

**American Hospital Association
1993 Annual Survey of Hospitals Data Base
Documentation Manual**

TABLE OF CONTENTS

SECTION 1	INTRODUCTION
SECTION 2	NEWTTHIS YEAR <i>Summary of Changes, 1992 versus 1993 Version</i>
SECTION 3	TECHNICAL USER INFORMATION <i>File Characteristics</i> — Magnetic tape format (ASCII and EBCDIC) — Diskette format (ASCII on 3½-inch) <i>Installing the 1993 Data File on Diskette</i> <i>File Layouts and Data Reference Sheets</i> — AHA Annual Survey of Hospitals File Layout — State/region codes — City rank codes — HSA and county codes — MSA File/County File Layouts — Explanations of other codes and fields — Health Care Systems File Layout
SECTION 4	SUMMARY OF CHANGES IN U.S. HOSPITALS <i>1992 versus 1993 Version</i>
SECTION 5	AHA ANNUAL SURVEY OF HOSPITALS <i>1993 Questionnaire</i>

SECTION I

INTRODUCTION

INTRODUCTION

The American Hospital Association's *Annual Survey of Hospitals Data Base* is a derivative of the AHA Annual Survey of Hospitals. This survey has been conducted annually since 1946, and is widely regarded as the most authoritative and comprehensive source of individual hospital data available.

Use this documentation manual as a quick reference guide to make the data base even more convenient and easy to use. The manual includes the following:

- Summary of changes since the 1992 version
- File characteristics and layouts for both tape and diskette formats
- Data reference sheets
- Copy of the 1993 AHA Annual Survey of Hospitals
- Summary of registered hospitals 1992 vs 1993

Since the 1991 version, the *Annual Survey of Hospitals Data Base* has been available in an alternative format: 3½-inch diskettes in ASCII file format. Please refer to Technical User Information — Section 3 of this documentation manual for installation and file characteristics if you are a purchaser of the *Annual Survey on Diskette*.

For assistance, please call the AHA Health Statistics Group at 312/422-3990.

SECTION 2

NEW THIS YEAR *Summary of Changes* **1992 versus 1993 Version**

NEW THIS YEAR

Summary of Changes 1992 versus 1993 Version

New Data Items:

The following data items have been added to the AHA Annual Survey beginning with this 1993 version. These data items are also specially noted within the File Layout portion of Technical User Information — Section 3 of this documentation manual.

<u>Item Description</u>	<u>Item Name</u>	<u>Item Number</u>
Whether or not the hospital is a participant in a network	NETWRK	32
Type of CT scanner offered by the hospital: 1=Fixed 2=Mobile 3=Both	CTTYPE90	101
Type of MRI offered by the hospital: 1=Fixed 2=Mobile 3=Both	MRITYPE90	104
Number of hospital auxiliaries	AUXILNO93	118
Number of hospital volunteers	VOLSVNO93	121
Number of hospital inpatient admissions originating in hospital emergency department	ERADM	238
The hospital does not have an ambulatory care program	AMBNONE	242
Total full-time certified nurse midwives	FTCNMW	282
Total part-time certified nurse midwives	PTCNMW	319

<u>Item Description</u>	<u>Item Name</u>	<u>Item Number</u>
If the following services, physician arrangements and/or insurance products are owned or provided by the hospital?		
Services		
General Acute Care	GENACHOS	416
Intensive Care	INTHOS	417
Ambulatory Care	AMBHOS	418
Ambulatory Surgery	ASURGHOS	419
Wellness	WELLHOS	420
Fitness	FITHOS	421
Urgent Care	URGHOS	422
Emergency	EMERHOS	423
Diagnostic Testing	DIAGHOS	424
Nursing Facility	NURSHOS	425
Rehabilitation	REHABHOS	426
Psychiatric	PSYCHHOS	427
Home Health	HOMEHOS	428
Hospice	HOSPHOS	429
Other Service	OTHSVHOS	430
Physician Arrangements		
Independent Physician Association	IPAHOS	431
Group Practice	GROUPHOS	432
Physician Hospital Organization	PHOHOS	433
Management Services Organization	MSOHOS	434
Medical Foundation	FOUNDHOS	435
Other Arrangement	OTHARHOS	436
Insurance Products		
Health Maintenance Organization	HMOHOS	437
Preferred Provider Organization	PPOHOS	438
Indemnity/Fee For Service	FEEHOS	439
Other Insurance	OTHINHOS	440

<u>Item Description</u>	<u>Item Name</u>	<u>Item Number</u>
If the following services, physician arrangements and/or insurance products are owned or provided by a hospital-operated subsidiary?		
Services		
General Acute Care	GENACSUB	441
Intensive Care	INTSUB	442
Ambulatory Care	AMBSUB	443
Ambulatory Surgery	ASURGSUB	444
Wellness	WELLSUB	445
Fitness	FITSUB	446
Urgent Care	URGSUB	447
Emergency	EMERSUB	448
Diagnostic Testing	DIAGSUB	449
Nursing Facility	NURSSUB	450
Rehabilitation	REHABSUB93	451
Psychiatric	PSYCHSUB	452
Home Health	HOMESUB	453
Hospice	HOSPSUB	454
Other Service	OTHSVSUB	455
Physician Arrangements		
Independent Physician Association	IPASUB	456
Group Practice	GROUPSUB	457
Physician Hospital Organization	PHOSUB	458
Management Services Organization	MSOSUB	459
Medical Foundation	FOUNDSUB	460
Other Arrangement	OTHARSUB	461
Insurance Products		
Health Maintenance Organization	HMOSUB	462
Preferred Provider Organization	PPOSUB	463
Indemnity/Fee For Service	FEESUB	464
Other Insurance	OTHINSUB	465

<u>Item Description</u>	<u>Item Name</u>	<u>Item Number</u>
If the following services, physician arrangements and/or insurance products are provided by the hospital's system?		
Services		
General Acute Care	GENACSYS	466
Intensive Care	INTSYS	467
Ambulatory Care	AMBSYS	468
Ambulatory Surgery	ASURGSYS	469
Wellness	WELLSYS	470
Fitness	FITSYS	471
Urgent Care	URGSYS	472
Emergency	EMERSYS	473
Diagnostic Testing	DIAGSYS	474
Nursing Facility	NURSSYS	475
Rehabilitation	REHABSYS	476
Psychiatric	PSYCHSYS	477
Home Health	HOMESYS	478
Hospice	HOSPSYS	479
Other Service	OTHSVSY	480
Physician Arrangements		
Independent Physician Association	IPASYS	481
Group Practice	GROUPSYS	482
Physician Hospital Organization	PHOSYS	483
Management Services Organization	MSOSYS	484
Medical Foundation	FOUNDSYS	485
Other Arrangement	OTHARSYS	486
Insurance Products		
Health Maintenance Organization	HMOSYS	487
Preferred Provider Organization	PPOSYS	488
Indemnity/Fee For Service	FEESYS	489
Other Insurance	OTHINSYS	490

Item
Description

Item
Name

Item
Number

If the following services, physician arrangements and/or insurance products are owned or provided through a joint venture or similar arrangement?

Services

General Acute Care	GENACVEN	491
Intensive Care	INTVEN	492
Ambulatory Care	AMBVEN	493
Ambulatory Surgery	ASURGVEN	494
Wellness	WELLVEN	495
Fitness	FITVEN	496
Urgent Care	URGVEN	497
Emergency	EMERVEN	498
Diagnostic Testing	DIAGVEN	499
Nursing Facility	NURSVEN	500
Rehabilitation	REHABVEN	501
Psychiatric	PSYCHVEN	502
Home Health	HOMEVEN	503
Hospice	HOSPVEN	504
Other Service	OTHSVEN	505

Physician Arrangements

Independent Physician Association	IPAVEN	506
Group Practice	GROUPVEN	507
Physician Hospital Organization	PHOVEN	508
Management Services Organization	MSOVEN	509
Medical Foundation	FOUNDVEN	510
Other Arrangement	OTHARVEN	511

Insurance Products

Health Maintenance Organization	HMOVEN	512
Preferred Provider Organization	PPOVEN	513
Indemnity/Fee For Service	FEEVEN	514
Other Insurance	OTHINVEN	515

<u>Item Description</u>	<u>Item Name</u>	<u>Item Number</u>
If the following services, physician arrangements and/or insurance products are owned or provided through other formal contractual arrangement?		
Services		
General Acute Care	GENACCON	516
Intensive Care	INTCON	517
Ambulatory Care	AMBCON	518
Ambulatory Surgery	ASURGCON	519
Wellness	WELLCON	520
Fitness	FITCON	521
Urgent Care	URGCON	522
Emergency	EMERCON	523
Diagnostic Testing	DIAGCON	524
Nursing Facility	NURSCON	525
Rehabilitation	REHABCON	526
Psychiatric	PSYCHCON	527
Home Health	HOMECON	528
Hospice	HOSPCON	529
Other Service	OTHSVCON	530
Physician Arrangements		
Independent Physician Association	IPACON	531
Group Practice	GROUPCON	532
Physician Hospital Organization	PHOCON	533
Management Services Organization	MSOCON	534
Medical Foundation	FOUNDCON	535
Other Arrangement	OTHARCON	536
Insurance Products		
Health Maintenance Organization	HMOCON	537
Preferred Provider Organization	PPOCON	538
Indemnity/Fee For Service	FEECON	539
Other Insurance	OTHINCON	540

<u>Item Description</u>	<u>Item Name</u>	<u>Item Number</u>
-------------------------	------------------	--------------------

If the following services, physician arrangements and/or insurance products are owned or provided through other contractual arrangement?

Services

General Acute Care	GENACOTH	541
Intensive Care	INTCOTH	542
Ambulatory Care	AMBOTH	543
Ambulatory Surgery	ASURGOTH	544
Wellness	WELLOTH	545
Fitness	FITOTH	546
Urgent Care	URGOTH	547
Emergency	EMEROTH	548
Diagnostic Testing	DIAGOTH	549
Nursing Facility	NURSOTH	550
Rehabilitation	REHABOTH	551
Psychiatric	PSYCHOTH	552
Home Health	HOMEOTH	553
Hospice	HOSPOTH	554
Other Service	OTHSVOTH	555

Physician Arrangements

Independent Physician Association	IPAOTH	556
Group Practice	GROUPOTH	557
Physician Hospital Organization	PHOOTH	558
Management Services Organization	MSOOTH	559
Medical Foundation	FOUNDOTH	560
Other Arrangement	OTHAROTH	561

Insurance Products

Health Maintenance Organization	HMOOTH	562
Preferred Provider Organization	PPOOTH	563
Indemnity/Fee For Service	FEEOTH	564
Other Insurance	OTHINOTH	565

Whether or not the hospital works with other providers, public agencies or community representatives to conduct a health status assessment of the community.

HSASSESS	566
----------	-----

<u>Item Description</u>	<u>Item Name</u>	<u>Item Number</u>
Whether or not the hospital uses health status indicators for defined populations to design or modify services.	HSIND	567
Whether or not the hospital works with other local providers, public agencies or community representatives to develop a written assessment of the appropriate capacity for health services in the community.	CAPASS	568
Whether or not the hospital used the assessment to identify unmet health needs, excess capacity or duplicative services in the community.	ASSUSE	569
Whether or not the hospital works with other providers to collect, track and communicate clinical and health information across cooperating organizations.	CTRACK	570
Whether or not the hospital, alone or with others, disseminates reports to the community on the quality and costs of health care services.	QUALREP	571
Whether or not the hospital contracts directly with employers, singly or in a coalition, to provide care on a capitated or predetermined basis.	CAPCON	572

Revised Data Item Definition:

The definitions of the following data item has been revised or expanded. Please refer to the AHA Annual Survey of Hospitals - Section 5 of this documentation manual for the actual definition.

- Birthing room-LDR room-LDRP room

Data Item Name Changes:

The names of the following data items have been changed:

- HIV-AIDS (formerly AIDS/ARC)
- Birthing room - LDR room - LDRP room (formerly Birthing room/labor, delivery, recovery, postpartum room (LDRP room))
- Developmental disabilities (formerly Mental Retardation)
- Annual Paid Hours (formerly Total Paid Hours)

Reordered Items

IT IS IMPORTANT TO CHECK THE DATA ITEM LOCATIONS IN THE FILE LAYOUT. Some of the data item locations have changed because of the new data items and corresponding reordering.

Please Note ...

Since the 1991 version, the Annual Survey of Hospitals Data Base has been available in an alternative format: 3½-inch diskettes in ASCII file format. Please refer to Technical User Information — Section 3 of this documentation manual for installation and file characteristics if you are a purchaser of the Annual Survey on Diskette.

SECTION 4

**SUMMARY OF
CHANGES IN
U.S. HOSPITALS
*1992 versus 1993 Version***

**SUMMARY OF REGISTERED HOSPITALS
1992 vs 1993 ANNUAL SURVEY DATA TAPES
(1994 HOSPITAL STATISTICS)**

CLASSIFICATION	TOTAL	UNITED STATES	ASSOCIATED AREAS
1992 TOTALS	6602	6539	63
DELETIONS:			
Changed status from registered to nonregistered	0	0	0
Changed to inpatient care other than a hospital	0	0	0
Changed to an outpatient facility	9	9	0
Closed	80	79	1
Demerged	2	2	0
Duplicate record	0	0	0
Merged to form a new hospital	34	34	0
Merged into a hospital already on file	2	2	0
Temporarily inactive record	0	0	0
TOTAL DELETIONS:	-127	-126	-1
ADDITIONS:			
Changed status from nonregistered to registered	9	9	0
Demerger result	6	6	0
Merger result	17	17	0
Newly added to the registered file	19	19	0
Previously Closed/Reopened	3	3	0
Duplicate record	0	0	0
TOTAL ADDITIONS	54	54	0
1993 TOTALS	6529	6467	62

November, 1994

DELETIONS:

The following hospitals have been deleted from the 1993 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6040346	CENTRO SALUD AREA SAN GERMAN SAN GERMAN, PR	CLOSED
6120375	SEMINOLE POINT HOSPITAL-SUNAPEE, NH	CLOSED
6140030	AMESBURY HOSPITAL-AMESBURY, MA	CLOSED
6140340	HAHNEMANN HOSPITAL-BOSTON, MA	CLOSED
6140520	ST MARGARET'S HOSP FOR WOMEN BOSTON, MA	CLOSED
6141590	NORTHHAMPTON STATE HOSPITAL NORTHHAMPTON, MA	CLOSED
6142210	WESTERN MASSACHUSETTS HOSPITAL WESTFIELD, MA	CLOSED
615002A	CRANSTON GEN HOSPITAL OSTEOPATHIC CRANSTON, RI	CLOSED
6160020	BRIDGEPORT HOSPITAL-BRIDGEPORT, CT	MERGED TO FORM 6160002
6160050	PARK CITY HOSPITAL-BRIDGEPORT, CT	MERGED TO FORM 6160002
6211800	GOWANDA PSYCHIATRIC CENTER HELMUTH, NY	CLOSED
6231090	NESBITT MEMORIAL HOSPITAL KINGSTON, PA	MERGED TO FORM 6230026
6231975	MOSS REHABILITATION HOSPITAL PHILADELPHIA, PA	MERGED INTO 6231634
6233460	WILKES-BARRE GENERAL HOSPITAL WILKES-BARRE, PA	MERGED TO FORM 6230026
6239275	COOPER HOSPITAL-CENTER CITY PHILADELPHIA, PA	CLOSED
6340915	ST JOHN'S HOSPITAL RICHMOND, VA	CLOSED

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

DELETIONS:

The following hospitals have been deleted from the 1993 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6340970	STATE PENITENTIARY HOSPITAL RICHMOND, VA	CLOSED
6341110	KING'S DAUGHTERS' HOSPITAL STAUNTON, VA	MERGED TO FORM 6340005
6341170	WAYNESBORO COMMUNITY HOSPITAL WAYNESBORO, VA	MERGED TO FORM 6340005
6360760	TEN BROECK HOSPITAL-HICKORY, NC	MERGED TO FORM 6360008
6360770	AMI FRYE REGIONAL MED CENTER HICKORY, NC	MERGED TO FORM 6360008
6370004	AURORA PAVILION-AIKEN, SC	MERGED TO FORM 6370008
6370020	AIKEN REGIONAL MED CENTERS-AIKEN, SC	MERGED TO FORM 6370008
6370237	WILSON CLINIC & HOSPITAL DARLINGTON, SC	MERGED TO FORM 6370009
6370260	MCLEOD REGIONAL MED CENTER FLORENCE, SC	MERGED TO FORM 6370009
6370480	U S AIR FORCE HOSPITAL MYRTLE BEACH, SC	CLOSED
6390008	MORROW MEMORIAL HOSPITAL AUBURNDALE, FL	AMBULATORY CARE
6390032	WINTER PARK PSYCH CENTER WINTER PARK, FL	MERGED TO FORM 6390049
6390252	HCA HARBOUR SHORES-FORT PIERCE, FL	MERGED TO FORM 6390048
6390258	HCA LAWNWOOD REG MED CTR FORT PIERCE, FL	MERGED TO FORM 6390048
6390477	SOUTH SEMINOLE COMM HOSP LONGWOOD, FL	MERGED TO FORM 6390041

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

DELETIONS:

The following hospitals have been deleted from the 1993 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6390479	WEST LAKE HOSPITAL LONGWOOD, FL	MERGED TO FORM 6390041
6390500	FLORIDA CAMELOT-LAND O'LAKES, FL	CLOSED
6391165	WINTER PARK MEM HOSPITAL WINTER PARK, FL	MERGED TO FORM 6390049
6410585	ROLLMAN PSYCH INSTITUTE CINCINNATI, OH	CLOSED
6410660	METROHEALTH MEDICAL CTR CLEVELAND, OH	MERGED TO FORM 6410655
6410735	METROHEALTH CTR FOR REHAB CLEVELAND, OH	MERGED TO FORM 6410655
6411595	KETTERING-MOHICAN AREA MED CENTER LOUDONVILLE, OH	CLOSED
6411801	KAISER FOUNDATION HOSPITAL-PARMA, OH	CLOSED
6420255	LAKESHORE HEALTH SYSTEM EAST CHICAGO, IN	DEMERGED
6420600	CENTRAL STATE HOSPITAL-INDIANAPOLIS, IN	CLOSED
6421380	UNION CITY MEM HOSPITAL-UNION CITY, IN	CLOSED
6431485	LUTHERAN GEN RECOVERY CTR WOODRIDGE, IL	AMBULATORY CARE
6432245	TRINITY MEDICAL CENTER-MOLINE, IL	MERGED TO FORM 6430016
6432700	BLESSING HOSPITAL-QUINCY, IL	MERGED TO FORM 6430017
6432710	ST MARY HOSPITAL-QUINCY, IL	MERGED TO FORM 6430017
6432840	FRANCISCAN MEDICAL CENTER ROCK ISLAND, IL	MERGED TO FORM 6430016

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

DELETIONS:

The following hospitals have been deleted from the 1993 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6432915	SAVANNA CITY HOSPITAL-SAVANNA, IL	CLOSED
6440750	NORTH DETROIT GEN HOSPITAL-DETROIT, MI	CLOSED
6441664	ARDMORE CENTER-LIVONIA, MI	CLOSED
6442205	HURON SHORES HLTH CENTER ROGERS CITY, MI	CLOSED
6450245	CLINTONVILLE AREA HEALTH CENTER CLINTONVILLE, WI	CLOSED
6450758	CENTER FOR DEV DISABLED-MADISON, WI	CLOSED
6450995	IVANHOE TREATMENT CENTER MILWAUKEE, WI	AMBULATORY CARE
6451530	RIVER HILLS-PRESCOTT, WI	CLOSED
6510560	METHODIST EVANGELICAL HOSPITAL LOUISVILLE, KY	MERGED INTO 6510488
6530311	SOUTHWEST REGIONAL MED CENTER BUTLER, AL	CLOSED
6530583	FIRST HEALTH JACKSON-LESTER, AL	CLOSED
6540238	FULTON HOSPITAL-FULTON, MS	CLOSED
6540658	RUSH HOSPITAL-NEWTON, NEWTON, MS	AMBULATORY CARE
6549115	MADDEN COMMUNITY HOSPITAL MADDEN, MS	CLOSED
6610060	HEALTH ONE CORP, METRO HOSPS, MINN, MN	DEMERGED
6610310	COMFREY HOSPITAL-COMFREY, MN	CLOSED
6610431	EVELETH HEALTH SERVICES PARK EVELETH, MN	CLOSED

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

DELETIONS:

The following hospitals have been deleted from the 1993 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6610675	LAKEFIELD MUNICIPAL HOSP-LAKEFIELD, MN	CLOSED
6620580	FOREST CITY COMMUNITY HOSPITAL FOREST CITY, IA	CLOSED
6620930	NORTH IOWA MEDICAL CENTER MASON CITY, IA	MERGED TO FORM 6620002
6620940	ST JOSEPH MERCY HOSPITAL MASON CITY, IA	MERGED TO FORM 6620002
6630960	CENTRAL MEDICAL CENTER HOSPITAL ST LOUIS, MO	CLOSED
6640135	DICKEY COUNTY MEM HOSPITAL ELLENDALE, ND	CLOSED
6640357	RENVILLE BOTTINEAU MEM HOSPITAL MOHALL, ND	CLOSED
6650480	PHS INDIAN HOSPITAL-WAGNER, SD	AMBULATORY CARE
6659020	ESTELLINE COMMUNITY HOSPITAL ESTELLINE, SD	CLOSED
6670773	OSWEGO CITY HOSPITAL-OSWEGO, KS	CLOSED
6671095	CPC GREAT PLAINS HOSPITAL-WICHITA, KS	CLOSED
6671140	U S AIR FORCE HOSPITAL-WICHITA, KS	AMBULATORY CARE
6710309	HUNTSVILLE MEMORIAL HOSPITAL HUNTSVILLE, AR	CLOSED
6720060	U S AIR FORCE HOSPITAL ENGLAND AFB, LA	CLOSED

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

DELETIONS:

The following hospitals have been deleted from the 1993 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6720087	BIENVILLE GENERAL HOSPITAL-ARCADIA, LA	CLOSED
6720265	WESTPARK COMMUNITY HOSPITAL HAMMOND, LA	CLOSED
6720475	HCA NORTH MONROE PAVILION-MONROE, LA	CLOSED
6720815	PHYSICIANS & SURGEONS HOSPITAL SHREVEPORT, LA	CLOSED
6730620	SOUTHWEST MED CENTER-MOORE MOORE, OK	CLOSED
6740029	CEDAR CREEK HOSPITAL AMARILLO, TX	CLOSED
6740210	U S AIR FORCE HOSPITAL AUSTIN, TX	CLOSED
6740497	HCA GREENLEAF HOSPITAL COLLEGE STATION, TX	CLOSED
6741045	SOUTHEASTERN METHODIST HOSPITAL DALLAS, TX	CLOSED
6741330	BAYLOR MED CTR AT ENNIS-ENNIS, TX	MERGED TO FORM 6740082
6741478	PSYCH INST OF FORT WORTH FORT WORTH, TX	CLOSED
6741485	R L THOMPSON STRATEGIC HOSPITAL FORT WORTH, TX	CLOSED
6741635	LEE MEMORIAL HOSPITAL-GIDDINGS, TX	CLOSED
6741854	HCA BELLE PARK HOSPITAL-HOUSTON, TX	CLOSED
6742782	TRI CITY REGIONAL HOSPITAL-PASADENA, TX	CLOSED
6742925	ORCHARD CREEK HOSP-ROSENBERG, TX	CLOSED
6743700	BAYLOR MED CTR-AT WAXAHACHIE, TX	MERGED TO FORM 6740082
6743925	BEDFORD MEADOWS HOSPITAL-BEDFORD, TX	CLOSED

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

DELETIONS:

The following hospitals have been deleted from the 1993 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6749115	DALLAS MEMORIAL HOSPITAL DALLAS, TX	CLOSED
6830045	DE PAUL HOSPITAL-CHEYENNE, WY	MERGED TO FORM 6830001
6830050	MEMORIAL HOSPITAL OF LARAMIE COUNTY CHEYENNE, WY	MERGED TO FORM 6830001
6830175	PSYCHIATRIC INST OF WYOMING LANDER, WY	CLOSED
6850025	PRESBYTERIAN NO. SIDE HOSPITAL ALBUQUERQUE, NM	CLOSED
6870415	CHARTER CANYON HOSPITAL-OREM, UT	CLOSED
6910435	CASCADE OAKS-LACEY, WA	CLOSED
6920385	CPC CEDAR HILLS HOSPITAL PORTLAND, OR	CLOSED
6930020	CPC REDWOODS HOSPITAL-SANTA ROSA, CA	CLOSED
6930183	AVENAL DISTRICT HOSPITAL-AVENAL, CA	CLOSED
6930321	BEVERLY HILLS MEDICAL CENTER LOS ANGELES, CA	CLOSED
6930331	CPC BREA CANYON HOSPITAL-BREA, CA	CLOSED
6930485	CORONA COMMUNITY HOSPITAL CORONA, CA	MERGED TO FORM 6930045
6930487	CIRCLE CITY MED CENTER-CORONA, CA	MERGED TO FORM 6930045
6930606	RANCHO PARK HOSPITAL-EL CAJON, CA	CLOSED

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

DELETIONS:

The following hospitals have been deleted from the 1993 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6931371	NAVAL HOSPITAL-LONG BEACH, CA	AMBULATORY CARE
6931705	CIGNA MEDICAL CENTER-LOS ANGELES, CA	CLOSED
6932104	WEST SIDE COMM HOSPITAL DISTRICT NEWMAN, CA	CLOSED
6932108	LIFEPLUS COLDWATER CANYON HOSP NORTH HOLLYWOOD, CA	CLOSED
6932110	NEWPORT HARBOR HOSPITAL NEWPORT BEACH, CA	CLOSED
6932415	PICO RIVERA COMM HOSP-PICO RIVERA, CA	CLOSED
6932700	U S AIR FORCE HOSPITAL MATHER AFB, CA	CLOSED
6932960	LANGLEY PORTER PSYCH HOSPITAL SAN FRANCISCO, CA	MERGED TO FORM 6930043
6932970	LETTERMAN US ARMY HOSPITAL SAN FRANCISCO, CA	AMBULATORY CARE
6933130	UNIV OF CALIF SAN FRANCISCO SAN FRANCISCO, CA	MERGED TO FORM 6930043
6933345	FED CORRECTIONAL INST-SAN PEDRO, CA	AMBULATORY CARE
6933490	STAR LODGE HOSPITAL SCOTTS VALLEY, CA	CLOSED
6933682	SUNCREST HOSP OF SOUTH BAY TORRANCE, CA	CLOSED
6933760	CROSSROADS HOSPITAL-VAN NUYS, CA	CLOSED
6933875	CPC WESTWOOD HOSPITAL, LOS ANGELES, CA	CLOSED
6933887	VENCOR HOSPITAL ORANGE-COUNTY, WESTMINSTER, CA	CLOSED

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

TOTAL NUMBER OF REGISTERED HOSPITALS DELETED FROM THE 1993 DATA TAPE: 127

ADDITIONS:

The following hospitals have been added to the 1993 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR ADDITION</u>
6120002	HEALTHSOUTH REHAB HOSPITAL CONCORD, NH	NEWLY REGISTERED
6160002	BRIDGEPORT HOSPITAL BRIDGEPORT, CT	MERGER RESULT 6160020 & 6160050
6160800	CONN DEPT OF CORRECTION'S HOSPITAL SOMERS, CT	NEWLY REGISTERED
6230026	WYOMING VALLEY HLTH CARE SYSTEM WILKES BARRE, PA	MERGER RESULT 6231090 & 6233460
6320003	ATLANTIC GENERAL HOSPITAL BERLIN, MD	NEWLY REGISTERED
6340005	AUGUSTA MEDICAL CENTER FISHERSVILLE, VA	MERGER RESULT 6341110 & 6341170
6360008	AMI FRYE REGIONAL MED CENTER HICKORY, NC	MERGER RESULT 6360760 & 6360770
6370008	AIKEN REG MED CENTERS-AIKEN, SC	MERGER RESULT 6370004 & 6370020
6370009	MCLEOD REG MED CENTER-FLORENCE, SC	MERGER RESULT 6370237 & 6370260
6390041	SOUTH SEMINOLE HOSPITAL LONGWOOD, FL	MERGER RESULT 6390477 & 6390479
6390042	SPRING HILL REG HOSP-SPRING HILL, FL	NEWLY REGISTERED
6390047	GULF COAST HOSPITAL-FORT MYERS, FL	NEWLY REGISTERED
6390048	LAWNWOOD REG MED CENTER FORT PIERCE, FL	MERGER RESULT 6390252 & 6390258

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

ADDITIONS:

The following hospitals have been added to the 1993 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR ADDITION</u>
6390049	WINTER PARK MEM HOSPITAL WINTER PARK, FL	MERGER RESULT 6390032 & 6391165
6390506	NE FLORIDA STATE HOSPITAL MACCLENNY, FL	PREVIOUSLY CLOSED
6390560	DEERING HOSPITAL-MIAMI, FL	PREVIOUSLY CLOSED
6410011	FOX RUN HOSPITAL ST CLAIREVILLE, OH	PREVIOUSLY CLOSED
6410655	METRO HEALTH SYSTEM (FORMERLY) CUYAHOGA COUNTY HOSPITALS CLEVELAND, OH	MERGER RESULT 6410660 & 6410735
6420260	ST CATHERINE HOSPITAL EAST CHICAGO, IN	RESULTING FROM DEMERGER FORMERLY 6420255
6420500	NORTHWEST FAMILY HOSPITAL GARY, IN	RESULTING FROM DEMERGER FORMERLY 6420255
6420565	ST MARY MEDICAL CENTER HOBART, IN	RESULTING FROM DEMERGER FORMERLY 6420255
6430016	TRINITY MEDICAL CENTER ROCK ISLAND, IL	MERGER RESULT 6432245 & 6432840
6430017	BLESSING HOSPITAL-QUINCY, IL	MERGER RESULT 6432700 & 6432710
6431000	PROVIDENT HOSPITAL OF COOK COUNTY CHICAGO, IL	NEWLY REGISTERED
6530005	NORTH ALABAMA REHAB HOSPITAL HUNTSVILLE, AL	NEWLY REGISTERED
6610001	PHILLIPS EYE INSTITUTE MINNEAPOLIS, MN	NEWLY REGISTERED
6610085	MERCY HOSPITAL-COON RAPIDS, MN FORMERLY 6610060	RESULTING FROM DEMERGER

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

ADDITIONS:

The following hospitals have been added to the 1993 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR ADDITION</u>
6610523	UNITY HOSPITAL-FRIDLEY, MN	RESULTING FROM DEMERGER FORMERLY 6610060
6611585	UNITED HOSPITAL-ST PAUL, MN	RESULTING FROM DEMERGER FORMERLY 6610060
6620002	NORTH IOWA MERCY HLTH CTR MASON CITY, IA	MERGER RESULT 6620930 & 6620940
6670005	WESLEY REHABILITATION HOSPITAL WICHITA, KS	CHANGED STATUS TO REGISTERED
6710002	CENTRAL ARKANSAS REHAB HOSPITAL SHERWOOD, AR	CHANGED STATUS TO REGISTERED
6720013	LIFECARE HOSPITALS-SHREVEPORT, LA	NEWLY REGISTERED
6740041	CENTRAL TEXAS HOSPITAL-CAMERON, TX	CHANGED STATUS TO REGISTERED
6740042	TRINITY SPRINGS PAVILION-EAST FORT WORTH, TX	NEWLY REGISTERED
6740044	TYLER REHAB HOSPITAL-TYLER, TX	NEWLY REGISTERED
6740046	PLAZA REHAB HOSP AT KINGWOOD KINGWOOD, TX	CHANGED STATUS TO REGISTERED
6740047	VENCOR HOSPITAL-HOUSTON, TX HOUSTON, TX	CHANGED STATUS TO REGISTERED
6740057	SPECIALTY HOSP OF AUSTIN-AUSTIN, TX	NEWLY REGISTERED
6740071	BAY AREA MED CENTER CORPUS CHRISTI, TX	NEWLY REGISTERED
6740073	DEVEREUX TEXAS TREATMENT LEAGUE CITY, TX	NEWLY REGISTERED
6740079	SPECIALTY HOSP OF HOUSTON HOUSTON, TX	NEWLY REGISTERED

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

ADDITIONS:

The following hospitals have been added to the 1993 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR ADDITION</u>
6740082	BAYLOR MED CTR-ELLIS COUNTY WAXAHACHIE, TX	MERGER RESULT 6743700 & 6741330
6742245	BAYVIEW HOSPITAL CORPUS CHRISTI, TX	CHANGED STATUS TO REGISTERED
6742577	MULESHOE AREA MEDICAL CENTER MULESHOE, TX	CHANGED STATUS TO REGISTERED
6830001	UNITED MEDICAL CENTER CHEYENNE, WY	MERGER RESULT 6830045 & 6830050
6848060	HILLTOP REHABILITATION CENTER GRAND JUNCTION, CO	NEWLY REGISTERED
6860270	SAMARITAN BEHAVIORAL HLTH CTR MESA, AZ	NEWLY REGISTERED
6920614	LOWER UMPQUA HOSP DISTRICT REEDSPORT, OR	CHANGED STATUS TO REGISTERED
6930036	VENCOR HOSPITAL-SACRAMENTO FOLSOM, CA	NEWLY REGISTERED
6930041	SAN RAMON REGIONAL MED CENTER SAN RAMON, CA	NEWLY REGISTERED
6930043	UNIV OF CALIF SAN FRANCISCO SAN FRANCISCO, CA	MERGER RESULT 6932960 & 6933130
6930045	CORONA REGIONAL MEDICAL CENTER CORONA, CA	MERGER RESULT 6930485 & 6930487
6933715	NAVAL HOSPITAL TWENTYNINE PALMS, CA	CHANGED STATUS TO REGISTERED

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

TOTAL NUMBER OF REGISTERED HOSPITALS ADDED TO THE 1993 DATA TAPE: 54

**SUMMARY OF NONREGISTERED HOSPITALS
1992 vs 1993 ANNUAL SURVEY DATA TAPES
(1994 HOSPITAL STATISTICS)**

CLASSIFICATION	TOTAL	UNITED STATES	ASSOCIATED AREAS
1992 TOTALS	128	125	3
DELETIONS:			
Changed status from nonregistered to registered	9	9	0
Changed to inpatient care other than a hospital	0	0	0
Changed to an outpatient facility	1	1	0
Closed	4	4	0
Demerged	0	0	0
Duplicate record/ID changed	0	0	0
Merged to form a new hospital	0	0	0
Merged into a hospital already on file	0	0	0
Temporarily inactive record	0	0	0
TOTAL DELETIONS:	-14	-14	0
ADDITIONS:			
Changed status from registered to nonregistered	0	0	0
Newly added to the non-registered file	24	24	0
Duplicate record/ID changed	0	0	0
TOTAL ADDITIONS	24	24	0
1993 TOTALS	138	135	3

November, 1994

DELETIONS:

The following hospitals have been deleted from the 1993 Annual Survey file of nonregistered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6340123	MOUNTAINWOOD HOSPITAL CHARLOTTESVILLE, VA	CLOSED
6420205	QUINCO CONSULTING CENTER COLUMBUS, IN	CLOSED
6459095	CLARK COUNTY HLTH CARE CENTER OWEN, WI	CLOSED
6670005	WESLEY REHAB HOSP WICHITA, KS	STATUS NOW REGISTERED
6710002	CENTRAL ARKANSAS REHAB HOSP SHERWOOD, AR	STATUS NOW REGISTERED
6740041	CENTRAL TEXAS HOSPITAL CAMERON, TX	STATUS NOW REGISTERED
6740046	PLAZA REHAB HOSP AT KINGWOOD KINGWOOD, TX	STATUS NOW REGISTERED
6740047	VENCOR HOSPITAL-HOUSTON HOUSTON, TX	STATUS NOW REGISTERED
6741205	JAMES CULLEN LOONEY CENTER EDINBURG, TX	AMBULATORY CARE
6742205	CHARTER HOSPITAL OF LAREDO LAREDO, TX	CLOSED
6742245	BAYVIEW HOSPITAL CORPUS CHRISTI, TX	STATUS NOW REGISTERED
6742577	MULESHOE AREA MEDICAL CENTER MULESHOE, TX	STATUS NOW REGISTERED
6920614	LOWER UMPQUA HOSPITAL DISTRICT REEDSPORT, OR	STATUS NOW REGISTERED
6933715	NAVAL HOSPITAL TWENTYNINE PALMS, CA	STATUS NOW REGISTERED

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

TOTAL OF NONREGISTERED HOSPITALS DELETED FROM THE 1993 DATA TAPE: 14

ADDITIONS:

The following hospitals have been added to the 1993 Annual Survey file of nonregistered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR ADDITION</u>
6210015	JACKSON HEIGHTS HOSPITAL JACKSON HEIGHTS, NY	NEWLY ADDED
6230027	LAKEWOOD PSYCHIATRIC HOSPITAL CANNONSBURG, PA	NEWLY ADDED
6230028	NATIONAL HOSPITAL FOR KIDS OREFIELD, PA	NEWLY ADDED
6380676	MOUNTAINSIDE MEDICAL CENTER JASPER, GA	NEWLY ADDED
6390033	VETERANS AFFAIRS MEDICAL CENTER PALM BEACH GARDENS, FL	NEWLY ADDED
6549140	WEST SCOTT BAPTIST HOSPITAL MORTON, MS	NEWLY ADDED
6549174	SMITH COUNTY GENERAL HOSPITAL RALEIGH, MS	NEWLY ADDED
6670011	HORIZON HOSPITAL WICHITA, KS	NEWLY ADDED
6670012	MEDICAL HEIGHTS HOSPITAL DODGE CITY, KS	NEWLY ADDED
6670014	KANSAS INSTITUTE OVERLAND PARK, KS	NEWLY ADDED
6670015	CHARTER HOSPITAL-WICHITA WICHITA, KS	NEWLY ADDED

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

ADDITIONS:

The following hospitals have been added to the 1993 Annual Survey file of nonregistered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR ADDITION</u>
6740056	SEAY BEHAVIORAL HEALTH CENTER PLANO, TX	NEWLY ADDED
6740058	HEALTHSOUTH REHAB HOSPITAL MIDLAND, TX	NEWLY ADDED
6740059	SURGICAL SPECIALTY HOSPITAL CORPUS CHRISTI, TX	NEWLY ADDED
6740067	AMERICAN TRANSITIONAL HOSPITAL HOUSTON, TX	NEWLY ADDED
6740076	HORIZON SPECIALTY HOSPITAL CORPUS CHRISTI, TX	NEWLY ADDED
6740077	HORIZON SPECIALTY HOSP-EL PASO, TX	NEWLY ADDED
6740083	HEALTHSOUTH REHAB HOSP-CONROE, TX	NEWLY ADDED
6810150	DAHL MEMORIAL HOSPITAL-EKALAKA, MT	NEWLY ADDED
6810345	GARFIELD CTY HLTH CENTER-JORDAN, MT	NEWLY ADDED
6850009	NORTHERN NEW MEXICO REHAB CTR LAS VEGAS, NM	NEWLY ADDED
6850455	COLFAX GENERAL HOSPITAL SPRINGER, NM	NEWLY ADDED
6910223	DEER PARK HLTH CTR AND HOSPITAL DEER PARK, WA	NEWLY ADDED
6930042	USC UNIVERSITY HOSPITAL LOS ANGELES, CA	NEWLY ADDED

(See Merger and Demerger list for additional documentation on Merged and Demerged hospitals.)

TOTAL NUMBER OF NONREGISTERED ADDITIONS TO THE 1993 DATA TAPE: 24

MERGERS

1993 ANNUAL SURVEY OF HOSPITALS

MERGER RESULT

MERGED HOSPITALS

6160002
BRIDGEPORT HOSPITAL
BRIDGEPORT, CT

6160020
BRIDGEPORT HOSPITAL
BRIDGEPORT, CT

6160050
PARK CITY HOSPITAL
BRIDGEPORT, CT

6230026
WYOMING VALLEY HLTH CARE SYSTEM
WILKES-BARRE, PA

6231090
NESBITT MEMORIAL HOSPITAL
KINGSTON, PA

6233460
WILKES BARRE GENERAL HOSPITAL
WILKES-BARRE, PA

6340005
AUGUSTA MEDICAL CENTER
FISHERSVILLE, VA

6341110
KING'S DAUGHTERS' HOSPITAL
STAUNTON, VA

6341170
WAYNESBORO COMMUNITY HOSPITAL
WAYNESBORO, VA

6360008
AMI FRYE REGIONAL MEDICAL CENTER
HICKORY, NC

6360760
TEN BROECK HOSPITAL
HICKORY, NC

6360770
AMI FRYE REGIONAL MED CTR
HICKORY, NC

6370008
AIKEN REGIONAL MEDICAL CENTER
AIKEN, SC

6370004
AURORA PAVILION
AIKEN, SC

6370020
AIKEN REGIONAL MED CTR
AIKEN, SC

MERGERS

1993 ANNUAL SURVEY OF HOSPITALS

MERGER RESULT

MERGED HOSPITALS

6370009
MCLEOD REGIONAL MED CENTER
FLORENCE, SC

6370237
WILSON CLINIC & HOSPITAL
DARLINGTON, SC

6370260
MCLEOD REGIONAL MED CENTER
FLORENCE, SC

6390041
SOUTH SEMINOLE HOSPITAL
LONGWOOD, FL

6390477
SOUTH SEMINOLE COMMUNITY HOSPITAL
LONGWOOD, FL

6390479
WEST LAKE HOSPITAL
LONGWOOD, FL

6390048
LAWNWOOD REGIONAL MEDICAL CENTER
FORT PIERCE, FL

6390252
HCA HARBOUR SHORES
FORT PIERCE, FL

6390258
HCA LAWNWOOD REG MED CTR
FORT PIERCE, FL

6390049
WINTER PARK MEMORIAL HOSPITAL
WINTER PARK, FL

6390032
WINTER PARK PSYCH CENTER
WINTER PARK, FL

6391165
WINTER PARK MEMORIAL HOSPITAL
WINTER PARK, FL

6410655
METRO HEALTH SYSTEM
(FORMERLY) CUYAHOGA COUNTY HOSPITALS
CLEVELAND, OH

6410660
METROHEALTH MED CTR
CLEVELAND, OH

6410735
METROHEALTH CTR FOR REHAB
CLEVELAND, OH

MERGERS

1993 ANNUAL SURVEY OF HOSPITALS

MERGER RESULT

MERGED HOSPITALS

6430016
TRINITY MEDICAL CENTER
MOLINE, IL

6432245
TRINITY MEDICAL CENTER
MOLINE, IL

6432840
FRANCISCAN MEDICAL CENTER
ROCK ISLAND, IL

6430017
BLESSING HOSPITAL
QUINCY, IL

6432700
BLESSING HOSPITAL
QUINCY, IL

6432710
ST MARY HOSPITAL
QUINCY, IL

6620002
NORTH IOWA MERCY HEALTH CENTER
MASON CITY, IA

6620930
NORTH IOWA MEDICAL CENTER
MASON CITY, IA

6620940
ST JOSEPH MERCY HOSPITAL
MASON CITY, IA

6740082
BAYLOR MEDICAL CENTER-ELLIS COUNTY
WAXAHACHIE, TX

6741330
BAYLOR MEDICAL CENTER-AT ENNIS
ENNIS, TX

6743700
BAYLOR MED CENTER-AT WAXAHACHIE
WAXAHACHIE, TX

6830001
UNITED MEDICAL CENTER
CHEYENNE, WY

6830045
DE PAUL HOSPITAL
CHEYENNE, WY

6830050
MEMORIAL HOSP OF LARAMIE COUNTY
CHEYENNE, WY

MERGERS

1993 ANNUAL SURVEY OF HOSPITALS

MERGER RESULT

MERGED HOSPITALS

6930043
UNIV OF CALIF SAN FRANCISCO
SAN FRANCISCO, CA

6932960
LANGLEY PORTER PSYCH HOSPITAL
SAN FRANCISCO, CA

6933130
UNIV OF CALIF SAN FRANCISC
SAN FRANCISCO, CA

6930045
CORONA REGIONAL MEDICAL CENTER
CORONA, CA

6930485
CORONA COMMUNITY HOSPITAL
CORONA, CA

6930487
CIRCLE CITY MEDICAL CENTER
CORONA, CA

DEMERGERS
1993 ANNUAL SURVEY OF HOSPITALS

DEMERGER RESULT

DEMERGED HOSPITALS

6420260
ST CATHERINE HOSPITAL
EAST CHICAGO, IN

6420255
LAKESHORE HEALTH SYS
EAST CHICAGO, IN

6420500
NORTHWEST FAMILY HOSPITAL
GARY, IN

6420565
ST MARY MEDICAL CENTER
HOBART, IN

6610085
MERCY HOSPITAL
COON RAPIDS, MN

6610060
HEALTH ONE CORP METRO HOSPS
MINNEAPOLIS, MN

6610523
UNITY HOSPITAL
FRIDLEY, MN

6611585
UNITED HOSPITAL
ST PAUL, MN

SECTION 5

**AHA ANNUAL
SURVEY OF
HOSPITALS
*1993 Questionnaire***

American
Hospital
Association

1993 Annual Survey of Hospitals

AHA

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

Please return by:

GENERAL INSTRUCTIONS

A copy of the Annual Survey questionnaire is enclosed. Please refer to the enclosed cover letter for survey return instructions.

If the survey was mailed directly to your hospital from the American Hospital Association, please check and correct any label information as printed on the front of the survey. Return the original completed copy in the enclosed return envelope to the American Hospital Association and retain a photocopy in your files for reference. Also, please forward a photocopy of the completed questionnaire to your state hospital association.

If the survey was mailed to your hospital by your state hospital association, another state agency, or other controlling organization, a cooperative data collection arrangement is in effect. Refer to the cover letter or additional instructions included herein for survey return procedure.

Requested return date is listed on the cover page, but if additional time is necessary to complete the survey, please notify us by calling 312/280-6543.

Report utilization and financial information for a full 12-month period, preferably the period ending September 30, 1993. **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, 1993, 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 312/280-6543. You may also contact your state hospital association or other state agency if so directed by survey return instructions.

AMERICAN HOSPITAL ASSOCIATION 1993 Annual Survey of Hospitals

A. REPORTING PERIOD (please refer to the instructions and definitions on the reverse side of this page)
Report data for a full 12-month period, preferably 10/01/92 through 09/30/93 (365 days). (Be consistent in using the same reporting period for responses throughout various sections of this survey.)

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:

- | | | |
|---|--|--|
| <p>Government, nonfederal</p> <input type="checkbox"/> 12 State
<input type="checkbox"/> 13 County
<input type="checkbox"/> 14 City
<input type="checkbox"/> 15 City-County
<input type="checkbox"/> 16 Hospital district or authority | <p>Nongovernment, not-for-profit (NFP)</p> <input type="checkbox"/> 21 Church-operated
<input type="checkbox"/> 23 Other not-for-profit (including NFP Corporation) | <p>Government, federal</p> <input type="checkbox"/> 41 Air Force
<input type="checkbox"/> 42 Army
<input type="checkbox"/> 43 Navy
<input type="checkbox"/> 44 Public Health Service |
| <p>Investor-owned, for-profit</p> <input type="checkbox"/> 31 Individual
<input type="checkbox"/> 32 Partnership
<input type="checkbox"/> 33 Corporation | <p><input type="checkbox"/> 45 Veterans' Affairs
 <input type="checkbox"/> 46 Federal other than 41-45 or 47-48
 <input type="checkbox"/> 47 PHS Indian Service
 <input type="checkbox"/> 48 Department of Justice</p> | |

2. SERVICE
Indicate the ONE category that BEST describes your hospital or the type of service it provides to the MAJORITY of admissions:

- | | |
|--|---|
| <input type="checkbox"/> 10 General medical and surgical
<input type="checkbox"/> 11 Hospital unit of an institution (prison hospital, college infirmary)
<input type="checkbox"/> 12 Hospital unit within an institution for the mentally retarded
<input type="checkbox"/> 22 Psychiatric
<input type="checkbox"/> 33 Tuberculosis and other respiratory diseases
<input type="checkbox"/> 44 Obstetrics and gynecology
<input type="checkbox"/> 45 Eye, ear, nose, and throat | <input type="checkbox"/> 46 Rehabilitation
<input type="checkbox"/> 47 Orthopedic
<input type="checkbox"/> 48 Chronic disease
<input type="checkbox"/> 62 Institution for mentally retarded
<input type="checkbox"/> 82 Alcoholism and other chemical dependency
<input type="checkbox"/> 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 (1) Health maintenance organization (HMO) YES NO
that specifies the obligations of each party with: (2) Preferred provider organization (PPO) 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: _____
Name: _____ City: _____ State: _____
- i. Is the hospital a participant in a network? YES NO
If yes, please provide the name, address, city, state, and telephone number of the network:
Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____

**AMERICAN HOSPITAL ASSOCIATION
INSTRUCTIONS AND DEFINITIONS
FOR**

ANNUAL SURVEY OF HOSPITALS 1993

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, 1993, should be shown as 01/01/93. 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 diagnostic 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, predominantly fee-for-service basis, and in which subscribers have an economic incentive to use the select panel.
- d. **Health care 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.
- i. **Network.** A group of hospitals, physicians, other providers, insurers and/or community agencies that work together to coordinate and deliver a broad spectrum of services to their community.

1993 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.**

	(1) Provided by the Hospital	(2) Provided under Arrangement with Another Hospital or Provider
1. HIV-AIDS services:		
a. General inpatient care for HIV-AIDS	<input type="checkbox"/>	<input type="checkbox"/>
b. HIV-AIDS unit	<input type="checkbox"/>	<input type="checkbox"/>
c. Specialized outpatient program for HIV-AIDS	<input type="checkbox"/>	<input type="checkbox"/>
2. Alcoholism-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-LDR room-LDRP room	<input type="checkbox"/>	<input type="checkbox"/>
5. Cardiac services:		
a. Angioplasty	<input type="checkbox"/>	<input type="checkbox"/>
b. Cardiac catheterization laboratory	<input type="checkbox"/>	<input type="checkbox"/>
c. Cardiac rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
d. Noninvasive cardiac assessment services	<input type="checkbox"/>	<input type="checkbox"/>
e. Open heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
6. Chaplaincy-Pastoral care services	<input type="checkbox"/>	<input type="checkbox"/>
7. Chronic obstructive pulmonary disease services	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency services:		
a. Emergency department [JCAHO level: _____]	<input type="checkbox"/>	<input type="checkbox"/>
b. Certified trauma center [Level of unit: _____]	<input type="checkbox"/>	<input type="checkbox"/>
(1) Designated by: (check all that apply): (a) American College of Surgeons. . . <input type="checkbox"/>		
(b) state or local government. . . <input type="checkbox"/> (c) self-designation. . . <input type="checkbox"/>		
9. Ethics Committee	<input type="checkbox"/>	<input type="checkbox"/>
10. Extracorporeal shock wave lithotripter (ESWL) [Check all that apply: Fixed () or Mobile ()]	<input type="checkbox"/>	<input type="checkbox"/>
11. Fitness center	<input type="checkbox"/>	<input type="checkbox"/>
12. Genetic counseling-screening	<input type="checkbox"/>	<input type="checkbox"/>
13. 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"/>

SECTION C FACILITIES AND SERVICES Definitions

C. FACILITIES AND SERVICES

- 1a. **General inpatient care for HIV-AIDS.** Inpatient diagnosis and treatment for human immunodeficiency virus and acquired immunodeficiency syndrome patients, but dedicated unit is not available.
- 1b. **HIV-AIDS unit.** Special unit or team designated and equipped specifically for diagnosis, treatment, continuing care planning, and counseling services for HIV-AIDS patients and their families.
- 1c. **Specialized outpatient program for HIV-AIDS.** Special outpatient program providing diagnostic, treatment, continuing care planning, and counseling for HIV-AIDS patients and their families.
2. **Alcoholism-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-LDR room-LDRP room.** A single-room-type of maternity care with a more homelike setting for families than the traditional three-room unit (labor/delivery/recovery) with a separate postpartum area. A birthing room combines labor and delivery in one room. An LDR room accommodates three stages in the birthing process--labor, delivery, and recovery. An LDRP room accommodates all four stages of the birth process--labor, delivery, recovery, and postpartum.
- 5a. **Angioplasty.** The reconstruction or restructuring of a blood vessel by operative means or by nonsurgical techniques such as balloon dilation or laser.
- 5b. **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.
- 5c. **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 counseling, education, and exercise. Patient instruction in self-monitoring of their cardiac condition, stress management, and dietary counseling 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.
- 5d. **Noninvasive cardiac assessment services.** Includes cardiac studies, tests, and evaluations not conducted in the cardiac catheterization laboratory or operating room. Noninvasive cardiac assessment services include at a minimum: echocardiography and exercise stress testing (stress EKG); and may additionally include cardiac nuclear medicine studies.
- 5e. **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.
6. **Chaplaincy-Pastoral care services.** Organized hospital department/program providing pastoral care, spiritual support, and counseling by certified, clinically prepared professional chaplains and pastoral care staff.
7. **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.
- 8a. **Emergency department.** Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care. Emergency department levels as categorized by JCAHO are as follows:
Level I: offers comprehensive emergency care 24 hours a day, with at least one physician experienced in emergency care on duty in the emergency care area. There is in-hospital physician coverage by members of the medical staff or by senior-level residents for at least medical, surgical, orthopedic, obstetric-gynecologic, pediatric, and anesthesia services. Other specialty consultation is available within approximately 30 minutes; initial consultation through two-way voice communication is acceptable.
Level II: offers emergency care 24 hours a day, with at least one physician experienced in emergency care on duty in the emergency care area, and with specialty consultation available within approximately 30 minutes by members of the medical staff or by senior-level residents. The hospital's scope of services include in-house capabilities for managing physical and related emotional problems, with provision for patient transfer to another organization when needed.
Level III: offers emergency care 24 hours a day, with at least one physician available to the emergency care area within approximately 30 minutes through a medical staff call roster. Specialty consultation is available by request of the attending medical staff member or by transfer to a designated hospital where definitive care can be provided.
Level IV: offers reasonable care in determining whether an emergency exists, renders lifesaving first aid, and makes appropriate referral to the nearest organization that is capable of providing needed services. The mechanism for providing physician coverage at all times is defined by the medical staff.
- 8b. **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 checked off as either by American College of Surgeons, state or local government, or self-designation. Please provide explanation on page 29 if necessary.
9. **Ethics Committee.** Multidisciplinary committee that helps identify ethical implications of health care choices and their possible resolutions, perhaps through educational programs, discussion, advisory consultation, retrospective review, or institutional policy development on bioethical issues.
10. **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.
11. **Fitness center.** Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees.
12. **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.
- 13a. **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.
- 13b. **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.
- 13c. **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.
- 13d. **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.
- 13e. **Geriatric acute care unit.** Provides acute care to older patients in a special unit in the hospital. Care is provided by a multidisciplinary team trained in geriatrics. The unit may also offer architectural/design modifications to accommodate the special needs of older adults.
- 13f. **Geriatric clinics.** Special medical or surgical clinics providing services targeted to older adults such as arthritis, primary geriatric, and podiatric clinics.
- 13g. **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.
- 13h. **Senior membership program.** A senior enrollment program that 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.

1993 Annual Survey of Hospitals

C. FACILITIES AND SERVICES (continued)

If neither column (1) nor (2) applies, please leave that service as blank.

	(1)	(2)
	Provided by the Hospital	Provided under Arrangement with Another Hospital or Provider
14. Health promotion:		
a. Patient education	<input type="checkbox"/>	<input type="checkbox"/>
b. Community health promotion	<input type="checkbox"/>	<input type="checkbox"/>
c. Worksite health promotion	<input type="checkbox"/>	<input type="checkbox"/>
15. Health sciences library	<input type="checkbox"/>	<input type="checkbox"/>
16. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>
17. Home health services	<input type="checkbox"/>	<input type="checkbox"/>
18. Hospice	<input type="checkbox"/>	<input type="checkbox"/>
19. Laboratory services:		
a. Histopathology	<input type="checkbox"/>	<input type="checkbox"/>
b. Blood bank	<input type="checkbox"/>	<input type="checkbox"/>
20. Long-term care services:		
a. Skilled Nursing Care	<input type="checkbox"/>	<input type="checkbox"/>
(1) Certification - check all that apply:		
(a) Medicare Certified. . . <input type="checkbox"/>		
(b) Medicaid Certified. . . <input type="checkbox"/>		
(c) Not Certified. . . <input type="checkbox"/>		
b. Intermediate Care	<input type="checkbox"/>	<input type="checkbox"/>
(1) Certification - check one:		
(a) Medicaid Certified. . . <input type="checkbox"/>		
(b) Not Certified. . . <input type="checkbox"/>		
21. Mammography Services:		
a. Screening	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic	<input type="checkbox"/>	<input type="checkbox"/>
22. Occupational health services	<input type="checkbox"/>	<input type="checkbox"/>
23. Oncology services	<input type="checkbox"/>	<input type="checkbox"/>
24. Outpatient services:		
a. Hospital-based outpatient care center-services	<input type="checkbox"/>	<input type="checkbox"/>
b. Freestanding outpatient care center	<input type="checkbox"/>	<input type="checkbox"/>
25. Psychiatric services:		
a. Psychiatric child-adolescent services	<input type="checkbox"/>	<input type="checkbox"/>
b. Psychiatric consultation-liaison services	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychiatric education services	<input type="checkbox"/>	<input type="checkbox"/>
d. Psychiatric emergency services	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychiatric geriatric services	<input type="checkbox"/>	<input type="checkbox"/>
f. Psychiatric outpatient services	<input type="checkbox"/>	<input type="checkbox"/>
g. Psychiatric partial hospitalization program	<input type="checkbox"/>	<input type="checkbox"/>
26. Radiation therapy:		
a. Megavoltage radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>
b. Radioactive implants	<input type="checkbox"/>	<input type="checkbox"/>
c. Stereotactic radiosurgery	<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

14. **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.
- 14a. **Patient education.** Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and self-care.
- 14b. **Community health promotion.** Similar to 14a, but for individuals in the community, not within a place of employment or as a patient.
- 14c. **Worksite health promotion.** Similar to 14a, but for employees of a company implemented by the hospital and sponsored by their employer
15. **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.
16. **Hemodialysis.** Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis.
17. **Home health services.** Service providing nursing, therapy, and health-related homemaker or social services in the patient's home.
18. **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.
- 19a. **Histopathology laboratory.** A laboratory in which tissue specimens are examined by a qualified pathologist.
- 19b. **Blood bank.** A medical facility with the responsibility for all of the following: blood procurement, drawing, processing, and distribution.
- 20a. **Skilled Nursing Care.** Set up to provide non-acute medical and skilled nursing care, rehabilitative therapy, and social services. Skilled nursing units must provide the services of a registered nurse on a 24-hour basis.
- 20b. **Intermediate Care.** Set up to provide personal assistance, limited nursing care, and social services. The residents/patients cared for in an intermediate care unit generally require some assistance with performance of their activities of daily living. With their care supervised by a licensed nurse, however, they do not require the level of registered nursing services provided in a skilled nursing unit.
Certification pertains to whether the unit/facility is certified for Medicare, Medicaid, both Medicare and Medicaid, or neither Medicare or Medicaid. Certification must be approved by the Health Care Financing Administration. Facilities that are approved will have a Medicare or Medicaid provider number.
- 21a. **Mammography screening.** The use of breast x-ray to detect unsuspected breast cancer in asymptomatic women.
- 21b. **Diagnostic mammography.** The x-ray imaging of breast tissue in symptomatic women who are considered to have a substantial likelihood of having breast cancer already.
22. **Occupational health services.** Includes services designed to protect the safety of employees from hazards in the work environment.
23. **Oncology services.** An organized program for the treatment of cancer by the use of drugs or chemicals.
- 24a. **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.
- 24b. **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.
- 25a. **Psychiatric child-adolescent services.** Provides care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment.
- 25b. **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.
- 25c. **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.
- 25d. **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.
- 25e. **Psychiatric geriatric services.** Provides care to emotionally disturbed elderly patients, including those admitted for diagnosis and those admitted for treatment.
- 25f. **Psychiatric outpatient services.** Provides medical care, including diagnosis and treatment, of psychiatric outpatients.
- 25g. **Psychiatric partial hospitalization program.** Organized hospital services of intensive day/evening outpatient services of three hours or more duration, distinguished from other outpatient visits of one hour.
- 26a. **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.
- 26b. **Radioactive implants.** The use of radioactive material (radium, cobalt-60, cesium-137, or iridium-192 implants) for the treatment of malignancies.
- 26c. **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 that have been precisely localized in three dimensions, using either a Gamma Knife or a specially adapted linear accelerator.
- 26d. **Therapeutic radioisotope facility.** The use of radioactive isotopes (radiopharmaceuticals) for the treatment of malignancies.
- 26e. **X-ray radiation therapy.** The treatment of disease by Roentgen rays or other radiant energy, with the exception of radium, cobalt, or radioisotopes.

1993 Annual Survey of Hospitals

C. FACILITIES AND SERVICES (continued)

If neither column (1) nor (2) applies, please leave that service as blank.

	(1)	(2)
	Provided by the Hospital	Provided under Arrangement with Another Hospital or Provider
27. Radiology, diagnostic:		
a. CT scanner [Check all that apply: 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 all that apply: Fixed () or Mobile ()]	<input type="checkbox"/>	<input type="checkbox"/>
d. Positron emission tomography scanner (PET)	<input type="checkbox"/>	<input type="checkbox"/>
e. Single photon emission computerized tomography (SPECT) [Fixed () or Mobile ()]	<input type="checkbox"/>	<input type="checkbox"/>
f. Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
28. Rehabilitation outpatient services	<input type="checkbox"/>	<input type="checkbox"/>
29. 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"/>
30. 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"/>
31. Sports medicine clinic-services	<input type="checkbox"/>	<input type="checkbox"/>
32. Supplementary patient assistance:		
a. Hospital auxiliary [no. of auxiliaries: _____]	<input type="checkbox"/>	<input type="checkbox"/>
b. Patient representative services	<input type="checkbox"/>	<input type="checkbox"/>
c. Volunteer services department [no. of volunteers: _____]	<input type="checkbox"/>	<input type="checkbox"/>
33. Surgical services:		
a. Orthopedic surgery	<input type="checkbox"/>	<input type="checkbox"/>
b. Outpatient surgery	<input type="checkbox"/>	<input type="checkbox"/>
34. Transplant services:		
a. Bone marrow	<input type="checkbox"/>	<input type="checkbox"/>
b. Kidney	<input type="checkbox"/>	<input type="checkbox"/>
c. Organ (other than kidney)	<input type="checkbox"/>	<input type="checkbox"/>
d. Tissue	<input type="checkbox"/>	<input type="checkbox"/>
35. 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 pathology	<input type="checkbox"/>	<input type="checkbox"/>
36. Women's health center/services	<input type="checkbox"/>	<input type="checkbox"/>

C. FACILITIES AND SERVICES

- 27a. CT scanner.** Computed tomographic scanner for head or whole body scans.
- 27b. Diagnostic radioisotope facility.** The use of radioactive isotopes (radiopharmaceuticals) as tracers or indicators to detect an abnormal condition or disease.
- 27c. 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.
- 27d. PET.** Positron emission tomography scanner 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.
- 27e. SPECT.** Single photon emission computerized tomography is a nuclear medicine imaging technology that combines existing technology of gamma camera imaging with computed tomographic imaging technology to provide a more precise and clear image.
- 27f. Ultrasound.** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures.
- 28. 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.
- 29a. Fertility counseling.** A service that counsels and educates on infertility problems and includes laboratory and surgical workup and management for individuals having problems conceiving children.
- 29b. 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 womb.
- 29c. Sterilization.** A service with capacity to perform total occlusion or ligation as appropriate for women and vasectomy for men.
- 30a. 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.
- 30b. Outpatient social work services.** Social work services provided in ambulatory care areas.
- 30c. Emergency department social work services.** Social work services provided to emergency department patients by social workers dedicated to the emergency department or on call.
- 31. Sports medicine clinic-services.** Provision of diagnostic screening and assessment and clinical and rehabilitation services for the prevention and treatment of sports-related injuries.
- 32a. 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.
- 32b. 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.
- 32c. Volunteer services department.** An organized hospital department responsible for coordinating the services of volunteers working within the institution.
- 33a. Orthopedic surgery.** Surgical treatment of the skeletal system, its articulations, and associated structures.
- 33b. 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.
- 34a. 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, and 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.
- 34b. 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.
- 34c. 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.
- 34d. 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.
- 35a. 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.
- 35b. 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.
- 35c. 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.
- 35d. Respiratory therapy.** The equipment and staff necessary for the administration of oxygen and certain potent drugs through inhalation or positive pressure.
- 35e. Speech pathology.** Service providing evaluation and treatment to inpatients or outpatients with speech and language disorders.
- 36. 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.

1993 Annual Survey of Hospitals

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.

	(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 (definitive observation, step down, etc.)	_____	_____
12. Other intensive care (Specify type: _____)	_____	_____
13. Rehabilitation	_____	_____
14. Chronic disease	_____	_____
15. Hospice	_____	_____
16. Psychiatric care	_____	_____
17. Alcoholism-drug abuse or dependency care	_____	_____
18. Developmental disabilities (mental retardation)	_____	_____
19. Skilled nursing care (report swing bed information below)	_____	_____
20. Intermediate care (report swing bed information below)	_____	_____
21. Residential care-elderly housing	_____	_____
22. Subacute care (Specify type: _____)	_____	_____
23. TOTAL FACILITY (excluding swing bed utilization. Add lines 1 to 22)	_____	_____
24. SWING BEDS		
a. 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.)	_____	_____
b. Please report the number of admissions and inpatient days for the reporting period that the swing beds were used in the provision of swing services.	(1)	(2)
	Admissions	Inpatient Days
(1) Skilled nursing swing bed utilization	_____	_____
(2) Intermediate care swing bed utilization	_____	_____
c. Is your hospital certified by Medicare to provide swing bed service as defined on page 12?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
25. TOTAL FACILITY INPATIENT DAY TOTAL (including swing bed utilization)		
(Add lines 23, 24b(1), and 24b(2). This number should equal that reported on 2f, 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 2d, column 1). Inpatient days (page 11, line 25) should equal inpatient days (page 13, line 2f, 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. **Developmental disabilities (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 skilled 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 (skilled 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 support 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.

1993 Annual Survey of Hospitals

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: (Please list additional changes on page 29).

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

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

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

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

b. If reporting a separate nursing home type unit, please check the appropriate box regarding its location. (1) Attached or within hospital. (2) Freestanding on hospital campus. (3) Freestanding off campus.

	(1) Total Facility	(2) Hospital	(3) Nursing Home Type Unit/Facility
c. Licensed bed capacity. The maximum number of beds authorized by state licensing (certifying) agency. If state does not regulate number, please report "NONE."			
d. Beds set up and staffed for use at the end of the reporting period (include neonatal; should match bed total on page 11, line 23).			
e. Admissions (exclude newborns, include neonatal & swing admissions).*			
f. Inpatient days (exclude newborns, include neonatal & swing days) (should match TOTAL FACILITY inpatient day total on page 11, line 25).			
g. Discharges (exclude newborns, include neonatal, swing discharges & deaths).*			
h. Discharge days (exclude newborns, include neonatal, swing days & deaths).			
i. Census (number of inpatients occupying beds on the last day of reporting period; exclude newborn, include neonatal & swing).			

3. MEDICARE/MEDICAID UTILIZATION

(exclude newborns, include neonatal & swing days & deaths)

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 (please make sure obstetrics level is circled on page 11, line 3)

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 SERVICES (Please report outpatient visits as defined on page 14 and not occasions of service.)

	<u>Visits</u>
a. Emergency visits	
b. Other visits (all nonemergency visits including physician referrals and outpatient surgeries)	
c. Observation visits (report here and not as inpatient days)	
d. Total visits	
e. How many hospital inpatient admissions originated in your emergency department?	
f. In terms of the location of your ambulatory care programs, they are (check all that apply): (1) Within the hospital. <input type="checkbox"/> (2) On the hospital campus but in a freestanding ambulatory care center. <input type="checkbox"/> (3) Freestanding off campus. <input type="checkbox"/> (4) No ambulatory care . . <input type="checkbox"/>	
g. In terms of ownership, your ambulatory care programs are (check all that apply): (1) Part of a division(s) of your hospital. <input type="checkbox"/> (2) Offered through a subsidiary(ies) of the hospital. <input type="checkbox"/> (3) Primarily offered through a division of the hospital with some special services (e.g., home care or rehabilitation) through a separate subsidiary. <input type="checkbox"/>	

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, 1993, should be shown as 01/07/93. If there have been more than two changes during the reporting period, please report all additional changes as supplemental information on page 29.
2. a. For the purpose of this survey, nursing home type unit provides care for the elderly and chronic care in a non-acute setting in any of the following categories:
 - Skilled nursing care
 - Intermediate care
 - Residential care/elderly housing

See page 12 for the definitions describing these care services.

The nursing home type units/facilities are to be owned and operated by the hospital. 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.
- c-i. 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.
- d. 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 1993 versus 1992 should be accounted for in E1b.
- e. 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.
- f. 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.
- g. 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.
- h. 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, E2c and d.
- 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, E2f.
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 by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Each appearance of an outpatient in each unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that patient receives.
 - a. Emergency visits should reflect number of visits to the emergency unit. Emergency outpatients can be admitted to the inpatient areas of the hospital, but they are still counted as emergency visits and subsequently as inpatient admissions.
 - b. Other visits should include the following:

Clinic visits should reflect total number of visits to each specialized medical unit that is responsible for the diagnosis and treatment of patients on an outpatient, nonemergency basis (i.e., alcoholism, dental, gynecology, etc.). Visits to the satellite clinics and primary group practices should be included if revenue is received by the hospital.

Referred visits should reflect total number of outpatient ancillary visits to each specialty unit of the hospital established for providing technical aid used in the diagnosis and treatment of patients. Examples of such units are diagnostic radiology, EKG, pharmacy, etc.

Outpatient surgeries are also reported on line E5b.
 - c. Observation services are those services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Observation services usually do not exceed 24 hours. However, there is no hourly limit on the extent to which they may be used.
 - d. Compare the total outpatient visits with those that were reported last year and explain major differences (more than 50%). Use page 29 if explanation is lengthy.
 - e. Please list the number of inpatient admissions to your hospital originating in your emergency department.

1993 Annual Survey of Hospitals

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.

1. STATEMENT OF REVENUES AND EXPENSES OF GENERAL FUNDS (because bad debts are reported as an expense and not a deduction from revenue, the gross charges that result in bad debts will remain in net revenue)	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) Total Facility	(2) Hospital	(3) Nursing Home Type Unit/Facility
a. NET PATIENT SERVICE REVENUE** (should match line 2e below)	.00	.00	.00
b. OTHER OPERATING REVENUE**			
(1) Tax appropriations	.00	.00	
(2) Other	.00	.00	
(3) TOTAL OTHER REVENUE [1b(1) + 1b(2)]	.00	.00	
c. TOTAL OPERATING 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) Medicaid tax/donation expense	.00	.00	
(7) All other operating expenses	.00	.00	
(8) TOTAL NONPAYROLL EXPENSES [add 1e(1) thru 1e(7)]	.00	.00	.00
f. TOTAL OPERATING EXPENSES [1d(3) + 1e(8)]	.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** (charges generated by all patients at 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 (report bad debt as an expense on line 1e(5) above) *(Do not include Medicaid Disproportionate Share payments or other supplemental Medicaid payments as adjustments.)			
(1) Medicare contractual adjustments	.00	.00	
(2) Medicaid contractual adjustments*(see note above)	.00	.00	
(3) Other governmental contractual adjustments	.00	.00	
(4) Third-party payor contractual adjustments (incl. Blue Cross)	.00	.00	
(5) Other nongovernment contractual adjustments	.00	.00	
(6) Charity (revenue forgone at full established rates)	.00	.00	
(7) Total deductions [add 2d(1) thru 2d(6)]	.00	.00	.00
e. NET PATIENT SERVICE REVENUE [2c - 2d(7)] (should match line 1a above)	.00	.00	.00

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

SECTION F
FINANCIAL DATA
Instructions and Definitions

The Statement of Revenues and Expenses of General Funds (F1a-i) 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(7)) 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 that 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, G4).
- 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) **Medicaid tax/donation expense.** The total combined expense associated with Medicaid provider taxes and/or donations. These costs are specific to tax and/or donation programs operated by the state to collect funds from providers, where those FUNDS ARE ASSIGNED FOR THE USE OF THE MEDICAID PROGRAM. If you participate in a provider tax and/or donation program that collects funds NOT assigned for the use of the Medicaid program, the associated expense should be reported on line e(7). (For example, the state may operate an indigent care trust fund that is distributed through a payment mechanism other than the Medicaid program.)
- e(7) **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.(6) **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 meet certain financial criteria. For purposes of this survey, charity care is measured on the basis of revenue forgone, at full established rates.

1993 Annual Survey of Hospitals

F. FINANCIAL DATA (Continued)

	Total Facility Gross	Total Facility Net
3. SOURCES OF PATIENT SERVICE REVENUE** (charges generated by all patients at full established rates)		
a. GOVERNMENT		
(1) Medicare	00	00
(2) Medicaid		
(a) Routine patient revenue	00	00
(b) Disproportionate share hospital payment	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 (Blue Cross, HMOs, & other commercial insurers)	00	00
(3) Other (please specify: _____)	00	00
(4) Total nongovernment sources	00	00
c. TOTAL 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 with 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 the total general and restricted fund balances of the foundation)		00
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 additions [6b(1) + 6b(2)]		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 deductions [6c(1) + 6c(2)]		00
d. FUND BALANCE at end of year [should agree with line 4b(4)]		00

**These data will be treated as confidential and not released without written permission. AHA will, however, share these data with your respective state hospital association and, if requested, with your appropriate metropolitan/regional association. The state/metropolitan/regional association may not release these data without written permission from the hospital.

3. SOURCES OF PATIENT SERVICE REVENUE

- a.(2) **Medicaid.** This revenue is reported on two separate lines. Use line (a) to report all routine patient revenue received from the Medicaid program. Use line (b) to report supplemental payments made to your hospital under your state Medicaid disproportionate share hospital (DSH) payment program. DSH-specific revenue should be identifiable as a separate Medicaid payment category. The gross amount of supplemental Medicaid payment received for any other reason should be added to the gross patient revenue and reported on line (a). (Neither DSH nor other supplemental Medicaid payments are to be reported as adjustments to the Medicaid contractual adjustment (page 15, F2 d(2)). Lines (a) and (b) are separate and mutually exclusive categories of Medicaid revenue. Total Medicaid revenue is equal to the sum of lines (a) and (b). (NOTE: If you do not receive supplementary Medicaid payments as a DSH, report \$0 on line (b)).

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 with 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 expenses, deferred pension assets, 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 with "total current liabilities" per your financial statements.
- b.(2) **Long-term debt.** May include revenue and other bonds, mortgages payable, notes payable, and 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 (1) is under the control of (or in 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 that 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 Reporting Period	(2) Additions and Transfers-In	(3) Retirements, Disposals, and Transfers-out	(4) (1) + (2) - (3) Balance at End of Reporting Period
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 with line 4a(3)(a) on page 17] .....	.00			.00
b. Less: Accumulated depreciation [balance at end of year should agree with line 4a(3)(b) on page 17]	.00			.00
c. NET BOOK VALUE [balance at end of year should agree with line 4a(3)(c) on page 17]	.00			.00
	(1) Balance at Beginning of Reporting Period	(2) Additions	(3) Payments and Retirements	(1) + (2) - (3) Balance at End of Reporting Period
d. LONG-TERM DEBT [balance at end of year should agree with line 4b(2) on page 17] ..	.00	.00	.00	.00

**These data will be treated as confidential and not released without written permission. AHA will, however, share these data with your respective state hospital association and, if requested, with your appropriate metropolitan/regional association. The state/metropolitan/regional association may not release these data 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.** Include 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.

1993 Annual Survey of Hospitals

G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1993

Use September 30, 1993, to report personnel regardless of your reporting period as listed on page 3.

1. HOSPITAL PERSONNEL BY OCCUPATIONAL CATEGORY

Report full-time and part-time personnel including trainees who were on the payroll as of SEPTEMBER 30, 1993, 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 35 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 assistants	_____	_____
e. Certified nurse midwives	_____	_____
f. Nurse practitioners	_____	_____
g. Medical record services:		
(1) Medical record administrators	_____	_____
(2) Medical record technicians	_____	_____
h. Pharmacy:		
(1) Pharmacists, licensed	_____	_____
(2) Pharmacy technicians	_____	_____
i. Clinical laboratory services:		
(1) Medical technologists	_____	_____
(2) Other laboratory personnel	_____	_____
j. Dietary services:		
(1) Dietitians	_____	_____
(2) Dietetic technicians	_____	_____
k. Radiological services:		
(1) Radiographers (radiologic technologists)	_____	_____
(2) Radiation therapy technologists	_____	_____
(3) Nuclear medicine technologists	_____	_____
(4) Other radiologic personnel	_____	_____

SECTION G
PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1993
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, 1993, 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, 1993. 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, vice presidents, department directors, etc., for the areas of finance, organization, personnel, purchasing, accounting, nursing, dietary, maintenance, and voluntary services (persons who "primarily" function in the administrative area).
- 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 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 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. **Certified nurse midwives.** Registered nurses who, by added knowledge and skill gained through an organized program of study and clinical experience recognized by the American College of Nurse Midwives, has extended the lawful limits of practice into management and care of mothers and babies throughout the maternity cycle.
- f. **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.
- g.(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.
- g.(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.
- h.(1) **Pharmacists, licensed.** Persons licensed within the state who are concerned with the preparation and distribution of medicinal products.
- h.(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.
- i.(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.
- i.(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.
- j.(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.
- j.(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.
- k.(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.
- k.(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.
- k.(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.
- k.(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.

1993 Annual Survey of Hospitals

G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1993 (Continued)

	(1) Full-Time (35 hr/wk or more) On Payroll	(2) Part-Time (less than 35 hr/wk) On Payroll
l. Therapeutic services:		
(1) Occupational therapists	_____	_____
(2) Occupational therapy assistants and aides	_____	_____
(3) Physical therapists	_____	_____
(4) Physical therapy assistants and aides	_____	_____
(5) Recreational therapists	_____	_____
m. Speech and hearing services:		
(1) Speech pathologists	_____	_____
(2) Audiologists	_____	_____
n. Respiratory therapy services:		
(1) Respiratory therapists	_____	_____
(2) Respiratory therapy technicians	_____	_____
o. Psychologists	_____	_____
p. Social workers	_____	_____
q. All other health professional and technical personnel	_____	_____
r. All other personnel	_____	_____
s. Total hospital personnel (add 1a through 1r)	_____	_____

2. NURSING HOME TYPE UNIT/FACILITY PERSONNEL ON PAYROLL

Complete only if hospital has a separate nursing home type unit/facility as reported on page 13 (E2a). Report full-time and part-time nursing home personnel who were on the payroll as of September 30, 1993. If personnel is shared with the hospital, report personnel as part-time employees here and on lines a-s.

	Full-Time (35 hr/wk or more)	Part-Time (less than 35 hr/wk)	Annual Paid Hours
a. Registered Nurses	_____	_____	_____
b. Licensed practical (vocational) nurses	_____	_____	_____
c. All other personnel	_____	_____	_____
d. Total nursing home personnel (2a + 2b + 2c)	_____	_____	_____

3. 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, 1993. 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)	Annual Paid Hours
TOTAL FACILITY PERSONNEL (Hospital plus nursing home unit/facility)	_____	_____	_____

4. RESIDENTS AND TRAINEES ON PAYROLL

Report the sum total of medical and dental residents/interns who were on payroll onto lines 4a (full-time and part-time) and report their equivalent annual paid hours in the third column. Report trainees who were on payroll and included in total facility personnel (line G3) onto lines 4b (full-time and part-time) and report their equivalent annual paid hours in the third column. Note that the corresponding payroll expenses for residents and trainees should be listed on page 15 (line F1d(1)).

	Full-Time (35 hr/wk or more)	Part-Time (less than 35 hr/wk)	Annual Paid Hours
a. MEDICAL AND DENTAL RESIDENTS/INTERNS	_____	_____	_____
b. TOTAL TRAINEES (exclude medical and dental residents/interns)	_____	_____	_____

G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1993 (Continued)

1. l.(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/her specific age and necessary to his/her particular occupational role adjustment.
- l.(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.
- l.(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.
- l.(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.
- l.(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.
- l.(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.
- m.(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.
- m.(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.
- n.(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.
- n.(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.
- o. **Psychologists.** Persons with a doctoral degree in psychology from an American Psychological Association approved program in clinical psychology or a master's 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.
- p. **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.
- q. **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.
- r. **All other personnel.** Persons not previously counted. These include accounting, data processing, secretarial, and clerical; kitchen, laundry, housekeeping, maintenance personnel, and so forth.
4. **Trainees on payroll.** Report the total number of trainees who were on the payroll as of September 30, 1993, and who were included in TOTAL HOSPITAL PERSONNEL, line G1s. 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).

Annual paid hours. Report total paid hours for the entire reporting period (as indicated on top of survey, page 3). Paid hours consist of worked hours and nonworked hours. Worked 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 hours should include paid vacations, holidays, sick days, military leave, educational leave, bereavement or funeral leave, jury duty, and so forth.

1993 Annual Survey of Hospitals

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, 1993. 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. Cardiology	_____	_____
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 (e.g., medical director or vice president for medical affairs) as liaison between hospital management and the medical staff? YES NO
6. Does your hospital offer core clerkship or elective undergraduate medical education programs? 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. Swing bed SNF	_____
f. Hospital-based SNF	_____
g. 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, dermatology, hematology, neonatology, and otorhinolaryngology.

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.

1993 Annual Survey of Hospitals

J. HEALTH CARE REFORM ORIENTATION

1. In order to track the degree of collaboration that exists between the hospital and other providers toward the provision of a full continuum of services to their community, please check the categories that describes how each item is provided. Please check all categories that apply for an item. See definitions on page 28.

	Owned or Provided by the Hospital	Owned or Provided by a Hospital-Operated Subsidiary	Provided by My Hospital System	Provided Through a Joint Venture or Other Similar Arrangement	Provided Through Other Formal Contractual Arrangement	Provided Through Other Arrangement
a. Services						
(1) General Acute Services	_____	_____	_____	_____	_____	_____
(2) Intensive Care Services	_____	_____	_____	_____	_____	_____
(3) Ambulatory Care Services	_____	_____	_____	_____	_____	_____
(4) Ambulatory Surgery Services	_____	_____	_____	_____	_____	_____
(5) Wellness Services	_____	_____	_____	_____	_____	_____
(6) Fitness Services	_____	_____	_____	_____	_____	_____
(7) Urgent Care Services	_____	_____	_____	_____	_____	_____
(8) Emergency Services	_____	_____	_____	_____	_____	_____
(9) Diagnostic Testing Services	_____	_____	_____	_____	_____	_____
(10) Nursing Facility	_____	_____	_____	_____	_____	_____
(11) Rehabilitation Services	_____	_____	_____	_____	_____	_____
(12) Psychiatric Services	_____	_____	_____	_____	_____	_____
(13) Home Health Services	_____	_____	_____	_____	_____	_____
(14) Hospice	_____	_____	_____	_____	_____	_____
(15) Other: _____	_____	_____	_____	_____	_____	_____
b. Physician Arrangements						
(1) Independent Physician Association (IPA) ..	_____	_____	_____	_____	_____	_____
(2) Group Practice	_____	_____	_____	_____	_____	_____
(3) Physician Hospital Organization (PHO) ...	_____	_____	_____	_____	_____	_____
(4) Management Services Organization (MSO)	_____	_____	_____	_____	_____	_____
(5) Medical Foundation	_____	_____	_____	_____	_____	_____
(6) Other: _____	_____	_____	_____	_____	_____	_____
c. Insurance Products						
(1) HMO	_____	_____	_____	_____	_____	_____
(2) PPO	_____	_____	_____	_____	_____	_____
(3) Indemnity/Fee for service	_____	_____	_____	_____	_____	_____
(4) Other: _____	_____	_____	_____	_____	_____	_____

2. Does your hospital work with other providers, public agencies, or community representatives to conduct a health status assessment of the community? YES NO
3. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services? YES NO
- 4a. Does your hospital work with other local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community? YES NO
- 4b. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicative services in the community? YES NO
5. Does your hospital work with other providers to collect, track, and communicate clinical and health information across cooperating organizations? YES NO
6. Does your hospital either by itself or in conjunction with others disseminate reports to the community on the quality and costs of health care services? YES NO
7. What percentage of the hospital's net patient revenue is paid on a capitated basis? (If the hospital does not participate in capitated arrangements, please enter "0"). _____ %
8. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated or predetermined basis? YES NO

SECTION J
HEALTH CARE REFORM ORIENTATION
Definitions

1. **Joint Venture.** A collaborative arrangement short of a merger, which includes some form of integration (i.e., combination of some resources, business functions, and/or shared risk). Included here are joint venture and partnership arrangements. In many cases a new entity is formed that has responsibility for managing the arrangement.

2. **Other Formal Contractual Arrangement.** Include here shared service arrangements, formal referral arrangements, purchased services, and other arrangements where the provision of the service occurs as a result of a formal contract between the hospital and other provider(s). Within the contract, the obligations of both parties are specified. Integration of the parties does not occur as a result of the contract.

3. **Other Arrangement.** The provision of the service occurs as a result of an informal agreement between the hospital and another provider(s). Included here are informal referral arrangements.

4. **Capitation.** An at-risk payment arrangement in which an organization receives a fixed prearranged payment and in turn guarantees to deliver or arrange all medically necessary care required by enrollees in the capitated plan. The fixed amount is specified within contractual agreements between the payor and the involved organization. The fixed payment amount is based on an actuarial assessment of the services required by enrollees and the costs of providing these services, recognizing enrollee adjustment factors such as age, sex, and family size.

1993 Annual Survey of Hospitals

As declared previously, hospital specific revenue, asset, and liability data are treated as confidential. AHA's policy is not to release these data without written permission from your institution. The AHA will however, share these data with your respective state hospital association and if requested with your appropriate regional metropolitan association.

On occasion, the AHA is asked to provide these data to external organizations, both public and private, for their use in analyzing crucial health care policy or research issues. The AHA is requesting your permission to allow us **to release your confidential data to those requests that we consider legitimate and worthwhile.** In every instance of disclosure, **the receiving organization will be prohibited from releasing hospital specific information.**

Please indicate below whether or not you agree to these types of disclosure:

I hereby grant AHA permission to release my hospital's revenue, asset, and liability data to external users that the AHA determines have a legitimate and worthwhile need to gain access to these data subject to the user's agreement with the AHA not to release hospital specific information.

Chief Executive Officer

Date

I do not grant AHA permission to release my confidential data.

Chief Executive Officer

Date

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

() Telephone Number

____/____/____
Date of Completion

Chief Executive Officer

() Hospital's Main Fax Number

NOTE: PLEASE PHOTOCOPY 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.