

1997 AHA Annual Survey Healthcare InfoSource, Inc.

Please return by:

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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 your last completed fiscal year (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 to Month Day Year
2. a. Were you in operation 12 full months at the end of your reporting period YES NO b. Number of days open during reporting period
3. Indicate the beginning of your current fiscal year / /
Month Day Year

B. ORGANIZATIONAL STRUCTURE

1. **CONTROL**
Indicate the type of organization that is responsible for establishing policy for overall operation of your hospital. CHECK ONLY ONE:

Government, nonfederal <input type="checkbox"/> 12 State <input type="checkbox"/> 13 County <input type="checkbox"/> 14 City <input type="checkbox"/> 15 City-County <input type="checkbox"/> 16 Hospital district or authority Investor-owned, for-profit <input type="checkbox"/> 31 Individual <input type="checkbox"/> 32 Partnership <input type="checkbox"/> 33 Corporation	Nongovernment, not-for-profit (NFP) <input type="checkbox"/> 21 Church-operated <input type="checkbox"/> 23 Other not-for-profit (including NFP Corporation) Government, federal <input type="checkbox"/> 41 Air Force <input type="checkbox"/> 42 Army <input type="checkbox"/> 43 Navy <input type="checkbox"/> 44 Public Health Service <input type="checkbox"/> 45 Veterans' Affairs <input type="checkbox"/> 46 Federal other than 41-45 or 47-48 <input type="checkbox"/> 47 PHS Indian Service <input type="checkbox"/> 48 Department of Justice
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2. **SERVICE**
Indicate the ONE category that BEST describes your hospital or the type of service it provides to the MAJORITY of admissions:

<input type="checkbox"/> 10 General medical and surgical <input type="checkbox"/> 11 Hospital unit of an institution (prison hospital, college infirmary) <input type="checkbox"/> 12 Hospital unit within an institution for the mentally retarded <input type="checkbox"/> 22 Psychiatric <input type="checkbox"/> 33 Tuberculosis and other respiratory diseases <input type="checkbox"/> 44 Obstetrics and gynecology <input type="checkbox"/> 45 Eye, ear, nose, and throat	<input type="checkbox"/> 46 Rehabilitation <input type="checkbox"/> 47 Orthopedic <input type="checkbox"/> 48 Chronic disease <input type="checkbox"/> 62 Institution for mentally retarded <input type="checkbox"/> 82 Alcoholism and other chemical dependency <input type="checkbox"/> 49 Other—specify treatment area: _____
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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 1997 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 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 16, listing the expected return date and fax it to the Annual Survey staff at 215/619-4999. If you prefer, you may notify us by calling 215/619-4933.

Report utilization and financial information for a full 12-month period, preferably 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 215/619-4933. You may also contact your state hospital association or other state agency if so directed by survey return instructions.

INSTRUCTIONS AND DEFINITIONS FOR THE 1997 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, 1997, should be shown as 01/01/97. 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.

1997 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 system headquarters: YES NO
 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, please provide the name, city, and state of the organization that manages the hospital: YES NO
 Name: _____ City: _____ State: _____
- g. Is the hospital a member of an alliance? If yes, please provide the name(s), city, and state of the alliance headquarters: YES NO
 Name: _____ City: _____ State: _____
 Name: _____ City: _____ State: _____
- h. Is the hospital a participant in a network? If yes, please provide the name, address, city, state, and 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 15, under supplemental information. YES NO
 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 community)
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 (1-3): _____]	<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 nursing 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.**

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 equipment 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 nursing 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.

1997 Annual Survey

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 community)
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 (1-4): _____] ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trauma center (certified) [Level of unit (1-3): _____] .	<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 adults who live at home or in another family setting, but cannot be alone or prefer to be with others during the day. May include intake assessment, health monitoring, occupational therapy, personal care, noon meal, and transportation services.
19. **Alcoholism-drug abuse or dependency outpatient services.** Organized hospital services that provide medical care and/or rehabilitative treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency.
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. **Birth room-LDR room-LDRP room.** A single-room-type of maternity care with a more homelike setting for families than the traditional three-room unit (labor/delivery/recovery) with a separate postpartum area. A birthing room combines labor and delivery in one room. An LDR room accommodates three stages in the birthing process--labor, delivery, and recovery. An LDRP room accommodates all four stages of the birth process--labor, delivery, recovery, and postpartum.
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 by 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, alerting 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 or oral 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 resource trauma center, which is capable of providing total care for every aspect of injury and plays a leadership role in trauma research and education. **Level 2:** 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. 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 disease affecting the aged. Services could include: Adult day care; 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.

1997 Annual Survey

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 community)
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 departments 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 (Radiopharmaceuticals) 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.

1997 Annual Survey

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. Please report the total number of physicians involved in each of the physician arrangement in which your hospital currently participates.

	(1) My Hospital	(2) My Health System	(3) My Health Network
a. Independent Practice Association	<input type="checkbox"/> (# of physicians: _____)	<input type="checkbox"/>	<input type="checkbox"/>
b. Group practice without walls	<input type="checkbox"/> (# of physicians: _____)	<input type="checkbox"/>	<input type="checkbox"/>
c. Open Physician-Hospital Organization (PHO)	<input type="checkbox"/> (# of physicians: _____)	<input type="checkbox"/>	<input type="checkbox"/>
d. Closed Physician-Hospital Organization (PHO)	<input type="checkbox"/> (# of physicians: _____)	<input type="checkbox"/>	<input type="checkbox"/>
e. Management Service Organization (MSO)	<input type="checkbox"/> (# of physicians: _____)	<input type="checkbox"/>	<input type="checkbox"/>
f. Integrated Salary Model	<input type="checkbox"/> (# of physicians: _____)	<input type="checkbox"/>	<input type="checkbox"/>
g. Equity Model	<input type="checkbox"/> (# of physicians: _____)	<input type="checkbox"/>	<input type="checkbox"/>
h. Foundation	<input type="checkbox"/> (# of physicians: _____)	<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 enrollers 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 enrollees adjustment factors such as age, sex, and family size.

1997 Annual Survey

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

Please report beds, utilization, financial, and staffing 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. 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.)

	(1) Total Facility	(2) Nursing Home Unit/Facility
Fill out column (2) if hospital owns and operates a nursing home type unit/facility. Column (1) should be the combined total of hospital plus Nursing Home Unit/Facility.		
1. BEDS AND UTILIZATION		
a. Beds <u>set up and staffed</u> for use at the end of the reporting period	_____	_____
(Do not report licensed beds)		
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. <u>Total</u> outpatient visits (include emergency room visits & outpatient surgeries)	_____	_____
h. Inpatient surgical operations	_____	_____
i. Outpatient surgical operations	_____	_____
2. MEDICARE/MEDICAID UTILIZATION (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	_____	_____
3. FINANCIAL		
* a. Net patient revenue . . . . .	.00	.00
* b. Tax appropriations . . . . .	.00	
* c. Other operating revenue . . . . .	.00	
* d. Nonoperating revenue . . . . .	.00	
* e. Total revenue (add 3a thru 3d) . . . . .	.00	.00
f. Payroll expenses (only) . . . . .	.00	.00
g. Employee benefits . . . . .	.00	.00
h. Total expenses (Payroll plus all nonpayroll expenses, including bad debt) . . . . .	.00	.00
* 4. REVENUE BY TYPE		
a. Total gross inpatient revenue . . . . .	.00	
b. Total gross outpatient revenue . . . . .	.00	
c. Total gross patient revenue (add 4a + 4b) . . . . .	.00	
* 5. UNCOMPENSATED CARE		
a. Bad debt expense . . . . .	.00	
b. Charity (Revenue forgone at full established rates. Include in gross revenue) . . . . .	.00	

*These data will be treated as confidential and not released without written permission. Healthcare InfoSource, Inc., an AHA Subsidiary, 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 of the physical property.**
- 1a. 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.
- 3a. **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).
- 5a. **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.**

1997 Annual Survey

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

6. Revenue by type of payor (report total facility gross and net):

		(1) Gross	(2) Net
a. GOVERNMENT	(1) Medicare: .....	.00	.00
	(2) Medicaid: .....	.00	.00
	(3) Other government: .....	.00	.00
b. NONGOVERNMENT	(1) Self-pay: .....	.00	.00
	(2) Third-party payors:		
	HMO .....	.00	.00
	PPO .....	.00	.00
	Other third-party payors .....	.00	.00
	(3) All Other nongovernment .....	.00	.00
c. TOTAL	.....	.00	.00

(Total gross should equal 4c on page 11, total net should equal 3a on page 11.)

Are the financial data on pages 11 and 13 a from your audited financial statement?.....YES NO

7. STAFFING

Report full-time (35 hours or more) and part-time (less than 35 hours) personnel who were on the hospital/facility payroll at the end of your reporting period. 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)	_____	_____
(Should include hospital plus nursing home type unit/facility personnel)		
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. Healthcare InfoSource, Inc., an AHA Subsidiary, 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**

- 7a. **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.

1997 Annual Survey

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



On occasion, we are asked to provide these data to external organizations, both public and private, for their use in analyzing crucial health care policy or research issues. We request 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 Healthcare InfoSource, Inc., an AHA Subsidiary, permission to release my hospital's revenue data to external users that Healthcare InfoSource, Inc. determine have a legitimate and worthwhile need to gain access to these data subject to the user's agreement with Healthcare InfoSource, Inc. not to release hospital specific information.



Chief Executive Officer Date

[] I do not grant Healthcare InfoSource, Inc., an AHA Subsidiary, permission to release my hospital's revenue data.

Chief Executive Officer Date

Does your hospital or health system have an Internet or Homepage address? Yes No
If yes, please provide the address: http://_____

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

Name (please print) Title (_____) Telephone Number

____/____/____ _____ (_____) _____
Date of Completion Chief Executive Officer Hospital's Main Fax Number

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