER TRAINEES.

(a) FULL-TIME EQUIVALENTS ARE CALCULATED BY ADDING THE NUMBER OF FULL-TIME PERSONNEL TO ONE-HALF THE NUMBER OF PART-TIME PERSONNEL.

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ITEM NUMBER	ITEM NAME (TYPE)	ES	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
GEOGRAPHIC CODES ... (*)						
416	MCSANM (A)	NA	2	2050	2051	CONSOLIDATED METROPOLITAN STATISTICAL AREA CODE (#)
417	MMSANM (A)	NA	4	2052	2055	METROPOLITAN STATISTICAL AREA CODE (#)
418	MCCOUNTY (A)	NA	3	2056	2058	MODIFIED F.I.P.S. COUNTY CODE
419	FCOUNTY (A)	NA	3	2059	2061	F.I.P.S. COUNTY CODE
420	CITYRK	NA	3	2062	2064	RANKING OF 100 LARGEST CITIES (BASED ON 1980 CENSUS)
421	MMSAS	NA	1	2065	2065	METROPOLITAN STATISTICAL AREA SIZE: 0 = NON-METROPOLITAN AREA 1 = UNDER 100,000 POPULATION 2 = 100,000 TO 250,000 3 = 250,000 TO 500,000 4 = 500,000 TO 1,000,000 5 = 1,000,000 TO 2,500,000 6 = OVER 2,500,000

(\*) SEE PAGES 42 AND 43.

(#) REFER TO THE FOLLOWING DOCUMENTS FROM THE OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C.: 83-20 (JUNE 27, 1983), 84-16 (JUNE 29, 1984), 84-24 (OCTOBER 23, 1984), 85-18 (JUNE 27, 1985), 86-14 (JUNE 13, 1986), 86-14 SUPPLEMENT NO. 1 (NOVEMBER 19, 1986), 88-14 (JUNE 1988), 89-11 (JUNE 29, 1989).

ITEM NUMBER	ITEM NAME (TYPE)	ES	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
APPROVALS (1=YES 2=NO) ...						
422	MAPP1	NA	1	2066	2066	ACCREDITATION BY JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS
423	MAPP2	NA	1	2067	2067	CANCER PROGRAM APPROVED BY AMERICAN COLLEGE OF SURGEONS
424	MAPP3	NA	1	2068	2068	RESIDENCY TRAINING APPROVAL BY ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION
425	MAPP4	NA	1	2069	2069	(NO LONGER IN USE)
426	MAPP5	NA	1	2070	2070	MEDICAL SCHOOL AFFILIATION REPORTED TO AMERICAN MEDICAL ASSOCIATION
427	MAPP6	NA	1	2071	2071	HOSPITAL-CONTROLLED PROFESSIONAL NURSING SCHOOL REPORTED BY NATIONAL LEAGUE FOR NURSING
428	MAPP7	NA	1	2072	2072	ACCREDITATION BY COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES
429	MAPP8	NA	1	2073	2073	MEMBER OF COUNCIL OF TEACHING HOSPITALS OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES
430	MAPP9	NA	1	2074	2074	BLUE CROSS CONTRACTING OR

ITEM NUMBER	ITEM NAME	(TYPE)	T	LENGTH	START	END	ITEM DESCRIPTION
431	MAPP10	NA	1	2075	2075		PARTICIPATING MEDICARE CERTIFICATION BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
432	MAPP11	NA	1	2076	2076		ACCREDITATION BY AMERICAN OSTEOPATHIC ASSOCIATION
433	MAPP12	NA	1	2077	2077		INTERNSHIP APPROVED BY AMERICAN OSTEOPATHIC ASSOCIATION
434	MAPP13	NA	1	2078	2078		RESIDENCY APPROVED BY AMERICAN OSTEOPATHIC ASSOCIATION
435	MAPP14	NA	1	2079	2079		REGISTERED OSTEOPTHIC HOSPITAL (MEMBER OF A.O.H.A.)
436	MAPP15	NA	1	2080	2080		REGISTERED OSTEOPTHIC HOSPITAL (NON-MEMBER OF A.O.H.A.)
437	MAPP16	NA	1	2081	2081		CATHOLIC CHURCH OPERATED
438	MAPP17	NA	1	2082	2082		MEMBER OF FEDERATION OF AMERICAN HEALTH CARE SYSTEMS
439	MAPP18	NA	1	2083	2083		(NO LONGER IN USE)
440	MAPP19	NA	1	2084	2084		(NO LONGER IN USE)
441	MAPP20	NA	1	2085	2085		(NO LONGER IN USE)

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ITEM NUMBER	ITEM NAME	(TYPE)	T	LENGTH	START	END	ITEM DESCRIPTION
ESTIMATION CODES ...							
0 = REPORTED ITEM							
1 = ESTIMATED ITEM							
2 = EXPANDED ITEM							
UNIT INPATIENT DAYS (*)							
442	EGENIPD	NA	1	2086	2086		GENERAL MEDICAL/SURGICAL CARE (ADULT)
443	EPEDIPD	NA	1	2087	2087		GENERAL MEDICAL/SURGICAL CARE (PEDIATRIC)
444	EOBIPD	NA	1	2088	2088		OBSTETRIC CARE
445	EOTHACIPD89	NA	1	2089	2089		OTHER ACUTE CARE
446	EMSICIPD	NA	1	2090	2090		MEDICAL/SURGICAL INTENSIVE CARE
447	ECICIPD	NA	1	2091	2091		CARDIAC INTENSIVE CARE
448	ENICIPD	NA	1	2092	2092		NEONATAL INTENSIVE CARE
449	ENINTIPD	NA	1	2093	2093		NEONATAL INTERMEDIATE CARE
450	EPEDICIPD	NA	1	2094	2094		PEDIATRIC INTENSIVE CARE
451	EBRNIPD	NA	1	2095	2095		BURN CARE
452	ESPCICIPD	NA	1	2096	2096		OTHER SPECIAL CARE
453	EOTHICIPD	NA	1	2097	2097		OTHER INTENSIVE CARE
454	EREHABIPD	NA	1	2098	2098		REHABILITATION CARE
455	ECDIPD	NA	1	2099	2099		CHRONIC DISEASE CARE
456	EHSPEIPD	NA	1	2100	2100		HOSPICE CARE
457	EPSYIPD	NA	1	2101	2101		PSYCHIATRIC CARE
458	EALCHIPD	NA	1	2102	2102		ALCOHOL/CHEMICAL DEPENDENCY CARE
459	EMRIPD	NA	1	2103	2103		MENTAL RETARDATION CARE
460	ESNIPD88	NA	1	2104	2104		SKILLED NURSING CARE
461	EJCFIPD88	NA	1	2105	2105		INTERMEDIATE CARE FACILITY
462	ERESIPD	NA	1	2106	2106		RESIDENTIAL CARE/ELDERLY HOUSING
463	EOTHSUBIPD89	NA	1	2107	2107		OTHER SUBACUTE CARE
464	EIPDNOSW	NA	1	2108	2108		TOTAL INPATIENT DAYS (EXCLUDING SWING-BED DAYS)

(\*) THESE ITEMS WERE EXPANDED IF NECESSARY, BUT WERE NOT ESTIMATED.

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ITEM NUMBER	ITEM NAME (TYPE)	S T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
ESTIMATION CODES (CONTINUED) ...						
SWING-BED UTILIZATION (*)						
ADMISSIONS						
465	ESWSNADM88	NA	1	2109	2109	SKILLED NURSING CARE
466	ESWINTADM88	NA	1	2110	2110	INTERMEDIATE CARE
INPATIENT DAYS						
467	ESWSNIPD88	NA	1	2111	2111	SKILLED NURSING CARE
468	ESWINTIPD88	NA	1	2112	2112	INTERMEDIATE CARE
TOTAL FACILITY INPATIENT-DAY TOTAL (INCLUDING SWING-BED DAYS) (*)						
469	EHOSPIPD	NA	1	2113	2113	
TOTAL-FACILITY UTILIZATION						
ADMISSIONS						
470	EADMTOT	NA	1	2114	2114	
471	EIPDTOT	NA	1	2115	2115	INPATIENT DAYS
472	EDCTOT	NA	1	2116	2116	DISCHARGES
473	EDCDTOT	NA	1	2117	2117	DISCHARGE DAYS
HOSPITAL-UNIT UTILIZATION (*)						
ADMISSIONS						
474	EADMH	NA	1	2118	2118	
475	EIPDH	NA	1	2119	2119	INPATIENT DAYS
476	EDCH	NA	1	2120	2120	DISCHARGES
477	EDCDH	NA	1	2121	2121	DISCHARGE DAYS
NURSING-HOME-UNIT UTILIZATION (*)						
ADMISSIONS						
478	EADMLT	NA	1	2122	2122	
479	EIPDLT	NA	1	2123	2123	INPATIENT DAYS
480	EDCLT	NA	1	2124	2124	DISCHARGES
481	EDCDLT	NA	1	2125	2125	DISCHARGE DAYS

(\*) THESE ITEMS WERE EXPANDED IF NECESSARY, BUT WERE NOT ESTIMATED.

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ITEM NUMBER	ITEM NAME (TYPE)	E S T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
ESTIMATION CODES (CONTINUED) ...						
MEDICARE/MEDICAID UTILIZATION						
TOTAL FACILITY						
MEDICARE						
482	EMCRDC	NA	1	2126	2126	INPATIENT DISCHARGES
483	EMCRIPD	NA	1	2127	2127	INPATIENT DAYS
MEDICAID						
484	EMCDDC	NA	1	2128	2128	INPATIENT DISCHARGES
485	EMCDIPD	NA	1	2129	2129	INPATIENT DAYS
HOSPITAL UNIT (*)						
MEDICARE						
486	EMCRDCH	NA	1	2130	2130	INPATIENT DISCHARGES
487	EMCRIPDH	NA	1	2131	2131	INPATIENT DAYS
MEDICAID						
488	EMCDDCH	NA	1	2132	2132	INPATIENT DISCHARGES
489	EMCDIPDH	NA	1	2133	2133	INPATIENT DAYS
LONG-TERM (NURSING-HOME) UNIT (*)						
MEDICARE						
490	EMCRDCLT	NA	1	2134	2134	INPATIENT DISCHARGES
491	EMCRIPDLT	NA	1	2135	2135	INPATIENT DAYS
MEDICAID						
492	EMCDDCLT	NA	1	2136	2136	INPATIENT DISCHARGES
493	EMCDIPDLT	NA	1	2137	2137	INPATIENT DAYS
NEWBORN NURSERY						
BIRTHS						
494	EBIRTHS	NA	1	2138	2138	
495	ENBDAYS	NA	1	2139	2139	NEWBORN DAYS
SURGICAL OPERATIONS						

496	ESUROPIP	NA	1	2140	2140	INPATIENT
497	ESUROPOP	NA	1	2141	2141	OUTPATIENT
498	ESUROPTOT	NA	1	2142	2142	TOTAL
OUTPATIENT VISITS						
499	EVEM	NA	1	2143	2143	EMERGENCY
500	EVOTH	NA	1	2144	2144	OTHER
501	EVTOT	NA	1	2145	2145	TOTAL

(\*) THESE ITEMS WERE EXPANDED IF NECESSARY, BUT WERE NOT ESTIMATED.

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ITEM NUMBER	ITEM NAME (TYPE)	EST	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
ESTIMATION CODES (CONTINUED) ...						
502	EPAYRES86	NA	1	2146	2146	TOTAL-FACILITY EXPENSES AND LOSSES PAYROLL FOR MEDICAL AND DENTAL RESIDENTS AND INTERNS, AND OTHER TRAINEES
503	EPAYOTH86	NA	1	2147	2147	PAYROLL FOR ALL OTHER PERSONNEL
504	EPAYTOT	NA	1	2148	2148	TOTAL PAYROLL EXPENSES
505	ENPAYBEN	NA	1	2149	2149	EMPLOYEE BENEFITS
506	ENPAYFEE	NA	1	2150	2150	PROFESSIONAL FEES
507	ENPAYDPR	NA	1	2151	2151	DEPRECIATION
508	ENPAYINT	NA	1	2152	2152	INTEREST
509	ENPAYNOPTOT	NA	1	2153	2153	TOTAL NONOPERATING LOSSES
510	ENPAYOTHOP	NA	1	2154	2154	ALL OTHER OPERATING EXPENSES
511	ENPAYTOT	NA	1	2155	2155	TOTAL NONPAYROLL EXPENSES
512	EEXPTOT	NA	1	2156	2156	TOTAL EXPENSES
HOSPITAL-UNIT EXPENSES AND LOSSES (*)						
513	EPAYRESH86	NA	1	2157	2157	PAYROLL FOR MEDICAL AND DENTAL RESIDENTS AND INTERNS, AND OTHER TRAINEES
514	EPAYOTH86	NA	1	2158	2158	PAYROLL FOR ALL OTHER PERSONNEL
515	EPAYTOT	NA	1	2159	2159	TOTAL PAYROLL EXPENSES (#)
516	ENPAYBENH	NA	1	2160	2160	EMPLOYEE BENEFITS
517	ENPAYFEEH	NA	1	2161	2161	PROFESSIONAL FEES
518	ENPAYDPRH	NA	1	2162	2162	DEPRECIATION
519	ENPAYINTH	NA	1	2163	2163	INTEREST
520	ENPAYNOPTOTH	NA	1	2164	2164	TOTAL NONOPERATING LOSSES
521	ENPAYOTHOPH	NA	1	2165	2165	ALL OTHER OPERATING EXPENSES
522	ENPAYTOTH	NA	1	2166	2166	TOTAL NONPAYROLL EXPENSES (#)
523	EEXPTOTH	NA	1	2167	2167	TOTAL EXPENSES (#)
LONG-TERM (NURSING-HOME) UNIT EXPENSES AND LOSSES (*) (#)						
524	EPAYTOTLT	NA	1	2168	2168	TOTAL PAYROLL EXPENSES
525	ENPAYTOTLT	NA	1	2169	2169	TOTAL NONPAYROLL EXPENSES
526	EEXPTOTLT	NA	1	2170	2170	TOTAL EXPENSES

(\*) WITH EXCEPTIONS AS NOTED, THESE ITEMS WERE EXPANDED IF NECESSARY, BUT WERE NOT ESTIMATED.

(#) THESE ITEMS WERE ESTIMATED IF A HOSPITAL REPORTED SEPARATE UNITS.

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ITEM NUMBER	ITEM NAME (TYPE)	EST	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
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## ESTIMATION CODES (CONTINUED) ...

ITEM NUMBER	ITEM NAME (TYPE)	E S	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
527	EFTADM81	NA	1	2171	2171	FULL-TIME HOSPITAL PERSONNEL ADMINISTRATORS AND ASSISTANT ADMINISTRATORS
528	EFTMD80	NA	1	2172	2172	PHYSICIANS
529	EFTMRES	NA	1	2173	2173	MEDICAL RESIDENTS/INTERNS
530	EFTDD	NA	1	2174	2174	DENTISTS
531	EFTDRES	NA	1	2175	2175	DENTAL RESIDENTS/INTERNS
532	EFTRN82	NA	1	2176	2176	REGISTERED NURSES
533	EFTLPN	NA	1	2177	2177	LICENSED PRACTICAL OR VOCATIONAL NURSES
534	EFTANRS	NA	1	2178	2178	ANCILLARY NURSING PERSONNEL
535	EFTPHYAST	NA	1	2179	2179	PHYSICIAN ASSISTANTS
536	EFTPRACN	NA	1	2180	2180	NURSE PRACTITIONERS
537	EFTMRA	NA	1	2181	2181	MEDICAL RECORD ADMINISTRATORS
538	EFTMRT	NA	1	2182	2182	MEDICAL RECORD TECHNICIANS
539	EFTPHAR	NA	1	2183	2183	LICENSED PHARMACISTS
540	EFTPHART	NA	1	2184	2184	PHARMACY TECHNICIANS
541	EFTMEDT	NA	1	2185	2185	MEDICAL TECHNOLOGISTS
542	EFTLAB	NA	1	2186	2186	OTHER LABORATORY PERSONNEL
543	EFTDIET	NA	1	2187	2187	DIETITIANS
544	EFTDIETT	NA	1	2188	2188	DIETETIC TECHNICIANS
545	EFTRADGR	NA	1	2189	2189	RADIOGRAPHERS OR RADIOLOGIC TECHNOLOGISTS
546	EFTRADTT	NA	1	2190	2190	RADIATION THERAPY TECHNOLOGISTS
547	EFTNMT	NA	1	2191	2191	NUCLEAR MEDICINE TECHNOLOGISTS
548	EFTOTHRAD	NA	1	2192	2192	OTHER RADIOLOGIC PERSONNEL
549	EFTOT	NA	1	2193	2193	OCCUPATIONAL THERAPISTS
550	EFTOTA	NA	1	2194	2194	OCCUPATIONAL THERAPY ASSISTANTS AND AIDES
551	EFTPT	NA	1	2195	2195	PHYSICAL THERAPISTS
552	EFTPTA	NA	1	2196	2196	PHYSICAL THERAPY ASSISTANTS AND AIDES
553	EFTRECT	NA	1	2197	2197	RECREATIONAL THERAPISTS
554	EFTSP	NA	1	2198	2198	SPEECH PATHOLOGISTS
555	EFTAUDIO	NA	1	2199	2199	AUDIOLOGISTS
556	EFTRESPT	NA	1	2200	2200	RESPIRATORY THERAPISTS
557	EFTRESPTT	NA	1	2201	2201	RESPIRATORY THERAPY TECHNICIANS
558	EFTPSYCH	NA	1	2202	2202	PSYCHOLOGISTS
559	EFTMSW	NA	1	2203	2203	SOCIAL WORKERS
560	EFTOTHPRO84	NA	1	2204	2204	ALL OTHER HEALTH PROFESSIONAL AND TECHNICAL PERSONNEL
561	EFTOTHALL	NA	1	2205	2205	ALL OTHER PERSONNEL
562	EFTTOTH	NA	1	2206	2206	TOTAL HOSPITAL PERSONNEL

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ITEM NUMBER	ITEM NAME (TYPE)	E S	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
563	EPTADM81	NA	1	2207	2207	PART-TIME HOSPITAL PERSONNEL ADMINISTRATORS AND ASSISTANT ADMINISTRATORS
564	EPTM80	NA	1	2208	2208	PHYSICIANS
565	EPTMRES	NA	1	2209	2209	MEDICAL RESIDENTS/INTERNS
566	EPTDD	NA	1	2210	2210	DENTISTS
567	EPTDRES	NA	1	2211	2211	DENTAL RESIDENTS/INTERNS
568	EPTRN82	NA	1	2212	2212	REGISTERED NURSES
569	EPTLPN	NA	1	2213	2213	LICENSED PRACTICAL OR VOCATIONAL NURSES
570	EPTANRS	NA	1	2214	2214	ANCILLARY NURSING PERSONNEL
571	EPTPHYAST	NA	1	2215	2215	PHYSICIAN ASSISTANTS
572	EPTPRACN	NA	1	2216	2216	NURSE PRACTITIONERS
573	EPTMRA	NA	1	2217	2217	MEDICAL RECORD ADMINISTRATORS
574	EPTMRT	NA	1	2218	2218	MEDICAL RECORD TECHNICIANS
575	EPTPHAR	NA	1	2219	2219	LICENSED PHARMACISTS
576	EPTPHART	NA	1	2220	2220	PHARMACY TECHNICIANS
577	EPTMEDT	NA	1	2221	2221	MEDICAL TECHNOLOGISTS
578	EPTLAB	NA	1	2222	2222	OTHER LABORATORY PERSONNEL
579	EPTDIET	NA	1	2223	2223	DIETITIANS
580	EPTDIETT	NA	1	2224	2224	DIETETIC TECHNICIANS

## ESTIMATION CODES (CONTINUED) ...

581	EPTRADGR	NA	1	2225	2225	RADIOGRAPHERS OR RADIOLOGIC TECHNOLOGISTS
582	EPTRADTT	NA	1	2226	2226	RADIATION THERAPY TECHNOLOGISTS
583	EPTNMT	NA	1	2227	2227	NUCLEAR MEDICINE TECHNOLOGISTS
584	EPTOTHRAD	NA	1	2228	2228	OTHER RADIOLOGIC PERSONNEL
585	EPTOT	NA	1	2229	2229	OCCUPATIONAL THERAPISTS
586	EPTOTA	NA	1	2230	2230	OCCUPATIONAL THERAPY ASSISTANTS AND AIDES
587	EPTPT	NA	1	2231	2231	PHYSICAL THERAPISTS
588	EPTPTA	NA	1	2232	2232	PHYSICAL THERAPY ASSISTANTS AND AIDES
589	EPTRECT	NA	1	2233	2233	RECREATIONAL THERAPISTS
590	EPTSP	NA	1	2234	2234	SPEECH PATHOLOGISTS
591	EPTAUDIO	NA	1	2235	2235	AUDIOLOGISTS
592	EPTRESPT	NA	1	2236	2236	RESPIRATORY THERAPISTS
593	EPTRESPTT	NA	1	2237	2237	RESPIRATORY THERAPY TECHNICIANS
594	EPTPSYCH	NA	1	2238	2238	PSYCHOLOGISTS
595	EPTMSW	NA	1	2239	2239	SOCIAL WORKERS
596	EPTOTHPROB4	NA	1	2240	2240	ALL OTHER HEALTH PROFESSIONAL AND TECHNICAL PERSONNEL
597	EPTOTHALL	NA	1	2241	2241	ALL OTHER PERSONNEL
598	EPTTOTH	NA	1	2242	2242	TOTAL HOSPITAL PERSONNEL

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME (TYPE)	E S	T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
ESTIMATION CODES (CONTINUED) ...							
599	EFTTRAN84	NA	1	2243	2243	2243	TRAINEES ON PAYROLL
600	EPTTRAN84	NA	1	2244	2244	2244	TOTAL FULL-TIME
							TOTAL PART-TIME
NURSING-HOME PERSONNEL ON PAYROLL							
							FULL-TIME
601	EFTLTRN	NA	1	2245	2245	2245	REGISTERED NURSES
602	EFTLTLPN	NA	1	2246	2246	2246	LICENSED PRACTICAL NURSES
603	EFTLTOTH	NA	1	2247	2247	2247	OTHER PERSONNEL
604	EFTLTOT	NA	1	2248	2248	2248	TOTAL PERSONNEL
							PART-TIME
605	EPTLTRN	NA	1	2249	2249	2249	REGISTERED NURSES
606	EPTLTLPN	NA	1	2250	2250	2250	LICENSED PRACTICAL NURSES
607	EPTLTOTH	NA	1	2251	2251	2251	OTHER PERSONNEL
608	EPTLTOT	NA	1	2252	2252	2252	TOTAL PERSONNEL
TOTAL-FACILITY PERSONNEL							
							ON PAYROLL
609	EFTTOT	NA	1	2253	2253	2253	TOTAL FULL-TIME
610	EPTTOT	NA	1	2254	2254	2254	TOTAL PART-TIME

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME (TYPE)	E S	T	LENGTH	POSITION START	POSITION END	ITEM DESCRIPTION
ESTIMATION CODES (CONTINUED) ...							
MEDICAL STAFF							
							ALL ACTIVE AND ASSOCIATE
611	EGENMS	NA	1	2255	2255	2255	GENERAL AND FAMILY PRACTICE
612	EINTMS	NA	1	2256	2256	2256	INTERNAL MEDICINE
613	EPEDMS	NA	1	2257	2257	2257	PEDIATRICS
614	ECVMS	NA	1	2258	2258	2258	CARDIOLOGY
615	EGASMS	NA	1	2259	2259	2259	GASTROENTEROLOGY
616	EONCMS	NA	1	2260	2260	2260	ONCOLOGY
617	ENEURMS	NA	1	2261	2261	2261	NEUROLOGY
618	EOTHMMSBB	NA	1	2262	2262	2262	OTHER MEDICAL SPECIALTIES
619	EOBMS	NA	1	2263	2263	2263	OBSTETRICS AND GYNECOLOGY
620	EOPHTMS	NA	1	2264	2264	2264	OPHTHALMOLOGY

621	EORTHMS	NA	1	2265	2265	ORTHOPEDIC SURGERY
622	EPLASMS	NA	1	2266	2266	PLASTIC SURGERY
623	ESURGMS	NA	1	2267	2267	GENERAL SURGERY
624	ETHORMS	NA	1	2268	2268	THORACIC SURGERY
625	EOTHMS86	NA	1	2269	2269	OTHER SURGICAL SPECIALTIES
626	EANTMS	NA	1	2270	2270	ANESTHESIOLOGY
627	EEMERMS	NA	1	2271	2271	EMERGENCY MEDICINE
628	ENUCMS	NA	1	2272	2272	NUCLEAR MEDICINE
629	EPATHMS	NA	1	2273	2273	PATHOLOGY
630	EPSYMS	NA	1	2274	2274	PSYCHIATRY
631	EREHABMS	NA	1	2275	2275	PHYSICAL MEDICINE AND REHABILITATION
632	ERADMS	NA	1	2276	2276	RADIOLOGY
633	EOTHMS88	NA	1	2277	2277	OTHER SPECIALTIES
634	ETOTMS	NA	1	2278	2278	TOTAL ACTIVE AND ASSOCIATE MEDICAL STAFF

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AMERICAN HOSPITAL ASSOCIATION

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1991 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME (TYPE)	E S T	LENGTH	POSITION START	END	ITEM DESCRIPTION
ESTIMATION CODES (CONTINUED) ...						
MEDICAL STAFF (CONTINUED)						
BOARD-CERTIFIED ACTIVE AND ASSOCIATE						
635	EGENBC	NA	1	2279	2279	GENERAL AND FAMILY PRACTICE
636	EINTBC	NA	1	2280	2280	INTERNAL MEDICINE
637	EPEDBC	NA	1	2281	2281	PEDIATRICS
638	ECVBC	NA	1	2282	2282	CARDIOLOGY
639	EGASBC	NA	1	2283	2283	GASTROENTEROLOGY
640	EONCBC	NA	1	2284	2284	ONCOLOGY
641	ENEURBC	NA	1	2285	2285	NEUROLOGY
642	EOTHMBC88	NA	1	2286	2286	OTHER MEDICAL SPECIALTIES
643	EOBBC	NA	1	2287	2287	OBSTETRICS AND GYNECOLOGY
644	EOPTHBC	NA	1	2288	2288	OPHTHALMOLOGY
645	EORTHBC	NA	1	2289	2289	ORTHOPEDIC SURGERY
646	EPLASBC	NA	1	2290	2290	PLASTIC SURGERY
647	ESURGBC	NA	1	2291	2291	GENERAL SURGERY
648	ETHORBC	NA	1	2292	2292	THORACIC SURGERY
649	EOTHNBC86	NA	1	2293	2293	OTHER SURGICAL SPECIALTIES
650	EANTBC	NA	1	2294	2294	ANESTHESIOLOGY
651	EEMERBC	NA	1	2295	2295	EMERGENCY MEDICINE
652	ENUCBC	NA	1	2296	2296	NUCLEAR MEDICINE
653	EPATHBC	NA	1	2297	2297	PATHOLOGY
654	EPSYBC	NA	1	2298	2298	PSYCHIATRY
655	EREHABBC	NA	1	2299	2299	PHYSICAL MEDICINE AND REHABILITATION
656	ERADBC	NA	1	2300	2300	RADIOLOGY
657	EOTHBC88	NA	1	2301	2301	OTHER SPECIALTIES
658	ETOTBC	NA	1	2302	2302	TOTAL BOARD-CERTIFIED MEDICAL STAFF
	FILLER	NA	8	2303	2310	

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STATE AND REGION CODES

REGION 1 (NEW ENGLAND)	REGION 4 (EAST NORTH CENTRAL)	REGION 8 (MOUNTAIN)
11 MAINE	41 OHIO	81 MONTANA
12 NEW HAMPSHIRE	42 INDIANA	82 IDAHO
13 VERMONT	43 ILLINOIS	83 WYOMING
14 MASSACHUSETTS	44 MICHIGAN	84 COLORADO
15 RHODE ISLAND	45 WISCONSIN	85 NEW MEXICO
16 CONNECTICUT		86 ARIZONA
		87 UTAH
		88 NEVADA

REGION 2  
(MID ATLANTIC)

21 NEW YORK  
22 NEW JERSEY  
23 PENNSYLVANIA

REGION 5  
(EAST SOUTH CENTRAL)

51 KENTUCKY  
52 TENNESSEE  
53 ALABAMA  
54 MISSISSIPPI

REGION 9  
(PACIFIC)

91 WASHINGTON  
92 OREGON  
93 CALIFORNIA  
94 ALASKA  
95 HAWAII

REGION 3  
(SOUTH ATLANTIC)

31 DELAWARE  
32 MARYLAND  
33 DIST. OF COLUMBIA  
34 VIRGINIA  
35 WEST VIRGINIA  
36 NORTH CAROLINA  
37 SOUTH CAROLINA  
38 GEORGIA  
39 FLORIDA

REGION 6  
(WEST NORTH CENTRAL)

61 MINNESOTA  
62 IOWA  
63 MISSOURI  
64 NORTH DAKOTA  
65 SOUTH DAKOTA  
66 NEBRASKA  
67 KANSAS

REGION 0  
(ASSOCIATED AREAS)

03 MARSHALL ISLANDS  
04 PUERTO RICO  
05 VIRGIN ISLANDS  
06 GUAM  
07 AMERICAN SAMOA

REGION 7  
(WEST SOUTH CENTRAL)

71 ARKANSAS  
72 LOUISIANA  
73 OKLAHOMA  
74 TEXAS

CITY RANK CODE	CITY NAME	CITY RANK CODE	CITY NAME
001	NEW YORK, NY	051	WICHITA, KS
002	CHICAGO, IL	052	SACRAMENTO, CA
003	LOS ANGELES, CA	053	TAMPA, FL
004	PHILADELPHIA, PA	054	ST. PAUL, MN
005	HOUSTON, TX	055	NORFOLK, VA
006	DETROIT, MI	056	VIRGINIA BEACH, VA
007	DALLAS, TX	057	ROCHESTER, NY
008	SAN DIEGO, CA	058	AKRON, OH
009	PHOENIX, AZ	059	ST. PETERSBURG, FL
010	BALTIMORE, MD	060	CORPUS CHRISTI, TX
011	SAN ANTONIO, TX	061	JERSEY CITY, NJ
012	INDIANAPOLIS, IN	062	ANAHEIM, CA
013	SAN FRANCISCO, CA	063	BATON ROUGE, LA
014	MEMPHIS, TN	064	RICHMOND, VA
015	WASHINGTON, DC	065	FRESNO, CA
016	SAN JOSE, CA	066	COLORADO SPRINGS, CO
017	MILWAUKEE, WI	067	SHREVEPORT, LA
018	CLEVELAND, OH	068	LEXINGTON-FAYETTE, KY
019	COLUMBUS, OH	069	SANTA ANA, CA
020	BOSTON, MA	070	DAYTON, OH
021	NEW ORLEANS, LA	071	JACKSON, MS
022	JACKSONVILLE, FL	072	MOBILE, AL
023	SEATTLE, WA	073	YONKERS, NY
024	DENVER, CO	074	DES MOINES, IA
025	NASHVILLE-DAVIDSON, TN	075	KNOXVILLE, TN
026	ST. LOUIS, MO	076	GRAND RAPIDS, MI
027	KANSAS CITY, MO	077	MONTGOMERY, AL
028	EL PASO, TX	078	LUBBOCK, TX
029	ATLANTA, GA	079	ANCHORAGE, AK
030	PITTSBURGH, PA	080	FORT WAYNE, IN
031	OKLAHOMA CITY, OK	081	LINCOLN, NE
032	CINCINNATI, OH	082	SPOKANE, WA
033	FORT WORTH, TX	083	RIVERSIDE, CA

034	MINNEAPOLIS, MN	084	MADISON, WI
035	PORTLAND, OR	085	HUNTINGTON BEACH, CA
036	HONOLULU, HI	086	SYRACUSE, NY
037	LONG BEACH, CA	087	CHATTANOOGA, TN
038	TULSA, OK	088	COLUMBUS, GA
039	BUFFALO, NY	089	LAS VEGAS, NV
040	TOLEDO, OH	090	SALT LAKE CITY, UT
041	MIAMI, FL	091	WORCESTER, MA
042	AUSTIN, TX	092	WARREN, MI
043	OAKLAND, CA	093	KANSAS CITY, KS
044	ALBUQUERQUE, NM	094	ARLINGTON, TX
045	TUCSON, AZ	095	FLINT, MI
046	NEWARK, NJ	096	AURORA, CO
047	CHARLOTTE, NC	097	TACOMA, WA
048	OMAHA, NE	098	LITTLE ROCK, AR
049	LOUISVILLE, KY	099	PROVIDENCE, RI
050	BIRMINGHAM, AL	100	GREENSBORO, NC

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HSA AND COUNTY CODES

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MODIFIED F.I.P.S. COUNTY CODE (M COUNTY)

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COUNTY CODES ARE ODD NUMBERS ASSIGNED TO AN ALPHABETICAL LISTING OF THE COUNTIES WITHIN A STATE. EXCEPTIONS ARE NEWPORT NEWS, VIRGINIA (128); MENOMINEE, WISCONSIN (078); CIBOLA, NEW MEXICO (006); LOS ALAMOS, NEW MEXICO (028); AND LA PAZ, ARIZONA (012).

BALTIMORE CITY IS INCLUDED IN BALTIMORE COUNTY, ST. LOUIS CITY IS INCLUDED IN ST. LOUIS COUNTY, AND THE INDEPENDENT CITIES IN VIRGINIA ARE EACH INCLUDED IN THE CONTIGUOUS COUNTIES. KALAWAO COUNTY, HAWAII IS INCLUDED IN MAUI COUNTY.

THE FOUR ALASKA JUDICIAL DIVISIONS WERE USED AS COUNTIES.

F.I.P.S. COUNTY CODE (F COUNTY)

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THE F.I.P.S. COUNTY CODES ARE DERIVED FROM THE HOSPITAL-LOCATION ZIP CODES AND ARE TAKEN FROM THE U.S. POSTAL SERVICE'S CITY STATE FILE (COPYRIGHT FEBRUARY 1990).

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APPENDED FILES OF COUNTY NAMES AND MSA NAMES

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CURRENT FILES OF COUNTY NAMES AND MSA NAMES HAVE BEEN APPENDED TO THE 1991 ANNUAL SURVEY DATA TAPE. THE LAYOUT OF EACH OF THESE FILES IS AS FOLLOWS:

MSA FILE

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ITEM	LENGTH	START	END	ITEM DESCRIPTION
----	-----	-----	---	-----
1	4	2	5	MSA CODE
2	2	7	8	A.H.A. STATE CODE (*) (#)
3	2	10	11	STATE POSTAL ABBREVIATION (#)
4	44	13	56	MSA NAME
5	4	58	61	AREA TYPE
6	1	63	63	MSA SIZE GROUP (@)
7	2	65	66	CMSA CODE
(8)	2	(68)	(69)	SECOND-STATE POSTAL ABBREVIATION
(9)	2	(71)	(72)	THIRD-STATE POSTAL ABBREVIATION
(10)	2	(74)	(75)	FOURTH-STATE POSTAL ABBREVIATION

COUNTY FILES

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ITEM	LENGTH	START	END	ITEM DESCRIPTION
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1	2	2	3	A.H.A. STATE CODE (*)
2	3	4	6	COUNTY CODE
3	2	8	9	STATE POSTAL ABBREVIATION
4	20	11	30	STATE NAME
5	25	32	56	COUNTY NAME

(\*) SEE PAGE 40.

(#) FOR THE FIRST-NAMED CITY.

(a) A: 1,000,000 OR MORE  
 B: 250,000 - 1,000,000  
 C: 100,000 - 250,000  
 D: UNDER 100,000

COMMUNITY HOSPITAL CODE

CODE 1 DENOTES A COMMUNITY HOSPITAL (I.E., A NONFEDERAL SHORT-TERM GENERAL OR OTHER SPECIAL HOSPITAL WHICH IS NOT A HOSPITAL UNIT OF AN INSTITUTION).

CODE 2 DENOTES A NON-COMMUNITY HOSPITAL.

STATISTICAL BEDS

THE AVERAGE NUMBER OF BEDS SET UP AND STAFFED FOR USE DURING THE REPORTING PERIOD.

AVERAGE DAILY CENSUS

THE RATIO OF INPATIENT DAYS TO THE NUMBER OF DAYS IN THE REPORTING PERIOD.

OCCUPANCY (%)

THE RATIO OF AVERAGE DAILY CENSUS TO STATISTICAL BEDS, COMPUTED TO THE NEAREST ONE-TENTH OF A PERCENT.

ADJUSTED INPATIENT DAYS

THE SUM OF INPATIENT DAYS AND EQUIVALENT PATIENT DAYS ATTRIBUTED TO OUTPATIENT SERVICES.

THE NUMBER OF EQUIVALENT PATIENT DAYS ATTRIBUTED TO OUTPATIENT SERVICES IS DERIVED BY MULTIPLYING INPATIENT DAYS BY THE RATIO OF OUTPATIENT REVENUE TO INPATIENT REVENUE.

ADJUSTED AVERAGE DAILY CENSUS

THE RATIO OF ADJUSTED INPATIENT DAYS TO THE NUMBER OF DAYS IN THE REPORTING PERIOD.

ADJUSTED ADMISSIONS  
-----

THE SUM OF ADMISSIONS AND EQUIVALENT ADMISSIONS ATTRIBUTED TO OUTPATIENT SERVICES.

THE NUMBER OF EQUIVALENT ADMISSIONS ATTRIBUTED TO OUTPATIENT SERVICES IS DERIVED BY MULTIPLYING ADMISSIONS BY THE RATIO OF OUTPATIENT REVENUE TO INPATIENT REVENUE.

LENGTH OF STAY (LOS)  
-----

IF SEPARATE SHORT-TERM AND LONG-TERM UNITS ARE REPORTED AND SHORT-TERM ADMISSIONS ARE GREATER THAN LONG-TERM ADMISSIONS, THEN LOS IS 1; IF LONG-TERM ADMISSIONS ARE GREATER THAN SHORT-TERM ADMISSIONS, THEN LOS IS 2.

IF SEPARATE UNITS ARE NOT REPORTED AND THE RATIO OF DISCHARGE DAYS TO DISCHARGES IS LESS THAN 30, THEN LOS IS 1; IF THE RATIO OF DISCHARGE DAYS TO DISCHARGES IS 30 OR GREATER, THEN LOS IS 2.

IF SEPARATE UNITS, DISCHARGES AND DISCHARGE DAYS ARE NOT REPORTED AND THE RATIO OF INPATIENT DAYS TO ADMISSIONS IS LESS THAN 30, THEN LOS IS 1; IF THE RATIO OF INPATIENT DAYS TO ADMISSIONS IS 30 OR GREATER, THEN LOS IS 2.

ESTIMATION CODES  
-----

CODE 0 DENOTES THE PRESENCE IN THE CORRESPONDING FIELD OF THE VALUE REPORTED BY THE HOSPITAL.

CODE 1 DENOTES THE PRESENCE IN THE CORRESPONDING FIELD OF A VALUE WHICH WAS ESTIMATED, SINCE NO VALUE WAS REPORTED BY THE HOSPITAL.

ESTIMATIONS OF NON-REPORTED DATA ARE BASED ON REPORTED BEDS OR BASSINETS, USING A MODELLING TECHNIQUE WHICH CONSIDERS DEMOGRAPHIC INFORMATION ABOUT THE HOSPITAL'S SURROUNDING AREA.

CODE 2 DENOTES THE PRESENCE IN THE CORRESPONDING FIELD OF A VALUE WHICH HAS BEEN EXPANDED, SINCE THE REPORTED VALUE IS TO BE ASSOCIATED WITH A HOSPITAL REPORTING PERIOD OF LESS THAN A FULL YEAR.

EXPANSIONS OF SUCH DATA ARE ACHIEVED BY MULTIPLYING EACH VALUE BY THE RATIO OF 365 DAYS TO THE NUMBER OF DAYS IN THE HOSPITAL'S REPORTING PERIOD.

IF A HOSPITAL DID NOT RESPOND TO THE SURVEY (RESP=2), THE FOLLOWING FIELDS WERE OBTAINED FROM PREVIOUSLY REPORTED DATA:

ID	MNAME	LOS	MAPP1	MAPP11
CNTRL	MLOCAD1	STRATUM	MAPP2	MAPP12
SERV	MLOCAD2	HSA	MAPP3	MAPP13
BASSIN	MLOCCTY	MCSANM	MAPP4	MAPP14
BDTOT	MLOCSTA	MMSANM	MAPP5	MAPP15
MTYPE	MLOCZIP	MCOUNTY	MAPP6	MAPP16
MLOS	AREA	FCOUNTY	MAPP7	MAPP17
MCNTRL	TELNO	CITYRK	MAPP8	MAPP18
MSERV	CHC	MMSAS	MAPP9	MAPP19
	BSC		MAPP10	MAPP20

ALL FIELDS WITH LISTED ESTIMATION CODES WERE ESTIMATED OR EXPANDED; OTHER FIELDS, SUCH AS FACILITIES AND SERVICES, ARE BLANK.

IF THE SEPARATE UNITS (SUNITS) CODE IS 2, ALL SHORT-TERM AND LONG-TERM DATA FIELDS ARE BLANK.

User: koneill  
Host: nberdc  
Class: nberdc  
Job: asdf191.doc