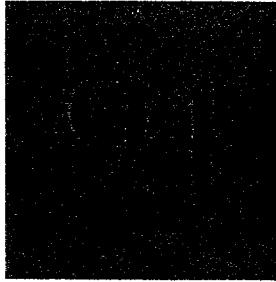


AMERICAN HOSPITAL ASSOCIATION



# ANNUAL SURVEY

THE AHA ANNUAL SURVEY OF HOSPITALS DATA BASE

Documentation for 1994 Data

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American Hospital Association  
1994 Annual Survey of Hospitals Data Base  
Documentation Manual

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SECTION 1     *INTRODUCTION*

## INTRODUCTION

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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 1993 version
- File characteristics and layouts for both tape and diskette formats
- Data reference sheets
- Copy of the 1994 AHA Annual Survey of Hospitals
- Summary of registered hospitals 1993 vs 1994

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  
1993 versus 1994 version

## NEW THIS YEAR

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### Summary of Changes 1993 versus 1994 Version

The facilities and services section (pages 3, 5, and 7) has changed considerably from last years' survey. Two column headings have changed and two more have been added. Previously only one of the two columns could be checked for any facility or service. Now any or all of the four columns may be checked, creating four separate data items for each facility or service.

Column (1) was: "Provided by my hospital" and has changed to "Owned or provided by my hospital or a subsidiary."

Column (2) is now positioned as column (4) and has changed from: "Provided under arrangement with another hospital or provider" to "Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in my local community)."

Column (2) is new: "Provided by my health system (in my local community)"

Column (3) is new: "Provided by my network (in my local community)"

Physician arrangements have been moved under facilities and services with three separate column headings to indicate the level of participation: My hospital, My Health System and/or My Health Network. (Each column is coded separately. A separate data item is listed for each response)

Insurance products are listed under facilities and services with four separate column headings to indicate the level of participation: My Hospital, My Health System, My Health Network, and/or Joint Venture With Insurer. (Each column is coded separately. A separate data item is listed for each response).

In addition to the changed column headings, 14 of the facilities and service categories are new.

The financial and utilization sections have been combined and reduced to primarily include total data items.

In the personnel section, the detail by occupational categories has been reduced to include the following items only: physicians and dentists, medical and dental residents/interns, other trainees, registered nurses, licensed practical nurses and all other personnel.

## New Data Items:

The following data items have been added to the AHA Annual Survey beginning with the 1994 version. As stated in the summary, for facilities and services, each column results in a separate data item. Therefore, for each facility and service, four codes are listed. Only the prefix has been listed under Item name for the 14 new data items.\* 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>
*Assisted Living	ASSTL	538-541
*Case management	CMNGT	554-557
*Children wellness program	CWELL	558-561
*Community outreach program	COUTR	562-565
*Crisis prevention	CRPREV	566-569
*Dental services	DENTS	570-573
*Health fair	HLTHF	600-603
*Health information center	HLTHC	604-607
*Health screenings	HLTHS	608-611
*Meals on wheels	MEALS	628-631
*Nutrition programs	NUTRP	632-635
*Support groups	SUPPG	740-743
*Teen outreach services	TEENS	744-747
*Transportation to health services	TPORT	752-755

The Network phone number and location (address, city, state and zipcode).

NETAREA	32
NETTELNO	33
NETADDR	34
NETCITY	35
NETSTCD	36
NETZIP	37

The number of other long-term care beds.

OTHLBD94	53
----------	----

The number of other care beds.

OTHBD94	54
---------	----



<u>Item Description</u>	<u>Item Name</u>	<u>Item Number</u>
If the hospital participates in the following physician arrangements.		
Independent Practice Association in my Health Network	IPANET	373
Group practice without walls in my Hospital	GPWWHOS	374
Group practice without walls in my Health System	GPWWSYS	375
Group practice without walls in my Health Network	GPWWNET	376
Open Physician-Hospital Organization in my Hospital	OPHOHOS	377
Open Physician-Hospital Organization in my Health System	OPHOSYS	378
Open Physician-Hospital Organization in my Health Network	OPHONET	379
Closed Physician-Hospital Organization in my Hospital	OPHOHOS	380
Closed Physician-Hospital Organization in my Health System	OPHOSYS	381
Closed Physician-Hospital Organization in my Health Network	OPHONET	382
Management Service Organization in my Health Network	MSONET	385
Integrated Salary Model		386-388
Integrated Salary Model in my Hospital	ISMHOS	386
Integrated Salary Model in my Health System	ISMSYS	387
Integrated Salary Model in my Health Network	ISMNET	388
Equity Model in my Hospital	EQMODHOS	389
Equity Model in my Health System	EQMODSYS	390
Equity Model in my Health Network	EQMODNET	391
Foundation in my Health Network	FOUNDNET	394
Health Maintenance Organization developed by my Health Network	IPHMNET	397
Preferred Provider Organization developed by my Health Network	IPPPONET	401
Indemnity Fee for Service Plan by my Health Network	IPFEENET	405

<u>Item Description</u>	<u>Item Name</u>	<u>Item Number</u>
Number of HMO contracts	HMOCON	408
Number of PPO contracts	PPOCON	410
Whether the hospital contracts directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared risk basis	CAPCON94	411
Number of lives covered under capitated payment arrangement	CAPCOV	412
Whether the hospital's mission statement includes a focus on community benefits	MISSION	413
Whether the hospital has a long-term plan for improving the health of its community	LTPLAN	414
Whether the hospital has resources for its community benefits activity	RESOURCE	415
Employee benefits - Nursing home unit/facility	NPAYBENLT	458
The following items refer to the number of full-time or part time total facility personnel that were on the payroll as of September 30, 1994		
Full-time physicians and dentists	FTMDTF	459
Full-time registered nurses	FTRNTF	462
Full-time licensed practical (vocational) nurses	FTLPNTF	463
Full-time all other personnel	FTOTHTF	464
Part-time physicians and dentists	PTMDTF	466
Part-time registered nurses	PTRNTF	469
Part-time licensed practical (vocational) nurses	PTLPNTF	470
Part-time all other personnel	PTOTHTF	471

## Data Item Deletions

The number of bed set up and staffed by service area is included with facilities and services under column I. The following bed categories have been deleted:

- Other acute care
- Other intensive care
- Chronic disease care
- Hospice care
- Developmental disability care
- Residential care/ elderly housing
- Other subacute care

All of the inpatient days by service area have been deleted.

The following swing bed items have been deleted:

- Swing bed certification
- Number of swing beds
- Skilled nursing swing bed admissions
- Intermediate care swing bed admissions
- Skilled nursing swing bed inpatient days
- Intermediate care swing bed inpatient days

Bed change information (number of beds and dates that permanent or significant temporary changes occurred) has been deleted.

Location of separate nursing home type of long term care

All separate information for hospital only

The following utilization information has been deleted:

- Licensed bed capacity
- Discharges
- Discharge days
- Census
- Newborn days
- Total surgical operations (calculated)
- Other outpatient visits (calculated)
- Observation visits
- Inpatient admissions from the emergency department

The following information on ambulatory care location has been deleted:

- Located within the hospital
- Freestanding, on campus

The following information on ambulatory care ownership has been deleted:

- Owned by a division of the hospital

The following total facility expense items have been deleted:

- Payroll for medical and dental residents and interns, and other trainees
- The payroll for all other personnel
- Professional fees
- Depreciation
- Interest
- Medicaid tax/ donation expense
- All other operating expense
- Total nonpayroll expense
- Nonoperating losses

All hospital unit expense items have been deleted

The following long term (nursing- home) unit expense items have been deleted:

- Total nonpayroll expenses
- Total expenses

All of the full-time and part-time hospital personnel categories have been deleted. Only total hospital personnel can be calculated.

All of the full-time and part-time nursing home personnel categories have been deleted. Only total nursing home personnel is still reported.

The only other personnel categories that remain are for the total facility. They are the total full-time and part-time, the full-time and part-time residents and the full-time and part-time trainees.

Other personnel section items that have been deleted are:

- Annual paid hours for nursing home personnel
- Annual paid hours for total facility personnel
- Annual paid hours for medical and dental residents and interns
- Annual paid hours for other trainees

All of the information on medical staff.

The following information has also been deleted:

Does the hospital have a contractual arrangement with a physician who serves in a paid capacity as a liaison between hospital management and the medical staff?  
Does the hospital offer core clerkship or elective undergraduate medical education programs.

Medicare provider numbers

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*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: 3 1/2-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 3

# TECHNICAL USER INFORMATION

### *File Characteristics*

- Magnetic tape format  
(ASCII and EBCDIC)
- Diskette format (ASCII on 3 1/2 ")

### *Installing the 1994 Data File on Diskette*

### *File Layouts and Data Reference Sheets*

- AHA Annual Survey of Hospitals File  
Layout
- State/region codes
- City rank codes
- HSA and County codes
- MSA File and County File Layouts
- Explanations of other codes and fields
- Health Care System File Layout

# AHA ANNUAL SURVEY OF HOSPITALS DATA BASE

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## Tape File Characteristics

The American Hospital Association's *1994 Annual Survey of Hospitals Data Base* specifications are as follows:

The nine (9) track magnetic tape is written in EBCDIC or ASCII at 1600 bpi, on an IBM 4381. The tape contains nine unlabeled files whose content, DCB specifications, and record counts are:

<u>File Names</u>	<u>Recording Format (RECFM)</u>	<u>Logical Record Length (LRECL)</u>	<u>Block Size (BLKSIZE)</u>	<u>Number of Records</u>
1. AHA Annual Survey Expanded Data File	FB	1,505	7,525	6,591
2. Modified F.I.P.S. County Codes and Names	FB	80	8,160	3,098
3. Full F.I.P.S. County Codes and Names	FB	80	8,160	3,226
4. MSA Codes and Names	FB	80	8,160	352
5. Data File Layout	FB	80	8,160	2,325
6. COBOL Data File Description	FB	80	8,160	722
7. SAS Data File Description	FB	80	8,160	74
8. Health Care System Layout	FB	80	8,160	145
9. Health Care System Data File	FB	130	8,060	283

Copies of the layout, descriptions, codes, and names can also be printed directly from the tape. The Data File Layout is provided with column-one carriage control.

# AHA ANNUAL SURVEY OF HOSPITALS DATA BASE

## Diskette File Characteristics

The American Hospital Association's *1994 Annual Survey of Hospitals Data Base* specifications are as follows:

The data diskettes are written in IBM standard ASCII format. The diskettes were formatted using DOS 6.22 and should be virus-free. High density (1.44) 3½-inch diskettes contain nine labeled files whose content, DCB specifications, record counts, and byte sizes are:

<u>File Names</u>	<u>Logical Record Length (LRECL)</u>	<u>Block Size (BLKSIZE)</u>	<u>Number of Records</u>	<u>Byte Size</u>
PUBAS94.ASC	1,505	7,525	6,591	9,932,638
MFIP93.ASC	80	8,160	3,098	254,037
FFIP93.ASC	80	8,160	3,226	264,533
MSA95.ASC	80	8,160	352	24,082
PUBAS94.LAY	80	8,160	2,325	109,980
COBL94.DSC	80	8,160	722	49,287
SASL94.DSC	80	8,160	74	6,069
HCS0795.LAY	80	8,160	145	11,891
HCS0795.ASC	130	8,060	283	37,357

Copies of the layout, descriptions, codes, and names can also be printed directly from the diskette. The PUBAS94.LAY and HCSO795.LAY files are provided with page eject.



# AHA ANNUAL SURVEY OF HOSPITALS DATA BASE

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## Installing the 1994 Data File on Diskette

Before you install the *1994 Annual Survey of Hospitals* on Diskette data file on your computer, you will need to know the following:

- The drive and directory where you want to store the 1994 data (we recommend that you create a separate subdirectory for your AHA data file)
- The amount of free disk space on the drive specified (a minimal of 12 megabytes is required)

In order to install the 1994 Annual Survey on diskette on your computer, you will need a minimal of 12 megabytes of available hard disk space. The setup program requires 500k of disk space to operate and the AHA data files occupy 11.5 megabytes. You **cannot** load only a portion of the data files. You must load the entire 11.5 megabytes.

The file access time reading this data file can be reduced by running a disk compression program (for example, MS-Defrag, PC Tools Compress, Norton SpeedDisk) before installing the data file.

The *SETUP* program installs in:

- 15 or less minutes on a 486DX/PENTIUM based system
- 15 to 22 minutes on a 386DX based system
- 35 to 45 minutes on a 286 based system

### To install the 1994 Annual Survey data file:

- 1) Insert AHA disk 1 in the floppy drive you want to use for installation and close the drive door. The *SETUP* program lets you use any active floppy drive.
- 2) To make the installation floppy drive active, type the floppy drive letter followed by a colon (:), and press **ENTER**.
- 3) Type *SETUP [source floppy drive:] [destination drive:] [\destination directory]* (ex. *SETUP A: C: \AHA94DAT*) and press **ENTER**. Once the setup program starts, do not interrupt the program. It may cause unpredictable results.

*SETUP* will create the following nine (9) files in the subdirectory specified during installation. All files are in the ASCII format.

# AHA ANNUAL SURVEY OF HOSPITALS DATA BASE

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## Installing the 1994 Data File on Diskette

The files are as follows:

<u>File Name</u>	<u>Byte Size</u>	<u>Description</u>
1) PUBAS94.ASC	9,932,638	One 9.93 megabyte file containing all the hospitals included on the 1994 Annual Survey Data File (this file is sorted in AHA identification number order)
2) FFIP93.ASC	254,037	County Codes and Names
3) MFIP93.ASC	264,533	County Codes and Names
4) MSA95.ASC	24,082	MSA Codes and Names
5) PUBAS94.LAY	109,980	Annual Survey of Hospitals Data File Layout
6) COBL94.DSC	49,287	<b>COBOL</b> data file description
7) SASL94.DSC	6,069	<b>SAS</b> data file description
8) HCS0795.LAY	11,891	Health Care System Layout
9) HCS0795.ASC	37,357	Health Care System Data File

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# AHA

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HEALTH STATISTICS GROUP

PUBLIC

1994

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	ITEM (TYPE)	EST	LENGTH	POSITION		ITEM DESCRIPTION
					START	END	
HOSPITAL IDENTIFICATION ...							
1	ID	(A)	NA	7	1	7	A.H.A. IDENTIFICATION NUMBER
	REG	(A)	NA	1	2	2	REGION CODE (*)
	STCD	(A)	NA	2	2	3	STATE CODE (*)
	HOSPNO	(A)	NA	4	4	7	HOSPITAL NUMBER (#)
REPORTING PERIOD AND FISCAL YEAR ...							
2	DTBEG		N	6	8	13	BEGINNING OF REPORTING PERIOD
	DBEGM		N	2	8	9	BEGINNING MONTH (@)
	DBEGD		N	2	10	11	BEGINNING DAY (@)
	DBEGY		N	2	12	13	BEGINNING YEAR (@)
3	DTEND		N	6	14	19	END OF REPORTING PERIOD
	DENDM		N	2	14	15	END MONTH (@)
	DENDD		N	2	16	17	END DAY (@)
	DENDY		N	2	18	19	END YEAR (@)
4	DCOV		NA	3	20	22	DAYS OPEN DURING REPORTING PERIOD ( '000' FOR NON-REPORTERS)
5	FYR		N	1	23	23	WAS THE HOSPITAL IN OPERATION TWELVE FULL MONTHS TO THE END OF THE REPORTING PERIOD? (1=YES 2=NO)(@)
6	FISYR		N	6	24	29	BEGINNING DATE OF FISCAL YEAR
	FISM		N	2	24	25	BEGINNING MONTH (@)
	FISD		N	2	26	27	BEGINNING DAY (@)
	FISY		N	2	28	29	BEGINNING YEAR (@)

(\*) SEE PAGE 41.

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

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

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

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

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>END</u>	<u>ITEM DESCRIPTION</u>
							ORGANIZATIONAL STRUCTURE (CONTINUED) ...
8	SERV		NA	2	32	33	SERVICE CODE - CATEGORY BEST DESCRIBING THE HOSPITAL OR THE TYPE OF SERVICE PROVIDED TO THE MAJORITY OF ADMISSIONS
							10 = GENERAL MEDICAL AND SURGICAL
							11 = HOSPITAL UNIT OF AN INSTITUTION
							12 = HOSPITAL UNIT WITHIN AN INSTITUTION FOR THE MENTALLY RETARDED
							22 = PSYCHIATRIC
							33 = TUBERCULOSIS AND OTHER RESPIRATORY DISEASES
							44 = OBSTETRICS AND GYNECOLOGY
							45 = EYE, EAR, NOSE AND THROAT
							46 = REHABILITATION
							47 = ORTHOPEDIC
							48 = CHRONIC DISEASE
							49 = OTHER SPECIALTY
							62 = INSTITUTION FOR THE MENTALLY RETARDED
							82 = ALCOHOLISM AND OTHER CHEMICAL DEPENDENCY
							50 = CHILDREN'S GENERAL MEDICAL AND SURGICAL
							51 = CHILDREN'S HOSPITAL UNIT OF AN INSTITUTION
							52 = CHILDREN'S PSYCHIATRIC
							53 = CHILDREN'S TUBERCULOSIS AND OTHER RESPIRATORY DISEASES
							55 = CHILDREN'S EYE, EAR, NOSE AND THROAT
							56 = CHILDREN'S REHABILITATION
							57 = CHILDREN'S ORTHOPEDIC
							58 = CHILDREN'S CHRONIC DISEASE
							59 = CHILDREN'S OTHER SPECIALTY
9	SERVOTH	(A)	N	30	34	63	SPECIAL-SERVICE DESCRIPTION (IF SERVICE CODE IS 49 OR 59)

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>(TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION</u>		<u>ITEM DESCRIPTION</u>
					<u>START</u>	<u>END</u>	
ORGANIZATIONAL STRUCTURE (CONTINUED) ... (*)							
10	RADMCHI		N	1	64	64	DOES THE HOSPITAL RESTRICT ADMISSIONS PRIMARILY TO CHILDREN? (1=YES 2=NO)
11	OSTEO		N	1	65	65	IS THE HOSPITAL PRIMARILY OSTEOPATHIC? (1=YES 2=NO)
12	MHSMEMB		N	1	66	66	IS THE HOSPITAL A MEMBER OF A HEALTH CARE SYSTEM? (1=YES 2=NO)
13	SYSID	(A)	NA	4	67	70	SYSTEM ID (#)
14	MHSNAME	(A)	NA	30	71	100	SYSTEM NAME
15	MHSCITY	(A)	NA	20	101	120	SYSTEM-HEADQUARTERS CITY
16	MHSSTCD	(A)	NA	2	121	122	STATE CODE (@)
17	HOLDCOMP		N	1	123	123	IS THE HOSPITAL A DIVISION OR SUBSIDIARY OF A HOLDING COMPANY? (1=YES 2=NO)
18	SUBS		N	1	124	124	DOES THE HOSPITAL ITSELF OPERATE SUBSIDIARY CORPORATIONS? (1=YES 2=NO)

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

(#) THIS ID IS TAKEN FROM THE JULY 1995 A.H.A. MEMBERSHIP DATABASE.

(@) SEE PAGE 41.

<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>(TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>END</u>	<u>ITEM DESCRIPTION</u>
							ORGANIZATIONAL STRUCTURE (CONTINUED) ... (*)
19	MNGT		N	1	125	125	IS THE HOSPITAL CONTRACT- MANAGED? (1=YES 2=NO)
20	MNGTNAME	(A)	NA	30	126	155	MANAGEMENT-ORGANIZATION NAME
21	MNGTCITY	(A)	NA	20	156	175	ORGANIZATION-HEADQUARTERS CITY
22	MNGTSTCD	(A)	NA	2	176	177	STATE CODE (#)
23	ALLIANCE		N	1	178	178	IS THE HOSPITAL A MEMBER OF AN ALLIANCE? (1=YES 2=NO)
24	ALL1NAME	(A)	NA	30	179	208	FIRST-ALLIANCE NAME
25	ALL1CITY	(A)	NA	20	209	228	ALLIANCE-HEADQUARTERS CITY
26	ALL1STCD	(A)	NA	2	229	230	STATE CODE (#)
27	ALL2NAME	(A)	NA	30	231	260	SECOND-ALLIANCE NAME
28	ALL2CITY	(A)	NA	20	261	280	ALLIANCE-HEADQUARTERS CITY
29	ALL2STCD	(A)	NA	2	281	282	STATE CODE (#)
30	NETWRK		N	1	283	283	IS THE HOSPITAL A PARTICIPANT IN A NETWORK? (1=YES 2=NO)
31	NETNAME	(A)	NA	30	284	313	NAME OF NETWORK (@)
							NETWORK TELEPHONE AND LOCATION (@)
32	NETAREA	(A)	NA	3	314	316	AREA CODE
33	NETTELNO	(A)	NA	7	317	323	LOCAL NUMBER
34	NETADDR	(A)	NA	30	324	353	STREET ADDRESS
35	NETCITY	(A)	NA	20	354	373	CITY
36	NETSTCD	(A)	NA	2	374	375	STATE CODE (#)
37	NETZIP	(A)	NA	5	376	380	ZIP CODE

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

(#) SEE PAGE 41.

(@) NEW ITEMS.



AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	ITEM (TYPE)	EST	LENGTH	POSITION		ITEM DESCRIPTION
					START	END	
							INPATIENT SERVICE UNIT BEDS SET UP AND STAFFED, WITHIN HOSPITAL, ON LAST DAY OF REPORTING PERIOD ... (*)
38	GENBD	N		4	381	384	GENERAL MEDICAL AND SURGICAL CARE (ADULT)
39	PEDBD	N		4	385	388	GENERAL MEDICAL AND SURGICAL CARE (PEDIATRIC)
40	OBBD	N		4	389	392	OBSTETRIC CARE
41	MSICBD	N		4	393	396	MEDICAL/SURGICAL INTENSIVE CARE
42	CICBD	N		4	397	400	CARDIAC INTENSIVE CARE
43	NICBD	N		4	401	404	NEONATAL INTENSIVE CARE (#)
44	NINTBD	N		4	405	408	NEONATAL INTERMEDIATE CARE (#)
45	PEDICBD	N		4	409	412	PEDIATRIC INTENSIVE CARE
46	BRNBD	N		4	413	416	BURN CARE
47	SPCICBD	N		4	417	420	OTHER SPECIAL CARE
48	REHABBD	N		4	421	424	REHABILITATION CARE
49	ALCHBD	N		4	425	428	ALCOHOL/CHEMICAL DEPENDENCY CARE
50	PSYBD	N		4	429	432	PSYCHIATRIC CARE
51	SNBD88	N		4	433	436	SKILLED NURSING CARE
52	ICFBD88	N		4	437	440	INTERMEDIATE CARE
53	OTHLBD94	N		4	441	444	OTHER LONG-TERM CARE (@)
54	OTHBD94	N		4	445	448	OTHER CARE (@)
55	HOSPBD	N		4	449	452	TOTAL HOSPITAL BEDS (\$)

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

(#) SEE NOTE FOR ITEM 444 (BASSINETS).

(@) NEW ITEMS.

(\$) CALCULATED ITEM: WHEN PRESENT, ITEM 55 (THE SUM OF ITEMS 38 THROUGH 54) SHOULD BE EQUAL TO ITEM 423 (BEDS SET UP AND STAFFED AT END OF REPORTING PERIOD).

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION</u>		<u>ITEM DESCRIPTION</u>
					<u>START</u>	<u>END</u>	
							OBSTETRICS UNIT ...
56	OBLEV		N	1	453	453	SERVICE LEVEL (*)
							1 = PROVIDES SERVICES FOR UNCOMPLICATED MATERNITY AND NEWBORN CASES
							2 = PROVIDES SERVICES FOR ALL UNCOMPLICATED AND MOST COMPLICATED CASES AND SPECIAL NEONATAL SERVICES
							3 = PROVIDES SERVICES FOR ALL SERIOUS ILLNESSES AND ABNORMALITIES

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

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>(TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION</u>		<u>ITEM DESCRIPTION</u>
					<u>START</u>	<u>END</u>	
PROVIDERS OF FACILITIES AND SERVICES ... (*) (#)							
1 = PROVIDER 2 = NOT PROVIDER							
GENERAL MEDICAL AND SURGICAL CARE (ADULT)							
57	GENHOS	N		1	454	454	HOSPITAL OR SUBSIDIARY
58	GENSYS	N		1	455	455	HEALTH SYSTEM (LOCALLY)
59	GENNET	N		1	456	456	NETWORK (LOCALLY)
60	GENVEN	N		1	457	457	JOINT VENTURE (LOCALLY)
GENERAL MEDICAL AND SURGICAL CARE (PEDIATRIC)							
61	PEDHOS	N		1	458	458	HOSPITAL OR SUBSIDIARY
62	PEDSYS	N		1	459	459	HEALTH SYSTEM (LOCALLY)
63	PEDNET	N		1	460	460	NETWORK (LOCALLY)
64	PEDVEN	N		1	461	461	JOINT VENTURE (LOCALLY)
OBSTETRIC CARE							
65	OBHOS	N		1	462	462	HOSPITAL OR SUBSIDIARY
66	OBSYS	N		1	463	463	HEALTH SYSTEM (LOCALLY)
67	OBNET	N		1	464	464	NETWORK (LOCALLY)
68	OBVEN	N		1	465	465	JOINT VENTURE (LOCALLY)
MEDICAL/SURGICAL INTENSIVE CARE							
69	MSICHOS	N		1	466	466	HOSPITAL OR SUBSIDIARY
70	MSICSYS	N		1	467	467	HEALTH SYSTEM (LOCALLY)
71	MSICNET	N		1	468	468	NETWORK (LOCALLY)
72	MSICVEN	N		1	469	469	JOINT VENTURE (LOCALLY)
CARDIAC INTENSIVE CARE							
73	CICHOS	N		1	470	470	HOSPITAL OR SUBSIDIARY
74	CICSYS	N		1	471	471	HEALTH SYSTEM (LOCALLY)
75	CICNET	N		1	472	472	NETWORK (LOCALLY)
76	CICVEN	N		1	473	473	JOINT VENTURE (LOCALLY)

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(#) NEW ITEMS.

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION</u>		<u>ITEM DESCRIPTION</u>
					<u>START</u>	<u>END</u>	
							PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)
							NEONATAL INTENSIVE CARE
77	NICHOS	N		1	474	474	HOSPITAL OR SUBSIDIARY
78	NICSYS	N		1	475	475	HEALTH SYSTEM (LOCALLY)
79	NICNET	N		1	476	476	NETWORK (LOCALLY)
80	NICVEN	N		1	477	477	JOINT VENTURE (LOCALLY)
							NEONATAL INTERMEDIATE CARE
81	NINTHOS	N		1	478	478	HOSPITAL OR SUBSIDIARY
82	NINTSYS	N		1	479	479	HEALTH SYSTEM (LOCALLY)
83	NINTNET	N		1	480	480	NETWORK (LOCALLY)
84	NINTVEN	N		1	481	481	JOINT VENTURE (LOCALLY)
							PEDIATRIC INTENSIVE CARE
85	PEDICHOS	N		1	482	482	HOSPITAL OR SUBSIDIARY
86	PEDICSYS	N		1	483	483	HEALTH SYSTEM (LOCALLY)
87	PEDICNET	N		1	484	484	NETWORK (LOCALLY)
88	PEDICVEN	N		1	485	485	JOINT VENTURE (LOCALLY)
							BURN CARE
89	BRNHOS	N		1	486	486	HOSPITAL OR SUBSIDIARY
90	BRNSYS	N		1	487	487	HEALTH SYSTEM (LOCALLY)
91	BRNNET	N		1	488	488	NETWORK (LOCALLY)
92	BRNVEN	N		1	489	489	JOINT VENTURE (LOCALLY)
							OTHER SPECIAL CARE
93	SPCICHOS	N		1	490	490	HOSPITAL OR SUBSIDIARY
94	SPCICSYS	N		1	491	491	HEALTH SYSTEM (LOCALLY)
95	SPCICNET	N		1	492	492	NETWORK (LOCALLY)
96	SPCICVEN	N		1	493	493	JOINT VENTURE (LOCALLY)
							REHABILITATION CARE
97	REHABHOS	N		1	494	494	HOSPITAL OR SUBSIDIARY
98	REHABSYS	N		1	495	495	HEALTH SYSTEM (LOCALLY)
99	REHABNET	N		1	496	496	NETWORK (LOCALLY)
100	REHABVEN	N		1	497	497	JOINT VENTURE (LOCALLY)

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(#) NEW ITEMS.

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>(TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>END</u>	<u>ITEM DESCRIPTION</u>
PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)							
ALCOHOL/DRUG ABUSE OR DEPENDENCY INPATIENT CARE							
101	ALCHHOS	N	1	498	498		HOSPITAL OR SUBSIDIARY
102	ALCHSYS	N	1	499	499		HEALTH SYSTEM (LOCALLY)
103	ALCHNET	N	1	500	500		NETWORK (LOCALLY)
104	ALCHVEN	N	1	501	501		JOINT VENTURE (LOCALLY)
PSYCHIATRIC CARE							
105	PSYHOS	N	1	502	502		HOSPITAL OR SUBSIDIARY
106	PSYSYS	N	1	503	503		HEALTH SYSTEM (LOCALLY)
107	PSYNET	N	1	504	504		NETWORK (LOCALLY)
108	PSYVEN	N	1	505	505		JOINT VENTURE (LOCALLY)
SKILLED NURSING CARE							
109	SNHOS	N	1	506	506		HOSPITAL OR SUBSIDIARY
110	SNSYS	N	1	507	507		HEALTH SYSTEM (LOCALLY)
111	SNNET	N	1	508	508		NETWORK (LOCALLY)
112	SNVEN	N	1	509	509		JOINT VENTURE (LOCALLY)
INTERMEDIATE CARE							
113	ICFHOS	N	1	510	510		HOSPITAL OR SUBSIDIARY
114	ICFSYS	N	1	511	511		HEALTH SYSTEM (LOCALLY)
115	ICFNET	N	1	512	512		NETWORK (LOCALLY)
116	ICFVEN	N	1	513	513		JOINT VENTURE (LOCALLY)
OTHER LONG-TERM CARE							
117	OTHLTHOS	N	1	514	514		HOSPITAL OR SUBSIDIARY
118	OTHLTSYS	N	1	515	515		HEALTH SYSTEM (LOCALLY)
119	OTHLTNET	N	1	516	516		NETWORK (LOCALLY)
120	OTHLTVEN	N	1	517	517		JOINT VENTURE (LOCALLY)
OTHER CARE							
121	OTHCRHOS	N	1	518	518		HOSPITAL OR SUBSIDIARY
122	OTHCRSYS	N	1	519	519		HEALTH SYSTEM (LOCALLY)
123	OTHCRNET	N	1	520	520		NETWORK (LOCALLY)
124	OTHCRVEN	N	1	521	521		JOINT VENTURE (LOCALLY)

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(#) NEW ITEMS.

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	ITEM (TYPE)	EST	LENGTH	POSITION		ITEM DESCRIPTION
					START	END	
PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)							
ADULT DAY CARE PROGRAM							
125	ADULTHOS	N		1	522	522	HOSPITAL OR SUBSIDIARY
126	ADULTSYS	N		1	523	523	HEALTH SYSTEM (LOCALLY)
127	ADULTNET	N		1	524	524	NETWORK (LOCALLY)
128	ADULTVEN	N		1	525	525	JOINT VENTURE (LOCALLY)
ALCOHOL/DRUG ABUSE OR DEPENDENCY OUTPATIENT SERVICES							
129	ALCOPHOS	N		1	526	526	HOSPITAL OR SUBSIDIARY
130	ALCOPSYS	N		1	527	527	HEALTH SYSTEM (LOCALLY)
131	ALCOPNET	N		1	528	528	NETWORK (LOCALLY)
132	ALCOPVEN	N		1	529	529	JOINT VENTURE (LOCALLY)
ANGIOPLASTY							
133	ANGIOHOS	N		1	530	530	HOSPITAL OR SUBSIDIARY
134	ANGIOSYS	N		1	531	531	HEALTH SYSTEM (LOCALLY)
135	ANGIONET	N		1	532	532	NETWORK (LOCALLY)
136	ANGIOVEN	N		1	533	533	JOINT VENTURE (LOCALLY)
ARTHRITIS TREATMENT CENTER							
137	ARTHCHOS	N		1	534	534	HOSPITAL OR SUBSIDIARY
138	ARTHCSYS	N		1	535	535	HEALTH SYSTEM (LOCALLY)
139	ARTHNET	N		1	536	536	NETWORK (LOCALLY)
140	ARTHCVEN	N		1	537	537	JOINT VENTURE (LOCALLY)
ASSISTED LIVING							
141	ASSTLHOS	N		1	538	538	HOSPITAL OR SUBSIDIARY
142	ASSTLSYS	N		1	539	539	HEALTH SYSTEM (LOCALLY)
143	ASSTLNET	N		1	540	540	NETWORK (LOCALLY)
144	ASSTLVEN	N		1	541	541	JOINT VENTURE (LOCALLY)
BIRTHING ROOM/LDR ROOM/LDRP ROOM							
145	BROOMHOS	N		1	542	542	HOSPITAL OR SUBSIDIARY
146	BROOMSYS	N		1	543	543	HEALTH SYSTEM (LOCALLY)
147	BROOMNET	N		1	544	544	NETWORK (LOCALLY)
148	BROOMVEN	N		1	545	545	JOINT VENTURE (LOCALLY)

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AMERICAN HOSPITAL ASSOCIATION  
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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>(TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>END</u>	<u>ITEM DESCRIPTION</u>
							PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)
							BREAST CANCER SCREENING/ MAMMOGRAMS
149	MAMMSHOS	N	1	546	546		HOSPITAL OR SUBSIDIARY
150	MAMMSYS	N	1	547	547		HEALTH SYSTEM (LOCALLY)
151	MAMMSNET	N	1	548	548		NETWORK (LOCALLY)
152	MAMMSVEN	N	1	549	549		JOINT VENTURE (LOCALLY)
							CARDIAC CATHETERIZATION LABORATORY
153	CCLABHOS	N	1	550	550		HOSPITAL OR SUBSIDIARY
154	CCLABSYS	N	1	551	551		HEALTH SYSTEM (LOCALLY)
155	CCLABNET	N	1	552	552		NETWORK (LOCALLY)
156	CCLABVEN	N	1	553	553		JOINT VENTURE (LOCALLY)
							CASE MANAGEMENT
157	CMNGTHOS	N	1	554	554		HOSPITAL OR SUBSIDIARY
158	CMNGTSYS	N	1	555	555		HEALTH SYSTEM (LOCALLY)
159	CMNGTNET	N	1	556	556		NETWORK (LOCALLY)
160	CMNGTVEN	N	1	557	557		JOINT VENTURE (LOCALLY)
							CHILD WELLNESS
161	CWELLHOS	N	1	558	558		HOSPITAL OR SUBSIDIARY
162	CWELLSYS	N	1	559	559		HEALTH SYSTEM (LOCALLY)
163	CWELLNET	N	1	560	560		NETWORK (LOCALLY)
164	CWELLVEN	N	1	561	561		JOINT VENTURE (LOCALLY)
							COMMUNITY OUTREACH
165	COUTRHOS	N	1	562	562		HOSPITAL OR SUBSIDIARY
166	COUTRSYS	N	1	563	563		HEALTH SYSTEM (LOCALLY)
167	COUTRNET	N	1	564	564		NETWORK (LOCALLY)
168	COUTRVEN	N	1	565	565		JOINT VENTURE (LOCALLY)
							CRISIS PREVENTION
169	CPREXHOS	N	1	566	566		HOSPITAL OR SUBSIDIARY
170	CPREXSYS	N	1	567	567		HEALTH SYSTEM (LOCALLY)
171	CPREXNET	N	1	568	568		NETWORK (LOCALLY)
172	CPREXVEN	N	1	569	569		JOINT VENTURE (LOCALLY)

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(#) NEW ITEMS.

<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION</u>		<u>ITEM DESCRIPTION</u>
					<u>START</u>	<u>END</u>	
							PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)
							DENTAL SERVICES
173	DENTSHOS	N	1		570	570	HOSPITAL OR SUBSIDIARY
174	DENTSSYS	N	1		571	571	HEALTH SYSTEM (LOCALLY)
175	DENTSNET	N	1		572	572	NETWORK (LOCALLY)
176	DENTSVEN	N	1		573	573	JOINT VENTURE (LOCALLY)
							EMERGENCY DEPARTMENT
177	EMDEPHOS	N	1		574	574	HOSPITAL OR SUBSIDIARY
178	EMDEPSYS	N	1		575	575	HEALTH SYSTEM (LOCALLY)
179	EMDEPNET	N	1		576	576	NETWORK (LOCALLY)
180	EMDEPVEN	N	1		577	577	JOINT VENTURE (LOCALLY)
181	EMJCAH92	N	1		578	578	LEVEL OF EMERGENCY DEPARTMENT 1 = JCAHO LEVEL I 2 = JCAHO LEVEL II 3 = JCAHO LEVEL III 4 = JCAHO LEVEL IV
							CERTIFIED TRAUMA CENTER
182	TRAUMHOS	N	1		579	579	HOSPITAL OR SUBSIDIARY
183	TRAUMSYS	N	1		580	580	HEALTH SYSTEM (LOCALLY)
184	TRAUMNET	N	1		581	581	NETWORK (LOCALLY)
185	TRAUMVEN	N	1		582	582	JOINT VENTURE (LOCALLY)
186	TRAUML90	N	1		583	583	LEVEL OF TRAUMA CENTER 1 = REGIONAL RESOURCE TRAUMA CENTER 2 = COMMUNITY TRAUMA CENTER 3 = RURAL TRAUMA HOSPITAL
							EXTRACORPOREAL SHOCK-WAVE LITHOTRIPTER (ESWL)
187	ESWLHOS	N	1		584	584	HOSPITAL OR SUBSIDIARY
188	ESWLSYS	N	1		585	585	HEALTH SYSTEM (LOCALLY)
189	ESWLNET	N	1		586	586	NETWORK (LOCALLY)
190	ESWLVEN	N	1		587	587	JOINT VENTURE (LOCALLY)

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AMERICAN HOSPITAL ASSOCIATION  
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ITEM NUMBER	ITEM NAME	ITEM (TYPE)	EST	LENGTH	POSITION		ITEM DESCRIPTION
					START	END	
PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)							
FITNESS CENTER							
191	FITCHOS	N		1	588	588	HOSPITAL OR SUBSIDIARY
192	FITCSYS	N		1	589	589	HEALTH SYSTEM (LOCALLY)
193	FITCNET	N		1	590	590	NETWORK (LOCALLY)
194	FITCVEN	N		1	591	591	JOINT VENTURE (LOCALLY)
FREESTANDING OUTPATIENT CENTER							
195	OPCENHOS	N		1	592	592	HOSPITAL OR SUBSIDIARY
196	OPCENSYS	N		1	593	593	HEALTH SYSTEM (LOCALLY)
197	OPCENNET	N		1	594	594	NETWORK (LOCALLY)
198	OPCENVEN	N		1	595	595	JOINT VENTURE (LOCALLY)
GERIATRIC SERVICES							
199	GERSVHOS	N		1	596	596	HOSPITAL OR SUBSIDIARY
200	GERSVSY	N		1	597	597	HEALTH SYSTEM (LOCALLY)
201	GERSVNET	N		1	598	598	NETWORK (LOCALLY)
202	GERSVVEN	N		1	599	599	JOINT VENTURE (LOCALLY)
HEALTH FAIR							
203	HLTHFHOS	N		1	600	600	HOSPITAL OR SUBSIDIARY
204	HLTHFSYS	N		1	601	601	HEALTH SYSTEM (LOCALLY)
205	HLTHFNET	N		1	602	602	NETWORK (LOCALLY)
206	HLTHFVEN	N		1	603	603	JOINT VENTURE (LOCALLY)
HEALTH INFORMATION CENTER							
207	HLTHCHOS	N		1	604	604	HOSPITAL OR SUBSIDIARY
208	HLTHCSYS	N		1	605	605	HEALTH SYSTEM (LOCALLY)
209	HLTHCNET	N		1	606	606	NETWORK (LOCALLY)
210	HLTHCVEN	N		1	607	607	JOINT VENTURE (LOCALLY)
HEALTH SCREENINGS							
211	HLTHSHOS	N		1	608	608	HOSPITAL OR SUBSIDIARY
212	HLTHSSYS	N		1	609	609	HEALTH SYSTEM (LOCALLY)
213	HLTHSNET	N		1	610	610	NETWORK (LOCALLY)
214	HLTHSVEN	N		1	611	611	JOINT VENTURE (LOCALLY)

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AMERICAN HOSPITAL ASSOCIATION  
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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION</u>		<u>ITEM DESCRIPTION</u>
					<u>START</u>	<u>END</u>	
							PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)
							HIV-AIDS SERVICES
215	AIDSSHOS	N	1		612	612	HOSPITAL OR SUBSIDIARY
216	AIDSSSYS	N	1		613	613	HEALTH SYSTEM (LOCALLY)
217	AIDSSNET	N	1		614	614	NETWORK (LOCALLY)
218	AIDSSVEN	N	1		615	615	JOINT VENTURE (LOCALLY)
							HOME HEALTH SERVICES
219	HOMEHHOS	N	1		616	616	HOSPITAL OR SUBSIDIARY
220	HOMEHSYS	N	1		617	617	HEALTH SYSTEM (LOCALLY)
221	HOMEHNET	N	1		618	618	NETWORK (LOCALLY)
222	HOMEHVEN	N	1		619	619	JOINT VENTURE (LOCALLY)
							HOSPICE
223	HOSPCOS	N	1		620	620	HOSPITAL OR SUBSIDIARY
224	HOSPCSYS	N	1		621	621	HEALTH SYSTEM (LOCALLY)
225	HOSPCNET	N	1		622	622	NETWORK (LOCALLY)
226	HOSPCVEN	N	1		623	623	JOINT VENTURE (LOCALLY)
							HOSPITAL-BASED OUTPATIENT CARE CENTER/SERVICES
227	OPHOSHOS	N	1		624	624	HOSPITAL OR SUBSIDIARY
228	OPHOSSYS	N	1		625	625	HEALTH SYSTEM (LOCALLY)
229	OPHOSNET	N	1		626	626	NETWORK (LOCALLY)
230	OPHOSVEN	N	1		627	627	JOINT VENTURE (LOCALLY)
							MEALS ON WHEELS
231	MEALSHOS	N	1		628	628	HOSPITAL OR SUBSIDIARY
232	MEALSSYS	N	1		629	629	HEALTH SYSTEM (LOCALLY)
233	MEALSNET	N	1		630	630	NETWORK (LOCALLY)
234	MEALSVEN	N	1		631	631	JOINT VENTURE (LOCALLY)
							NUTRITION PROGRAMS
235	NUTRPHOS	N	1		632	632	HOSPITAL OR SUBSIDIARY
236	NUTRPSYS	N	1		633	633	HEALTH SYSTEM (LOCALLY)
237	NUTRPNET	N	1		634	634	NETWORK (LOCALLY)
238	NUTRPVEN	N	1		635	635	JOINT VENTURE (LOCALLY)

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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>(TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>END</u>	<u>ITEM DESCRIPTION</u>
PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)							
OCCUPATIONAL HEALTH SERVICES							
239	OCCHSHOS	N	1		636	636	HOSPITAL OR SUBSIDIARY
240	OCCHSSYS	N	1		637	637	HEALTH SYSTEM (LOCALLY)
241	OCCHSNET	N	1		638	638	NETWORK (LOCALLY)
242	OCCHSVEN	N	1		639	639	JOINT VENTURE (LOCALLY)
ONCOLOGY SERVICES							
243	ONCOLHOS	N	1		640	640	HOSPITAL OR SUBSIDIARY
244	ONCOLSYS	N	1		641	641	HEALTH SYSTEM (LOCALLY)
245	ONCOLNET	N	1		642	642	NETWORK (LOCALLY)
246	ONCOLVEN	N	1		643	643	JOINT VENTURE (LOCALLY)
OPEN-HEART SURGERY							
247	OHSRGHOS	N	1		644	644	HOSPITAL OR SUBSIDIARY
248	OHSRGSYS	N	1		645	645	HEALTH SYSTEM (LOCALLY)
249	OHSRGNET	N	1		646	646	NETWORK (LOCALLY)
250	OHSRGVEN	N	1		647	647	JOINT VENTURE (LOCALLY)
OUTPATIENT SURGERY							
251	OPSRGHOS	N	1		648	648	HOSPITAL OR SUBSIDIARY
252	OPSRGSYS	N	1		649	649	HEALTH SYSTEM (LOCALLY)
253	OPSRGNET	N	1		650	650	NETWORK (LOCALLY)
254	OPSRGVEN	N	1		651	651	JOINT VENTURE (LOCALLY)
PATIENT EDUCATION CENTER							
255	PATEDHOS	N	1		652	652	HOSPITAL OR SUBSIDIARY
256	PATEDSYS	N	1		653	653	HEALTH SYSTEM (LOCALLY)
257	PATEDNET	N	1		654	654	NETWORK (LOCALLY)
258	PATEDVEN	N	1		655	655	JOINT VENTURE (LOCALLY)
PATIENT REPRESENTATIVE SERVICES							
259	PATRPHOS	N	1		656	656	HOSPITAL OR SUBSIDIARY
260	PATRPSYS	N	1		657	657	HEALTH SYSTEM (LOCALLY)
261	PATRPNET	N	1		658	658	NETWORK (LOCALLY)
262	PATRPVEN	N	1		659	659	JOINT VENTURE (LOCALLY)

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(#) NEW ITEMS.

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>(TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION</u>		<u>ITEM DESCRIPTION</u>
					<u>START</u>	<u>END</u>	
							PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)
							PHYSICAL REHABILITATION
							OUTPATIENT SERVICES
263	RHBOPHOS	N		1	660	660	HOSPITAL OR SUBSIDIARY
264	RHBOPSYS	N		1	661	661	HEALTH SYSTEM (LOCALLY)
265	RHBOPNET	N		1	662	662	NETWORK (LOCALLY)
266	RHBOPVEN	N		1	663	663	JOINT VENTURE (LOCALLY)
							PRIMARY CARE DEPARTMENT
267	PCDEPHOS	N		1	664	664	HOSPITAL OR SUBSIDIARY
268	PCDEPSYS	N		1	665	665	HEALTH SYSTEM (LOCALLY)
269	PCDEPNET	N		1	666	666	NETWORK (LOCALLY)
270	PCDEPVEN	N		1	667	667	JOINT VENTURE (LOCALLY)
							PSYCHIATRIC CHILD/ADOLESCENT SERVICES
271	PSYCAHOS	N		1	668	668	HOSPITAL OR SUBSIDIARY
272	PSYCASYS	N		1	669	669	HEALTH SYSTEM (LOCALLY)
273	PSYCANET	N		1	670	670	NETWORK (LOCALLY)
274	PSYCAVEN	N		1	671	671	JOINT VENTURE (LOCALLY)
							PSYCHIATRIC CONSULTATION/LIAISON SERVICES
275	PSYLSHOS	N		1	672	672	HOSPITAL OR SUBSIDIARY
276	PSYLSSYS	N		1	673	673	HEALTH SYSTEM (LOCALLY)
277	PSYLSNET	N		1	674	674	NETWORK (LOCALLY)
278	PSYLSVEN	N		1	675	675	JOINT VENTURE (LOCALLY)
							PSYCHIATRIC EDUCATION SERVICES
279	PSYEDHOS	N		1	676	676	HOSPITAL OR SUBSIDIARY
280	PSYEDSYS	N		1	677	677	HEALTH SYSTEM (LOCALLY)
281	PSYEDNET	N		1	678	678	NETWORK (LOCALLY)
282	PSYEDVEN	N		1	679	679	JOINT VENTURE (LOCALLY)
							PSYCHIATRIC EMERGENCY SERVICES
283	PSYEMHOS	N		1	680	680	HOSPITAL OR SUBSIDIARY
284	PSYEMSYS	N		1	681	681	HEALTH SYSTEM (LOCALLY)
285	PSYEMNET	N		1	682	682	NETWORK (LOCALLY)
286	PSYEMVEN	N		1	683	683	JOINT VENTURE (LOCALLY)

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(#) NEW ITEMS.

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							PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)
							PSYCHIATRIC GERIATRIC SERVICES
287	PSYGRHOS	N	1	684	684		HOSPITAL OR SUBSIDIARY
288	PSYGRSYS	N	1	685	685		HEALTH SYSTEM (LOCALLY)
289	PSYGRNET	N	1	686	686		NETWORK (LOCALLY)
290	PSYGRVEN	N	1	687	687		JOINT VENTURE (LOCALLY)
							PSYCHIATRIC OUTPATIENT SERVICES
291	PSYOPHOS	N	1	688	688		HOSPITAL OR SUBSIDIARY
292	PSYOPSYS	N	1	689	689		HEALTH SYSTEM (LOCALLY)
293	PSYOPNET	N	1	690	690		NETWORK (LOCALLY)
294	PSYOPVEN	N	1	691	691		JOINT VENTURE (LOCALLY)
							PSYCHIATRIC PARTIAL HOSPITALIZATION PROGRAM
295	PSYPHHOS	N	1	692	692		HOSPITAL OR SUBSIDIARY
296	PSYPHSYS	N	1	693	693		HEALTH SYSTEM (LOCALLY)
297	PSYPHNET	N	1	694	694		NETWORK (LOCALLY)
298	PSYPHVEN	N	1	695	695		JOINT VENTURE (LOCALLY)
							RADIATION THERAPY
299	RADTHHOS	N	1	696	696		HOSPITAL OR SUBSIDIARY
300	RADTHSYS	N	1	697	697		HEALTH SYSTEM (LOCALLY)
301	RADTHNET	N	1	698	698		NETWORK (LOCALLY)
302	RADTHVEN	N	1	699	699		JOINT VENTURE (LOCALLY)
							COMPUTED-TOMOGRAPHY SCANNER
303	CTSCNHOS	N	1	700	700		HOSPITAL OR SUBSIDIARY
304	CTSCNSYS	N	1	701	701		HEALTH SYSTEM (LOCALLY)
305	CTSCNNET	N	1	702	702		NETWORK (LOCALLY)
306	CTSCNVEN	N	1	703	703		JOINT VENTURE (LOCALLY)
							DIAGNOSTIC RADIOISOTOPE FACILITY
307	DRADFHOS	N	1	704	704		HOSPITAL OR SUBSIDIARY
308	DRADFSYS	N	1	705	705		HEALTH SYSTEM (LOCALLY)
309	DRADFNET	N	1	706	706		NETWORK (LOCALLY)
310	DRADFVEN	N	1	707	707		JOINT VENTURE (LOCALLY)

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(#) NEW ITEMS.

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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION</u>		<u>ITEM DESCRIPTION</u>
					<u>START</u>	<u>END</u>	
							PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)
							MAGNETIC RESONANCE IMAGING (MRI)
311	MRIHOS	N		1	708	708	HOSPITAL OR SUBSIDIARY
312	MRISYS	N		1	709	709	HEALTH SYSTEM (LOCALLY)
313	MRINET	N		1	710	710	NETWORK (LOCALLY)
314	MRIVEN	N		1	711	711	JOINT VENTURE (LOCALLY)
							POSITRON EMISSION TOMOGRAPHY (PET)
315	PETHOS	N		1	712	712	HOSPITAL OR SUBSIDIARY
316	PETSYS	N		1	713	713	HEALTH SYSTEM (LOCALLY)
317	PETNET	N		1	714	714	NETWORK (LOCALLY)
318	PETVEN	N		1	715	715	JOINT VENTURE (LOCALLY)
							SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY (SPECT)
319	SPECTHOS	N		1	716	716	HOSPITAL OR SUBSIDIARY
320	SPECTSYS	N		1	717	717	HEALTH SYSTEM (LOCALLY)
321	SPECTNET	N		1	718	718	NETWORK (LOCALLY)
322	SPECTVEN	N		1	719	719	JOINT VENTURE (LOCALLY)
							ULTRASOUND
323	ULTSNHOS	N		1	720	720	HOSPITAL OR SUBSIDIARY
324	ULTSNSYS	N		1	721	721	HEALTH SYSTEM (LOCALLY)
325	ULTSNNET	N		1	722	722	NETWORK (LOCALLY)
326	ULTSNVEN	N		1	723	723	JOINT VENTURE (LOCALLY)
							REPRODUCTIVE HEALTH
327	REPROHOS	N		1	724	724	HOSPITAL OR SUBSIDIARY
328	REPROSYS	N		1	725	725	HEALTH SYSTEM (LOCALLY)
329	REPRONET	N		1	726	726	NETWORK (LOCALLY)
330	REPROVEN	N		1	727	727	JOINT VENTURE (LOCALLY)
							RETIREMENT HOUSING
331	RETIRHOS	N		1	728	728	HOSPITAL OR SUBSIDIARY
332	RETIRSYS	N		1	729	729	HEALTH SYSTEM (LOCALLY)
333	RETIRNET	N		1	730	730	NETWORK (LOCALLY)
334	RETIRVEN	N		1	731	731	JOINT VENTURE (LOCALLY)

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					<u>START</u>	<u>END</u>	
							PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)
							SOCIAL WORK SERVICES
335	SOCWKHOS	N		1	732	732	HOSPITAL OR SUBSIDIARY
336	SOCWKSYS	N		1	733	733	HEALTH SYSTEM (LOCALLY)
337	SOCWKNET	N		1	734	734	NETWORK (LOCALLY)
338	SOCWKVEN	N		1	735	735	JOINT VENTURE (LOCALLY)
							SPORTS MEDICINE
339	SPORTHOS	N		1	736	736	HOSPITAL OR SUBSIDIARY
340	SPORTSYS	N		1	737	737	HEALTH SYSTEM (LOCALLY)
341	SPORTNET	N		1	738	738	NETWORK (LOCALLY)
342	SPORTVEN	N		1	739	739	JOINT VENTURE (LOCALLY)
							SUPPORT GROUPS
343	SUPPGHOS	N		1	740	740	HOSPITAL OR SUBSIDIARY
344	SUPPGSYS	N		1	741	741	HEALTH SYSTEM (LOCALLY)
345	SUPPGNET	N		1	742	742	NETWORK (LOCALLY)
346	SUPPGVEN	N		1	743	743	JOINT VENTURE (LOCALLY)
							TEEN OUTREACH SERVICES
347	TEENSHOS	N		1	744	744	HOSPITAL OR SUBSIDIARY
348	TEENSSYS	N		1	745	745	HEALTH SYSTEM (LOCALLY)
349	TEENSNET	N		1	746	746	NETWORK (LOCALLY)
350	TEENSVEN	N		1	747	747	JOINT VENTURE (LOCALLY)
							TRANSPLANT SERVICES
351	TPLNTHOS	N		1	748	748	HOSPITAL OR SUBSIDIARY
352	TPLNTSYS	N		1	749	749	HEALTH SYSTEM (LOCALLY)
353	TPLNTNET	N		1	750	750	NETWORK (LOCALLY)
354	TPLNTVEN	N		1	751	751	JOINT VENTURE (LOCALLY)
							TRANSPORTATION TO HEALTH FACILITIES
355	TPORTHOS	N		1	752	752	HOSPITAL OR SUBSIDIARY
356	TPORTSYS	N		1	753	753	HEALTH SYSTEM (LOCALLY)
357	TPORTNET	N		1	754	754	NETWORK (LOCALLY)
358	TPORTVEN	N		1	755	755	JOINT VENTURE (LOCALLY)

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					<u>START</u>	<u>END</u>	
							PROVIDERS OF FACILITIES AND SERVICES (CONTINUED) ... (*) (#)
							URGENT CARE CENTER
359	URGCHOS	N		1	756	756	HOSPITAL OR SUBSIDIARY
360	URGCSYS	N		1	757	757	HEALTH SYSTEM (LOCALLY)
361	URGNET	N		1	758	758	NETWORK (LOCALLY)
362	URGCVEN	N		1	759	759	JOINT VENTURE (LOCALLY)
							VOLUNTEER SERVICES DEPARTMENT
363	VOLSVHOS	N		1	760	760	HOSPITAL OR SUBSIDIARY
364	VOLSVSYS	N		1	761	761	HEALTH SYSTEM (LOCALLY)
365	VOLSVNET	N		1	762	762	NETWORK (LOCALLY)
366	VOLSVVEN	N		1	763	763	JOINT VENTURE (LOCALLY)
							WOMEN'S HEALTH CENTER/SERVICES
367	WOMHCHOS	N		1	764	764	HOSPITAL OR SUBSIDIARY
368	WOMHCSYS	N		1	765	765	HEALTH SYSTEM (LOCALLY)
369	WOMHNET	N		1	766	766	NETWORK (LOCALLY)
370	WOMHCVEN	N		1	767	767	JOINT VENTURE (LOCALLY)

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PARTICIPATION IN PHYSICIAN ARRANGEMENTS ... (*)							
1 = PARTICIPATION 2 = NO PARTICIPATION							
INDEPENDENT PRACTICE ASSOCIATION							
371	IPAHOS	N		1	768	768	HOSPITAL
372	IPASYS	N		1	769	769	HEALTH SYSTEM
373	IPANET	N		1	770	770	NETWORK (#)
GROUP PRACTICE WITHOUT WALLS (#)							
374	GPWWHOS	N		1	771	771	HOSPITAL
375	GPWWSYS	N		1	772	772	HEALTH SYSTEM
376	GPWWNET	N		1	773	773	NETWORK
OPEN PHYSICIAN-HOSPITAL ORGANIZATION (#)							
377	OPHOHOS	N		1	774	774	HOSPITAL
378	OPHOSYS	N		1	775	775	HEALTH SYSTEM
379	OPHONET	N		1	776	776	NETWORK
CLOSED PHYSICIAN-HOSPITAL ORGANIZATION (#)							
380	CPHOHOS	N		1	777	777	HOSPITAL
381	CPHOSYS	N		1	778	778	HEALTH SYSTEM
382	CPHONET	N		1	779	779	NETWORK
MANAGEMENT SERVICE ORGANIZATION							
383	MSOHOS	N		1	780	780	HOSPITAL
384	MSOSYS	N		1	781	781	HEALTH SYSTEM
385	MSONET	N		1	782	782	NETWORK (#)
INTEGRATED SALARY MODEL (#)							
386	ISMHOS	N		1	783	783	HOSPITAL
387	ISMSYS	N		1	784	784	HEALTH SYSTEM
388	ISMNET	N		1	785	785	NETWORK

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							PARTICIPATION IN PHYSICIAN ARRANGEMENTS (CONTINUED) ... (*)
							EQUITY MODEL (#)
389	EQMODHOS	N		1	786	786	HOSPITAL
390	EQMODSYS	N		1	787	787	HEALTH SYSTEM
391	EQMODNET	N		1	788	788	NETWORK
							FOUNDATION (#)
392	FOUNDHOS	N		1	789	789	HOSPITAL
393	FOUNDSYS	N		1	790	790	HEALTH SYSTEM
394	FOUNDNET	N		1	791	791	NETWORK
							DEVELOPMENT OF INSURANCE PRODUCTS ... (*)
							1 = DEVELOPMENT 2 = NO DEVELOPMENT
							HEALTH MAINTENANCE ORGANIZATION
395	IPHMOHOS	N		1	792	792	HOSPITAL
396	IPHMOSYS	N		1	793	793	HEALTH SYSTEM
397	IPHMONET	N		1	794	794	NETWORK (#)
398	IPHMOVEN	N		1	795	795	JOINT VENTURE
							PREFERRED PROVIDER ORGANIZATION
399	IPPPHOS	N		1	796	796	HOSPITAL
400	IPPPSYS	N		1	797	797	HEALTH SYSTEM
401	IPPPONET	N		1	798	798	NETWORK (#)
402	IPPPOVEN	N		1	799	799	JOINT VENTURE
							INDEMNITY FEE FOR SERVICE PLAN
403	IPFEEHOS	N		1	800	800	HOSPITAL
404	IPFEESYS	N		1	801	801	HEALTH SYSTEM
405	IPFEENET	N		1	802	802	NETWORK (#)
406	IPFEEVEN	N		1	803	803	JOINT VENTURE

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					<u>START</u>	<u>END</u>	
							CONTRACTED CARE ... (*)
407	HMO86		N	1	804	804	DOES THE HOSPITAL HAVE A FORMAL WRITTEN CONTRACT WITH A HEALTH MAINTENANCE ORGANIZATION THAT SPECIFIES THE OBLIGATIONS OF EACH PARTY? (1=YES 2=NO)
408	HMOCON		N	4	805	808	NUMBER OF HMO CONTRACTS (#)
409	PPO86		N	1	809	809	DOES THE HOSPITAL HAVE A FORMAL WRITTEN CONTRACT WITH A PREFERRED PROVIDER ORGANIZATION THAT SPECIFIES THE OBLIGATIONS OF EACH PARTY? (1=YES 2=NO)
410	PPOCON		N	4	810	813	NUMBER OF PPO CONTRACTS (#)
411	CAPCON94		N	1	814	814	DOES THE HOSPITAL CONTRACT DIRECTLY WITH EMPLOYERS OR A COALITION OF EMPLOYERS TO PROVIDE CARE ON A CAPITATED, PREDETERMINED OR SHARED RISK BASIS? (1=YES 2=NO) (#)
412	CAPCOV		N	8	815	822	NUMBER OF LIVES COVERED UNDER A CAPITATED PAYMENT ARRANGEMENT (#)

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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION</u>		<u>ITEM DESCRIPTION</u>
					<u>START</u>	<u>END</u>	
							COMMUNITY ORIENTATION (1=YES 2=NO) ... (*)
413	MISSION	N		1	823	823	DOES THE HOSPITAL'S MISSION STATEMENT INCLUDE A FOCUS ON COMMUNITY BENEFIT? (#)
414	LTPLAN	N		1	824	824	DOES THE HOSPITAL HAVE A LONG- TERM PLAN FOR IMPROVING THE HEALTH OF ITS COMMUNITY? (#)
415	RESOURCE	N		1	825	825	DOES THE HOSPITAL HAVE RESOURCES FOR ITS COMMUNITY BENEFIT ACTIVITIES? (#)
416	HSASSESS	N		1	826	826	DOES THE HOSPITAL WORK WITH OTHER PROVIDERS, PUBLIC AGENCIES OR COMMUNITY REPRESENTATIVES TO CONDUCT A HEALTH STATUS ASSESSMENT OF THE COMMUNITY?
417	HSIND	N		1	827	827	DOES THE HOSPITAL USE HEALTH STATUS INDICATORS FOR DEFINED POPULATIONS TO DESIGN OR MODIFY SERVICES?
418	CAPASS	N		1	828	828	DOES THE 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?
419	ASSUSE	N		1	829	829	HAS THE HOSPITAL USED THE ASSESSMENT TO IDENTIFY UNMET HEALTH NEEDS, EXCESS CAPACITY OR DUPLICATIVE SERVICES IN THE COMMUNITY?

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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION</u>		<u>ITEM DESCRIPTION</u>
					<u>START</u>	<u>END</u>	
							COMMUNITY ORIENTATION (CONTINUED) ... (*)
420	CTRACK		N	1	830	830	DOES THE HOSPITAL WORK WITH OTHER PROVIDERS TO COLLECT, TRACK AND COMMUNICATE CLINICAL AND HEALTH INFORMATION ACROSS COOPERATING ORGANIZATIONS?
421	QUALREP		N	1	831	831	DOES THE HOSPITAL, ALONE OR WITH OTHERS, DISSEMINATE REPORTS TO THE COMMUNITY ON THE QUALITY AND COSTS OF HEALTH CARE SERVICES?

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							TOTAL FACILITY BEDS AND UTILIZATION ...
422	SUNITS	N		1	832	832	DOES THE HOSPITAL MAINTAIN A SEPARATE NURSING-HOME TYPE OF LONG-TERM CARE UNIT? (1=YES 2=NO) (*)
423	BDTOT	NA		4	833	836	TOTAL FACILITY BEDS SET UP AND STAFFED AT END OF REPORTING PERIOD (#)
424	ADMTOT	Y		6	837	842	ADMISSIONS
425	IPDTOT	Y		8	843	850	INPATIENT DAYS
426	BDH	N		4	851	854	HOSPITAL UNIT (@) (\$) BEDS SET UP AND STAFFED
427	ADMH	N		6	855	860	ADMISSIONS
428	IPDH	N		8	861	868	INPATIENT DAYS
429	BDLT	N		4	869	872	NURSING-HOME (LONG-TERM) UNIT/FACILITY (@)
430	ADMLT	N		6	873	878	BEDS SET UP AND STAFFED
431	IPDLT	N		8	879	886	ADMISSIONS INPATIENT DAYS

(\*) CALCULATED ITEM: SET TO ONE IF ITEM 429 IS GREATER THAN ZERO, AND BLANK IF A HOSPITAL DID NOT RESPOND TO THE SURVEY.

(#) ITEM 423 SHOULD BE EQUAL TO ITEM 55 (TOTAL HOSPITAL BEDS).

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

(\$) CALCULATED ITEMS: ITEM 426 IS EQUAL TO ITEM 423 MINUS ITEM 429; ITEM 427 IS EQUAL TO ITEM 424 MINUS ITEM 430; ITEM 428 IS EQUAL TO ITEM 425 MINUS ITEM 431.

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							TOTAL FACILITY BEDS AND UTILIZATION (CONTINUED) ...
							MEDICARE/MEDICAID UTILIZATION
							TOTAL FACILITY
							MEDICARE
432	MCRDC	Y		6	887	892	INPATIENT DISCHARGES
433	MCRIPD	Y		8	893	900	INPATIENT DAYS
							MEDICAID
434	MCDDC	Y		6	901	906	INPATIENT DISCHARGES
435	MCDIPD	Y		8	907	914	INPATIENT DAYS
							HOSPITAL UNIT (*) (#)
							MEDICARE
436	MCRDCH	N		6	915	920	INPATIENT DISCHARGES
437	MCRIPDH	N		8	921	928	INPATIENT DAYS
							MEDICAID
438	MCDDCH	N		6	929	934	INPATIENT DISCHARGES
439	MCDIPDH	N		8	935	942	INPATIENT DAYS
							NURSING-HOME (LONG-TERM) UNIT/FACILITY (*)
							MEDICARE
440	MCRDCLT	N		6	943	948	INPATIENT DISCHARGES
441	MCRIPDLT	N		8	949	956	INPATIENT DAYS
							MEDICAID
442	MCDDCLT	N		6	957	962	INPATIENT DISCHARGES
443	MCDIPDLT	N		8	963	970	INPATIENT DAYS

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(#) CALCULATED ITEMS: ITEM 436 IS EQUAL TO ITEM 432 MINUS ITEM 440; ITEM 437 IS EQUAL TO ITEM 433 MINUS ITEM 441; ITEM 438 IS EQUAL TO ITEM 434 MINUS ITEM 442; ITEM 439 IS EQUAL TO ITEM 435 MINUS ITEM 443.

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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>(TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>END</u>	<u>ITEM DESCRIPTION</u>
							TOTAL FACILITY BEDS AND UTILIZATION (CONTINUED) ...
							NEWBORN NURSERY
444	BASSIN		NA	4	971	974	BASSINETS SET UP AND STAFFED AT END OF REPORTING PERIOD (*)
445	BIRTHS		Y	6	975	980	TOTAL BIRTHS
							SURGICAL OPERATIONS
446	SUROPIP		Y	6	981	986	INPATIENT
447	SUROPOP		Y	6	987	992	OUTPATIENT
448	SUROPTOT		Y	6	993	998	TOTAL (#)
							OUTPATIENT VISITS
449	VEM		Y	8	999	1006	EMERGENCY
450	VOTH		Y	8	1007	1014	OTHER (#)
451	VTOT		Y	8	1015	1022	TOTAL

(\*) NEONATAL BEDS (ITEMS 43 AND 44) ARE EXCLUDED.

(#) CALCULATED ITEMS: ITEM 448 IS EQUAL TO ITEM 446 PLUS ITEM 447; ITEM 450 IS EQUAL TO ITEM 451 MINUS 449.



AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	ITEM (TYPE)	EST	LENGTH	POSITION		ITEM DESCRIPTION
					START	END	
TOTAL-FACILITY EXPENSES ...							
452	PAYTOT		Y	10	1023	1032	TOTAL PAYROLL EXPENSES
453	NPAYBEN		Y	10	1033	1042	EMPLOYEE BENEFITS
454	EXPTOT		Y	10	1043	1052	TOTAL EXPENSES (*)
HOSPITAL-UNIT EXPENSES ... (#) (@)							
455	PAYTOTH		Y	10	1053	1062	TOTAL PAYROLL EXPENSES
456	NPAYBENH		N	10	1063	1072	EMPLOYEE BENEFITS
NURSING-HOME (LONG-TERM-UNIT) EXPENSES ... (#)							
457	PAYTOTLT		Y	10	1073	1082	TOTAL PAYROLL EXPENSES
458	NPAYBENLT		N	10	1083	1092	EMPLOYEE BENEFITS (\$)

(\*) CALCULATED ITEM: BAD DEBT HAS BEEN EXCLUDED FROM ITEM 454 (TOTAL EXPENSES), RENDERING IT CONSISTENT WITH THE CORRESPONDING ITEM ON EARLIER PUBLIC DATA FILES.

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

(@) CALCULATED ITEMS: ITEM 455 IS EQUAL TO ITEM 452 MINUS ITEM 457; ITEM 456 IS EQUAL TO ITEM 453 MINUS ITEM 458.

(\$) NEW ITEM.

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>(TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION</u>		<u>ITEM DESCRIPTION</u>
					<u>START</u>	<u>END</u>	
FULL-TIME TOTAL-FACILITY PERSONNEL ON PAYROLL AS OF 9/30/94 ...							
459	FTMDTF	Y		4	1093	1096	PHYSICIANS AND DENTISTS (*)
460	FTRES	Y		4	1097	1100	MEDICAL AND DENTAL RESIDENTS AND INTERNS
461	FTTRAN84	Y		4	1101	1104	OTHER TRAINEES
462	FTRNTF	Y		4	1105	1108	REGISTERED NURSES (*)
463	FTLPNTF	Y		4	1109	1112	LICENSED PRACTICAL OR VOCATIONAL NURSES (*)
464	FTOTHTF	Y		4	1113	1116	ALL OTHER PERSONNEL (*)
465	FTTOT	Y		4	1117	1120	TOTAL PERSONNEL
PART-TIME TOTAL-FACILITY PERSONNEL ON PAYROLL AS OF 9/30/94 ...							
466	PTMDTF	Y		4	1121	1124	PHYSICIANS AND DENTISTS (*)
467	PTRES	Y		4	1125	1128	MEDICAL AND DENTAL RESIDENTS AND INTERNS
468	PTTRAN84	Y		4	1129	1132	OTHER TRAINEES
469	PTRNTF	Y		4	1133	1136	REGISTERED NURSES (*)
470	PTLPNTF	Y		4	1137	1140	LICENSED PRACTICAL OR VOCATIONAL NURSES (*)
471	PTOTHTF	Y		4	1141	1144	ALL OTHER PERSONNEL (*)
472	PTTOT	Y		4	1145	1148	TOTAL PERSONNEL
HOSPITAL-UNIT PERSONNEL ON PAYROLL AS OF 9/30/94 ... (#)							
473	FTTOTH	Y		4	1149	1152	TOTAL FULL-TIME
474	PTTOTH	Y		4	1153	1156	TOTAL PART-TIME
NURSING-HOME (LONG-TERM-UNIT) PERSONNEL ON PAYROLL AS OF 9/30/94 ...							
475	FTTOTLT	Y		4	1157	1160	TOTAL FULL-TIME
476	PTTOTLT	Y		4	1161	1164	TOTAL PART-TIME

(\*) NEW ITEMS.

(#) CALCULATED ITEMS: ITEM 473 IS EQUAL TO ITEM 465 MINUS ITEM 475; ITEM 474 IS EQUAL TO ITEM 472 MINUS ITEM 476.

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1994 ANNUAL SURVEY OF HOSPITALS

<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>END</u>	<u>ITEM DESCRIPTION</u>
							MEMBERSHIP CLASSIFICATION ...
477	MTYPE	(A)	NA	2	1165	1166	MEMBERSHIP TYPE CODE
							01 = REGISTERED, SHORT-TERM, A.H.A. MEMBER
							03 = REGISTERED, LONG-TERM, A.H.A. MEMBER
							50 = REGISTERED, NON-A.H.A. MEMBER
							53 = NONREGISTERED, NON-A.H.A. MEMBER
							OM = NONREGISTERED OSTEOPATHIC, MEMBER OF A.O.H.A.
							ON = NONREGISTERED OSTEOPATHIC, NONMEMBER OF A.O.H.A.
							25 = NONREGISTERED, PROVISIONAL A.H.A. MEMBER
478	MLOS		NA	1	1167	1167	MEMBERSHIP LENGTH OF STAY (1=SHORT-TERM 2=LONG-TERM) (*)
479	MCNTRL		NA	2	1168	1169	MEMBERSHIP CONTROL CODE (*)
480	MSERV		NA	2	1170	1171	MEMBERSHIP SERVICE CODE (*)

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

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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>POSITION END</u>	<u>ITEM DESCRIPTION</u>
MAILING INFORMATION ...							
481	MNAME	(A)	NA	30	1172	1201	NAME OF HOSPITAL
482	MADMIN	(A)	NA	30	1202	1231	ADMINISTRATOR'S NAME
483	MLOCADDR	(A)	NA	30	1232	1261	STREET ADDRESS
484	MLOCCITY	(A)	NA	20	1262	1281	CITY
485	MLOCSTCD	(A)	NA	2	1282	1283	STATE CODE (*)
486	MLOCZIP	(A)	NA	5	1284	1288	ZIP CODE
TELEPHONE ...							
487	AREA	(A)	NA	3	1289	1291	AREA CODE
488	TELNO	(A)	NA	7	1292	1298	LOCAL NUMBER
HOSPITAL CLASSIFICATION ...							
489	RESP		NA	1	1299	1299	RESPONSE CODE (1=YES 2=NO)
490	CHC		NA	1	1300	1300	COMMUNITY HOSPITAL CODE (*)
491	BSC		NA	1	1301	1301	BED SIZE CODE
1 = 6 - 24 BEDS 2 = 25 - 49 BEDS 3 = 50 - 99 BEDS 4 = 100 - 199 BEDS 5 = 200 - 299 BEDS 6 = 300 - 399 BEDS 7 = 400 - 499 BEDS 8 = 500 OR MORE BEDS							
492	LOS		NA	1	1302	1302	LENGTH OF STAY (*) (1=SHORT-TERM 2=LONG-TERM)

(\*) SEE PAGES 41 (MLOCSTCD), AND 44 (CHC AND LOS).

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	ITEM (TYPE)	EST	LENGTH	POSITION		ITEM DESCRIPTION
					START	END	
CALCULATED FIELDS ...							
TOTAL-FACILITY BEDS AND UTILIZATION (*)							
493	ADJADM		NA	8	1303	1310	ADJUSTED ADMISSIONS
494	ADJPD		NA	8	1311	1318	ADJUSTED PATIENT DAYS
FULL-TIME-EQUIVALENT PERSONNEL (#)							
495	FTEMD		NA	8	1319	1326	PHYSICIANS AND DENTISTS
496	FTERN		NA	8	1327	1334	REGISTERED NURSES
497	FTELPN		NA	8	1335	1342	LICENSED PRACTICAL AND VOCATIONAL NURSES
498	FTERES		NA	8	1343	1350	MEDICAL AND DENTAL RESIDENTS
499	FTETRAN		NA	8	1351	1358	OTHER TRAINEES
500	FTETTRN		NA	8	1359	1366	TOTAL TRAINEES
501	FTEOTH94		NA	8	1367	1374	OTHER PERSONNEL
502	FTEH		NA	8	1375	1382	TOTAL PERSONNEL (HOSPITAL)
503	FTENH		NA	8	1383	1390	TOTAL PERSONNEL (NURSING-HOME)
504	FTE		NA	8	1391	1398	TOTAL PERSONNEL (@) (HOSPITAL PLUS NURSING-HOME)

(\*) SEE PAGE 44.

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

(@) TOTAL FULL-TIME EQUIVALENT PERSONNEL DO NOT INCLUDE COUNTS OF RESIDENTS, INTERNS, STUDENT NURSES OR OTHER TRAINEES.

AMERICAN HOSPITAL ASSOCIATION  
1994 ANNUAL SURVEY OF HOSPITALS

ITEM NUMBER	ITEM NAME	ITEM (TYPE)	EST	LENGTH	POSITION		ITEM DESCRIPTION
					START	END	
GEOGRAPHIC CODES ... (*)							
505	HSACD	(A)	NA	5	1399	1403	HEALTH SERVICE AREA CODE
506	CMSACD	(A)	NA	2	1404	1405	CONSOLIDATED METROPOLITAN STATISTICAL AREA CODE (#)
507	MSACD	(A)	NA	4	1406	1409	METROPOLITAN STATISTICAL AREA CODE (#)
508	MCNTYCD	(A)	NA	3	1410	1412	MODIFIED F.I.P.S. COUNTY CODE
509	FCOUNTY	(A)	NA	5	1413	1417	F.I.P.S. COUNTY CODE
	FSTCD	(A)	NA	2	1413	1414	STATE CODE
	FCNTYCD	(A)	NA	3	1415	1417	COUNTY CODE
510	CITYRK		NA	3	1418	1420	RANKING OF 100 LARGEST CITIES (BASED ON 1990 CENSUS)
511	MSASZ		NA	1	1421	1421	METROPOLITAN STATISTICAL AREA SIZE
0 = NON-METROPOLITAN AREA 1 = UNDER 100,000 POPULATION 2 = 100,000 TO 250,000 3 = 250,000 TO 500,000 4 = 500,000 TO 1,000,000 5 = 1,000,000 TO 2,500,000 6 = OVER 2,500,000							

(\*) SEE PAGES 42 AND 43.

(#) REFER TO BULLETIN 93-05 FROM THE OFFICE OF MANAGEMENT AND BUDGET,  
WASHINGTON, D.C. (DECEMBER 28, 1992).

DATE: 9/19/95

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1994 ANNUAL SURVEY OF HOSPITALS

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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>END</u>	<u>ITEM DESCRIPTION</u>
							APPROVALS (1=YES 2=NO) ...
512	MAPP1	NA	1	1422	1422		ACCREDITATION BY JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS
513	MAPP2	NA	1	1423	1423		CANCER PROGRAM APPROVED BY AMERICAN COLLEGE OF SURGEONS
514	MAPP3	NA	1	1424	1424		RESIDENCY TRAINING APPROVAL BY ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION
515	MAPP4	NA	1	1425	1425		(NO LONGER IN USE)
516	MAPP5	NA	1	1426	1426		MEDICAL SCHOOL AFFILIATION REPORTED TO AMERICAN MEDICAL ASSOCIATION
517	MAPP6	NA	1	1427	1427		HOSPITAL-CONTROLLED PROFESSIONAL NURSING SCHOOL REPORTED BY NATIONAL LEAGUE FOR NURSING
518	MAPP7	NA	1	1428	1428		ACCREDITATION BY COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES
519	MAPP8	NA	1	1429	1429		MEMBER OF COUNCIL OF TEACHING HOSPITALS OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES
520	MAPP9	NA	1	1430	1430		BLUE CROSS CONTRACTING OR PARTICIPATING
521	MAPP10	NA	1	1431	1431		MEDICARE CERTIFICATION BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
522	MAPP11	NA	1	1432	1432		ACCREDITATION BY AMERICAN OSTEOPATHIC ASSOCIATION
523	MAPP12	NA	1	1433	1433		INTERNSHIP APPROVED BY AMERICAN OSTEOPATHIC ASSOCIATION
524	MAPP13	NA	1	1434	1434		RESIDENCY APPROVED BY AMERICAN OSTEOPATHIC ASSOCIATION
525	MAPP14	NA	1	1435	1435		REGISTERED OSTEOPATHIC HOSPITAL (MEMBER OF A.O.H.A.)
526	MAPP15	NA	1	1436	1436		REGISTERED OSTEOPATHIC HOSPITAL (NON-MEMBER OF A.O.H.A.)
527	MAPP16	NA	1	1437	1437		CATHOLIC CHURCH OPERATED
528	MAPP17	NA	1	1438	1438		MEMBER OF FEDERATION OF AMERICAN HEALTH CARE SYSTEMS

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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>(TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>END</u>	<u>ITEM DESCRIPTION</u>
							ESTIMATION CODES ...
							0 = REPORTED ITEM
							1 = ESTIMATED ITEM
							2 = EXPANDED ITEM
							TOTAL-FACILITY UTILIZATION
529	EADMTOT		NA	1	1439	1439	ADMISSIONS
530	EIPDTOT		NA	1	1440	1440	INPATIENT DAYS
							HOSPITAL-UNIT UTILIZATION (*)
531	EADMH		NA	1	1441	1441	ADMISSIONS
532	EIPDH		NA	1	1442	1442	INPATIENT DAYS
							NURSING-HOME (LONG-TERM-UNIT) UTILIZATION (*)
533	EADMLT		NA	1	1443	1443	ADMISSIONS
534	EIPDLT		NA	1	1444	1444	INPATIENT DAYS

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



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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>POSITION END</u>	<u>ITEM DESCRIPTION</u>
ESTIMATION CODES (CONTINUED) ...							
MEDICARE/MEDICAID UTILIZATION							
TOTAL FACILITY							
MEDICARE							
535	EMCRDC	NA	1		1445	1445	INPATIENT DISCHARGES
536	EMCRIPD	NA	1		1446	1446	INPATIENT DAYS
MEDICAID							
537	EMCDDC	NA	1		1447	1447	INPATIENT DISCHARGES
538	EMCDIPD	NA	1		1448	1448	INPATIENT DAYS
HOSPITAL UNIT (*)							
MEDICARE							
539	EMCRDCH	NA	1		1449	1449	INPATIENT DISCHARGES
540	EMCRIPDH	NA	1		1450	1450	INPATIENT DAYS
MEDICAID							
541	EMCDDCH	NA	1		1451	1451	INPATIENT DISCHARGES
542	EMCDIPDH	NA	1		1452	1452	INPATIENT DAYS
NURSING-HOME (LONG-TERM-UNIT) (*)							
MEDICARE							
543	EMCRDCLT	NA	1		1453	1453	INPATIENT DISCHARGES
544	EMCRPDLT	NA	1		1454	1454	INPATIENT DAYS
MEDICAID							
545	EMCDDCLT	NA	1		1455	1455	INPATIENT DISCHARGES
546	EMCDPDLT	NA	1		1456	1456	INPATIENT DAYS
NEWBORN NURSERY							
547	EBIRTHS	NA	1		1457	1457	BIRTHS
SURGICAL OPERATIONS							
548	ESUROPIP	NA	1		1458	1458	INPATIENT
549	ESUROPOP	NA	1		1459	1459	OUTPATIENT
550	ESUROPTO	NA	1		1460	1460	TOTAL
OUTPATIENT VISITS							
551	EVEM	NA	1		1461	1461	EMERGENCY
552	EVOTH	NA	1		1462	1462	OTHER
553	EVTOT	NA	1		1463	1463	TOTAL

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

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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>(TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>END</u>	<u>ITEM DESCRIPTION</u>
ESTIMATION CODES (CONTINUED) ...							
554	EPAYTOT	NA	1	1464	1464		TOTAL-FACILITY EXPENSES
555	ENPAYBEN	NA	1	1465	1465		TOTAL PAYROLL EXPENSES
556	EEXPTOT	NA	1	1466	1466		EMPLOYEE BENEFITS
							TOTAL EXPENSES
HOSPITAL-UNIT EXPENSES (*)							
557	EPAYTOTH	NA	1	1467	1467		TOTAL PAYROLL EXPENSES
558	ENPYBENH	NA	1	1468	1468		EMPLOYEE BENEFITS
NURSING-HOME (LONG-TERM-UNIT)							
							EXPENSES (*)
559	EPYTOTLT	NA	1	1469	1469		TOTAL PAYROLL EXPENSES
560	ENPBENLT	NA	1	1470	1470		EMPLOYEE BENEFITS

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

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<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION START</u>	<u>POSITION END</u>	<u>ITEM DESCRIPTION</u>
ESTIMATION CODES (CONTINUED) ...							
FULL-TIME TOTAL-FACILITY PERSONNEL							
561	EFTMDTF	NA	1	1471	1471		PHYSICIANS AND DENTISTS
562	EFTRES	NA	1	1472	1472		MEDICAL AND DENTAL RESIDENTS AND INTERNS
563	EFTTRN84	NA	1	1473	1473		OTHER TRAINEES
564	EFTRNTF	NA	1	1474	1474		REGISTERED NURSES
565	EFTLPNTF	NA	1	1475	1475		LICENSED PRACTICAL OR VOCATIONAL NURSES
566	EFTOTHTF	NA	1	1476	1476		ALL OTHER PERSONNEL
567	EFTTOT	NA	1	1477	1477		TOTAL PERSONNEL
PART-TIME TOTAL-FACILITY PERSONNEL							
568	EPTMDTF	NA	1	1478	1478		PHYSICIANS AND DENTISTS
569	EPTRES	NA	1	1479	1479		MEDICAL AND DENTAL RESIDENTS AND INTERNS
570	EPTTRN84	NA	1	1480	1480		OTHER TRAINEES
571	EPTRNTF	NA	1	1481	1481		REGISTERED NURSES
572	EPTLPNTF	NA	1	1482	1482		LICENSED PRACTICAL OR VOCATIONAL NURSES
573	EPTOTHTF	NA	1	1483	1483		ALL OTHER PERSONNEL
574	EPTTOT	NA	1	1484	1484		TOTAL PERSONNEL
HOSPITAL-UNIT PERSONNEL							
575	EFTTOTH	NA	1	1485	1485		TOTAL FULL-TIME
576	EPTTOTH	NA	1	1486	1486		TOTAL PART-TIME
NURSING-HOME (LONG-TERM-UNIT) PERSONNEL							
577	EFTTOTLT	NA	1	1487	1487		TOTAL FULL-TIME
578	EPTTOTLT	NA	1	1488	1488		TOTAL PART-TIME
	FILLER	NA	2	1489	1490		BLANK

AMERICAN HOSPITAL ASSOCIATION  
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## STATE AND REGION CODES

REGION 1  
(NEW ENGLAND)11 MAINE  
12 NEW HAMPSHIRE  
13 VERMONT  
14 MASSACHUSETTS  
15 RHODE ISLAND  
16 CONNECTICUTREGION 4  
(EAST NORTH CENTRAL)41 OHIO  
42 INDIANA  
43 ILLINOIS  
44 MICHIGAN  
45 WISCONSINREGION 8  
(MOUNTAIN)81 MONTANA  
82 IDAHO  
83 WYOMING  
84 COLORADO  
85 NEW MEXICO  
86 ARIZONA  
87 UTAH  
88 NEVADAREGION 2  
(MID ATLANTIC)21 NEW YORK  
22 NEW JERSEY  
23 PENNSYLVANIAREGION 5  
(EAST SOUTH CENTRAL)51 KENTUCKY  
52 TENNESSEE  
53 ALABAMA  
54 MISSISSIPPIREGION 9  
(PACIFIC)91 WASHINGTON  
92 OREGON  
93 CALIFORNIA  
94 ALASKA  
95 HAWAIIREGION 3  
(SOUTH ATLANTIC)31 DELAWARE  
32 MARYLAND  
33 DIST. OF COLUMBIA  
34 VIRGINIA  
35 WEST VIRGINIA  
36 NORTH CAROLINA  
37 SOUTH CAROLINA  
38 GEORGIA  
39 FLORIDAREGION 6  
(WEST NORTH CENTRAL)61 MINNESOTA  
62 IOWA  
63 MISSOURI  
64 NORTH DAKOTA  
65 SOUTH DAKOTA  
66 NEBRASKA  
67 KANSASREGION 0  
(ASSOCIATED AREAS)03 MARSHALL ISLANDS  
04 PUERTO RICO  
05 VIRGIN ISLANDS  
06 GUAM  
07 AMERICAN SAMOAREGION 7  
(WEST SOUTH CENTRAL)71 ARKANSAS  
72 LOUISIANA  
73 OKLAHOMA  
74 TEXAS

AMERICAN HOSPITAL ASSOCIATION  
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CITY RANK CODES (1990 CENSUS)

CITY RANK CODE	CITY NAME	CITY RANK CODE	CITY NAME
001	NEW YORK, NY	051	WICHITA, KS
002	LOS ANGELES, CA	052	SANTA ANA, CA
003	CHICAGO, IL	053	MESA, AZ
004	HOUSTON, TX	054	COLORADO SPRINGS, CO
005	PHILADELPHIA, PA	055	TAMPA, FL
006	SAN DIEGO, CA	056	NEWARK, NJ
007	DETROIT, MI	057	SAINT PAUL, MN
008	DALLAS, TX	058	LOUISVILLE, KY
009	PHOENIX, AZ	059	ANAHEIM, CA
010	SAN ANTONIO, TX	060	BIRMINGHAM, AL
011	SAN JOSE, CA	061	ARLINGTON, TX
012	BALTIMORE, MD	062	NORFOLK, VA
013	INDIANAPOLIS, IN	063	LAS VEGAS, NV
014	SAN FRANCISCO, CA	064	CORPUS CHRISTI, TX
015	JACKSONVILLE, FL	065	SAINT PETERSBURG, FL
016	COLUMBUS, OH	066	ROCHESTER, NY
017	MILWAUKEE, WI	067	JERSEY CITY, NJ
018	MEMPHIS, TN	068	RIVERSIDE, CA
019	WASHINGTON, DC	069	ANCHORAGE, AK
020	BOSTON, MA	070	LEXINGTON-FAYETTE, KY
021	SEATTLE, WA	071	AKRON, OH
022	EL PASO, TX	072	AURORA, CO
023	CLEVELAND, OH	073	BATON ROUGE, LA
024	NEW ORLEANS, LA	074	STOCKTON, CA
025	NASHVILLE-DAVIDSON, TN	075	RALEIGH, NC
026	DENVER, CO	076	RICHMOND, VA
027	AUSTIN, TX	077	SHREVEPORT, LA
028	FORT WORTH, TX	078	JACKSON, MS
029	OKLAHOMA CITY, OK	079	MOBILE, AL
030	PORTLAND, OR	080	DES MOINES, IA
031	KANSAS CITY, MO	081	LINCOLN, NE
032	LONG BEACH, CA	082	MADISON, WI
033	TUCSON, AZ	083	GRAND RAPIDS, MI
034	SAINT LOUIS, MO	084	YONKERS, NY
035	CHARLOTTE, NC	085	HALEAH, FL
036	ATLANTA, GA	086	MONTGOMERY, AL
037	VIRGINIA BEACH, VA	087	LUBBOCK, TX
038	ALBUQUERQUE, NM	088	GREENSBORO, NC
039	OAKLAND, CA	089	DAYTON, OH
040	PITTSBURGH, PA	090	HUNTINGTON BEACH, CA
041	SACRAMENTO, CA	091	GARLAND, TX
042	MINNEAPOLIS, MN	092	GLENDALE, CA
043	TULSA, OK	093	COLUMBUS, GA
044	HONOLULU, HI	094	SPOKANE, WA
045	CINCINNATI, OH	095	TACOMA, WA
046	MIAMI, FL	096	LITTLE ROCK, AR
047	FRESNO, CA	097	BAKERSFIELD, CA
048	OMAHA, NE	098	FREMONT, CA
049	TOLEDO, OH	099	FORT WAYNE, IN
050	BUFFALO, NY	100	NEWPORT NEWS, VA

AMERICAN HOSPITAL ASSOCIATION  
*1994 ANNUAL SURVEY OF HOSPITALS*

HSA AND COUNTY CODES

**HEALTH SERVICE AREA CODE**

THE FIRST TWO DIGITS ARE THE A.H.A. STATE CODE. THE THIRD AND FOURTH DIGITS ARE THE ASSIGNED FEDERAL HSA NUMBER. THE FIFTH DIGIT IS ZERO TO ALLOW FOR FUTURE SPLITTING OF AREAS). WHEN TWO OR MORE STATES ARE WITHIN A SINGLE AREA, THE ENTIRE AREA IS ASSIGNED TO THE STATE WITH THE MOST POPULOUS PORTION. THUS, FOR EXAMPLE, ST. LOUIS-AREA HOSPITALS IN ILLINOIS HSA 11 ARE ASSIGNED TO MISSOURI HSA 3.

**MODIFIED F.I.P.S. COUNTY CODE**

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

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

THE FOUR ALASKA JUDICIAL DIVISIONS WERE USED AS COUNTIES.

**F.I.P.S. COUNTY CODE**

THE F.I.P.S. COUNTY CODES ARE TAKEN FROM THE U.S. POSTAL SERVICE'S CITY STATE FILE (COPYRIGHT FEBRUARY 1990).

CHANGES  
OF  
1994 ANNUAL  
SURVEY

**EXPLANATION OF CODES AND FIELDS**

**COMMUNITY HOSPITAL CODE**

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

CODE 2 DENOTES A NON-COMMUNITY HOSPITAL.

**LENGTH OF STAY (LOS)**

IF A SEPARATE LONG-TERM UNIT IS REPORTED AND LONG-TERM ADMISSIONS ARE GREATER THAN ONE-HALF OF TOTAL ADMISSIONS, THEN LOS IS 2; OTHERWISE LOS IS 1.

IF A SEPARATE LONG-TERM UNIT IS NOT REPORTED AND THE RATIO OF INPATIENT DAYS TO ADMISSIONS IS THIRTY OR GREATER, THEN LOS IS 2; OTHERWISE LOS IS 1.

**ADJUSTED ADMISSIONS**

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

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

**ADJUSTED INPATIENT DAYS**

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

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

EXPLANATION OF CODES AND FIELDS

ESTIMATION CODES

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

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

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

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

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

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

ID	MNAME	CHC	MAPP1	MAPP10
CNTRL	MADMIN	BSC	MAPP2	MAPP11
SERV	MLOCADDR	LOS	MAPP3	MAPP12
BASSIN	MLOCCITY	HSACD	MAPP4	MAPP13
BDTOT	MLOCSTCD	CMSACD	MAPP5	MAPP14
MTYPE	MLOCZIP	MSACD	MAPP6	MAPP15
MLOS	AREA	MCNTYCD	MAPP7	MAPP16
MCNTRL	TELNO	CITYRK	MAPP8	MAPP17
MSERV		MSASZ	MAPP9	

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

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



AMERICAN HOSPITAL ASSOCIATION  
*HEALTH CARE SYSTEM FILE*

<u>ITEM NUMBER</u>	<u>ITEM NAME</u>	<u>ITEM (TYPE)</u>	<u>EST</u>	<u>LENGTH</u>	<u>POSITION</u>		<u>ITEM DESCRIPTION</u>
					<u>START</u>	<u>END</u>	
							SYSTEM IDENTIFICATION ...
1	ID			7	1	7	A.H.A. IDENTIFICATION NUMBER
	PREFIX			3	1	3	SYSTEM PREFIX ('599')
	SYSTEM			4	4	7	SYSTEM NUMBER
2	NAME			30	8	37	NAME OF SYSTEM
							MAILING INFORMATION ...
3	ADMIN			25	38	62	ADMINISTRATOR'S NAME
4	ADDR			30	63	92	STREET ADDRESS
5	CITY			20	93	112	CITY
6	STCD			2	113	114	STATE CODE (*)
7	ZIP			5	115	119	ZIP CODE
							TELEPHONE ...
8	AREA			3	120	122	AREA CODE
9	TELNO			7	123	129	NUMBER
	FILLER			1	130	130	

(\*) SEE PAGE 41.

SECTION 4      SUMMARY OF  
CHANGES IN  
U.S. HOSPITALS

1993 versus 1994 version

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

CLASSIFICATION	TOTAL	UNITED STATES	ASSOCIATED AREAS
<b>1993 TOTALS</b>	<b>6529</b>	<b>6467</b>	<b>62</b>
<b>DELETIONS:</b>			
Changed status from registered to nonregistered	0	0	0
Changed to inpatient care other than a hospital	3	3	0
Changed to an outpatient facility	7	7	0
Closed	57	57	0
Demerged	0	0	0
Duplicate Record	0	0	0
Merged to form a new hospital	73	77	0
Merged into a hospital already on file	5	1	0
Temporarily inactive record	0	0	0
<b>TOTAL DELETIONS:</b>	<b>207</b>	<b>207</b>	<b>0</b>
<b>ADDITIONS:</b>			
Changed status from nonregistered to registered	3	3	0
Demerger result	0	0	0
Merger result	35	35	0
Newly added to the registered file	14	14	0
Previously closed/reopened	0	0	0
Duplicate record	0	0	0
<b>TOTAL ADDITIONS</b>	<b>52</b>	<b>52</b>	<b>0</b>
<b>1994 TOTALS</b>	<b>6436</b>	<b>6374</b>	<b>62</b>

November, 1995

1994 ANNUAL SURVEY

DELETIONS:

The following hospitals have been deleted from the 1994 Annual Survey file of **registered** hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6110385	U.S. Air Force Hospital - Limestone, ME	Closed
6140631	Cardinal Cushing General Hospital - Brockton, MA	Merged to form 6140007
6140640	Goddard Memorial Hospital - Stoughton, MA	Merged to form 6140007
6140930	Burbank Hospital - Fitchburg, MA	Merged to form 6140008
6140935	Cutler Army Community Hospital - Fort Devens, MA	Ambulatory care center
6141190	Leominster Hospital - Leominster, MA	Merged to form 6140008
6142290	Winthrop Hospital - Winthrop, MA	Closed
6142370	Worcester County Hospital - Boylston, MA	Closed
6150050	Rhode Island Medical Center - Howard, RI	Merged to form 6150003
6150090	Naval Hospital - Newport, RI	Ambulatory care center
6150210	Dr. U. E. Zambarano Memorial Hospital - Pascoag, RI	Merged to form 6150003
6160210	Hartford Hospital - Hartford, CT	Merged to form 6160003
6160220	Institute of Living - Hartford, CT	Merged to form 6160003
6160550	Uncas on Thames Hospital - Norwich, CT	Closed
6168085	Country Place - Litchfield, CT	Closed
6211310	Julia L Butterfield Memorial Hospital - Cold Spring, NY	Ambulatory care center
6212740	Beth Israel Medical Center-North Division - New York, NY	Merged to form 6212655
6213330	Regent Hospital -New York, NY	Closed
6214090	Hudson River Psychiatric Center - Poughkeepsie, NY	Merged to form 6210018
6214960	Leonard Hospital - Troy, NY	Merged to form 6210020
6214985	St. Mary's Hospital of Troy - Troy, NY	Merged to form 6210020

(See merger list for additional documentation on merged hospitals.)

DELETIONS:

The following hospitals have been deleted from the 1994 Annual Survey file of **registered** hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6215350	Willard Psychiatric Center - Willard, NY	Closed
6215370	Harlem Valley Psychiatric Center - Wingdale, NY	Merged to form 6210018
6220230	Dover General Hospital & Medical Center - Dover, NJ	Merged into 6220105
6220275	Elmer Community Hospital - Elmer, NJ	Merged into 6220125
6220300	Walson Air Force Hospital - Fort Dix, NJ	Ambulatory care center
6220315	Wallkill Valley Hospital & Center - Sussex, NJ	Merged into 6220105
6230014	Montefiore University Hospital - Pittsburgh, PA	Merged to form 6230029
6230410	Community Hospital-Chester - Chester, PA	Merged into 6230400
6231580	Sacred Heart Hospital - Norristown, PA	Closed
6232560	Presbyterian University Hospital - Pittsburgh, PA	Merged to form 6230029
6232670	Western Psychiatric Institute & Clinic - Pittsburgh, PA	Merged to form 6230029
6233310	Caron Foundation - Wernersville, PA	Not operating as a hospital
6320560	Frostburg Hospital - Frostburg, MD	Closed
6360050	Appalachian Hall - Asheville, NC	Merged to form 6360007
6360100	Highland Hospital - Asheville, NC	Merged to form 6360007
6360635	Fellowship Hall - Greensboro, NC	Not operating as a hospital
6370065	Lee County Memorial Hospital - Bishopville, SC	Closed
6370605	Doctors Memorial Hospital - Spartanburg, SC	Closed
6380938	Crest Medical Center, Rockmart-Aragon - Rockmart, GA	Closed
6381270	Woodstock Hospital - Woodstock, GA	Closed
6390021	Charter Hospital - West Palm Beach, FL	Closed
6390130	Halifax Medical Center - Daytona Beach, FL	Merged to form 6390056
6390140	Atlantic Shores Hospital - Daytona Beach, FL	Merged to form 6390056

(See merger list for additional documentation on merged hospitals.)

DELETIONS:

The following hospitals have been deleted from the 1994 Annual Survey file of **registered** hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6390158	Fish Memorial Hospital at Deland - Deland, FL	Closed
6390290	Doctors Hospital of Hollywood - Hollywood, FL	Closed
6390315	Glenbeigh Hospital of Miami - Hialeah, FL	Closed
6390506	NE Florida State Hospital - Macclenny, FL	Closed
6390539	Cedars Medical Center - Miami, FL	Merged to form 6390044
6390630	Victoria Hospital - Miami, FL	Merged to form 6390044
6390635	Miami Heart Institute-South - Miami Beach, FL	Merged to form 6390054
6390650	Miami Heart Institute-North - Miami Beach, FL	Merged to form 6390054
6390715	Naval Hospital - Orlando, FL	Closed
6390825	Glenbeigh Hospital of Orlando - Orlando, FL	Closed
6390960	Sarasota Palms Hospital - Sarasota, FL	Merged to form 6390052
6390970	Sarasota Memorial Hospital -Sarasota, FL	Merged to form 6390052
6391045	University Hospital - Tamarac, FL	Merged to form 6390043
6391050	Doctors' Hospital of Tampa - Tampa, FL	Closed
6391075	University Pavilion - Tamarac, FL	Merged to form 6390043
6391080	St. Joseph's Hospital - Tampa, FL	Merged to form 6390053
6391107	Glenbeigh of Tampa - Tampa, FL	Closed
6391109	TGH-University Psychiatry Center - Tampa, FL	Merged to form 6391060
6391110	St. Joseph's Women's Hospital - Tampa, FL	Merged to form 6390053
6391115	Destin Hospital - Destin, FL	Closed
6391145	Glenbeigh Hospital of Palm Beaches - West Palm Beach, FL	Closed
6410460	Emerson A North Hospital - Cincinnati, OH	Merged to form 6410582

(See merger list for additional documentation on merged hospitals.)

DELETIONS:

The following hospitals have been deleted from the 1994 Annual Survey file of **registered** hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6411587	Lorain Community Hospital - Lorain, OH	Merged to form 6410014
6411590	St. Joseph Hospital & Health Center - Lorain, OH	Merged to form 6410014
6411980	Firelands Community Hospital - Sandusky, OH	Merged to form 6410015
641200A	Firelands Community Hospital - Sandusky, OH	Merged to form 6410015
6412455	Western Reserve System-Northside - Youngstown, OH	Merged to form 6410013
6412457	Western Reserve System-Southside - Youngstown, OH	Merged to form 6410013
6412460	Western Reserve-Tod Children's - Youngstown, OH	Merged to form 6410013
6419240	Parkview Hospital - Toledo, OH	Closed
6430011	Oakwood Hospital - Rockford, IL	Closed
6441535	U.S. Air Force Hospital - K I Sawyer AFB, MI	Closed
6442440	Munson Medical Center - Traverse City, MI	Merged to form 6440013
6442453	Traverse City Community Hospital - Traverse City, MI	Ambulatory care center
6450001	HCA Parkway Hospital - Madison, WI	Closed
6450007	Fox Valley Hospital - Green Bay, WI	Closed
6451325	Kettle Moraine Hospital - Oconomowoc, WI	Ambulatory care center
6510600	St. Anthony Medical Center - Louisville, KY	Closed
6520155	Metropolitan Hospital - Chattanooga, TN	Closed
6520285	Highland Hospital - Portland, TN	Merged to form 6520008
6520660	Tennessee Christian Medical Center - Madison, TN	Merged to form 6520008
5520980	Hubbard Hospital of Meharry Medical College - Nashville, TN	Closed
5530620	Mobile Infirmary Medical Center - Mobile, AL	Merged to form 6530001
5530635	Rotary Rehabilitation Hospital - Mobile, AL	Merged to form 6530001

(See merger list for additional documentation on merged hospitals.)

DELETIONS:

The following hospitals have been deleted from the 1994 Annual Survey file of registered hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6610085	Mercy Hospital - Coon Rapids, MN	Merged to form 6610002
6610523	Unity Hospital - Fridley, MN	Merged to form 6610002
6611795	Healtheast Divine Redeemer Hospital South - St. Paul, MN	Closed
6620350	Mercy Hospital - Davenport, IA	Merged to form 6620004
6620370	St. Luke's Hospital - Davenport, IA	Merged to form 6620004
6620440	Mercy Hospital Medical Center - Des Moines, IA	Merged to form 6620003
6620441	Charter Community Hospital - Des Moines Des Moines, IA	Merged to form 6620003
6670006	Cedar Ridge Hospital - Shawnee Mission, KS	Closed
6710006	Pinewood Hospital - Texarkana, AR	Closed
6710615	St. Michael Hospital - Texarkana, AR	Closed
6720565	New Orleans General Hospital - New Orleans, LA	Closed
6720620	Mercy Hospital of New Orleans - New Orleans, LA	Merged to form 6720021
6720650	Southern Baptist Hospital - New Orleans, LA	Merged to form 6720021
6740027	Regional Hospital of Texoma - Sherman, TX	Closed
6740250	Beaumont Regional Medical Center - Beaumont, TX	Merged to form 6740091
6740253	Beaumont Neurological Hospital - Beaumont, TX	Merged to form 6740091
6740740	Memorial Medical Center - Corpus Christi, TX	Merged to form 6740089
6740750	Southside Health Center - Corpus Christi, TX	Merged to form 6740089
6741428	CPC Oak Bend Hospital - Fort Worth, TX	Closed
6741479	Schick Shadel Hospital - Fort Worth, TX	Closed
6741795	Fountain Brooke Hospital - Stafford, TX	Ambulatory care center
6741860	CPC Cypress Point Hospital - Houston, TX	Closed

(See merger list for additional documentation on merged hospitals.)



DELETIONS:

The following hospitals have been deleted from the 1994 Annual Survey file of **registered** hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6741905	Sam Houston Memorial Hospital - Houston, TX	Merged to form 6740087
6742015	Spring Branch Medical Center - Houston, TX	Merged to form 6740087
6743150	CPC Afton Oaks Hospital - San Antonio, TX	Closed
6743563	University Park Hospital - Tyler, TX	Merged to form 6740092
6743565	East Texas Medical Center - Tyler, TX	Merged to form 6740092
6749215	Cherry Lane Hospital - Fort Worth, TX	Closed
6820238	Idaho State School & Hospital - Nampa, ID	Not operating as a hospital
6840230	St. Joseph Hospital - Del Norte, ID	Closed
6840330	Mercy Medical Center - Denver, CO	Closed
6850359	New Mexico Rehabilitation Center - Roswell, NM	Merged to form 6850011
6860105	Thunderbird Samaritan Medical Center - Glendale, AZ	Merged to form 6860013
6860125	Samaritan Behavioral Health Center - Glendale, AZ	Merged to form 6860013
6860270	Samaritan Behavioral Health Center - Mesa, AZ	Merged into 6860170
6860405	Tucson Psychiatric Institute - Tucson, AZ	Closed
6910280	General Hospital Medical Center - Everett, WA	Merged to form 6910004
6910290	Providence Hospital - Everett, WA	Merged to form 6910004
6911016	Group Health Cooperative Center - Tacoma, WA	Closed
6930215	Terrace Plaza Medical Center - Baldwin Park, CA	Closed
6930253	Alondra Crest Hospital - Bellflower, CA	Closed
6930380	West Valley Hospital & Health Center - Canoga Park, CA	Closed
6930580	Downey Community Hospital - Downey, CA	Merged to form 6930047
6930585	Rio Hondo Memorial Hospital - Downey, CA	Merged to form 6930047

(See merger list for additional documentation on merged hospitals.)

DELETIONS:

The following hospitals have been deleted from the 1994 Annual Survey file of **registered** hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6930723	Fair Oaks Hospital - Fair Oaks, CA	Closed
6930760	Silas B. Hays Army Community Hospital - Fort Ord, CA	Closed
6931005	Community Hospital of Huntington Park - Huntington Park, CA	Merged to form 6930048
6931010	Mission Hospital - Huntington Park, CA	Merged to form 6930048
6931275	Loma Linda University Community Hospital - Loma Linda, CA	Merged to form 6930053
6931290	Loma Linda University Medical Center - Loma Linda, CA	Merged to form 6930053
6931345	Charter Hospital of Long Beach - Long Beach, CA	Closed
6931560	Kaiser Foundation Hospital - Los Angeles, CA	Merged to form 6930051
6931591	Kaiser Foundation Mental Health Center - West Los Angeles, CA	Merged to form 6930051
6931925	U.S. Air Force Hospital-Castle - Castle AFB, CA	Closed
6932250	Naval Hospital - Oakland, CA	Closed
6932556	Bay Ridge Hospital & Counsel Centers - Redwood City, CA	Closed
6938048	Glenbrook Hospital - Azusa, CA	Closed

(See merger list for additional documentation on merged hospitals.)

ADDITIONS:

The following hospitals have been added to the 1994 Annual Survey file of **registered** hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR ADDITION</u>
6140007	Good Samaritan Medical Center - Stoughton, MA	Result of merger (6140631 & 6140640)
6140008	Health Alliance Hospital-Leominster - Leominster, MA	Result of Merger (6140930 & 6141190)
6140040	Isham Health Center - Andover, MA	Newly registered
6150003	Eleanor Slater Hospital - Cranston, RI	Result of Merger (6150050 & 6150210)
6160003	Hartford Hospital - Hartford, MA	Result of merger (6160210 & 6160220)
6210018	Hudson River Psychiatric Center - Poughkeepsie, NY	Result of merger (6214090 & 6215370)
6210020	Seton Health System - Troy, NY	Result of merger (6214960 & 6214985)
6230029	University of Pitts Medical Center - Pittsburgh, PA	Result of merger (6230014, 6232560 & 6232670)
6360007	Charter Asheville - Asheville, NC	Result of merger (6360050 & 6360100)
6370006	Summerville Medical Center - Summerville, SC	Newly registered
6370700	Chestnut Hill Psychiatric Hospital - Travelers Rest, SC	Previously nonregistered
6390043	University Hospital - Tamarac, FL	Result of merger (6391045 & 6391075)
6390044	Cedars Medical Center - Miami, FL	Result of merger (6390539 & 6390630)
6390052	Sarasota Memorial Hospital - Sarasota, FL	Result of merger (6390960 & 6390970)
6390053	St. Joseph's Hospital - Tampa, FL	Result of merger (6391080 & 6391110)
6390054	Miami Heart Institute - Miami, FL	Result of merger (6390635 & 6390650)
6390056	Halifax Medical Center - Daytona Beach, FL	Result of merger (6390130 & 6390140)
6410013	Western Reserve Care System - Youngstown, OH	Result of merger (6412455, 6412457 & 6412460)

(See merger list for additional documentation on merged hospitals.)

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## ADDITIONS:

The following hospitals have been added to the 1994 Annual Survey file of **registered** hospitals.

<u>ID</u>	<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR ADDITION</u>
693	6410014	Lorain Community/St. Joseph Regional Health Center - Loraine, OH	Result of merger (6411587 & 6411588)
693	6410015	Firelands Community Hospital - Sandusky, OH	Result of merger (6411190 & 6411191)
693	6440013	Munson Medical Center - Traverse City, OH	Result of merger (6440013 & 6440014)
693	6520008	Tennessee Christian Medical Center - Madison, TN	Result of merger (6520285 & 6520286)
693	6530006	Mobile Infirmary Medical Center - Mobile, AL	Result of merger (6530620 & 6530621)
693	6540705	Ocean Springs Hospital - Ocean Springs, MS	Previously nonregistered
693	6610002	Unity Hospital - Fridley, MN	Result of merger (6610085 & 6610086)
693	6620003	Mercy Hospital Medical Center - Des Moines, IA	Result of merger (6620440 & 6620441)
693	6620004	Genesis Medical Center - Davenport, IA	Result of merger (6620350 & 6620351)
693	6640300	Kenmare Community Hospital - Kenmare, ND	Newly registered
693	6720014	Baton Rouge General Health Center - Baton Rouge, LA	Previously nonregistered
693	6720021	Christian Health Ministries - New Orleans, LA	Result of merger (6720620 & 6720621)
693	6740068	Horizon Specialty Hospital - San Antonio, TX	Newly registered
693	6740072	Christopher House - Austin, TX	Newly registered
693	6740081	Columbia Rehabilitation Hospital - El Paso, TX	Newly registered
	6740084	Pediatric Center Care - Dallas, TX	Newly registered
	6740085	St. Michael Rehabilitation Hospital - Texarkana, TX	Newly registered
	6740086	Texas Orthopedic Hospital - Houston, TX	Newly registered
	6740087	Spring Branch Medical Center - Houston, TX	Result of merger (6741905 & 6741906)
	6740089	Memorial Medical Center - Corpus Christi, TX	Result of merger (6740740 & 6740741)
	6740091	Beaumont Regional Medical Center - Beaumont, TX	Result of merger (6740250 & 6740251)
	6740092	East Texas Medical Center - Tyler, TX	Result of merger (6743563 & 6743564)

(See merger list for additional documentation on merged hospitals.)

ADDITIONS:

The following hospitals have been added to the 1994 Annual Survey file of **registered** hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR ADDITION</u>
6850001	THC - Albuquerque - Albuquerque, NM	Newly registered
6850006	Desert Hills Hospital - Farmington, NM	Newly registered
6850011	New Mexico Rehabilitation Center - Roswell, NM	Result of merger (6850359 & 6859140)
6860009	Novacare Valley of the Sun Rehabilitation - Glendale, AZ	Newly registered
6860013	Thunderbird Samaritan Medical Center - Glendale, AZ	Result of merger (6860105 & 6860125)
6910004	Providence General Medical Center - Everett, WA	Result of merger (6910280 & 6910290)
6930046	Tustin Rehabilitation Hospital - Tustin, CA	Newly registered
6930047	Downey Community Hospital Foundation - Downey, CA	Result of merger (6930580 & 6930585)
6930048	Community & Mission Hospitals - Huntington Park, CA	Result of merger (6931005 & 6931010)
6930051	Kaiser Foundation Hospital - Los Angeles, CA	Result of merger (6931560 & 6931591)
6930053	Loma Linda University Medical Center - Loma Linda, CA	Result of merger (6931275 & 6931290)
6930740	Mendocino Coast District Hospital - Fort Bragg, CA	Newly registered

(See merger list for additional documentation on merged hospitals.)

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

CLASSIFICATION	TOTAL	UNITED STATES	ASSOCIATED AREAS
<b>1993 TOTALS</b>	<b>138</b>	<b>135</b>	<b>3</b>
<b>DELETIONS:</b>			
Changed status from nonregistered to registered	3	3	0
Changed to inpatient care other than a hospital	0	0	0
Changed to an outpatient facility	0	0	0
Closed	4	4	0
Duplicate record/ID changed	0	0	0
Demerged	0	0	0
Merged to form a new hospital	2	2	0
Merged into a hospital already on file	2	2	0
Temporarily inactive record	0	0	0
<b>TOTAL DELETIONS:</b>	<b>11</b>	<b>11</b>	<b>0</b>
<b>ADDITIONS:</b>			
Changed status from registered to nonregistered	0	0	0
Newly added to the nonregistered file	27	27	0
Previously closed/reopened	0	0	0
Duplicate record/ID changed	1	1	0
<b>TOTAL ADDITIONS</b>	<b>28</b>	<b>28</b>	<b>0</b>
<b>1994 TOTALS</b>	<b>155</b>	<b>152</b>	<b>3</b>

November, 1995

DELETIONS:

The following hospitals have been deleted from the 1994 Annual Survey file of **nonregistered** hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR DELETION</u>
6370700	Chestnut Hill Psychiatric Hospital - Travelers Rest, SC	Status now registered
6450010	Libertas - Green Bay, WI	Merged
6520003	Methodist Hospital Germantown - Germantown, WI	Merged into 6520785
6540705	Ocean Springs Hospital - Ocean Springs, MS	Status now registered
6549140	West Scott Baptist Hospital - Morton, KS	Closed
6549174	Smith County General Hospital - Raleigh, MS	Closed
6720014	Baton Rouge General Health Center - Baton Rouge, LA	Status now registered
6810001	Glacier View Hospital - Kalispell, MT	Merged into 6810360
6810150	Dahl Memorial Hospital - Ekalakam, MT	Closed
6810345	Garfield County Health Center - Jordan, MT	Closed
6859140	Pecos Valley Lodge - Roswel, NM	Merged to form 6850011

(See merger list for additional documentation on merged hospitals.)

ADDITIONS:

The following hospitals have been added to the 1994 Annual Survey file of **nonregistered** hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR ADDITION</u>
6120375	Seminole Point Hospital - Sunapee, NH	Reopened - Newly added
6150002	Rehabilitation Hospital - North Smithfield, RI	Newly added
6320004	Chesapeake Rehabilitation Hospital - Salisbury, MD	Newly added
6320005	Eastern Neuropsychiatric Hospital - Silver Spring, MD	Newly added
6370007	W. J. McCord Adolescent Center - Orangeburg, SC	Newly added
6390046	Volusia Medical Center - Orange City, FL	Newly added
6420009	Vencor Hospital - Indianapolis, IN	Newly added
6420010	Continental Rehabilitation Hospital - Terre Haute, IN	Newly added
6420011	Rehabilitation Hospital of Fort Wayne - Fort Wayne, IN	Newly added
6420012	Southern Indiana Rehabilitation Hospital - New Albany, IN	Newly added
6420013	Transitional Hospital - Greenwood, IN	Newly added
6520007	Vanderbilt Stallworth Rehabilitation - Nashville, TN	Newly added
6670009	Horizon Hospital - Overland Park, KS	Newly added
6720015	Meadowbrook Hospital - Mindin, LA	Newly added
6720016	Caring Incorporate - Plaquemine, LA	Newly added
6720017	Amalgam Hospital - Pleasant Hill, LA	Newly added
6720018	Lagniappe Hospital - Shreveport, LA	Newly added
6720019	Summit Institute for Pulmonary Medicine - West Monroe, LA	Newly added
6730012	Vencor Hospital - Oklahoma City, OK	Newly added
6730013	Northeast Oklahoma Rehabilitation Hospital - Tulsa, OK	Newly added
6740074	THC-Houston - Houston, TX	Newly added
6740078	Texoma Medical Center Restorative - Denison, TX	Newly added

(See merger list for additional documentation on merged hospitals.)



ADDITIONS:

The following hospitals have been added to the 1994 Annual Survey file of **nonregistered** hospitals.

<u>ID</u>	<u>NAME AND LOCATION</u>	<u>REASON FOR ADDITION</u>
6850008	Interface Rehabilitation Hospital - Farmington, NM	Newly added
6860008	American Transitional Hospital - Phoenix, AZ	Newly added
6870004	Brightway Adolescent Hospital - Saint George, UT	Newly added
6880001	Rehabilitation Hospital - Las Vegas, NV	Newly added
6880002	Rehabilitation Hospital of Reno - Reno, NV	Newly added
6930049	Desert Valley Hospital - Victorville, CA	Newly added

**MERGERS**  
**1994 ANNUAL SURVEY OF HOSPITALS**

<u>MERGER RESULT</u>	<u>MERGED HOSPITALS</u>
6140007 Good Samaritan Medical Center Stoughton, MA	6140007 Cardinal Cushing General Hospital Brockton, MA  6140640 Goddard Memorial Hospital Stoughton, MA
6140008 Health Alliance Hospital-Leominster Leominster, MA	6140930 Burbank Hospital Fitchburg MA  6141190 Leominster Hospital Leominster, MA
6150003 Eleanor Slater Hospital Cranston, RI	6150050 Rhode Island Medical Center Howard, RI  6150210 Dr. U. E. Zambarano Memorial Hospital Pascoag, RI
6160003 Hartford Hospital Hartford, MA	6160210 Hartford Hospital Hartford, CT  6160220 Institute of Living Hartford, CT
6210018 Hudson River Psychiatric Center Poughkeepsie, NY	6214090 Hudson River Psychiatric Center Poughkeepsie, NY  6215370 Harlem Valley Psychiatric Center Wingdale, NY

## MERGERS 1994 ANNUAL SURVEY OF HOSPITALS

### MERGER RESULT

### MERGED HOSPITALS

6210020  
Seton Health System  
Troy, NY

6210020  
Leonard Hospital  
Troy, NY

6214985  
St. Mary's Hospital of Troy  
Troy, NY

6220105  
Northwest Covenant Medical Center  
Denville, NJ

6220230  
Dover General & Medical Center  
Dover, NJ

6220315  
Wallkill Valley Hospital & Center  
Sussex, NJ

6220125  
South Jersey Health System  
Elmer, NJ

6220275  
Elmer Community Hospital  
Elmer, NJ

6230029  
University of Pittsburgh Medical Center  
Pittsburgh, PA

6230014  
Montefiore University Hospital  
Pittsburgh, PA

6232560  
Presbyterian University Hospital  
Pittsburgh, PA

6232670  
Western Psychiatric Institute & Clinic  
Pittsburgh, PA

6230400  
Crozer-Chester Medical Center  
Upland, PA

6230410  
Community Hospital-Chester  
Chester, PA

**MERGERS**  
**1994 ANNUAL SURVEY OF HOSPITALS**

<u>M</u>	<u>MERGER RESULT</u>	<u>MERGED HOSPITALS</u>
6 G S	6360007 Charter Asheville Asheville, NC	6360050 Appalachian Hall Asheville, PA  6360100 Highland Hospital Asheville, NC
6 H L	6390043 University Hospital Tamarac, FL	6391045 University Hospital Tamarac, FL  6391075 University Pavilion Tamarac, FL
6 E C	6390044 Cedars Medical Center Miami, FL	6390539 Cedars Medical Center Miami, FL  6390630 Victoria Hospital Miami, FL
6 H H	6390052 Sarasota Memorial Hospital Sarasota, FL	6390960 Sarasota Palms Hospital Sarasota, FL  6390970 Sarasota Memorial Hospital Sarasota, FL
6 H P	6390053 St Joseph's Hospital Tampa, FL	6391080 St. Joseph's Hospital Tampa, FL  6391110 St. Joseph's Women's Hospital Tampa, FL

## MERGERS

### 1994 ANNUAL SURVEY OF HOSPITALS

<u>MERGER RESULT</u>	<u>MERGED HOSPITALS</u>
6390054 Miami Heart Institute Miami, FL	6390635 Miami Heart Institute-South Miami Beach, FL  6390650 Miami Heart Institute-North Miami Beach, FL
6390056 Halifax Medical Center Daytona Beach, FL	6390130 Halifax Medical Center Daytona Beach, FL  6390140 Atlantic Shores Hospital Daytona Beach, FL
6410013 Western Reserve Care System Youngstown, OH	6412455 Western Reserve System-Northside Youngstown, OH  6412457 Western Reserve System-Southside Youngstown, OH  6412460 Western Reserve-Tod Children's Hospital Youngstown, OH
6410014 Lorain Community/St. Joseph Regional Health Lorain, OH	6411587 Lorain Community Hospital Lorain, OH  6411590 St. Joseph Hospital & Health Center Lorain, OH
6410015 Firelands Community Hospital Sandusky, OH	6411980 Firelands Community Hospital Sandusky, OH  641200A Firelands Community Hospital Sandusky, OH

## MERGERS

### 1994 ANNUAL SURVEY OF HOSPITALS

<u>MERGER RESULT</u>	<u>MERGED HOSPITALS</u>
6440013 Munson Medical Center Traverse City, OH	6442440 Munson Medical Center Traverse City, MI  6442453 Traverse City Community Hospital Traverse City, MI
6520008 Tennessee Christian Medical Center Madison, TN	6520285 Highland Hospital Portland, TN  6520660 Tennessee Christian Medical Center Madison, TN
6530001 Mobile Infirmary Medical Center Mobile, AL	6530620 Mobile Infirmary Medical Center Mobile, AL  6530635 Rotary Rehabilitation Hospital Mobile, AL
6610002 Unity Hospital Fridley, MN	6610085 Mercy Hospital Coon Rapids, MN  6610523 Unity Hospital Fridley, MN
6620003 Mercy Hospital Medical Center Des Moines, IA	6620440 Mercy Hospital Davenport, IA  6620441 Charter Community Hospital Des Moines, IA

## MERGERS

### 1994 ANNUAL SURVEY OF HOSPITALS

<u>MERGER RESULT</u>	<u>MERGED HOSPITALS</u>
6620004 Genesis Medical Center Davenport, IA	6620350 Mercy Hospital Davenport, IA  6620370 St. Luke's Hospital Davenport, IA
6720021 Christian Health Ministries New Orleans, LA	6720620 Mercy Hospital of New Orleans New Orleans, LA  6720650 Southern Baptist Hospital New Orleans, LA
6740087 Spring Branch Medical Center Houston, TX	6741905 Sam Houston Memorial Hospital Houston, TX  6742015 Spring Branch Medical Center Houston, TX
6740089 Memorial Medical Center Corpus Christi, TX	6740740 Memorial Medical Center Corpus Christi, TX  6740750 Southside Health Center Corpus Christi, TX
6740091 Beaumont Regional Medical Center Beaumont, TX	6740250 Beaumont Regional Medical Center Beaumont, TX  6740253 Beaumont Neurological Hospital Beaumont, TX

**MERGERS**  
**1994 ANNUAL SURVEY OF HOSPITALS**

<u>MERGER RESULT</u>	<u>MERGED HOSPITALS</u>
6740092 East Texas Medical Center Tyler, TX	6743563 University Park Hospital Tyler, TX  6743565 East Texas Medical Center Tyler, TX
6850011 New Mexico Rehabilitation Center Roswell, NM	6850359 New Mexico Rehabilitation Center Roswell, NM  6859140 West Scott Baptist Hospital Morton, NM
6860013 Thunderbird Samaritan Medical Center Glendale, AZ	6860105 Thunderbird Samaritan Health Center Glendale, AZ  6860125 Samaritan Behavioral Health Center Glendale, AZ
6860170 Desert Samaritan Medical Mesa, AZ	6860270 Samaritan Behavioral Health Center Mesa, AZ
6910004 Providence General Medical Center Everett, WA	6910280 General Hospital Medical Center Everett, WA  6910290 Providence Hospital Everett, WA
6930047 Downey Community Hospital Foundation Downey, CA	6930580 Downey Community Hospital Downey, CA  6930585 Rio Hondo Memorial Hospital Downey, CA



**MERGERS**  
**1994 ANNUAL SURVEY OF HOSPITALS**

<u>MERGER RESULT</u>	<u>MERGED HOSPITALS</u>
6930048 Community & Mission Hospitals Huntington Park, CA	6931005 Community Hospital of Huntington Park Huntington Park, CA
	6931010 Mission Hospital Huntington Park, CA
6930051 Kaiser Foundation Hospital Los Angeles, CA	6931560 Kaiser Foundation Hospital Los Angeles, CA
	6931591 Kaiser Foundation Mental Health Center West Los Angeles, CA
6930053 Loma Linda University Medical Center Loma Linda, CA	6931275 Loma Linda University Community Hospital Loma Linda, CA
	6931290 Loma Linda University Medical Center Loma Linda, CA

SECTION 5

*AHA ANNUAL  
SURVEY OF  
HOSPITALS*

1994 Questionnaire



Please return to:  
American Hospital Association  
One North Franklin  
Chicago, Illinois 60606

Please return by:

**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 10/01/93 through 09/30/94 (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><b>Government, nonfederal</b></p> <input type="checkbox"/> 12 State<br><input type="checkbox"/> 13 County<br><input type="checkbox"/> 14 City<br><input type="checkbox"/> 15 City-County<br><input type="checkbox"/> 16 Hospital district or authority | <p><b>Nongovernment, not-for-profit (NFP)</b></p> <input type="checkbox"/> 21 Church-operated<br><input type="checkbox"/> 23 Other not-for-profit (including NFP Corporation)   |
| <p><b>Investor-owned, for-profit</b></p> <input type="checkbox"/> 31 Individual<br><input type="checkbox"/> 32 Partnership<br><input type="checkbox"/> 33 Corporation   | <p><b>Government, federal</b></p> <input type="checkbox"/> 41 Air Force<br><input type="checkbox"/> 42 Army<br><input type="checkbox"/> 43 Navy<br><input type="checkbox"/> 44 Public Health Service                  |
|   | <input type="checkbox"/> 45 Veterans' Affairs<br><input type="checkbox"/> 46 Federal other than 41-45 or 47-48<br><input type="checkbox"/> 47 PHS Indian Service<br><input type="checkbox"/> 48 Department of Justice |

**2. SERVICE**

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

- |  |   |
|--|---|
| <input type="checkbox"/> 10 General medical and surgical<br><input type="checkbox"/> 11 Hospital unit of an institution (prison hospital, college infirmary)<br><input type="checkbox"/> 12 Hospital unit within an institution for the mentally retarded<br><input type="checkbox"/> 22 Psychiatric<br><input type="checkbox"/> 33 Tuberculosis and other respiratory diseases<br><input type="checkbox"/> 44 Obstetrics and gynecology<br><input type="checkbox"/> 45 Eye, ear, nose, and throat | <input type="checkbox"/> 46 Rehabilitation<br><input type="checkbox"/> 47 Orthopedic<br><input type="checkbox"/> 48 Chronic disease<br><input type="checkbox"/> 62 Institution for mentally retarded<br><input type="checkbox"/> 82 Alcoholism and other chemical dependency<br><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

## GENERAL INSTRUCTIONS

A copy of the Annual Survey questionnaire is enclosed. 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 the photocopy in your files for reference. Also, please forward a photocopy of the completed questionnaire to your state hospital association.

Requested return date is listed on the cover page, but if additional time is necessary to complete the survey, please complete page 14, listing the expected return date and fax it to the Annual Survey staff at 312/422-4569. If you prefer, you may notify us by calling 312/422-3521.

Report utilization and financial information for a full 12-month period, preferably the period ending September 30, 1994. If you prefer, you may use your fiscal year as the reporting period.

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

If assistance is needed, please contact the American Hospital Association Annual Survey staff at 312/422-3521. You may also contact your state hospital association or other state agency if so directed by survey return instructions.

## INSTRUCTIONS AND DEFINITIONS FOR THE 1994 ANNUAL SURVEY

**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, 1994, should be shown as 01/01/94. 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.

**AMERICAN HOSPITAL ASSOCIATION  
1994 Annual Survey**

**B. ORGANIZATIONAL STRUCTURE (continued)**

3. c. Is the hospital part of a health care system? If yes, please provide the name, city, and state of the . . . . .YES  NO   
system headquarters:  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- d. Is the hospital a division or subsidiary of a holding company? . . . . .YES  NO
- e. Does the hospital itself operate subsidiary corporations? . . . . .YES  NO
- f. Is the hospital contract managed? If yes, provide the name, city, and state of the organization that . . . . .YES  NO   
manages the hospital:  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- g. Is the hospital a member of an alliance? If yes, please provide the name(s), city, and state of the . . . . .YES  NO   
alliance headquarters:  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- h. Is the hospital a participant in a network? If yes, please provide the name, address, city, state, and . . . . .YES  NO   
telephone number of the network. If the hospital participates in more than one network, please provide the name, address, city,  
state, and telephone number of the network(s) on page 13, under supplemental information.  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. FACILITIES AND SERVICES**

For each service or facility listed below, please check all the categories that describe how each item is provided as of the last day of the reporting period. Check all categories that apply for an item. Leave all categories blank for a facility or service that is not provided. Column 2 refers to the systems that were identified in section B, question 3c. Column 3 refers to the networks that were identified in section B, question 3h.

	(1) Owned or provided by my hospital or a subsidiary		(2) Provided by my Health System (in my local community)	(3) Provided by my network (in my local community)	(4) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in my local com- munity)
1. General medical-surgical care . . . . .	<input type="checkbox"/>	* (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pediatric medical-surgical care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Obstetrics [Level of unit: _____] . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical surgical intensive care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cardiac intensive care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Neonatal intensive care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Neonatal intermediate care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pediatric intensive care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Burn care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other special care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Physical rehabilitation . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Alcoholism-drug abuse or dependency care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Psychiatric care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Skilled nursing care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Intermediate care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Other long term care . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Other care (specify: _____) . . . . .	<input type="checkbox"/>	(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*Please report #Beds that were provided within your hospital and were set up and staffed for use at the end of the reporting period.**

## AMERICAN HOSPITAL ASSOCIATION

### B. ORGANIZATIONAL STRUCTURE

#### 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. **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.
- d. **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.
- e. **Subsidiary.** A company that is wholly controlled by another or one that is more than 50% owned by another organization.
- f. **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.
- g. **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.
- h. **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.

### SECTION C FACILITIES AND SERVICES Definitions

1. **General medical-surgical care.** Provides acute care to patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans.
2. **Pediatric medical-surgical care.** Provides acute care to pediatric patients on the basis of physicians' orders and approved nursing care plans.
3. **Obstetrics** 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.
4. **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.
5. **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.
6. **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.
7. **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.
8. **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 for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.
9. **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.
10. **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.
11. **Physical 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.
12. **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.
13. **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.
14. **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.
15. **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.
16. **Other long term care.** Provision of long term care other than skilled nursing care or intermediate care. This can include residential care-elderly housing services for those who do not require daily medical or nursing services, but may require some assistance in the activities of daily living, or sheltered care facilities for developmentally disabled.
17. **Other care.** (specify) Any type of care other than those listed above.

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## C. FACILITIES AND SERVICES (continued)

	(1) Owned or provided by my hospital or a subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided by my network (in my local community)	(4) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in my local com- munity)
18. Adult day care program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Alcoholism-drug abuse or dependency outpatient services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Angioplasty .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Arthritis treatment center .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Assisted living .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Birthing room - LDR room - LDRP room .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Breast cancer screening/mammograms .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Cardiac catheterization laboratory .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Case management .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Children wellness program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Community outreach .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Crisis prevention .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Dental services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Emergency services:				
a. Emergency department [JCAHO level: _____] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trauma center (certified) [Level of unit: _____] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Extracorporeal shock wave lithotripter (ESWL) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Fitness center .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Freestanding outpatient care center .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Geriatric services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Health fair .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Health information center .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Health screenings .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. HIV-AIDS services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Home health services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Hospice .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Hospital-based outpatient care center-services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Meals on wheels .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Nutrition programs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Occupational health services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Oncology services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Open heart surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C. FACILITIES AND SERVICES (continued)

18. **Adult day care program.** Program providing supervision, medical and psychological care, and social activities for older persons who live at home or in another family setting, but cannot be alone or prefer to be with others during the day. May include in-home assessment, health monitoring, occupational therapy, personal care, noon meal, and transportation services.
19. **Alcoholism-drug abuse or dependency outpatient services.** Organized hospital services that provide medical care and rehabilitative treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency.
20. **Angioplasty.** The reconstruction or restructuring of a blood vessel by operative means or by nonsurgical techniques such as balloon dilation or laser.
21. **Arthritis treatment center.** Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders.
22. **Assisted living.** A special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who need help in activities of daily living and instrumental activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbor and friends.
23. **Birthing room-LDR room-LDRP room.** A single room-type of maternity care with a more homelike setting for families than a 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.
24. **Breast cancer screening/mammograms.** Mammography screening -The use of breast x-ray to detect unsuspected breast cancer in asymptomatic women. 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.
25. **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 direct needle puncture. Procedures must be performed in a laboratory or a special procedure room.
26. **Case management.** A system of assessment, treatment planning, referral and follow-up that ensures the provision of comprehensive and continuous services and the coordination of payment and reimbursement for care.
27. **Children wellness program.** A program that encourages improved health status and a healthful lifestyle of children through health education, exercise, nutrition and health promotion.
28. **Community outreach.** A program that systematically interacts with the community to identify those in need of services, alert persons and their families to the availability of services, locating needed services, and enabling persons to enter the service delivery system.
29. **Crisis prevention.** Services provided in order to promote physical and mental well being and the early identification of disease and ill health prior to the onset and recognition of symptoms so as to permit early treatment.
30. **Dental services.** An organized dental service or dentists on staff, not necessarily involving special facilities, providing dental services to inpatients or outpatients.
- 31a. **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 1:** 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 2:** 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 3:** 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 4:** 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.
- 31b. **Trauma center (certified).** A facility certified to provide emergency and specialized intensive care to critically ill and injured patients. **Level 1:** A regional 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:** 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:** 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. Please provide explanation on page 15 if necessary.
32. **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.
33. **Fitness center.** Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees.
34. **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 centers 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.
35. **Geriatric services.** The branch of medicine dealing with the physiology of aging and the diagnosis and treatment of diseases affecting the aged. Services could include: Adult day care program; Alzheimer's diagnostic-assessment services; Comprehensive geriatric assessment; Emergency response system; Geriatric acute care unit; and/or Geriatric clinics.
36. **Health fair.** Community health education events that focus on the prevention of disease and promotion of health through such activities as audiovisual exhibits and free diagnostic services.
37. **Health information center.** Education which is directed at increasing the information of individuals and populations. It is intended to increase the ability to make informed personal, family and community health decisions by providing consumers with informed choices about health matters with the objective of improving health status.
38. **Health screening.** A preliminary procedure, such as a test or examination to detect the most characteristic sign or signs of a disorder that may require further investigation.



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### C. FACILITIES AND SERVICES (continued)

	(1) Owned or provided by my hospital or a subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided by my network (in my local community)	(4) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in my local com- munity)
48. Outpatient surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Patient education center .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Patient representative services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Physical rehabilitation outpatient services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Primary care department .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Psychiatric services:				
a. Psychiatric child-adolescent services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Psychiatric consultation-liaison services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychiatric education services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Psychiatric emergency services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychiatric geriatric services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Psychiatric outpatient services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Psychiatric partial hospitalization program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Radiation therapy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Radiology, diagnostic:				
a. CT scanner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic radioisotope facility .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Magnetic resonance imaging (MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Positron emission tomography (PET) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Single photon emission computerized tomography (SPECT) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ultrasound .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Reproductive health .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Retirement housing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Social work services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Sports medicine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Support groups .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Teen outreach services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Transplant services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Transportation to health facilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Urgent care center .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Volunteer services department .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Women's health center/services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C. FACILITIES AND SERVICES (continued)

39. **HIV-AIDS services.** (could include) 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. 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. Specialized outpatient program for HIV-AIDS-Special outpatient program providing diagnostic, treatment, continuing care planning, and counseling for HIV-AIDS patients and their families.
40. **Home health services.** Service providing nursing, therapy, and health-related homemaker or social services in the patient's home.
41. **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.
42. **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.
43. **Meals on wheels.** A hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis.
44. **Nutrition programs.** Those services within a health care facility which are designed to provide inexpensive, nutritionally sound meals to patients.
45. **Occupational health services.** Includes services designed to protect the safety of employees from hazards in the work environment.
46. **Oncology services.** An organized program for the treatment of cancer by the use of drugs or chemicals.
47. **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.
48. **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.
49. **Patient education center.** Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and self care.
50. **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.
51. **Physical 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.
52. **Primary care department.** A unit or clinic within the hospital that provides primary care services (e.g. general pediatric care, general internal medicine, family practice, gynecology) through hospital-salaried medical and/or nursing staff, focusing on evaluating and diagnosing medical problems and providing medical treatment on an outpatient basis.
53. **Psychiatric services:**
  - a. **Psychiatric child-adolescent services.** Provides care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment.
  - b. **Psychiatric consultation-liaison services.** Provides organized psychiatric consultation/liaison services to nonpsychiatric hospital staff and/or department on psychological aspects of medical care that may be generic or specific to individual patients.
  - c. **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.
  - d. **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.
  - e. **Psychiatric geriatric services.** Provides care to emotionally disturbed elderly patients, including those admitted for diagnosis and those admitted for treatment.
  - f. **Psychiatric outpatient services.** Provides medical care, including diagnosis and treatment of psychiatric outpatients.
  - g. **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.
54. **Radiation therapy.** The branch of medicine concerned with radioactive substances and using various techniques of visualization, with the diagnosis and treatment of disease using any of the various sources of radiant energy. Services could include: megavoltage radiation therapy; radioactive implants; stereotactic radiosurgery; therapeutic radioisotope facility; X-ray radiation therapy.
55. **Radiology, diagnostic:**
  - a. **CT scanner.** Computed tomographic scanner for head or whole body scans.
  - b. **Diagnostic radioisotope facility.** The use of radioactive isotopes (Radiopharmaceutical) as tracers or indicators to detect an abnormal condition or disease.
  - c. **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.
  - d. **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.
  - e. **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.
  - f. **Ultrasound.** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures.
56. **Reproductive health (could include).** 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. 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.
57. **Retirement housing.** A facility which provides social activities to senior citizens, usually retired persons, who do not require health care but some short-term skilled nursing care may be provided. A retirement center may furnish housing and may also have acute hospital and long-term care facilities, or it may arrange for acute and long term care through affiliated institutions.
58. **Social work services (could include).** 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. Outpatient social work services - Social work services provided in ambulatory care areas. Emergency department social work services - Social work services provided to emergency department patients by social workers dedicated to the emergency department or on call.

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### C. FACILITIES AND SERVICES (continued)

67. Which of the following physician arrangements does your hospital or system/network participate in? Column 2 refers to the systems that were identified in section B, question 3c. Column 3 refers to the networks that were identified in section B, question 3h.

	(1) My Hospital	(2) My Health System	(3) My Health Network
a. Independent Practice Association .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Group practice without walls .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Open Physician-Hospital Organization (PHO) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Closed Physician-Hospital Organization (PHO) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Management Service Organization (MSO) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Integrated Salary Model .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Equity Model .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Foundation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. Have any of the following insurance products been developed by your hospital, health system, health network or as a joint venture with an insurer? (Check all that apply) Column 2 refers to the systems that were identified in section B, question 3c. Column 3 refers to the networks that were identified in section B, question 3h.

	(1) My Hospital	(2) My Health System	(3) My Health Network	(4) Joint Venture With Insurer
a. Health Maintenance Organization .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Preferred Provider Organization .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Indemnity Fee For Service Plan .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. Does your hospital have a formal written contract that specifies the obligations of each party with:

- |  |                              |                             |                                      |       |
|--|------------------------------|-----------------------------|--------------------------------------|-------|
| a. Health maintenance organization (HMO) ..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | b. IF YES, how many contracts? ..... | _____ |
| c. Preferred provider organization (PPO) ..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | d. IF YES, how many contracts? ..... | _____ |

70. 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") ..... %

71. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared risk basis? .....

YES  NO

72. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered? .....

\_\_\_\_\_

### D. COMMUNITY ORIENTATION

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does your hospital's mission statement include a focus on community benefit? .....   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Does your hospital have a long-term plan for improving the health of its community? .....  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Does your hospital have resources for its community benefit activities? .....  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Does your hospital work with other providers, public agencies, or community representatives to conduct a health status assessment of the community? .....  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6a. 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6b. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicative services in the community? .....   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Does your hospital work with other providers to collect, track, and communicate clinical and health information across cooperating organizations? .....  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. 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 <input type="checkbox"/> | NO <input type="checkbox"/> |

### C. FACILITIES AND SERVICES (continued)

59. **Sports medicine.** Provision of diagnostic screening and assessment and clinical and rehabilitation services for the prevention and treatment of sports-related injuries.
60. **Support groups.** A hospital sponsored program which allows a group of individuals with the same or similar problems who meet periodically to share experiences, problems, and solutions, in order to support each other.
61. **Teen outreach services.** A program focusing on the teenager which encourages an improved health status and a healthful lifestyle including physical, emotional, mental, social, spiritual and economic health through education, exercise, nutrition and health promotion.
62. **Transplant services.** The branch of medicine that transfers an organ or tissue from one person to another or from one body part to another to replace a diseased structure or to restore function or to change appearance. Services could include: Bone marrow transplant program; kidney transplant; organ transplant (other than kidney); tissue transplant.
63. **Transportation to health facilities.** A long-term care support service designed to assist the mobility of the elderly. Some programs offer improved financial access by offering reduced rates and barrier-free buses or vans with ramps and lifts to assist the elderly or handicapped; others offer subsidies for public transport systems or operate mini-bus services exclusively for use by senior citizens.
64. **Urgent care center.** A facility that provides care and treatment for problems that are not life-threatening but require attention over the short term. These units function like emergency rooms but are separate from hospitals with which they may have backup affiliation arrangements.
65. **Volunteer services department.** An organized hospital department responsible for coordinating the services of volunteers working within the institution.
66. **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.
- 67a. **Independent practice association (IPA).** An IPA is a legal entity that holds managed care contracts. The IPA then contracts with physicians, usually in solo practice, to provide care either on a fee-for-services or capitated basis. The purpose of an IPA is to assist solo physicians in obtaining managed care contracts.
- 67b. **Group practice without walls.** Hospital sponsors the formation of, or provides capital to physicians to establish, a "quasi" group to share administrative expenses while remaining independent practitioners.
- 67c. **Open physician-hospital organization (PHO).** A joint venture between the hospital and all members of the medical staff who wish to participate. The PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.
- 67d. **Closed physician-hospital organization (PHO).** A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality.
- 67e. **Management services organization (MSO).** A corporation, owned by the hospital or a physician/hospital joint venture, that provides management services to one or more medical group practices. The MSO purchases the tangible assets of the practices and leases them back as part of a full-service management agreement, under which the MSO employs all non-physician staff and provides all supplies/administrative systems for a fee.
- 67f. **Integrated salary model.** Physicians are salaried by the hospital or another entity of a health system to provide medical services for primary care and specialty care.
- 67g. **Equity model.** Allows established practitioners to become shareholders in a professional corporation in exchange for tangible and intangible assets of their existing practices.
- 67h. **Foundation.** A corporation, organized either as a hospital affiliate or subsidiary, which purchases both the tangible and intangible assets of one or more medical group practices. Physicians remain in a separate corporate entity but sign a professional services agreement with the foundation.
70. **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.

## 1994 Annual Survey

### E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING

Please report utilization and financial data for a 12 month period that is consistent with the period reported on page 1. Report financial data for reporting period only. If final figures are not available, please estimate. Round to the nearest dollar. Use September 30, 1994 to report personnel regardless of your reporting period as listed on page 1. Report full-time and part-time personnel who were on the payroll and whose payroll expenses are reported in E3f. (Please refer to specific definitions on page 12.)

Fill out column (2) if hospital owns and operates a nursing home type unit/facility.

	(1) Total Facility	(2) Nursing Home Unit/Facility
<b>1. BEDS AND UTILIZATION</b>		
a. Beds set up and staffed for use at the end of the reporting period .....	_____	_____
b. Bassinets set up and staffed for use at the end of the reporting period .....	_____	_____
c. Births (exclude fetal deaths) .....	_____	_____
d. Admissions (exclude newborns, <u>include</u> neonatal & swing admissions) .....	_____	_____
e. Inpatient days (exclude newborns, <u>include</u> neonatal & swing days) .....	_____	_____
f. Emergency room visits .....	_____	_____
g. Total outpatient visits (including emergency room visits) .....	_____	_____
h. Inpatient surgical operations .....	_____	_____
i. Outpatient surgical operations .....	_____	_____
<b>2. MEDICARE/MEDICAID UTILIZATION</b> (exclude newborns, <u>include</u> 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 .....	_____	_____
<b>3. FINANCIAL</b>		
* a. Net patient revenue .....	.00	.00
* b. Tax appropriations .....	.00	.00
* c. Other operating revenue .....	.00	.00
* d. Nonoperating revenue .....	.00	.00
* e. Total revenue (add 3a thru 3d) .....	.00	.00
f. Payroll expenses .....	.00	.00
g. Employee benefits .....	.00	.00
h. Total expenses (including bad debt) .....	.00	.00
<b>*4. REVENUE BY TYPE</b>		
a. Total gross inpatient revenue .....	.00	.00
b. Total gross outpatient revenue .....	.00	.00
<b>*5. UNCOMPENSATED CARE</b>		
a. Bad debt expense .....	.00	.00
b. Charity (Revenue forgone at full established rates. Include in gross revenue) .....	.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.

**SECTION E**  
**TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING**  
**Instructions and Definitions**

1. For the purposes of this survey, nursing home type unit/facility 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 4 definitions)  
**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 on the physical property.**
    - 1 a. 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.
    - b. Report the number of normal newborn **bassinets**. Do not include neonatal intensive care or intermediate care bassinets. These should be reported on page 3, C6. and C7.
    - c. Total **births** should exclude fetal deaths.
    - d. Include the number of adult and pediatric **admissions** only (exclude births). This figure should include all patients admitted during the reporting period, including neonatal and swing admissions.
    - e. Report the number of adult and pediatric days of care rendered during the entire reporting period. Do not include days of care rendered for normal infants born in the hospital, but do include those for their mothers. Include days of care for infants born in the hospital and transferred into a neonatal care unit. Also include swing bed inpatient days. **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.
    - f. **Emergency room visits** should reflect the 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.
    - g. 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 the patient receives. Total outpatient visits should include all clinic visits, referred visits, observation services, outpatient surgeries, and emergency room visits.  
**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.  
**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.  
Also include the number of outpatient surgeries reported on line E1i. and the emergency room visits reported on line E1f.
    - h-i. 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.
    - i. 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.
  - 3 a. **Net patient 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.
  - c. **Other operating 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. **Nonoperating revenue.** Includes investment income, extraordinary gains and other nonoperating gains.
  - f. **Payroll expenses.** Include payroll for all personnel including medical and dental residents/interns and trainees.
  - g. **Employee benefits.** Includes social security, group insurance, retirement benefits, workman's compensation, unemployment insurance, etc.
  - h. **Total expenses.** Includes all payroll and nonpayroll expenses (including bad debt) as well as any nonoperating losses (including extraordinary losses).
- 5 a. **Bad debt expense.** The provision for actual or expected uncollectibles resulting from the extension of credit. 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 (E3a.).
  - b. **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.**

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E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

\*6. REVENUE BY PAYOR (report total facility gross and net figures)

		(1) Gross	(2) Net
a.	GOVERNMENT		
	(1) Medicare	.00	.00
	(2) Medicaid	.00	.00
	(3) Other	.00	.00
b.	NONGOVERNMENT		
	(1) Self-pay	.00	.00
	(2) Third-party payors	.00	.00
	(3) Other	.00	.00

7. STAFFING

Report full-time (35 hours or more) and part-time (less than 35 hours) personnel who were on the hospital/facility payroll as of September 30, 1994, even if your reporting period ended on a different date. Include members of religious orders for whom dollar equivalents were reported. Exclude private-duty nurses, volunteers, and all personnel whose salary is financed entirely by outside research grants. Exclude physicians and dentists who are paid on a fee basis.

		(1) Full-Time (35 hr/wk or more) On Payroll	(2) Part-Time (less than 35 hr/wk) On Payroll
a.	Physicians and dentists		
b.	Medical and dental residents/interns		
c.	Other trainees		
d.	Registered nurses		
e.	Licensed practical (vocational) nurses		
f.	All other personnel		
g.	Total facility personnel (add 7a through 7f)		
h.	Nursing home type unit/facility personnel (if applicable - please break out these personnel from the total facility number.)		

\*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.

E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

**SECTION E**  
**Instructions and Definitions**

- 7 a. **Physicians and dentists.** Include only those physicians and dentists engaged in clinical practice and on the payroll. Those who hold administrative positions should be reported in "All other personnel".
- c. **Other trainees.** A trainee is a person who has not completed the necessary requirements for certification or met the qualifications required for full salary under a related occupational category. Exclude medical and dental residents/interns who should be reported on line 7b.
- d. **Registered nurses.** Nurses who have graduated from approved schools of nursing and who are currently registered by the 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, and therefore listed under "All other personnel."
- e. **Licensed practical (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.
- g. **Total facility personnel.** This line is to include the total facility personnel - hospital plus nursing home type unit/facility personnel (for those hospitals that own and operate a nursing home type unit/facility).
- h. **Nursing home type unit/facility personnel.** This line should be filled out only by hospitals that own and operate a nursing home type unit/facility, where only one legal entity is vested with title to the physical property or operates under the authority of a duly executed lease of the physical property. If nursing home type unit/facility personnel are reported on the total facility personnel line, but cannot be broken out, please write "cannot break out" on this line.





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As declared previously, hospital specific revenue 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 metropolitan/regional 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 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

\_\_\_\_\_  
(Area Code) 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.**

The AHA also publishes these information resources:

Guide to the Health Care Field – *book*

Economic Trends – *newsletter*

National Hospital Panel Survey Report – *hardcopy  
or diskette*

To order call toll free: 1-800-AHA-2626

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