

Advancing Health in America

AHA ANNUAL SURVEY DATABASE REFERENCE GUIDE

FISCAL YEAR 2018

- > ORGANIZATIONAL STRUCTURE
- > SERVICES
- > INSURANCE AND PAYMENT MODELS
- > BEDS AND UTILIZATION
- > EXPENSES
- > STAFFING
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Introduction

AHA Annual Survey Database[™] for Fiscal Year 2018 is a hospital database for peer comparisons, market analysis, and health services research. It is produced primarily from the AHA Annual Survey of Hospitals, which is administered by the American Hospital Association (AHA). We curate data and information from government sources, hospital accrediting bodies, and other organizations to supplement the survey responses.

The AHA Annual Survey is a voluntary survey. Participating hospitals are not required to be members of the American Hospital Association. We encourage **all** hospitals open and operating in the United States and territories to participate in the Survey.

Survey respondents report information on the organizational structure, service lines, utilization, finances, insurance and payment models, and staffing of their hospital for a specific fiscal year. Consistent processes and standards in data collection used across time facilitate time-series analyses when multiple years of the data are licensed. CMS Certification Numbers (CCNs) are included for each hospital's record where appropriate.

Some items on the questionnaire, such as revenue, are designated 'confidential' at the hospital-specific level and are not included in the Database. Many of these data are summarized at the national and state levels in AHA Hospital Statistics^M.

The Database includes:

- Data files in multiple formats (see *Technical Notes*).
- File layout in soft format and as part of this Reference Guide.
- This *Reference Guide* with technical notes, file layout, survey questionnaire, reconciliation with the prior year Database, and glossary.

Please review the *New Items* and *Removed Items* for a list of field changes since the FY 2017 Annual Survey Database.

Thank you for licensing *AHA Annual Survey Database*. For more information contact us at <u>support@aha.org</u>.

Changes for Fiscal Year 2018

Added: We added the following fields to the Fiscal Year 2018 Database.

Field label	Short description
COHSP	Are any other types of hospitals co-located in your hospital?
COTYCAN	Type of co-located hospital - Cancer
COTYCAR	Type of co-located hospital - Cardiac
COTYORT	Type of co-located hospital - Orthopedic
COTYPED	Type of co-located hospital - Pediatric
COTYPSY	Type of co-located hospital - Psychiatric
COTYSUR	Type of co-located hospital - Surgical
COTYOTH	Type of co-located hospital - Other
COTYDESC	Type of co-located hospital - Other description
SNTOP	Does your hospital provide services through satellite outpatient departments?
SENDO	Airway endoscopy - Outpatient services
SENDOC	Airway endoscopy - Number of on-campus sites
SENDOF	Airway endoscopy - Number of off-campus sites
SSAMBS	Ambulatory surgery - Outpatient services
SAMOC	Ambulatory surgery - Number of on-campus sites
SAMOF	Ambulatory surgery - Number of off-campus sites
SBLD	Blood product exchange - Outpatient services
SBLDOC	Blood product exchange - Number of on-campus sites
SBLDOF	Blood product exchange - Number of off-campus sites
SCARD	Cardiac/pulmonary rehabilitation - Outpatient services
SCAROC	Cardiac/pulmonary rehabilitation - Number of on-campus sites
SCAROF	Blood product exchange - Number of off-campus sites
SDIAG	Diagnostic/screening test and other procedures - Outpatient services
SDIGOC	Diagnostic/screening test and other procedures - Number of on-campus sites
SDIGOF	Diagnostic/screening test and other procedures - Number of off-campus sites
SONCL	Drug administration and clinical oncology - Outpatient services
SONCOC	Drug administration and clinical oncology - Number of on-campus sites
SONCOF	Drug administration and clinical oncology - Number of off-campus sites
SENT	Ear, nose, throat (ENT) - Outpatient services
SENTOC	Ear, nose, throat (ENT) - Number of on-campus sites
SENTOF	Ear, nose, throat (ENT) - Number of off-campus sites
SGEN	General surgery and related procedures - Outpatient services
SGENOC	General surgery and related procedures - Number of on-campus sites
SGENOF	General surgery and related procedures - Number of off-campus sites
SGI	Gastrointestinal (GI) - Outpatient services
SGIOC	Gastrointestinal (GI) - Number of on-campus sites
SGIOF	Gastrointestinal (GI) - Number of off-campus sites
SGYN	Gynecology - Outpatient services
SGYNOC	Gynecology - Number of on-campus sites
SGYNOF	Gynecology - Number of off-campus sites
SSLAB	Laboratory - Outpatient services
SLABOC	Laboratory - Number of on-campus sites
SLABOF	Laboratory - Number of off-campus sites
SMRI	Major imaging - Outpatient services
SMRIOC	Major imaging - Number of on-campus sites
SMRIOF	Major imaging - Number of off-campus sites

Field label	Short description
SMUS	Musculoskeletal surgery - Outpatient services
SMUSOF	Musculoskeletal surgery - Number of off-campus sites
SNRV	Nervous system procedures - Outpatient services
SNRVOC	Nervous system procedures - Number of on-campus sites
SNRVOF	Nervous system procedures - Number of off-campus sites
SOPH	Ophthalmology - Outpatient services
SOPHOC	Ophthalmology - Number of on-campus sites
SOPHOF	Ophthalmology - Number of on-campus sites
SPATH	Pathology - Outpatient services
SPAHOC	Pathology - Number of on-campus sites
SPAHOF	Pathology - Number of off-campus sites
SSPCC	Primary care - Outpatient services
SPCOC	Primary care - Number of on-campus sites
SPCOF	Primary care - Number of off-campus sites
SPSYX	Primary care - Number of off-campus sites
SPSYOC	Psychiatric care - Number of on-campus sites
SPSYOF	Psychiatric care - Number of off-campus sites
SSRAD	Radiation oncology - Outpatient services
SRADOC	Radiation oncology - Number of on-campus sites
SRADOF	Radiation oncology - Number of off-campus sites
SSRHB	Rehabilitation - Outpatient services
SRHBOC	Rehabilitation - Number of on-campus sites
SRHBOF	Rehabilitation - Number of off-campus sites
SSNRR	Skilled nursing - Outpatient services
SSNROC	Skilled nursing - Number of on-campus sites
SSNROF	Skilled nursing - Number of off-campus sites
SSALOP	Substance abuse/chemical dependency - Outpatient services
SALPOC	Substance abuse/chemical dependency - Number of on-campus sites
SALPOF	Substance abuse/chemical dependency - Number of off-campus sites
SSUCAR	Urgent care - Outpatient services
SUCOC	Urgent care - Number of on-campus sites
SUCOF	Urgent care - Number of off-campus sites
SURO	Urology - Outpatient services
SUROOC	Urology - Number of on-campus sites
SUROOF	Urology - Number of off-campus sites
SVAS	Vascular/endovascular/cardiovascular - Outpatient services
SVASOC	Vascular/endovascular/cardiovascular - Number of on-campus sites
SVASOF	Vascular/endovascular/cardiovascular - Number of off-campus sites
SVRS	Visits and related services - Outpatient services
SVRSOC	Visits and related services - Number of on-campus sites
SVRSOF	Visits and related services - Number of off-campus sites
SATOTH	Other - Outpatient services
SATOC	Other - Number of on-campus sites
SATOF	Other - Number of off-campus sites
SOTHSAT	Other satellite outpatient dept description
IPPAHOS	Independent practice association - hospital ownership share
IPAPOS	Independent practice association - physician ownership share
IPACOS	Independent practice association - physician ownership share
IPAIOS	Independent practice association - insurance ownership share
GPWHOS	Group practice without walls - hospital ownership share
GPWPOS	Group practice without walls - physician ownership share
GPWCOS	Group practice without walls - parent corporation ownership share

Field label	Short description
GPWIOS	Group practice without wall - insurance ownership share
OPHHOS	Open physician-hospital organization - hospital ownership share
OPHPOS	Open physician-hospital organization - physician ownership share
OPHCOS	Open physician-hospital organization - parent corporation ownership share
OPHIOS	Open physician-hospital organization - insurance ownership share
CPHHOS	Closed physician-hospital organization - hospital ownership share
CPHPOS	Closed physician-hospital organization - physician ownership share
CPHCOS	Closed physician-hospital organization - parent corporation ownership share
CPHIOS	Closed physician-hospital organization - insurance ownership share
MMSOHOS	Management service organization - hospital ownership share
MSOPOS	Management service organization - physician ownership share
MSOCOS	Management service organization - parent corporation ownership share
MSOIOS	Management service organization - insurance ownership share
IISMHOS	Integrated salary model - hospital ownership share
ISMPOS	Integrated salary model - physician ownership share
ISMCOS	Integrated salary model - parent corporation ownership share
ISMIOS	Integrated salary model - insurance ownership share
EQMHOS	Equity model - hospital ownership share
EQMPOS	Equity mode - physician ownership share
EQMCOS	Equity mode - physician ownership share
EQMIOS	Equity mode - insurance ownership share
FNDHOS	Foundation - hospital ownership share
FNDPOS	Foundation - physician ownership share
FNDCOS	Foundation - parent corporation ownership share
FNDIOS	Foundation - insurance ownership share
PPHYHOS	Other physician-organization arrangement - hospital ownership share
PHYPOS	Other physician-organization arrangement - physician ownership share
PHYCOS	Other physician-organization arrangement - parent corporation ownership
1111000	share
PHYIOS	Other physician-organization arrangement - parent corporation ownership
	share
PHYPR	Hospital owned physician practice - solo practice percent
PHYPRN	Hospital owned physician practice - solo practice number
SSGRP	Hospital owned physician practice - single specialty group percent
SSGRPN	Hospital owned physician practice - single specialty group number
MSGRP	Hospital owned physician practice - multi-specialty group percent
MSGRPN	Hospital owned physician practice - multi-specialty group number
PHYCPT	Hospital owned physician practice - percent primary care
PHYOCPT	Hospital owned physician practice - percent specialty care
HHPLAN	Does hospital own or jointly own a health plan?
SPLAN	Does system own or jointly own a health plan?
IINSPT	Does your hospital/health system have a significant partnership with an
	insurer or an insurance company/health plan?
MEDNP	Medicare advantage - new product
MMCNP	Medicaid managed care - new product
HLINNP	Health insurance marketplace (exchange) - new product
OTHINP	Other individual market - new product
SMGPNP	Small group - new product
LGRPNP	Small group - new product
OSMGOTH	Other Insurance product - description
OSMGHOS	Other Insurance product - hospital
OSMGSYS	Other Insurance product - system
031010313	Other insurance product - system

Field label	Short description
OSMGVEN	Other Insurance product - joint venture
OSMGNP	Other Insurance product - new product
OSMGN	Other Insurance product - no
OSMGDK	Other Insurance product - do not know
SLFPLN	Does your hospital or system offer a self-administered health plan for your
	employees?
BDPY	Does your hospital participate in any bundled payment arrangements?
PAYTYPTM	Payer bundled payment arrangement - Traditional Medicare
PAYTYAD	Payer bundled payment arrangement - Medicare Advantage plan
PAYTYPCI	Payer bundled payment arrangement - commercial insurance plan
PAYTYPMD	Payer bundled payment arrangement - Medicaid
CNDTYPCV	Medical/Surgical condition bundled payment arrangement - cardiovascular
CNDTYPOR	Medical/Surgical condition bundled payment arrangement - orthopedic
CNDTYPON	Medical/Surgical condition bundled payment arrangement - oncologic
CNDTYPNG	Medical/Surgical condition bundled payment arrangement - neurology
CNDTYPHM	Medical/Surgical condition bundled payment arrangement - hematology
CNDTYPGI	Medical/Surgical condition bundled payment arrangement - gastrointestinal
CNDTYPPM	Medical/Surgical condition bundled payment arrangement - pulmonary
CNDTYPID	Medical/Surgical condition bundled payment arrangement - infectious disease
CNDTYPOS	Medical/Surgical condition bundled payment arrangement - other
CNDOTH	Medical/Surgical condition bundled payment arrangement - other description
ACOORG	Medical/Surgical condition bundled payment arrangement - other description
ACOTYPT	Accountable care contract - traditional Medicare
ACOTYPAD	Accountable care contract - Medicare Advantage plan
ACOTYPCI	Accountable care contract - commercial insurance plan
ACOTYPMD	Accountable care contract - Medicaid
MSSPT1	Traditional Medicare - MSSP track 1
MSSPT2	Traditional Medicare - MSSP track 2
MSSPT3	Traditional Medicare - MSSP track 3
MSSP1P	Traditional Medicare - MSSP track 1+
MSSPNG	Traditional Medicare - NextGen
MSSPCE	Traditional Medicare - Comprehensive ESRD care
ACOPCT	Percent of hospital/system patients covered by accountable care contracts
ACOCN	What % of hospital/system patient revenue came from ACO contracts in
	2018?
ACOEND	In what year did your hospital's/system's last ACO contract end?
NATBUS	Partnership for population health improvement - National business
AMBAHOS	Air ambulance services - hospital
AMBASYS	Air ambulance services - health system
AMBAVEN	Air ambulance services - joint venture
DDPHOS	Diabetes prevention program - hospital
DPPSYS	Diabetes prevention program - health system
DPPVEN	Diabetes prevention program - joint venture
FSERHOS	Off-campus emergency department - hospital
FSERSYS	Off-campus emergency department - health system
FSERVEN	Off-campus emergency department - joint venture
EMSSHOS	Employment support services - hospital
EMSSSYS	Employment support services - health system
EMSSVEN	Employment support services – joint venture
SPHSHOS	Supportive housing services - hospital
5	
SPHSSYS	Supportive housing services - health system

Field label	Short description
ORPMHOS	Telehealth other remote patient monitoring - hospital
ORPMSYS	Telehealth remote patient monitoring other remote patient monitoring - health
	system
ORPMVEN	Telehealth remote patient monitoring other remote patient monitoring - joint
	venture
OTHTHOS	Telehealth other telehealth - hospital
OTHTSYS	Telehealth other telehealth - health system
OTHTVEN	Telehealth other telehealth - joint venture
CMRPAY	Does the hospital have contracts with commercial payors where payment is
	tied to performance on quality/safety metrics?
FAMADV	Does your hospital have an established patient and family advisory council
	that meets regularly to actively engage the perspectives of patients and
	families?

Additional changes:

• We added Control Code 40 to represent hospitals under the authority of the Department of Defense. Control code 40 replaces the former Control codes 41, 42, and 43 which represented Air Force, Army, and Navy respectively.

Changes for Fiscal Year 2018

Removed: We removed the following fields from the Fiscal Year 2018 Database.

Field label	Short description
NETWRK	Is the hospital a participant in a network?
NETNAME	Network name
NETCT	Network city
NETSC	Network state
NETPHONE	Network, concatenated phone
SNT	Does your hospital provide services through one or more satellite facilities?
SPCC	Primary care clinic - satellite facility
SPCCN	Primary care clinic - number of facilities
SSC	Specialty clinic - satellite facility
SSCN	Specialty clinic - number of facilities
SUCAR	Urgent care - satellite facility
SUCARN	Urgent care - number of facilities
SAMBS	Ambulatory surgery - satellite facility
SAMBSN	Ambulatory surgery - number of facilities
SRHB	Rehabilitation - satellite facility
SRHBN	Rehabilitation - number of facilities
SPSY	Psychiatric care - satellite facility
SPSYN	Psychiatric care - number of facilities
SALOP	Substance abuse/chemical dependency - satellite facility
SALOPN	Substance abuse/chemical dependency - number of facilities
SSNR	Skilled nursing - satellite facility
SSNRN	Skilled nursing - number of facilities
SRSCR	Residential care - satellite facility
SRSCRN	Residential care - number of facilities
SOEXC	Other extended care - satellite facility
SOEXCN	Other extended care - number of facilities
SLAB	Laboratory - satellite facility
SLABN	Laboratory - number of facilities
SDMRI	Diagnostic imaging center - satellite facility
SDMRIN	Diagnostic imaging center - number of facilities
OTHSAT	Other - satellite facility
OTHSATN	Other - number of facilities
IPAHOS	Independent practice association - hospital
IPASYS	Independent practice association - health system
IPANET	Independent practice association - network
GPWWHOS	Group practice without walls - hospital
GPWWSYS	Group practice without walls - health system
GPWWNET	Group practice without walls - network
OPHOHOS	Open physician-hospital organization - hospital
OPHOSYS	Open physician-hospital organization - health system
OPHONET	Open physician-hospital organization - network
CPHOHOS	Closed physician-hospital organization - hospital
CPHOSYS	Closed physician-hospital organization - hospital
CPHONET	Closed physician-hospital organization - network
MSOHOS	Management service organization - hospital
MSOSYS	Management service organization - hospital

Field label	Short description	
MSONET	Management service organization - network	
ISMHOS	Integrated salary model - hospital	
ISMSYS	Integrated salary model - health system	
ISMNET	Integrated salary model - network	
EQMODHOS	Equity model - hospital	
EQMODSYS	Equity model - health system	
EQMODNET	Equity model - network	
FOUNDHOS	Foundation - hospital	
FOUNDSYS	Foundation - health system	
FOUNDNET	Foundation - network	
PHYHOS	Other - hospital	
PHYSYS	Other - health system	
PHYNET	Other - network	
INSPT	Hospital/system partners with insurer to offer insurance products	
INSPRD	Hospital/system offers insurance products (via ownership or joint venture)	
ACO	Has your hospital or health care system established an accountable care organization (ACO)?	
AMCDCD	ACO patient population - Medicaid	
AMCDCR	ACO patient population - Medicare	
APOINS	ACO patient population - Privately insured	
APDTE	ACO patient population - Direct to employer	
APOHO	ACO patient population - Other	
ACOPO	ACO patient population - Other description	
NPINUM	10 digit NPI Number	
CLUSTER	AHA System Cluster Code. The 'Cluster Code' field is undergoing evaluation and was removed from the FY 2018 data file. Accordingly, the associated 'Appendix G', Health Care System Taxonomy Description, was removed for	
	FY 2018.	

Additional change:

• We removed Control Codes 41 (Air Force), 42 (Army), and 43 (Navy). We added Control Code 40 for hospitals under the authority of the Department of Defense.

Technical User Notes

The Annual Survey Database Fiscal Year 2018 is provided in ASCII, SAS[®], comma delimited, and Microsoft[®] Access formats for use in a statistical application or other database management programs.

The Database files are organized as follows:

/ACCESS

AS2018.accdb	MS Access Database	
/COMMA		
AS18dem.xlsx	MS Excel file - demographic	
AS18svc1.xlsx	MS Excel file – service 1 of 3	
AS18svc2.xlsx	MS Excel file – service 2 of 3	
AS18svc3.xlsx	MS Excel file – service 3 of 3	
AS18util1.xlsx	MS Excel file – utilization 1 of 2	
AS18util2.xlsx	MS Excel file – utilization 2 of 2	
AS2018FULLFILE.xlsx	MS Excel full file	
ASPUB18.csv	Comma delimited file	
ASPUB18DCTfile.dct	Dictionary file	

/DOCUMENTATION

AS2018lay.xlsx	File layout
SASLAYOUT2018.txt	SAS layout

/FLAT

AS2018PUB.sas7bdat	FY2018 Data file in SAS [®] format [New format]
PUBAS18.asc	The flat ascii fixed-length file

/UNITS

	FUNIT_ID.xlsx	Hospital Units cross reference file
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A unit is a distinct and separately identified site of care that is a component part of a larger hospital. Summary data appears only for the larger parent hospital. Beds and activity pertaining to the individual unit is subsumed under the parent hospital activity and cannot be separated from the larger hospital's data. This list, FUNIT_ID, links these familiar names to their parent hospital.

In order to decide which files are most appropriate for your use, read these descriptions and choose the data and documentation that best fits your environment.

Data

AS2018PUB.sas7bdat

New data format: Use the SAS data file to open the data natively into SAS[®] or other applications able to ingest SAS formatted files. The File Layout describes the fields and their position.

PUBAS18.ASC

This is a traditional fixed length flat ASCII file. Every effort is made to maintain consistency with prior years. Use this file with the included SAS Code or to read the data into an existing application. The File Layout describes the fields and their positions.

ASPUBAS18.CSV

A comma delimited version of the database. The field names are imbedded in the first row of the file. This file can be read into any application that recognizes comma-separated-values, or comma-delimited formats. The File Layout describes the fields.

AS2018.accdb

The database is provided in Microsoft[®] ACCESS format. The tables in the database have been logically separated in order to accommodate a 256-column limit. The tables are: AS18DEM — contains the demographic and descriptive fields for each facility AS18SVC1 — contains facilities and services fields AS18SVC2— contains facilities and services fields AS18SVC3— contains facilities and services fields AS18SVC3— contains facilities and services fields AS18UTIL1— contains utilization, personnel and financial fields AS18UTIL2— contains utilization, personnel and financial fields

The File Layout identifies the specific Table location (name) for each field.

Documentation

The documentation is organized as follows:

AS2018lay.xlsx

This document is a technical layout of the Database file and contains:

- Field names
- Descriptions
- Relationship to the Survey instrument
- Location in Microsoft® ACCESS Table

Appendices

 Code Descriptions (Appendices A, B, C, D, F, H) referenced in the Layout file. Note: The former Appendix E is consolidated with Appendix C. Appendix G (Health System Taxonomy) is excluded for Fiscal Year 2018.

SASLAYOUT2018.TXT

The SAS code is specific to this release of the AHA Annual Survey Database. Enter the path name to read in the entire flat ASCII file. It will attach field labels to every field.

For technical assistance, contact us at 866-375-3633 or support@aha.org.

Frequently Asked Questions

1. Which hospitals participate in the AHA Annual Survey?

AHA sends the Annual Survey to all hospitals identified as open and operating as a hospital. Both AHA member and non-member hospitals receive the Survey. The Annual Survey is not a sample survey. It is a survey of the complete universe of hospitals in the United States and territories.

2. Do all hospitals complete a Survey?

We achieve a response rate at or near 80%, despite the Survey being voluntary. Responding and non-responding hospitals are included in the Database. For nonresponding hospitals we use an estimation process to impute missing statistical values (see Estimation Process in Technical User Notes).

3. How can I tell if a hospital responded to the Survey?

- First, look at the field named RESP to see if the hospital responded to the survey.
- Many utilization and staffing values, such as admissions, have 'estimation flags' to signal whether a value was reported or estimated.

4. How can I identify estimated values?

- The file layout has the complete list of estimation flags.
- **Appendix H** of the file layout includes the key to estimation flags.
- Estimated fields are 100% filled.
- Estimated fields have an 'E' as the first character in the field name. For example, the estimation flag for *Total Admissions (ADMTOT)* is 'EADMTOT'.

5. How can I identify teaching hospitals or academic medical centers?

There is no one field for identifying teaching hospitals or academic medical centers. However, it is possible to examine teaching status by looking at these five fields:

- MAPP3 Participating site recognized for one or more Accreditation Council for Graduate Medical Education accredited programs.
- MAPP5 Medical school affiliation reported to the American Medical Association (AMA).
- MAPP8 Member of the Council of Teaching Hospitals (COTH) of the Association of American Medical Colleges.
- MAPP12 Internship approved by American Osteopathic Association.
- MAPP13 Residency approved by American Osteopathic Association.

We consider **major teaching hospitals** to be all hospitals that have the Council of Teaching Hospitals designation (MAPP8). We consider **minor teaching hospitals** to be all hospitals that have any one or more of the other four MAPP codes identified above.

6. How are Urban/Rural locations derived?

- A **rural** hospital is located outside a Core-Based Statistical Area (CBSA), as designated by the U.S. Office of Management and Budget (OMB), effective June 6, 2003.
- Urban hospitals are inside a CBSA.
- Micropolitan areas, which were new to the OMB June 6, 2003 definitions, continue to be classified as "rural" in AHA data offerings.

See the AHA Annual Survey Glossary for more information, and the File Layout for the **CBSATYPE** field.

7. How are FIPS county code assignments made for the Annual Survey Database?

- We use the United States Census Bureau as the source for FIPS County Codes.
- The Zip Code of the hospital is used to make the FIPS County Code assignment.
- If a Zip Code covers multiple counties then the Zip Code is assigned to the county in which the majority of the population of the Zip Code resides.

8. Does the Database include 'Unit" hospitals?

- In the Annual Survey Database, data appear only for the parent hospital. A 'unit' is a distinct and separately identified site of care that is a component part of a larger (parent) hospital. Beds and activity pertaining to the individual unit are included as part of the parent hospital's data.
- There is a separate cross-reference file, FUNIT_ID.xlsx, delivered with the Database to identify unit hospitals (also referred to as 'subsidiary hospitals') and their affiliated parent hospital. Learn more about 'Unit' hospitals in the 'Technical User Notes'.

9. Are Health Care Systems included in the Database?

For purposes of the AHA Annual Survey Database, a multihospital health care system is an entity with two or more hospitals owned, leased, sponsored, or contract managed by a central organization.

The affiliated health care system is part of the hospital record, where applicable. See the file layout for *SYSNAME*. Below are the included fields.

System ID	System state
System name	System zip code
System address	System main telephone
System city	System primary contact and title
Cuatara Fielda	

System Fields

10. How can I identify integrated delivery networks?

There is no field for integrated delivery networks (IDNs), or integrated delivery systems (IDSs). We suggest that you look at the "health system" or "network" fields.

11. Are all items on the questionnaire included in the Database?

Our Agreement with participating hospitals expresses we will not release revenue data at the hospital specific level. Confidential items are denoted with an asterisk on the Questionnaire. Additionally, new items may be excluded from the Database for additional evaluation of the responses in relationship to the intent of the question.

12. Why are AHA Identification Numbers (hospitals) from a prior year Database not on the Fiscal Year 2018 Database?

Each AHA Annual Survey Database represents the population of hospitals recognized by American Hospital Association as open and operating in a specific fiscal year. The *Summary of Changes* in this Documentation Book identifies the AHA IDs added or removed from the Fiscal Year 2018 Database, and the reason for the change.

13. Why do some hospitals have a 'Days covered' value of zero (0)?

Non-responding hospitals are assigned a 'days covered' value of zero.

14. What fields must be present for a hospital to be considered a respondent?

- Reporting period
- Control
- Primary service
- Facilities and services
- Staffed beds
- Admissions
- Inpatient days

15. What is the difference between licensed beds and staffed beds?

Licensed beds are the number of beds authorized by a state licensing (certifying) agency.

Staffed beds are the number of beds regularly available (those set-up and staffed) at the end of the reporting period.

16. What is a community hospital and how can I find it in the Database?

All nonfederal, short-term general, and special hospitals whose facilities and services are available to the public. (Special hospitals include obstetrics and gynecology; eye, ear, nose, and throat; rehabilitation, orthopedic; and other individually described specialty services.) Short-term general and special childrens' hospitals are also considered to be community hospitals. See the file layout for 'CHC'.

17. What other data are available?

The American Hospital Association has additional data from other AHA Surveys as well as curated sources. To learn more contact us at ahadatainfo@aha.org.

Item N	Io. FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1	ID	NA	7	1	7	AHA Identification Number		as18dem	
	REG	NA	1	2	2	AHA Region Code		as18dem	
	STCD	NA	2	2	3	AHA State Code		as18dem	See Appendix C - Census Divisions and State Codes
	HOSPN	NA	4	4	7	AHA Hospital Number		as18dem	
2	DTBEG	N	10	8	17	Beginning of reporting period	A.1.	as18dem	MM/DD/YYYY
	DBEGM	N	2	8	9	Reporting Period Beginning Month		as18dem	
	DBEGD	N	2	11	12	Reporting Period Beginning Day		as18dem	
	DBEGY	Ν	4	14	17	Reporting Period Beginning Year		as18dem	
3	DTEND	Ν	10	18	27	End of reporting period	A.1.	as18dem	MM/DD/YYYY
	DENDM	Ν	2	18	19	Reporting Period End Month		as18dem	
	DENDD	Ν	2	21	22	Reporting Period End Day		as18dem	
	DENDY	Ν	4	24	27	Reporting Period End Year		as18dem	
4	DCOV	NA	3	28	30	Days open during reporting period	A.2.b.	as18dem	0 for non-reporters
5	FYR	Ν	1	31	31	Was the hospital in operation 12 full months to the end of the reporting period?	A.2.a.	as18dem	1=yes, 2=less than a full year
6	FISYR	N	10	32	41	Beginning date of fiscal year	A.3.	as18dem	MM/DD/YYYY
ĺ	FISM	N	2	32	33	Fiscal Year Beginning Month		as18dem	
	FISD	Ν	2	35	36	Fiscal Year Beginning Day		as18dem	
	FISY	N	4	38	41	Fiscal Year Beginning Year		as18dem	
7	CNTRL	NA	2	42	43	Control Code – type of authority responsible for establishing policy concerning overall operation of the hospital	B.1.	as18dem	See Appendix A - Control Code Descriptions
8	SERV	NA	2	44	45	Service Code – category best describing the hospital or the type of service provided to the majority of admissions	B.2.	as18dem	See Appendix B - Primary Service Code Descriptions
9	SERVOTH	N	100	46	145	Special service description	B.2.	as18dem	Only if Service Code is 49 or 59
10	RADMCHI	N	1	146	146	Does the hospital restrict admissions primarily to children?	B.3.a.	as18dem	1=yes, 0=no
11	HSACODE	NA	5	147	151	Health Service Area Code - Dartmouth		as18dem	
12	HSANAME	NA	30	152	181	Health Service Area Name - Dartmouth		as18dem	
13	HRRCODE	NA	3	182	184	Health Referral Region Code - Dartmouth		as18dem	
14	HRRNAME	NA	30	185	214	Health Referral Region Name - Dartmouth		as18dem	
15	LOS	NA	1	215	215	Short-term, long-term classification code		as18dem	1=short-term, 2=long-term, Source: AHA Membership
16	MNAME	NA	100	216	315	Hospital name		as18dem	Source: AHA Membership
17	MADMIN	NA	160	316	475	Name of chief administrator		as18dem	Source: AHA Membership
18	MLOCADDR	NA	60	476	535	Street address		as18dem	Source: AHA Membership
19	MLOCCITY	NA	30	536	565	City		as18dem	Source: AHA Membership
20	MLOCSTCD	NA	2	566	567	State Code		as18dem	See Appendix C - Census Divisions and State Codes
21	MLOCZIP	NA	10	568	577	ZIP code		as18dem	Source: AHA Membership

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
22	MSTATE	NA	2	578	579	Hospital, 2-letter state abbreviation	Question	as18dem	Source: AHA Membership
23	AREA	NA	3	580	582	Area code		as18dem	Source: AHA Membership
24	TELNO	NA	7	583	589	Local telephone number		as18dem	Source: AHA Membership
25	RESP	NA	1	590	590	Response code		as18dem	1=yes, 2=no
26	СНС	NA	1	591	591	Community hospital code (as defined by AHA membership)		as18dem	1=community hospital, 2=not a community hospital
27	BSC	NA	1	592	592	Bed size code		as18dem	See Appendix D - Bed Size Codes
28	MHSMEMB	N	1	593	593	System member		as18dem	If SYSID is not blank then MHSMEMB = 1
29	SUBS	N	1	594	594	Does the hospital itself operate subsidiary corporations?	B.3.b.	as18dem	1=yes, 0=no
30	MNGT	Ν	1	595	595	Is the hospital contract managed?	B.3.c.	as18dem	1=yes, 0=no
31	MNGTNAME	NA	100	596	695	Management organization name	B.3.c.	as18dem	
32	MNGTCITY	NA	30	696	725	Management organization city	B.3.c.	as18dem	
33	MNGTSTCD	NA	2	726	727	Management organization state abbreviation	B.3.c.	as18dem	
34	GROUP	N	1	728	728	Does the hospital participate in a group purchasing agreement?	F.2.	as18dem	1=yes, 0=no
35	GPONAME	N	100	729	828	Group purchasing organization name	F.2.	as18dem	
36	GPOCITY	Ν	30	829	858	Group purchasing organization city	F.2.	as18dem	
37	GPOST	N	2	859	860	Group purchasing organization state	F.2.	as18dem	
38	SUPLY	N	1	861	861	Supplies purchased directly through distributor	F.3.	as18dem	1=yes, 0=no
39	SUPNM	N	100	862	961	Distributor's name	F.3.	as18dem	Literal Description
40	PHYGP	N	1	962	962	Is hospital owned in whole or in part by physicians or a physician group?	B.3.d.	as18dem	1=yes, 0=no
41	LTCHF	N	1	963	963	Freestanding LTCH	B.3.e.	as18dem	1=yes, 0=no
42	LTCHC	N	1	964	964	LTCH arranged within a general acute care hospital	B.3.e.	as18dem	1=yes, 0=no
43	LTNM	N	100	965	1064	If arranged in a general acute care hospital, what is host hospital's name?	B.3.e.	as18dem	Literal Description
44	LTCT	N	30	1065	1094	Host hospital's city	B.3.e.	as18dem	
45	LTST	N	2	1095		Host hospital's state	B.3.e.	as18dem	
46	COHSP	N	1	1097		Are any other types of hospitals co- located in your hospital?	B.3.f.	as18dem	1=yes, 0=no
47	COTYCAN	N	1	1098	1098	Type of co-located hospital - Cancer	B.3.g.1.	as18dem	1=yes, 0=no
48	COTYCAR	N	1	1099		Type of co-located hospital - Cardiac	B.3.g.2.	as18dem	1=yes, 0=no
49	COTYORT	N	1	1100	1100		B.3.g.3.	as18dem	1=yes, 0=no
50	COTYPED	N	1	1101	1101	Type of co-located hospital - Pediatric	B.3.g.4.	as18dem	1=yes, 0=no
51	COTYPSY	N	1	1102		Type of co-located hospital - Psychiatric	B.3.g.5.	as18dem	1=yes, 0=no
52	COTYSUR	N	1	1103		Type of co-located hospital - Surgical	B.3.g.6.	as18dem	1=yes, 0=no
53	COTYOTH	Ν	1	1104		Type of co-located hospital - Other	B.3.g.7.	as18dem	1=yes, 0=no
54	COTYDESC	N	100	1105	1204	Type of co-located hospital - Other description	B.3.g.7.	as18dem	Literal Description

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
55	SYSID	NA	4	1205	1208	Health care system ID	quoonon	as18dem	AHA Health Care System Identifier unique
									values (last four digits)
56	SYSNAME	NA	100	1209	1308	System name		as18dem	Source: AHA Membership
57	SYSADDR	NA	60	1309		System address		as18dem	Source: AHA Membership
58	SYSCITY	NA	30	1369		System city		as18dem	Source: AHA Membership
59	SYSST	NA	2	1399	1400	System state		as18dem	Source: AHA Membership
60	SYSZIP	NA	10	1401		System ZIP code		as18dem	Source: AHA Membership
61	SYSAREA	NA	3	1411		System area code		as18dem	Source: AHA Membership
62	SYSTELN	NA	8	1414		System telephone number		as18dem	Source: AHA Membership
63	SYSTEM_PRIMARY_CONTACT	NA	30	1422	1451	System primary contact		as18dem	Source: AHA Membership
64	SYSTITLE	NA	100	1452	1551	System contact's title		as18dem	Source: AHA Membership
65	СОММТҮ	NA	1	1552	1552	Community Hospital flag - to foot to AHA Hospital Statistics™		as18dem	Y=community hospital as defined in AHA Hospital Statistics™, N=not a community hospital
66	MCRNUM	NA	6	1553	1558	Medicare Provider ID		as18dem	Sources: Centers for Medicare and Medicaid and AHA Membership
67	LAT	NA	10	1559	1568	Hospital, Latitude		as18dem	Source: Federal Emergency Management
68	LONG	NA	10	1569	1578	Hospital, Longitude		as18dem	Source: Federal Emergency Management Agency
69	CNTYNAME	NA	60	1579	1638	County Name, State Abbreviation		as18dem	Source: U.S. Census Bureau
70	CBSANAME	NA	60	1639		Core-Based Statistical Area Name, State Abbreviation		as18dem	Source: U.S. Census Bureau, Sep. 2018 Delineation file
71	CBSATYPE	NA	8	1699	1706	Core-Based Statistical Area Type		as18dem	Metro, Micro, Rural; Source: U.S. Census Bureau (<i>see 'Census Division Name</i> ' for Census Bureau Division names)
72	CBSACODE	NA	5	1707		Core-Based Statistical Area Code		as18dem	Source: U.S. Census Bureau (<i>see 'Census Division Code'</i> for Census Bureau Division codes)
	DIVNAME	NA	60	1712		Metropolitan Division name		as18dem	Source: U.S. Census Bureau
74	DIVCODE	NA	5	1772		Metropolitan Division code		as18dem	Source: U.S. Census Bureau
75	CSANAME	NA	60	1777		Combined Statistical Area name		as18dem	Source: U.S. Census Bureau
76	CSACODE	NA	3	1837		Combined Statistical Area code		as18dem	Source: U.S. Census Bureau
	MCNTYCD	NA	3	1840		Modified FIPS County Code		as18dem	AHA derived code
78	FCOUNTY	NA	5	1843	1847	FIPS State and County Code		as18dem	Source: U.S. Census Bureau
79	FSTCD	NA	2	1848		FIPS State code		as18dem	Source: U.S. Census Bureau
80	FCNTYCD	NA	3	1850		FIPS County code		as18dem	Source: U.S. Census Bureau
81	CITYRK	NA	3	1853		Ranking of 100 largest cities		as18dem	See Appendix F - City Rank Code
	MAPP1	NA	1	1856		Accreditation by The Joint Commission		as18dem	1=yes, 2=no; Source: The Joint Commission
83	MAPP2	NA	1	1857	1857	Cancer program approved by American College of Surgeons		as18dem	1=yes, 2=no; Source: American College of Surgeons, Commission on Cancer

	FieldName	Estimated	Length	Start		Field Description	Survey Question	Access Table	Notes
84	MAPP3	NA	1	1858	1858	Participating site recognized for one or more Accreditation Council for Graduate Medical Education accredited programs			1=yes, 2=no; Source: Accreditation Council of Graduate Medical Education (ACGME)
85	MAPP5	NA	1	1859	1859	Medical school affiliation reported to American Medical Association		as18dem as18dem	1=yes, 2=no; Source: American Medical Association
86	MAPP7	NA	1	1860	1860	Accreditation by Commission on Accreditation of Rehabilitation Facilities (CARF)		as18dem	1=yes, 2=no; Source: Commission on Accreditation of Rehabilitation Facilities
87	MAPP8	NA	1	1861	1861	Member of Council of Teaching Hospital of the Association of American Medical Colleges (COTH)		as18dem	1=yes, 2=no; Source: Association of American Medical Colleges
88	MAPP10	NA	1	1862	1862	Medicare certification by the U.S. Department of Health and Human Services		as18dem	1=yes, 2=no; Source: Centers for Medicare and Medicaid
89	MAPP11	NA	1	1863	1863	Accreditation by Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association		as18dem	1=yes, 2=no; Source: Healthcare Facilities Accreditation Program (HFAP)
90	MAPP12	NA	1	1864	1864	Internship approved by American Osteopathic Association		as18dem	1=yes, 2=no; Source: American Osteopathic Association
91	MAPP13	NA	1	1865	1865			as18dem	1=yes, 2=no; Source: American Osteopathic Association
92	MAPP16	NA	1	1866	1866	Catholic Church Operated		as18dem	1=yes, 2=no
93	MAPP18	NA	1	1867	1867	Critical Access Hospital		as18dem	1=yes, 2=no; Source: Centers for Medicare and Medicaid
94	MAPP19	NA	1	1868	1868	Rural Referral Center		as18dem	1=yes, 2=no; Source: Centers for Medicare and Medicaid
95	MAPP20	NA	1	1869	1869	Sole Community Provider		as18dem	1=yes, 2=no; Source: Centers for Medicare and Medicaid
96	MAPP21	NA	1	1870	1870	DNV Healthcare Accreditation		as18dem	1=yes, 2=no; Source: DNV Healthcare
97	MAPP22	NA	1	1871	1871	Center for Improvement in Healthcare Quality accreditation		as18dem	1=yes, 2=no; Source: Center for Improvement in Healthcare Quality
98	AHAMBR	NA	1	1872	1872	AHA Membership Flag		as18dem	1=yes, 0=no
99	SUNITS	N	1	1873	1873	Does the hospital maintain a separate nursing home type of long-term care unit?		as18dem	1=yes, 0=no
100	HHPLAN	N	1	1874	1874	Does hospital own or jointly own a health plan?	D.1.	as18dem	1=yes, 0=no
101	SPLAN	N	1	1875	1875	Does system own or jointly own a health plan?	D.2.	as18dem	1=yes, 0=no
102	IINSPT	N	1	1876	1876	Does your hospital/health system have a significant partnership with an insurer or an insurance company/health plan?	D.3.	as18dem	1=yes, 0=no
103	MEDADHOS	N	1	1877	1877	Medicare Advantage - hospital	D.4.a.	as18dem	1=yes
104	MEDADSYS	N	1	1878	1878	Medicare Advantage - system	D.4.a.	as18dem	1=yes
105	MEDADVEN	Ν	1	1879	1879	Medicare Advantage - joint venture	D.4.a.	as18dem	1=yes

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey	Access	Notes
							Question	Table	
106	MEDNP	N	1	1880		Medicare Advantage - new product	D.4.a.	as18dem	1=yes
107	MEDADN	N	1	1881		Medicare Advantage - no	D.4.a.	as18dem	1=yes
108	MEDADDK	N	1	1882		Medicare Advantage - do not know	D.4.a.	as18dem	1=yes
109	MMCHOS	N	1	1883		Medicaid managed care - hospital	D.4.b.	as18dem	1=yes
110	MMCSYS	N	1	1884		Medicaid managed care - system	D.4.b.	as18dem	1=yes
111	MMCVEN	N	1	1885		Medicaid managed care - joint venture	D.4.b.	as18dem	1=yes
112	MMCNP		1	1886	1886	Medicaid managed care - new product	D.4.b.	as18dem	1=yes
113	MMCN	Ν	1	1887		Medicaid managed care - no	D.4.b.	as18dem	1=yes
114	MMCDK	N	1	1888	1888	Medicaid managed care - do not know	D.4.b.	as18dem	1=yes
115	HLINHOS	Ν	1	1889	1889	Health insurance marketplace	D.4.c.	as18dem	1=yes
						(exchange) - hospital			
116	HLINSYS	N	1	1890	1890	Health insurance marketplace	D.4.c.	as18dem	1=yes
						(exchange) - system			
117	HLINVEN	N	1	1891	1891	Health insurance marketplace	D.4.c.	as18dem	1=yes
						(exchange) - joint venture			
118	HLINNP	N	1	1892	1892	Health insurance marketplace	D.4.c.	as18dem	1=yes
						(exchange) - new product			
119	HLINN	N	1	1893	1893	Health insurance marketplace	D.4.c.	as18dem	1=yes
						(exchange) - no			,
120	HLINDK	Ν	1	1894	1894	Health insurance marketplace	D.4.c.	as18dem	1=yes
-						(exchange) - do not know		-	,
121	OTHIMHOS	N	1	1895	1895	Other individual market - hospital	D.4.d.	as18dem	1=yes
122	OTHIMSYS	N	1	1896		Other individual market - system	D.4.d.	as18dem	1=yes
123	OTHIMVEN	N	1	1897		Other individual market - joint venture	D.4.d.	as18dem	1=yes
124	OTHINP	N	1	1898		Other individual market -new product	D.4.d.	as18dem	1=yes
125	OTHIMN	N	1	1899		Other individual market - no	D.4.d.	as18dem	1=yes
126	OTHIMDK	N	1	1900		Other individual market - do not know	D.4.d.	as18dem	1=yes
127	SMGRPHOS	N	1	1901	1901	Small group - hospital	D.4.e.	as18dem	1=yes
128	SMGRPSYS	Ν	1	1902		Small group - system	D.4.e.	as18dem	1=yes
129	SMGRPVEN	Ν	1	1903		Small group - joint venture	D.4.e.	as18dem	1=yes
130	SMGPNP	N	1	1904		Small group - new product	D.4.e.	as18dem	1=yes
131	SMGRPN	N	1	1905		Small group - no	D.4.e.	as18dem	1=yes
132	SMGPDK	N	1	1906		Small group - do not know	D.4.e.	as18dem	1=yes
133	LGRPHOS	N	1	1907		Large group - hospital	D.4.f.	as18dem	1=yes
134	LGRPSYS	N	1	1908		Large group - system	D.4.f.	as18dem	1=yes
135	LGRPVEN	N	1	1909		Large group - joint venture	D.4.f.	as18dem	1=yes
136	LGRPNP	N	1	1910		Large group - new product	D.4.f.	as18dem	1=yes
130	LGRPN	N	1	1910		Large group - no	D.4.f.	as18dem	1=yes
138	LGRPDK	N	1	1912		Large group - do not know	D.4.f.	as18dem	1=yes
139	OSMGHOS	N	1	1912		Other insurance product - hospital	D.4.g.	as18dem	1=yes
140	OSMGSYS	N	1	1913		Other insurance product - riospital	D.4.g.	as18dem	1=yes
140	OSMGVEN	N	1	1914		Other insurance product - joint venture	D.4.g.	as18dem	1=yes 1=yes
141	OSMGVEN	N	1	1915		Other insurance product - joint venture	D.4.g.	as18dem	1=yes 1=yes
142	OSMGNP	N	1	1916	1017	Other insurance product - new product Other insurance product - no		as18dem	
143	OSMGN	N	1	1917			D.4.g.	as18dem	1=yes
144	OSMGDK	N	100	1918		Other insurance product - do not know	D.4.g.		1=yes Literal Description
140	USIVIGUTH	IN	100	1919	2018	Other insurance product - description	D.4.g.	as18dem	

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
146	SLFPLN	N	1	2019		Does your hospital or system offer a self- administered health plan for your employees?		as18dem	1=yes, 0=no
147	CPPCT	Ν	4	2020		What % of the hospital's patient revenue is paid on a capitated basis?		as18dem	Percent
148	BDPY	N	1	2024	2024	Does your hospital participate in any bundled payment arrangements?	D.10.	as18dem	0 = no, 1 = yes, 2 = did previously but no longer doing so
149	ΡΑΥΤΥΡΤΜ	N	1	2025	2025	Payer bundled payment arrangement - traditional Medicare	D.10.a.1.	as18dem	1=yes, 0=no
150	PAYTYAD	N	1	2026	2026	Payer bundled payment arrangement - Medicare Advantage plan	D.10.a.2.	as18dem	1=yes, 0=no
151	PAYTYPCI	N	1	2027	2027	Payer bundled payment arrangement - commercial insurance plan	D.10.a.3.	as18dem	1=yes, 0=no
152	PAYTYPMD	N	1	2028	2028	Payer bundled payment arrangement - Medicaid	D.10.a.4.	as18dem	1=yes, 0=no
153	CNDTYPCV	N	1	2029	2029	Medical/Surgical condition bundled payment arrangement - cardiovascular	D.10.b.1.	as18dem	1=yes, 0=no
154	CNDTYPOR	N	1	2030	2030	Medical/Surgical condition bundled payment arrangement - orthopedic	D.10.b.2.	as18dem	1=yes, 0=no
155	CNDTYPON	N	1	2031	2031	Medical/Surgical condition bundled payment arrangement - oncologic	D.10.b.3.	as18dem	1=yes, 0=no
156	CNDTYPNG	N	1	2032	2032	Medical/Surgical condition bundled payment arrangement - neurology	D.10.b.4.	as18dem	1=yes, 0=no
157	CNDTYPHM	N	1	2033	2033	Medical/Surgical condition bundled payment arrangement - hematology	D.10.b.5.	as18dem	1=yes, 0=no
158	CNDTYPGI	N	1	2034	2034	Medical/Surgical condition bundled payment arrangement - gastrointestinal	D.10.b.6.	as18dem	1=yes, 0=no
159	CNDTYPPM	N	1	2035	2035	Medical/Surgical condition bundled payment arrangement - pulmonary	D.10.b.7.	as18dem	1=yes, 0=no
160	CNDTYPID	N	1	2036	2036	Medical/Surgical condition bundled payment arrangement - infectious disease	D.10.b.8.	as18dem	1=yes, 0=no
161	CNDTYPOS	N	1	2037	2037	Medical/Surgical condition bundled payment arrangement - other	D.10.b.9.	as18dem	1=yes, 0=no
162	CNDOTH	N	100	2038	2137	Medical/Surgical condition bundled payment arrangement - other description	D.10.b.9.	as18dem	Literal Description
163	BNDPCT	Ν	4	2138	2141	Percent of hospital's patient revenue paid through bundled payment arrangements	D.10.c.	as18dem	Percent
164	BNDPAY	N	1	2142		Does the hospital participate in a bundled payment program involving care settings outside the hospital?		as18dem	1=yes, 0=no
165	BNDRSK	N	1	2143	2143	Hospital shares upside or downside risk for outside providers	D.11.a.	as18dem	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
166	CAPRSK	N	4	2144	2147	What percent of the hospital's net patient revenue is paid on a shared risk basis?		as18dem	Percent
167	CAPCON94	N	1	2148	2148	Does the hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined or shared risk basis?	D.13.	as18dem	1=yes, 0=no
168	CMRPAY	N	1	2149		Does the hospital have contracts with commercial payors where payment is tied to performance on quality/safety metrics?	D.14.	as18dem	1=yes, 0=no
169	ACOORG	Ν	1	2150		Has your hospital or health care system established an accountable care organization?	D.15.a.	as18dem	1 = hospital/system current leads an ACO, 2 = hospital/system currently participates in an ACO (but is not its leader), 3 = hospital/system previously led or participated in an ACO but is no longer doing so, 4 = hospital/system has never participated or led an ACO
170	ACOTYPT	Ν	1	2151	2151	Accountable care contract - traditional Medicare	D.15.b.1.	as18dem	1=yes, 0=no
171	ACOTYPAD	Ν	1	2152	2152	Accountable care contract - Medicare Advantage plan	D.15.b.2.	as18dem	1=yes, 0=no
172	ACOTYPCI	N	1	2153	2153	Accountable care contract - commercial insurance plan	D.15.b.3.	as18dem	1=yes, 0=no
173	ACOTYPMD	N	1	2154	2154	Accountable care contract - Medicaid	D.15.b.4.	as18dem	1=yes, 0=no
174	MSSPT1	N	1	2155	2155	Traditional Medicare - MSSP track 1	D.15.c.1	as18dem	1=yes, 0=no
175	MSSPT2	N	1	2156	2156	Traditional Medicare - MSSP track 2	D.15.c.2	as18dem	1=yes, 0=no
176	MSSPT3	Ν	1	2157	2157	Traditional Medicare - MSSP track 3	D.15.c.3	as18dem	1=yes, 0=no
177	MSSP1P	Ν	1	2158	2158	Traditional Medicare - MSSP track 1+	D.15.c.4	as18dem	1=yes, 0=no
178	MSSPNG	N	1	2159	2159	Traditional Medicare - NextGen	D.15.c.5	as18dem	1=yes, 0=no
179	MSSPCE	Ν	1	2160	2160	Traditional Medicare - Comprehensive ESRD care	D.15.c.6	as18dem	1=yes, 0=no
180	ACOPCT	Ν	4	2161	2164	Percent of hospital/system patients covered by accountable care contracts	D.15.d.	as18dem	Percent
181	ACOCN	Ν	4	2165	2168	What percent of hospital/system patient revenue came from ACO contracts in 2018?	D.15.e.	as18dem	Percent
182	ACOEND	Ν	4	2169	2172	In what year did your hospital's/system's last ACO contract end?	D.16.a.	as18dem	
183	MEDHME	Ν	1	2173	2173	Hospital established a medical home program	D.19.a.	as18dem	1=yes, 0=no
184	MEDHSE	N	1	2174	2174	System established a medical home program	D.19.b.	as18dem	1=yes, 0=no
185	CINHSP	Ν	1	2175	2175	Hospital established a clinically integrated network	D.20.a.	as18dem	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
186	CINSYS	N	1	2176	2176	System established a clinically integrated network	D.20.b.	as18dem	1=yes, 0=no
187	HCOCA	Ν	1	2177	2177	Partnership for population health improvement - Healthcare providers outside your system	F.5.a.	as18dem	1=not involved, 2=collaboration, 3=formal alliance
188	LORGA	N	1	2178	2178	Partnership for population health improvement - Local or state public health organizations	F.5.b.	as18dem	1=not involved, 2=collaboration, 3=formal alliance
189	LORGCA	N	1	2179	2179	Partnership for population health improvement - Local or state human/social service organizations	F.5.c.	as18dem	1=not involved, 2=collaboration, 3=formal alliance
190	OTLSGDC	N	1	2180		Partnership for population health improvement - Other local or state government	F.5.d.	as18dem	1=not involved, 2=collaboration, 3=formal alliance
191	NPOEA	N	1	2181	2181	Partnership for population health improvement - Non-profit organizations	F.5.e.	as18dem	1=not involved, 2=collaboration, 3=formal alliance
192	FBOFA	N	1	2182	2182	Partnership for population health improvement - Faith-based organizations	F.5.f.	as18dem	1=not involved, 2=collaboration, 3=formal alliance
193	HICGA	Ν	1	2183	2183	Partnership for population health improvement - Health insurance companies	F.5.g.	as18dem	1=not involved, 2=collaboration, 3=formal alliance
194	SCHHA	N	1	2184	2184	Partnership for population health improvement - Schools	F.5.h.	as18dem	1=not involved, 2=collaboration, 3=formal alliance
195	LBCCIA	Ν	1	2185	2185	Partnership for population health improvement - Local business or chambers of commerce	F.5.i.	as18dem	1=not involved, 2=collaboration, 3=formal alliance
196	NATBUS	Ν	1	2186	2186	Partnership for population health improvement - National business	F.5.j.	as18dem	1=not involved, 2=collaboration, 3=formal alliance
197	OTHINTA	N	1	2187	2187	Partnership for population health improvement - Other	F.5.k.	as18dem	1=not involved, 2=collaboration, 3=formal alliance
198	OTHPART	N	100	2188	2287	Partnership for population health improvement - Other description	F.5.k.	as18dem	Literal Description
199	FAMADV	N	1	2288	2288	Does your hospital have an established patient and family advisory council that meets regularly to actively engage the perspectives of patients and families?	F.6.	as18dem	1=yes, 0=no
200	GENBD	N	4	2289	2292	General medical and surgical (adult) beds	C.1.	as18svc1	
201	PEDBD	Ν	4	2293	2296		C.2.	as18svc1	
202	OBLEV	N	1	2297	2297	Obstetric unit care level	C.3.	as18svc1	1=provides services for uncomplicated maternity and newborn cases; 2=provides service for all uncomplicated and most complicated cases; 3=provides services for all serious illnesses and abnormalities

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
203	OBBD	N	4	2298	2301	Obstetric care beds	C.3.	as18svc1	
204	MSICBD	N	4	2302	2305	Medical/surgical intensive care beds	C.4.	as18svc1	
205	CICBD	N	4	2306		Cardiac intensive care beds	C.5.	as18svc1	
206	NICBD	N	4	2310	2313	Neonatal intensive care beds	C.6.	as18svc1	
207	NINTBD	N	4	2314	2317	Neonatal intermediate care beds	C.7.	as18svc1	
208	PEDICBD	N	4	2318	2321	Pediatric intensive care beds	C.8.	as18svc1	
209	BRNBD	N	4	2322	2325	Burn care beds	C.9.	as18svc1	
210	SPCICBD	N	4	2326	2329	Other special care beds	C.10.	as18svc1	
211	OSPOTH	N	100	2330	2429	Other special care beds, description	C.10.	as18svc1	Literal Description
212	OTHICBD	N	4	2430		Other intensive care beds	C.11.	as18svc1	
213	OTHIC	N	100	2434	2533	Other intensive care beds, description	C.11.	as18svc1	Literal Description
214	REHABBD	N	4	2534		Physical rehabilitation care beds	C.12.	as18svc1	
215	ALCHBD	N	4	2538		Alcoholism-chemical dependency	C.13.	as18svc1	
						inpatient care beds			
216	PSYBD	N	4	2542	2545	Psychiatric care beds	C.14.	as18svc1	
217	SNBD88	N	4	2546		Skilled nursing care beds	C.15.	as18svc1	
218	ICFBD88	N	4	2550		Intermediate nursing care beds	C.16.	as18svc1	
219	ACULTBD	N	4	2554		Acute long-term care beds	C.17.	as18svc1	
220	OTHLBD94	N	4	2558	2561	Other long-term care beds	C.18.	as18svc1	
221	OTHBD94	N	4	2562		Other care beds	C.19.	as18svc1	
222	ОТНОТН	N	100	2566	2665	Other care beds, description	C.19.	as18svc1	Literal Description
223	HOSPBD	N	4	2666		Total hospital beds (calculated)		as18svc1	Calculated Field: Sum of all individual bed counts
224	GENHOS	N	1	2670	2670	General medical and surgical care (adult) - hospital	C.1.	as18svc1	1=yes, 0=no
225	GENSYS	N	1	2671	2671	General medical and surgical care (adult) - health system	C.1.	as18svc1	1=yes, 0=no
226	GENVEN	N	1	2672	2672		C.1.	as18svc1	1=yes, 0=no
227	PEDHOS	N	1	2673	2673	General medical and surgical care (pediatric) - hospital	C.2.	as18svc1	1=yes, 0=no
228	PEDSYS	N	1	2674	2674	General medical and surgical care (pediatric) - health system	C.2.	as18svc1	1=yes, 0=no
229	PEDVEN	N	1	2675	2675	General medical and surgical care (pediatric) - joint venture	C.2.	as18svc1	1=yes, 0=no
230	OBHOS	Ν	1	2676		Obstetrics care - hospital	C.3.	as18svc1	1=yes, 0=no
231	OBSYS	Ν	1	2677	2677	Obstetrics care - health system	C.3.	as18svc1	1=yes, 0=no
232	OBVEN	N	1	2678	2678	Obstetrics care - joint venture	C.3.	as18svc1	1=yes, 0=no
233	MSICHOS	N	1	2679	2679	Medical/surgical intensive care - hospital	C.4.	as18svc1	1=yes, 0=no
234	MSICSYS	N	1	2680	2680	Medical/surgical intensive care - health system	C.4.	as18svc1	1=yes, 0=no
235	MSICVEN	N	1	2681	2681	Medical/surgical intensive care - joint venture	C.4.	as18svc1	1=yes, 0=no
236	CICHOS	N	1	2682	2682	Cardiac intensive care - hospital	C.5.	as18svc1	1=yes, 0=no
237	CICSYS	N	1	2683		Cardiac intensive care - health system	C.5.	as18svc1	1=yes, 0=no
238	CICVEN	N	1	2684		Cardiac intensive care - joint venture	C.5.	as18svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
239	NICHOS	N	1	2685	2685	Neonatal intensive care - hospital	C.6.	as18svc1	1=yes, 0=no
240	NICSYS	N	1	2686	2686	Neonatal intensive care - health system	C.6.	as18svc1	1=yes, 0=no
241	NICVEN	N	1	2687	2687	Neonatal intensive care - joint venture	C.6.	as18svc1	1=yes, 0=no
242	NINTHOS	N	1	2688		Neonatal intermediate care - hospital	C.7.	as18svc1	1=yes, 0=no
243	NINTSYS	N	1	2689	2689	Neonatal intermediate care - health system	C.7.	as18svc1	1=yes, 0=no
244	NINTVEN	N	1	2690	2690	Neonatal intermediate care - joint venture	e C.7.	as18svc1	1=yes, 0=no
245	PEDICHOS	N	1	2691	2691	Pediatric intensive care - hospital	C.8.	as18svc1	1=yes, 0=no
246	PEDICSYS	N	1	2692	2692	Pediatric intensive care - health system	C.8.	as18svc1	1=yes, 0=no
247	PEDICVEN	N	1	2693	2693	Pediatric intensive care - joint venture	C.8.	as18svc1	1=yes, 0=no
248	BRNHOS	N	1	2694	2694	Burn care - hospital	C.9.	as18svc1	1=yes, 0=no
249	BRNSYS	N	1	2695		Burn care - health system	C.9.	as18svc1	1=yes, 0=no
250	BRNVEN	N	1	2696	2696	Burn care - joint venture	C.9.	as18svc1	1=yes, 0=no
251	SPCICHOS	N	1	2697		Other special care - hospital	C.10.	as18svc1	1=yes, 0=no
252	SPCICSYS	N	1	2698		Other special care - health system	C.10.	as18svc1	1=yes, 0=no
253	SPCICVEN	Ν	1	2699		Other special care - joint venture	C.10.	as18svc1	1=yes, 0=no
254	OTHIHOS	N	1	2700		Other intensive care - hospital	C.11.	as18svc1	1=yes, 0=no
255	OTHISYS	Ν	1	2701	2701	Other intensive care - health system	C.11.	as18svc1	1=yes, 0=no
256	OTHIVEN	N	1	2702	2702	Other intensive care - joint venture	C.11.	as18svc1	1=yes, 0=no
257	REHABHOS	N	1	2703		Physical rehabilitation care - hospital	C.12.	as18svc1	1=yes, 0=no
258	REHABSYS	N	1	2704		Physical rehabilitation care - health system	C.12.	as18svc1	1=yes, 0=no
259	REHABVEN	N	1	2705	2705	Physical rehabilitation care - joint venture	e C.12.	as18svc1	1=yes, 0=no
260	ALCHHOS	N	1	2706	2706	Alcoholism/chemical dependency inpatient care - hospital	C.13.	as18svc1	1=yes, 0=no
261	ALCHSYS	N	1	2707	2707	Alcoholism/chemical dependency inpatient care - health system	C.13.	as18svc1	1=yes, 0=no
262	ALCHVEN	N	1	2708	2708	Alcoholism/chemical dependency inpatient care - joint venture	C.13.	as18svc1	1=yes, 0=no
263	PSYHOS	N	1	2709	2709	Psychiatric care - hospital	C.14.	as18svc1	1=yes, 0=no
264	PSYSYS	N	1	2710		Psychiatric care - health system	C.14.	as18svc1	1=yes, 0=no
265	PSYVEN	N	1	2711		Psychiatric care - joint venture	C.14.	as18svc1	1=yes, 0=no
266	SNHOS	N	1	2712		Skilled nursing care - hospital	C.15.	as18svc1	1=yes, 0=no
267	SNSYS	N	1	2713		Skilled nursing care - health system	C.15.	as18svc1	1=yes, 0=no
268	SNVEN	N	1	2714		Skilled nursing care - joint venture	C.15.	as18svc1	1=yes, 0=no
269	ICFHOS	N	1	2715	2715	Intermediate nursing care - hospital	C.16.	as18svc1	1=yes, 0=no
270	ICFSYS	N	1	2716		Intermediate nursing care - health system	C.16.	as18svc1	1=yes, 0=no
271	ICFVEN	Ν	1	2717	2717	Intermediate nursing care - joint venture	C.16.	as18svc1	1=yes, 0=no
272	ACUHOS	Ν	1	2718		Acute long-term care - hospital	C.17.	as18svc1	1=yes, 0=no
273	ACUSYS	Ν	1	2719		Acute long-term care - health system	C.17.	as18svc1	1=yes, 0=no
274	ACUVEN	Ν	1	2720	2720	Acute long-term care - joint venture	C.17.	as18svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
275	OTHLTHOS	N	1	2721	2721	Other long-term care - hospital	C.18.	as18svc1	1=yes, 0=no
276	OTHLTSYS	N	1	2722	2722	Other long-term care - health system	C.18.	as18svc1	1=yes, 0=no
277	OTHLTVEN	N	1	2723	2723	Other long-term care - joint venture	C.18.	as18svc1	1=yes, 0=no
278	OTHCRHOS	N	1	2724	2724	Other care - hospital	C.19.	as18svc1	1=yes, 0=no
279	OTHCRSYS	N	1	2725	2725	Other care - health system	C.19.	as18svc1	1=yes, 0=no
280	OTHCRVEN	N	1	2726	2726	Other care - joint venture	C.19.	as18svc1	1=yes, 0=no
281	ADULTHOS	N	1	2727	2727	Adult day care program - hospital	C.20.	as18svc1	1=yes, 0=no
282	ADULTSYS	Ν	1	2728	2728	Adult day care program - health system	C.20.	as18svc1	1=yes, 0=no
283	ADULTVEN	N	1	2729		Adult day care program - joint venture	C.20.	as18svc1	1=yes, 0=no
284	AIRBHOS	N	1	2730	2730	Airborne infection isolation room - hospital	C.21.	as18svc1	1=yes, 0=no
285	AIRBSYS	N	1	2731	2731	Airborne infection isolation room - health system	C.21.	as18svc1	1=yes, 0=no
286	AIRBVEN	Ν	1	2732		Airborne infection isolation room - joint venture	C.21.	as18svc1	1=yes, 0=no
287	AIRBROOM	Ν	4	2733	2736	Number of airborne infection isolation rooms	C.21.	as18svc1	Number of rooms
288	ALDBD	Ν	4	2737		Alcoholism/chemical dependency pediatric services beds	C.22.a.	as18svc1	
289	ALCPDHOS	Ν	1	2741	2741	Alcoholism/chemical dependency pediatric services - hospital	C.22.a.	as18svc1	1=yes, 0=no
290	ALCPDSYS	Ν	1	2742	2742	Alcoholism/chemical dependency pediatric services - health system	C.22.a.	as18svc1	1=yes, 0=no
291	ALCPDVEN	Ν	1	2743	2743	Alcoholism/chemical dependency pediatric services - joint venture	C.22.a.	as18svc1	1=yes, 0=no
292	ALCOPHOS	Ν	1	2744	2744	Alcoholism/chemical dependency outpatient services - hospital	C.22.b.	as18svc1	1=yes, 0=no
293	ALCOPSYS	Ν	1	2745	2745	Alcoholism/chemical dependency outpatient services - health system	C.22.b.	as18svc1	1=yes, 0=no
294	ALCOPVEN	Ν	1	2746	2746	Alcoholism/chemical dependency outpatient services - joint venture	C.22.b.	as18svc1	1=yes, 0=no
295	ALCPRHOS	Ν	1	2747	2747	Alcoholism/chemical dependency partial hospitalization services - hospital	C.22.c.	as18svc1	1=yes, 0=no
296	ALCPRSYS	Ν	1	2748	2748	Alcoholism/chemical dependency partial hospitalization services - health system	C.22.c.	as18svc1	1=yes, 0=no
297	ALCPRVEN	Ν	1	2749	2749	Alcoholism/chemical dependency partial hospitalization services - joint venture	C.22.c.	as18svc1	1=yes, 0=no
298	ALZHOS	N	1	2750	2750	Alzheimer Center - hospital	C.23.	as18svc1	1=yes, 0=no
299	ALZSYS	N	1	2751		Alzheimer Center - health system	C.23.	as18svc1	1=yes, 0=no
300	ALZVEN	N	1	2752	2752	Alzheimer Center - joint venture	C.23.	as18svc1	1=yes, 0=no
301	AMBHOS	N	1	2753	2753	Ambulance services - hospital	C.24.	as18svc1	1=yes, 0=no
302	AMBSYS	N	1	2754		Ambulance services - health system	C.24.	as18svc1	1=yes, 0=no
303	AMBVEN	N	1	2755		Ambulance services - joint venture	C.24.	as18svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
304	AMBAHOS	N	1	2756	2756	Air ambulance services - hospital	C.25.	as18svc1	1=yes, 0=no
305	AMBASYS	N	1	2757	2757	Air ambulance services - health system	C.25.	as18svc1	1=yes, 0=no
306	AMBAVEN	N	1	2758	2758	Air ambulance services - joint venture	C.25.	as18svc1	1=yes, 0=no
307	AMBSHOS	N	1	2759	2759	Ambulatory surgery center - hospital	C.26.	as18svc1	1=yes, 0=no
308	AMBSSYS	Ν	1	2760	2760	Ambulatory surgery center - health system	C.26.	as18svc1	1=yes, 0=no
309	AMBSVEN	N	1	2761	2761	Ambulatory surgery center - joint venture	C.26.	as18svc1	1=yes, 0=no
310	ARTHCHOS	N	1	2762	2762	Arthritis treatment center - hospital	C.27.	as18svc1	1=yes, 0=no
311	ARTHCSYS	N	1	2763		Arthritis treatment center - health system		as18svc1	1=yes, 0=no
312	ARTHCVEN	N	1	2764	2764	Arthritis treatment center - joint venture	C.27.	as18svc1	1=yes, 0=no
313	AUXHOS	N	1	2765	2765	Auxiliary - hospital	C.28.	as18svc1	1=yes, 0=no
314	AUXSYS	N	1	2766		Auxiliary - health system	C.28.	as18svc1	1=yes, 0=no
315	AUXVEN	N	1	2767		Auxiliary - joint venture	C.28.	as18svc1	1=yes, 0=no
316	BWHTHOS	N	1	2768		Bariatric/weight control services - hospital	C.29.	as18svc1	1=yes, 0=no
317	BWHTSYS	Ν	1	2769	2769		C.29.	as18svc1	1=yes, 0=no
318	BWHTVEN	Ν	1	2770	2770	Bariatric/weight control services - joint venture	C.29.	as18svc1	1=yes, 0=no
319	BROOMHOS	Ν	1	2771	2771	Birthing room/LDR room/LDRP room - hospital	C.30.	as18svc1	1=yes, 0=no
320	BROOMSYS	N	1	2772	2772	Birthing room/LDR room/LDRP room - health system	C.30.	as18svc1	1=yes, 0=no
321	BROOMVEN	Ν	1	2773	2773	Birthing room/LDR room/LDRP room - joint venture	C.30.	as18svc1	1=yes, 0=no
322	BLDOHOS	N	1	2774	2774	Blood donor center - hospital	C.31.	as18svc1	1=yes, 0=no
323	BLDOSYS	N	1	2775	2775	Blood donor center - health system	C.31.	as18svc1	1=yes, 0=no
324	BLDOVEN	N	1	2776		Blood donor center - joint venture	C.31.	as18svc1	1=yes, 0=no
325	MAMMSHOS	N	1	2777	2777	Breast cancer screening/mammograms - hospital	C.32.	as18svc1	1=yes, 0=no
326	MAMMSSYS	N	1	2778	2778	Breast cancer screening/mammograms - health system	C.32.	as18svc1	1=yes, 0=no
327	MAMMSVEN	N	1	2779	2779	Breast cancer screening/mammograms - joint venture	C.32.	as18svc1	1=yes, 0=no
328	ACARDHOS	N	1	2780	2780	Adult cardiology services - hospital	C.33.a.	as18svc1	1=yes, 0=no
329	ACARDSYS	N	1	2781	2781	Adult cardiology services - health system		as18svc1	1=yes, 0=no
330	ACARDVEN	N	1	2782	2782	Adult cardiology services - joint venture	C.33.a.	as18svc1	1=yes, 0=no
331	PCARDHOS	N	1	2783	2783	Pediatric cardiology services - hospital	C.33.b.	as18svc1	1=yes, 0=no
332	PCARDSYS	N	1	2784	2784	Pediatric cardiology services - health system	C.33.b.	as18svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
333	PCARDVEN	N	1	2785	2785	Pediatric cardiology services - joint venture	C.33.b.	as18svc1	1=yes, 0=no
334	ACLABHOS	N	1	2786	2786	Adult diagnostic catheterization - hospital	C.33.c.	as18svc1	1=yes, 0=no
335	ACLABSYS	N	1	2787	2787	Adult diagnostic catheterization - health system	C.33.c.	as18svc1	1=yes, 0=no
336	ACLABVEN	N	1	2788	2788	Adult diagnostic catheterization - joint venture	C.33.c.	as18svc1	1=yes, 0=no
337	PCLABHOS	N	1	2789	2789	Pediatric diagnostic catheterization - hospital	C.33.d.	as18svc1	1=yes, 0=no
338	PCLABSYS	N	1	2790	2790	Pediatric diagnostic catheterization - health system	C.33.d.	as18svc1	1=yes, 0=no
339	PCLABVEN	N	1	2791	2791	Pediatric diagnostic catheterization - joint venture	C.33.d.	as18svc1	1=yes, 0=no
340	ICLABHOS	N	1	2792	2792	Adult interventional cardiac catheterization - hospital	C.33.e.	as18svc1	1=yes, 0=no
341	ICLABSYS	N	1	2793	2793	Adult interventional cardiac catheterization - health system	C.33.e.	as18svc1	1=yes, 0=no
342	ICLABVEN	N	1	2794	2794	Adult interventional cardiac catheterization - joint venture	C.33.e.	as18svc1	1=yes, 0=no
343	PELABHOS	N	1	2795	2795	Pediatric interventional cardiac catheterization - hospital	C.33.f.	as18svc1	1=yes, 0=no
344	PELABSYS	N	1	2796	2796	Pediatric interventional cardiac catheterization - health system	C.33.f.	as18svc1	1=yes, 0=no
345	PELABVEN	N	1	2797	2797	Pediatric interventional cardiac catheterization - joint venture	C.33.f.	as18svc1	1=yes, 0=no
346	ADTCHOS	N	1	2798	2798	Adult cardiac surgery - hospital	C.33.g.	as18svc1	1=yes, 0=no
347	ADTCSYS	N	1	2799		Adult cardiac surgery - health system	C.33.g.	as18svc1	1=yes, 0=no
348	ADTCVEN	N	1	2800		Adult cardiac surgery - joint venture	C.33.g.	as18svc1	1=yes, 0=no
349	PEDCSHOS	N	1	2801		Pediatric cardiac surgery - hospital	C.33.h.	as18svc1	1=yes, 0=no
350	PEDCSSYS	N	1	2802			C.33.h.	as18svc1	1=yes, 0=no
351	PEDCSVEN	N	1	2803	2803	Pediatric cardiac surgery - joint venture	C.33.h.	as18svc1	1=yes, 0=no
352	ADTEHOS	N	1	2804	2804	Adult cardiac electrophysiology - hospital	C.33.i.	as18svc1	1=yes, 0=no
353	ADTESYS	N	1	2805	2805	Adult cardiac electrophysiology - health system	C.33.i.	as18svc1	1=yes, 0=no
354	ADTEVEN	N	1	2806	2806	Adult cardiac electrophysiology - joint venture	C.33.i.	as18svc1	1=yes, 0=no
355	PEDEHOS	N	1	2807	2807	Pediatric cardiac electrophysiology - hospital	C.33.j.	as18svc1	1=yes, 0=no
356	PEDESYS	N	1	2808	2808	Pediatric cardiac electrophysiology - health system	C.33.j.	as18svc1	1=yes, 0=no
357	PEDEVEN	N	1	2809	2809	Pediatric cardiac electrophysiology - joint venture	C.33.j.	as18svc1	1=yes, 0=no
358	CHABHOS	N	1	2810	2810		C.33.k.	as18svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
359	CHABSYS	Ν	1	2811	2811	Cardiac rehabilitation - health system	C.33.k.	as18svc1	1=yes, 0=no
360	CHABVEN	N	1	2812		Cardiac rehabilitation - joint venture	C.33.k.	as18svc1	1=yes, 0=no
361	CMNGTHOS	N	1	2813		Case management - hospital	C.34.	as18svc1	1=yes, 0=no
362	CMNGTSYS	N	1	2814		Case management - health system	C.34.	as18svc1	1=yes, 0=no
363	CMNGTVEN	N	1	2815		Case management - joint venture	C.34.	as18svc1	1=yes, 0=no
364	CHAPHOS	N	1	2816		Chaplaincy/pastoral care services - hospital	C.35.	as18svc1	1=yes, 0=no
365	CHAPSYS	N	1	2817	2817	Chaplaincy/pastoral care services - health system	C.35.	as18svc1	1=yes, 0=no
366	CHAPVEN	N	1	2818	2818	Chaplaincy/pastoral care services - joint venture	C.35.	as18svc1	1=yes, 0=no
367	CHTHHOS	N	1	2819	2819	Chemotherapy - hospital	C.36.	as18svc1	1=yes, 0=no
368	CHTHSYS	N	1	2820		Chemotherapy - health system	C.36.	as18svc1	1=yes, 0=no
369	CHTHVEN	N	1	2821		Chemotherapy - joint venture	C.36.	as18svc1	1=yes, 0=no
370	CWELLHOS	Ν	1	2822	2822	Children's wellness program - hospital	C.37.	as18svc1	1=yes, 0=no
371	CWELLSYS	Ν	1	2823	2823	Children's wellness program - health system	C.37.	as18svc1	1=yes, 0=no
372	CWELLVEN	Ν	1	2824	2824	Children's wellness program - joint venture	C.37.	as18svc1	1=yes, 0=no
373	CHIHOS	N	1	2825	2825	Chiropractic services - hospital	C.38.	as18svc1	1=yes, 0=no
374	CHISYS	N	1	2826	2826	Chiropractic services - health system	C.38.	as18svc1	1=yes, 0=no
375	CHIVEN	N	1	2827	2827	Chiropractic services - joint venture	C.38.	as18svc1	1=yes, 0=no
376	COUTRHOS	N	1	2828	2828	Community outreach - hospital	C.39.	as18svc1	1=yes, 0=no
377	COUTRSYS	N	1	2829	2829	Community outreach - health system	C.39.	as18svc1	1=yes, 0=no
378	COUTRVEN	N	1	2830	2830	Community outreach - joint venture	C.39.	as18svc1	1=yes, 0=no
379	COMPHOS	Ν	1	2831	2831	Complementary and alternative medicine services - hospital		as18svc1	1=yes, 0=no
380	COMPSYS	Ν	1	2832	2832	Complementary and alternative medicine services - health system	C.40.	as18svc1	1=yes, 0=no
381	COMPVEN	N	1	2833	2833	Complementary and alternative medicine services - joint venture	C.40.	as18svc1	1=yes, 0=no
382	CAOSHOS	N	1	2834	2834		C.41.	as18svc1	1=yes, 0=no
383	CAOSSYS	N	1	2835	2835	Computer assisted orthopedic surgery - health system	C.41.	as18svc1	1=yes, 0=no
384	CAOSVEN	N	1	2836	2836		C.41.	as18svc1	1=yes, 0=no
385	CPREVHOS	N	1	2837	2837	Crisis prevention - hospital	C.42.	as18svc1	1=yes, 0=no
386	CPREVSYS	N	1	2838		Crisis prevention - health system	C.42.	as18svc1	1=yes, 0=no
387	CPREVVEN	N	1	2839		Crisis prevention - joint venture	C.42.	as18svc1	1=yes, 0=no
388	DENTSHOS	N	1	2840		Dental services - hospital	C.43.	as18svc1	1=yes, 0=no
389	DENTSSYS	N	1	2841	2841	Dental services - health system	C.43.	as18svc1	1=yes, 0=no
390	DENTSVEN	N	1	2842		Dental services - joint venture	C.43.	as18svc1	1=yes, 0=no
391	DPPHOS	N	1	2843		Diabetes prevention program - hospital	C.44.	as18svc1	1=yes, 0=no
392	DPPSYS	Ν	1	2844	2844	Diabetes prevention program - health system	C.44.	as18svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
393	DPPVEN	Ν	1	2845	2845	Diabetes prevention program - joint venture	C.44.	as18svc1	1=yes, 0=no
394	EMDEPHOS	N	1	2846	2846	On-campus emergency department - hospital	C.45.a.	as18svc1	1=yes, 0=no
395	EMDEPSYS	N	1	2847	2847	On-campus emergency department - health system	C.45.a.	as18svc1	1=yes, 0=no
396	EMDEPVEN	N	1	2848	2848	On-campus emergency department - joint venture	C.45.a.	as18svc1	1=yes, 0=no
397	FSERHOS	N	1	2849	2849	Off-campus emergency department - hospital	C.45.b.	as18svc1	1=yes, 0=no
398	FSERSYS	N	1	2850	2850	Off-campus emergency department - health system	C.45.b.	as18svc1	1=yes, 0=no
399	FSERVEN	N	1	2851	2851	Off-campus emergency department - joint venture	C.45.b.	as18svc1	1=yes, 0=no
400	PEMERHOS	N	1	2852	2852	Pediatric emergency department - hospital	C.45.c.	as18svc1	1=yes, 0=no
401	PEMERSYS	N	1	2853	2853	Pediatric emergency department - health system	C.45.c.	as18svc1	1=yes, 0=no
402	PEMERVEN	N	1	2854	2854		C.45.c.	as18svc1	1=yes, 0=no
403	TRAUMHOS	N	1	2855	2855	Certified trauma center - hospital	C.45.d.	as18svc2	1=yes, 0=no
404	TRAUMSYS	N	1	2856			C.45.d.	as18svc2	1=yes, 0=no
405	TRAUMVEN	N	1	2857	2857	Certified trauma center - joint venture	C.45.d.	as18svc2	1=yes, 0=no
406	TRAUML90	N	1	2858		Level of trauma center	C.45.d.	as18svc2	1=regional resource trauma center, 2=community trauma center, 3=rural trauma center, 4 or greater=other (specific to some states)
407	ENBHOS	N	1	2859	2859	Enabling services - hospital	C.46.	as18svc2	1=yes, 0=no
408	ENBSYS	N	1	2860		Enabling services - health system	C.46.	as18svc2	1=yes, 0=no
409	ENBVEN	N	1	2861		Enabling services - joint venture	C.46.	as18svc2	1=yes, 0=no
410	ENDOCHOS	N	1	2862		Optical colonoscopy - hospital	C.47.a.	as18svc2	1=yes, 0=no
411	ENDOCSYS	N	1	2863		Optical colonoscopy - health system	C.47.a.	as18svc2	1=yes, 0=no
412	ENDOCVEN	N	1	2864		Optical colonoscopy - joint venture	C.47.a.	as18svc2	1=yes, 0=no
413	ENDOUHOS	N	1	2865		Endoscopic ultrasound - hospital	C.47.b.	as18svc2	1=yes, 0=no
414	ENDOUSYS	Ν	1	2866	2866	Endoscopic ultrasound - health system	C.47.b.	as18svc2	1=yes, 0=no
415	ENDOUVEN	N	1	2867	2867	Endoscopic ultrasound - joint venture	C.47.b.	as18svc2	1=yes, 0=no
416	ENDOAHOS	N	1	2868		Ablation of Barrett's esophagus - hospital		as18svc2	1=yes, 0=no
417	ENDOASYS	N	1	2869	2869	Ablation of Barrett's esophagus - health system	C.47.c.	as18svc2	1=yes, 0=no
418	ENDOAVEN	N	1	2870	2870	Ablation of Barrett's esophagus - joint venture	C.47.c.	as18svc2	1=yes, 0=no
419	ENDOEHOS	N	1	2871	2871	Esophageal impedance study - hospital	C.47.d.	as18svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
420	ENDOESYS	N	1	2872	2872	Esophageal impedance study - health system	C.47.d.	as18svc2	1=yes, 0=no
421	ENDOEVEN	N	1	2873	2873	Esophageal impedance study - joint venture	C.47.d.	as18svc2	1=yes, 0=no
422	ENDORHOS	N	1	2874	2874	Endoscopic retrograde cholangiopancreatography (ERCP) - hospital	C.47.e.	as18svc2	1=yes, 0=no
423	ENDORSYS	Ν	1	2875		Endoscopic retrograde cholangiopancreatography (ERCP) - health system	C.47.e.	as18svc2	1=yes, 0=no
424	ENDORVEN	Ν	1	2876		Endoscopic retrograde cholangiopancreatography (ERCP) - joint venture	C.47.e.	as18svc2	1=yes, 0=no
425	ENRHOS	Ν	1	2877	2877	Enrollment (insurance) assistance services - hospital	C.48.	as18svc2	1=yes, 0=no
426	ENRSYS	N	1	2878	2878	Enrollment (insurance) assistance services - health system	C.48.	as18svc2	1=yes, 0=no
427	ENRVEN	N	1	2879	2879	Enrollment (insurance) assistance services - joint venture	C.48.	as18svc2	1=yes, 0=no
428	EMSSHOS	N	1	2880	2880		C.49.	as18svc2	1=yes, 0=no
429	EMSSSYS	N	1	2881	2881	Employment support services - health system	C.49.	as18svc2	1=yes, 0=no
430	EMSSVEN	N	1	2882	2882	Employment support services - joint venture	C.49.	as18svc2	1=yes, 0=no
431	ESWLHOS	N	1	2883	2883	Extracorporeal shock waved lithotripter (ESWL) - hospital	C.50.	as18svc2	1=yes, 0=no
432	ESWLSYS	N	1	2884	2884	Extracorporeal shock waved lithotripter (ESWL) - health system	C.50.	as18svc2	1=yes, 0=no
433	ESWLVEN	N	1	2885	2885		C.50.	as18svc2	1=yes, 0=no
434	FRTCHOS	Ν	1	2886	2886	Fertility clinic - hospital	C.51.	as18svc2	1=yes, 0=no
435	FRTCSYS	Ν	1	2887	2887	Fertility clinic - health system	C.51.	as18svc2	1=yes, 0=no
436	FRTCVEN	Ν	1	2888		Fertility clinic - joint venture	C.51.	as18svc2	1=yes, 0=no
437	FITCHOS	Ν	1	2889		Fitness center - hospital	C.52.	as18svc2	1=yes, 0=no
438	FITCSYS	N	1	2890		Fitness center - health system	C.52.	as18svc2	1=yes, 0=no
439	FITCVEN	Ν	1	2891		Fitness center - joint venture	C.52.	as18svc2	1=yes, 0=no
440	OPCENHOS	Ν	1	2892	2892	Freestanding outpatient center - hospital	C.53.	as18svc2	1=yes, 0=no
441	OPCENSYS	Ν	1	2893		system	C.53.	as18svc2	1=yes, 0=no
442	OPCENVEN	Ν	1	2894		Freestanding outpatient center - joint venture	C.53.	as18svc2	1=yes, 0=no
443	GERSVHOS	Ν	1	2895		Geriatric services - hospital	C.54.	as18svc2	1=yes, 0=no
444	GERSVSYS	Ν	1	2896			C.54.	as18svc2	1=yes, 0=no
445	GERSVVEN	Ν	1	2897		Geriatric services - joint venture	C.54.	as18svc2	1=yes, 0=no
446	HLTHFHOS	N	1	2898	2898	Health fair - hospital	C.55.	as18svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
447	HLTHFSYS	N	1	2899	2899	Health fair - health system	C.55.	as18svc2	1=yes, 0=no
448	HLTHFVEN	Ν	1	2900	2900	Health fair - joint venture	C.55.	as18svc2	1=yes, 0=no
449	HLTHCHOS	Ν	1	2901	2901	Community health education - hospital	C.56.	as18svc2	1=yes, 0=no
450	HLTHCSYS	Ν	1	2902	2902	Community health education - health	C.56.	as18svc2	1=yes, 0=no
						system			
451	HLTHCVEN	Ν	1	2903	2903	Community health education - joint	C.56.	as18svc2	1=yes, 0=no
						venture			
452	GNTCHOS	Ν	1	2904	2904	Genetic testing/counseling - hospital	C.57.	as18svc2	1=yes, 0=no
453	GNTCSYS	Ν	1	2905	2905	Genetic testing/counseling - health system	C.57.	as18svc2	1=yes, 0=no
454	GNTCVEN	Ν	1	2906	2906	Genetic testing/counseling - joint venture	C.57.	as18svc2	1=yes, 0=no
455	HLTHSHOS	N	1	2907	2907	Health screenings - hospital	C.58.	as18svc2	1=yes, 0=no
456	HLTHSSYS	Ν	1	2908	2908	Health screenings - health system	C.58.	as18svc2	1=yes, 0=no
457	HLTHSVEN	Ν	1	2909		Health screenings - joint venture	C.58.	as18svc2	1=yes, 0=no
458	HLTRHOS	Ν	1	2910	2910	Health research - hospital	C.59.	as18svc2	1=yes, 0=no
459	HLTRSYS	Ν	1	2911	2911	Health research - health system	C.59.	as18svc2	1=yes, 0=no
460	HLTRVEN	Ν	1	2912	2912	Health research - joint venture	C.59.	as18svc2	1=yes, 0=no
461	HEMOHOS	N	1	2913	2913	Hemodialysis - hospital	C.60.	as18svc2	1=yes, 0=no
462	HEMOSYS	N	1	2914		Hemodialysis - health system	C.60.	as18svc2	1=yes, 0=no
463	HEMOVEN	N	1	2915		Hemodialysis - joint venture	C.60.	as18svc2	1=yes, 0=no
464	AIDSSHOS	N	1	2916		HIV-AIDS services - hospital	C.61.	as18svc2	1=yes, 0=no
465	AIDSSSYS	N	1	2917	2917	HIV-AIDS services - health system	C.61.	as18svc2	1=yes, 0=no
466	AIDSSVEN	N	1	2918	2918	HIV-AIDS services - joint venture	C.61.	as18svc2	1=yes, 0=no
467	HOMEHHOS	Ν	1	2919	2919	Home health services - hospital	C.62.	as18svc2	1=yes, 0=no
468	HOMEHSYS	N	1	2920	2920	Home health services - health system	C.62.	as18svc2	1=yes, 0=no
469	HOMEHVEN	Ν	1	2921	2921	Home health services - joint venture	C.62.	as18svc2	1=yes, 0=no
470	HOSPCHOS	N	1	2922		Hospice program - hospital	C.63.	as18svc2	1=yes, 0=no
471	HOSPCSYS	Ν	1	2923		Hospice program - health system	C.63.	as18svc2	1=yes, 0=no
472	HOSPCVEN	Ν	1	2924		Hospice program - joint venture	C.63.	as18svc2	1=yes, 0=no
473	OPHOSHOS	N	1	2925		Hospital-based outpatient care	C.64.	as18svc2	1=yes, 0=no
						center/services - hospital			
474	OPHOSSYS	Ν	1	2926	2926	Hospital-based outpatient care	C.64.	as18svc2	1=yes, 0=no
						center/services - health system			
475	OPHOSVEN	Ν	1	2927	2927	Hospital-based outpatient care center/services - joint venture	C.64.	as18svc2	1=yes, 0=no
476	ASSTLHOS	Ν	1	2928	2928	Assisted living services - hospital	C.65.a.	as18svc2	1=yes, 0=no
477	ASSTLSYS	N	1	2929	2929	Assisted living services - health system	C.65.a.	as18svc2	1=yes, 0=no
478	ASSTLVEN	N	1	2930	2930	Assisted living services - joint venture	C.65.a.	as18svc2	1=yes, 0=no
479	RETIRHOS	N	1	2931	2931	Retirement housing - hospital	C.65.b.	as18svc2	1=yes, 0=no
480	RETIRSYS	N	1	2932		Retirement housing - health system	C.65.b.	as18svc2	1=yes, 0=no
481	RETIRVEN	N	1	2933	2933	Retirement housing - joint venture	C.65.b.	as18svc2	1=yes, 0=no
482	SPHSHOS	Ν	1	2934	2934	Supportive housing services - hospital	C.65.c.	as18svc2	1=yes, 0=no
483	SPHSSYS	N	1	2935		Supportive housing services - health system	C.65.c.	as18svc2	1=yes, 0=no
484	SPHSVEN	N	1	2936	2936	Supportive housing services - joint venture	C.65.c.	as18svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
485	IMPRHOS	N	1	2937	2937	Immunization program - hospital	C.66.	as18svc2	1=yes, 0=no
	IMPRSYS	N	1	2938	2938	Immunization program - health system	C.66.	as18svc2	1=yes, 0=no
487	IMPRVEN	N	1	2939	2939	Immunization program - joint venture	C.66.	as18svc2	1=yes, 0=no
488	ICARHOS	N	1	2940	2940	Indigent care clinic - hospital	C.67.	as18svc2	1=yes, 0=no
489	ICARSYS	N	1	2941		Indigent care clinic - health system	C.67.	as18svc2	1=yes, 0=no
490	ICARVEN	N	1	2942		Indigent care clinic - joint venture	C.67.	as18svc2	1=yes, 0=no
491	LINGHOS	Ν	1	2943		Linguistic/translation services - hospital	C.68.	as18svc2	1=yes, 0=no
492	LINGSYS	N	1	2944		Linguistic/translation services - health system	C.68.	as18svc2	1=yes, 0=no
493	LINGVEN	Ν	1	2945	2945	Linguistic/translation services - joint venture	C.68.	as18svc2	1=yes, 0=no
494	MEALSHOS	N	1	2946	2946	Meal delivery services - hospital	C.69.	as18svc2	1=yes, 0=no
495	MEALSSYS	N	1	2947		Meal delivery services - health system	C.69.	as18svc2	1=yes, 0=no
496	MEALSVEN	N	1	2948		Meal delivery services - joint venture	C.69.	as18svc2	1=yes, 0=no
497	MOHSHOS	N	1	2949		Mobile health services - hospital	C.70.	as18svc2	1=yes, 0=no
498	MOHSSYS	N	1	2950		Mobile health services - health system	C.70.	as18svc2	1=yes, 0=no
499	MOHSVEN	N	1	2951		Mobile health services - joint venture	C.70.	as18svc2	1=yes, 0=no
500	NEROHOS	N	1	2952		Neurological services - hospital	C.71.	as18svc2	1=yes, 0=no
501	NEROSYS	N	1	2953		Neurological services - health system	C.71.	as18svc2	1=yes, 0=no
502	NEROVEN	N	1	2954		Neurological services - joint venture	C.71.	as18svc2	1=yes, 0=no
503	NUTRPHOS	N	1	2955		Nutrition program - hospital	C.72.	as18svc2	1=yes, 0=no
504	NUTRPSYS	N	1	2956	2956	Nutrition program - health system	C.72.	as18svc2	1=yes, 0=no
505	NUTRPVEN	N	1	2957		Nutrition program - joint venture	C.72.	as18svc2	1=yes, 0=no
506	OCCHSHOS	N	1	2958	2958	Occupational health services - hospital	C.73.	as18svc2	1=yes, 0=no
507	OCCHSSYS	N	1	2959		Occupational health services - health system	C.73.	as18svc2	1=yes, 0=no
508	OCCHSVEN	N	1	2960		Occupational health services - joint venture	C.73.	as18svc2	1=yes, 0=no
509	ONCOLHOS	N	1	2961	2961	Oncology services - hospital	C.74.	as18svc2	1=yes, 0=no
510	ONCOLSYS	N	1	2962		Oncology services - health system	C.74.	as18svc2	1=yes, 0=no
511	ONCOLVEN	N	1	2963		Oncology services - joint venture	C.74.	as18svc2	1=yes, 0=no
512	ORTOHOS	N	1	2964		Orthopedic services - hospital	C.75.	as18svc2	1=yes, 0=no
513	ORTOSYS	N	1	2965		Orthopedic services - health system	C.75.	as18svc2	1=yes, 0=no
514	ORTOVEN	N	1	2966		Orthopedic services - joint venture	C.75.	as18svc2	1=yes, 0=no
515	OPSRGHOS	N	1	2967		Outpatient surgery - hospital	C.76.	as18svc2	1=yes, 0=no
516	OPSRGSYS	N	1	2968		Outpatient surgery - health system	C.76.	as18svc2	1=yes, 0=no
517	OPSRGVEN	N	1	2969		Outpatient surgery - joint venture	C.76.	as18svc2	1=yes, 0=no
518	PAINHOS	N	1	2970		Pain management program - hospital	C.77.	as18svc2	1=yes, 0=no
519	PAINSYS	N	1	2971		Pain management program - health system	C.77.	as18svc2	1=yes, 0=no
520	PAINVEN	Ν	1	2972		Pain management program - joint venture	C.77.	as18svc2	1=yes, 0=no
521	PALHOS	N	1	2973	2973	Palliative care program - hospital	C.78.	as18svc2	1=yes, 0=no
522	PALSYS	N	1	2974		Palliative care program - health system	C.78.	as18svc2	1=yes, 0=no
523	PALVEN	N	1	2975	2975	Palliative care program - joint venture	C.78.	as18svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
524	IPALHOS	N	1	2976	2976	Inpatient palliative care unit - hospital	C.79.	as18svc2	1=yes, 0=no
525	IPALSYS	N	1	2977	2977	Inpatient palliative care unit - health system	C.79.	as18svc2	1=yes, 0=no
526	IPALVEN	N	1	2978		Inpatient palliative care unit - joint venture	C.79.	as18svc2	1=yes, 0=no
527	PCAHOS	N	1	2979		hospital	C.80.	as18svc2	1=yes, 0=no
528	PCASYS	N	1	2980		Patient controlled analgesia (PCA) - health system	C.80.	as18svc2	1=yes, 0=no
529	PCAVEN	Ν	1	2981		Patient controlled analgesia (PCA) - joint venture	C.80.	as18svc2	1=yes, 0=no
530	PATEDHOS	N	1	2982		Patient education center - hospital	C.81.	as18svc2	1=yes, 0=no
531	PATEDSYS	Ν	1	2983	2983	Patient education center - health system	C.81.	as18svc2	1=yes, 0=no
532	PATEDVEN	N	1	2984		Patient education center - joint venture	C.81.	as18svc2	1=yes, 0=no
533	PATRPHOS	N	1	2985	2985	Patient representative services - hospital	C.82.	as18svc2	1=yes, 0=no
534	PATRPSYS	N	1	2986	2986	Patient representative services - health system	C.82.	as18svc2	1=yes, 0=no
535	PATRPVEN	N	1	2987	2987	Patient representative services - joint venture	C.82.	as18svc2	1=yes, 0=no
536	RASTHOS	N	1	2988	2988	Assistive technology center - hospital	C.83.a.	as18svc2	1=yes, 0=no
537	RASTSYS	Ν	1	2989	2989	Assistive technology center - health system	C.83.a.	as18svc2	1=yes, 0=no
538	RASTVEN	N	1	2990	2990	Assistive technology center - joint venture	C.83.a.	as18svc2	1=yes, 0=no
539	REDSHOS	N	1	2991	2991	Electrodiagnostic services - hospital	C.83.b.	as18svc2	1=yes, 0=no
540	REDSSYS	N	1	2992		Electrodiagnostic services - health system	C.83.b.	as18svc2	1=yes, 0=no
541	REDSVEN	N	1	2993	2993	Electrodiagnostic services - joint venture	C.83.b.	as18svc2	1=yes, 0=no
542	RHBOPHOS	N	1	2994	2994	Physical rehabilitation outpatient services - hospital	C.83.c.	as18svc2	1=yes, 0=no
543	RHBOPSYS	N	1	2995	2995	Physical rehabilitation outpatient services - health system	C.83.c.	as18svc2	1=yes, 0=no
544	RHBOPVEN	N	1	2996		Physical rehabilitation outpatient services - joint venture		as18svc2	1=yes, 0=no
545	RPRSHOS	N	1	2997	2997	Prosthetic and orthotic services - hospital	C.83.d.	as18svc2	1=yes, 0=no
546	RPRSSYS	N	1	2998		Prosthetic and orthotic services - health system	C.83.d.	as18svc2	1=yes, 0=no
547	RPRSVEN	N	1	2999		Prosthetic and orthotic services - joint venture	C.83.d.	as18svc2	1=yes, 0=no
548	RBOTHOS	N	1	3000		Robot-assisted walking therapy - hospital	C.83.e.	as18svc2	1=yes, 0=no
549	RBOTSYS	N	1	3001	3001	Robot-assisted walking therapy - health system	C.83.e.	as18svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
550	RBOTVEN	N	1	3002	3002	Robot-assisted walking therapy - joint venture	C.83.e.	as18svc2	1=yes, 0=no
551	RSIMHOS	N	1	3003	3003	Simulated rehabilitation environment - hospital	C.83.f.	as18svc2	1=yes, 0=no
552	RSIMSYS	N	1	3004	3004	Simulated rehabilitation environment - health system	C.83.f.	as18svc2	1=yes, 0=no
553	RSIMVEN	N	1	3005	3005	Simulated rehabilitation environment - ioint venture	C.83.f.	as18svc2	1=yes, 0=no
554	PCDEPHOS	N	1	3006	3006	Primary care department - hospital	C.84.	as18svc2	1=yes, 0=no
555	PCDEPSYS	N	1	3007		Primary care department - health system		as18svc2	1=yes, 0=no
556	PCDEPVEN	N	1	3008	3008	Primary care department - joint venture	C.84.	as18svc2	1=yes, 0=no
557	PSYLSHOS	N	1	3009	3009	Psychiatric consultation/liaison services - hospital	C.85.a.	as18svc2	1=yes, 0=no
558	PSYLSSYS	N	1	3010	3010	Psychiatric consultation/liaison services - health system	C.85.a.	as18svc2	1=yes, 0=no
559	PSYLSVEN	N	1	3011	3011	Psychiatric consultation/liaison services - joint venture	C.85.a.	as18svc2	1=yes, 0=no
560	PSCBD	N	4	3012	3015	Psychiatric pediatric care beds	C.85.b.	as18svc2	
561	PSYCAHOS	N	1	3016		Psychiatric pediatric care - hospital	C.85.b.	as18svc2	1=yes, 0=no
562	PSYCASYS	N	1	3017		Psychiatric pediatric care - health system		as18svc2	1=yes, 0=no
563	PSYCAVEN	N	1	3018	3018	Psychiatric pediatric care - joint venture	C.85.b.	as18svc2	1=yes, 0=no
564	PSGBD	N	4	3019	3022	Psychiatric geriatric services beds	C.85.c.	as18svc2	
565	PSYGRHOS	N	1	3023		Psychiatric geriatric services - hospital	C.85.c.	as18svc2	1=yes, 0=no
566	PSYGRSYS	N	1	3024		Psychiatric geriatric services - health system	C.85.c.	as18svc2	1=yes, 0=no
567	PSYGRVEN	N	1	3025	3025	Psychiatric geriatric services - joint venture	C.85.c.	as18svc2	1=yes, 0=no
568	PSYEDHOS	N	1	3026	3026	Psychiatric education services - hospital	C.85.d.	as18svc2	1=yes, 0=no
569	PSYEDSYS	N	1	3027	3027	Psychiatric education services - health system	C.85.d.	as18svc2	1=yes, 0=no
570	PSYEDVEN	N	1	3028	3028	Psychiatric education services - joint venture	C.85.d.	as18svc2	1=yes, 0=no
571	PSYEMHOS	N	1	3029	3029	Psychiatric emergency services - hospital	l C.85.e.	as18svc2	1=yes, 0=no
572	PSYEMSYS	N	1	3030	3030	Psychiatric emergency services - health system	C.85.e.	as18svc2	1=yes, 0=no
573	PSYEMVEN	N	1	3031	3031	Psychiatric emergency services - joint venture	C.85.e.	as18svc2	1=yes, 0=no
574	PSYOPHOS	N	1	3032	3032		C.85.f.	as18svc2	1=yes, 0=no
575	PSYOPSYS	N	1	3033	3033	Psychiatric outpatient services - health system	C.85.f.	as18svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
576	PSYOPVEN	N	1	3034	3034	Psychiatric outpatient services - joint venture	C.85.f.	as18svc2	1=yes, 0=no
577	PSYOIHOS	N	1	3035	3035	Psychiatric intensive outpatient services - hospital	C.85.g.	as18svc2	1=yes, 0=no
578	PSYOISYS	N	1	3036	3036	Psychiatric intensive outpatient services - health system	C.85.g.	as18svc2	1=yes, 0=no
579	PSYOIVEN	N	1	3037	3037	Psychiatric intensive outpatient services - joint venture	C.85.g.	as18svc2	1=yes, 0=no
580	PSYPHAHOS	N	1	3038	3038	Psychiatric partial hospitalization services/adult - hospital	C.85.h.	as18svc2	1=yes, 0=no
581	PSYPHASYS	N	1	3039	3039	Psychiatric partial hospitalization services/adult - health system	C.85.h.	as18svc2	1=yes, 0=no
582	PSYPHAVEN	N	1	3040	3040	Psychiatric partial hospitalization services/adult - joint venture	C.85.h.	as18svc2	1=yes, 0=no
583	PSYPHCHOS	N	1	3041	3041	Psychiatric partial hospitalization services/pediatric - hospital	C.85.i.	as18svc2	1=yes, 0=no
584	PSYPHCSYS	N	1	3042	3042		C.85.i.	as18svc2	1=yes, 0=no
585	PSYPHCVEN	N	1	3043	3043	Psychiatric partial hospitalization services/pediatric - joint venture	C.85.i.	as18svc2	1=yes, 0=no
586	PSYTRAHOS	N	1	3044	3044	Psychiatric residential treatment/adult - hospital	C.85.j.	as18svc2	1=yes, 0=no
587	PSYTRASYS	N	1	3045	3045	Psychiatric residential treatment/adult - health system	C.85.j.	as18svc2	1=yes, 0=no
588	PSYTRAVEN	N	1	3046	3046	Psychiatric residential treatment/adult - joint venture	C.85.j.	as18svc2	1=yes, 0=no
589	PSYTRPHOS	N	1	3047	3047	Psychiatric residential treatment/pediatric	C.85.k.	as18svc2	1=yes, 0=no
590	PSYTRPSYS	N	1	3048	3048	Psychiatric residential treatment/pediatric	C.85.k.	as18svc2	1=yes, 0=no
591	PSYTRPVEN	N	1	3049	3049	Psychiatric residential treatment/pediatric	C.85.k.	as18svc2	1=yes, 0=no
592	CTSCNHOS	N	1	3050	3050	Computed-tomography (CT) scanner - hospital	C.86.a.	as18svc3	1=yes, 0=no
593	CTSCNSYS	N	1	3051	3051	Computed-tomography (CT) scanner - health system	C.86.a.	as18svc3	1=yes, 0=no
594	CTSCNVEN	N	1	3052	3052	Computed-tomography (CT) scanner - joint venture	C.86.a.	as18svc3	1=yes, 0=no
595	DRADFHOS	Ν	1	3053	3053	Diagnostic radioisotope facility - hospital	C.86.b.	as18svc3	1=yes, 0=no
596	DRADFSYS	N	1	3054	3054	Diagnostic radioisotope facility - health system	C.86.b.	as18svc3	1=yes, 0=no
597	DRADFVEN	N	1	3055	3055	Diagnostic radioisotope facility - joint venture	C.86.b.	as18svc3	1=yes, 0=no
598	EBCTHOS	Ν	1	3056	3056	Electron Beam Computed Tomography (EBCT) - hospital	C.86.c.	as18svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
599	EBCTSYS	N	1	3057	3057	Electron Beam Computed Tomography (EBCT) - health system	C.86.c.	as18svc3	1=yes, 0=no
600	EBCTVEN	N	1	3058	3058	Electron Beam Computed Tomography (EBCT) - joint venture	C.86.c.	as18svc3	1=yes, 0=no
601	FFDMHOS	N	1	3059	3059		C.86.d.	as18svc3	1=yes, 0=no
602	FFDMSYS	Ν	1	3060	3060	Full-field digital mammography - health system	C.86.d.	as18svc3	1=yes, 0=no
603	FFDMVEN	Ν	1	3061	3061		C.86.d.	as18svc3	1=yes, 0=no
604	MRIHOS	N	1	3062	3062		C.86.e.	as18svc3	1=yes, 0=no
605	MRISYS	N	1	3063	3063		C.86.e.	as18svc3	1=yes, 0=no
606	MRIVEN	N	1	3064	3064	Magnetic resonance imaging (MRI) - joint venture	C.86.e.	as18svc3	1=yes, 0=no
607	IMRIHOS	N	1	3065	3065	Intraoperative magnetic resonance imaging - hospital	C.86.f.	as18svc3	1=yes, 0=no
608	IMRISYS	Ν	1	3066	3066	Intraoperative magnetic resonance imaging - health system	C.86.f.	as18svc3	1=yes, 0=no
609	IMRIVEN	Ν	1	3067	3067	Intraoperative magnetic resonance imaging - joint venture	C.86.f.	as18svc3	1=yes, 0=no
610	MEGHOS	N	1	3068	3068		C.86.g.	as18svc3	1=yes, 0=no
611	MEGSYS	Ν	1	3069	3069	Magnetoencephalography (MEG) - health system	C.86.g.	as18svc3	1=yes, 0=no
612	MEGVEN	Ν	1	3070	3070	,	C.86.g.	as18svc3	1=yes, 0=no
613	MSCTHOS	Ν	1	3071	3071	Multislice spiral computed tomography < 64 slice - hospital	C.86.h.	as18svc3	1=yes, 0=no
614	MSCTSYS	N	1	3072	3072	Multislice spiral computed tomography < 64 slice - health system	C.86.h.	as18svc3	1=yes, 0=no
615	MSCTVEN	N	1	3073	3073	Multislice spiral computed tomography < 64 slice - joint venture	C.86.h.	as18svc3	1=yes, 0=no
616	MSCTGHOS	N	1	3074	3074		C.86.i.	as18svc3	1=yes, 0=no
617	MSCTGSYS	N	1	3075	3075	Multi-slice spiral computed tomography 64 + slice - health system	C.86.i.	as18svc3	1=yes, 0=no
618	MSCTGVEN	N	1	3076	3076	Multi-slice spiral computed tomography 64 + slice - joint venture	C.86.i.	as18svc3	1=yes, 0=no
619	PETHOS	N	1	3077	3077		C.86.j.	as18svc3	1=yes, 0=no
620	PETSYS	N	1	3078	3078		C.86.j.	as18svc3	1=yes, 0=no
621	PETVEN	Ν	1	3079	3079		C.86.j.	as18svc3	1=yes, 0=no

	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
622	PETCTHOS	N	1	3080	3080	Positron emission tomography/CT	C.86.k.	as18svc3	1=yes, 0=no
						(PET/CT) - hospital			
623	PETCTSYS	N	1	3081	3081	Positron emission tomography/CT	C.86.k.	as18svc3	1=yes, 0=no
						(PET/CT) - health system			
624	PETCTVEN	N	1	3082	3082	Positron emission tomography/CT	C.86.k.	as18svc3	1=yes, 0=no
						(PET/CT) - joint venture			
625	SPECTHOS	N	1	3083	3083	Single photon emission computerized tomography (SPECT) - hospital	C.86.I.	as18svc3	1=yes, 0=no
626	SPECTSYS	N	1	3084	3084	Single photon emission computerized tomography (SPECT) - health system	C.86.I.	as18svc3	1=yes, 0=no
627	SPECTVEN	N	1	3085	3085	Single photon emission computerized tomography (SPECT) - joint venture	C.86.I.	as18svc3	1=yes, 0=no
628	ULTSNHOS	N	1	3086	3086	Ultrasound - hospital	C.86.m.	as18svc3	1=yes, 0=no
629	ULTSNSYS	N	1	3087		Ultrasound - health system	C.86.m.	as18svc3	1=yes, 0=no
630	ULTSNVEN	N	1	3088		Ultrasound - joint venture	C.86.m.	as18svc3	1=yes, 0=no
631	IGRTHOS	N	1	3089		Image-guided radiation therapy - hospital		as18svc3	1=yes, 0=no
632	IGRTSYS	N	1	3090	3090	Image-guided radiation therapy - health system	C.87.a.	as18svc3	1=yes, 0=no
633	IGRTVEN	N	1	3091	3091	Image-guided radiation therapy - joint venture	C.87.a.	as18svc3	1=yes, 0=no
634	IMRTHOS	N	1	3092	3092	Intensity-modulated radiation therapy (IMRT) - hospital	C.87.b.	as18svc3	1=yes, 0=no
635	IMRTSYS	N	1	3093	3093	Intensity-modulated radiation therapy (IMRT) - health system	C.87.b.	as18svc3	1=yes, 0=no
636	IMRTVEN	N	1	3094	3094	Intensity-modulated radiation therapy (IMRT) - joint venture	C.87.b.	as18svc3	1=yes, 0=no
637	PTONHOS	N	1	3095	3095	Proton beam therapy - hospital	C.87.c.	as18svc3	1=yes, 0=no
638	PTONSYS	N	1	3096		Proton beam therapy - health system	C.87.c.	as18svc3	1=yes, 0=no
639	PTONVEN	N	1	3097		Proton beam therapy - joint venture	C.87.c.	as18svc3	1=yes, 0=no
640	BEAMHOS	N	1	3098			C.87.d.	as18svc3	1=yes, 0=no
641	BEAMSYS	N	1	3099	3099	Shaped beam radiation system - health system	C.87.d.	as18svc3	1=yes, 0=no
642	BEAMVEN	N	1	3100	3100	Shaped beam radiation system - joint venture	C.87.d.	as18svc3	1=yes, 0=no
643	SRADHOS	N	1	3101	3101	Stereotactic radiosurgery - hospital	C.87.e.	as18svc3	1=yes, 0=no
644	SRADSYS	N	1	3102		Stereotactic radiosurgery - health system		as18svc3	1=yes, 0=no
645	SRADVEN	N	1	3103	3103	Stereotactic radiosurgery - joint venture	C.87.e.	as18svc3	1=yes, 0=no
646	ROBOHOS	N	1	3104	3104	Robotic surgery - hospital	C.88.	as18svc3	1=yes, 0=no
647	ROBOSYS	N	1	3105		Robotic surgery - health system	C.88.	as18svc3	1=yes, 0=no
648	ROBOVEN	N	1	3106		Robotic surgery - joint venture	C.88.	as18svc3	1=yes, 0=no
649	RURLHOS	N	1	3107		Rural health clinic - hospital	C.89.	as18svc3	1=yes, 0=no
650	RURLSYS	N	1	3108		Rural health clinic - health system	C.89.	as18svc3	1=yes, 0=no
651	RURLVEN	N	1	3109		Rural health clinic - joint venture	C.89.	as18svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
652	SLEPHOS	N	1	3110	3110	Sleep center - hospital	C.90.	as18svc3	1=yes, 0=no
653	SLEPSYS	N	1	3111	3111	Sleep center - health system	C.90.	as18svc3	1=yes, 0=no
654	SLEPVEN	N	1	3112	3112	Sleep center - joint venture	C.90.	as18svc3	1=yes, 0=no
655	SOCWKHOS	N	1	3113	3113	Social work services - hospital	C.91.	as18svc3	1=yes, 0=no
656	SOCWKSYS	N	1	3114		Social work services - health system	C.91.	as18svc3	1=yes, 0=no
657	SOCWKVEN	N	1	3115	3115	Social work services - joint venture	C.91.	as18svc3	1=yes, 0=no
658	SPORTHOS	N	1	3116	3116	Sports medicine - hospital	C.92.	as18svc3	1=yes, 0=no
659	SPORTSYS	N	1	3117	3117	Sports medicine - health system	C.92.	as18svc3	1=yes, 0=no
660	SPORTVEN	N	1	3118	3118	Sports medicine - joint venture	C.92.	as18svc3	1=yes, 0=no
661	SUPPGHOS	N	1	3119	3119	Support groups - hospital	C.93.	as18svc3	1=yes, 0=no
662	SUPPGSYS	N	1	3120		Support groups - health system	C.93.	as18svc3	1=yes, 0=no
663	SUPPGVEN	N	1	3121		Support groups - joint venture	C.93.	as18svc3	1=yes, 0=no
664	SWBDHOS	N	1	3122		Swing bed services - hospital	C.94.	as18svc3	1=yes, 0=no
665	SWBDSYS	N	1	3123		Swing bed services - health system	C.94.	as18svc3	1=yes, 0=no
666	SWBDVEN	N	1	3124		Swing bed services - joint venture	C.94.	as18svc3	1=yes, 0=no
667	TEENSHOS	N	1	3125	3125	Teen outreach services - hospital	C.95.	as18svc3	1=yes, 0=no
668	TEENSSYS	N	1	3126	3126	Teen outreach services - health system	C.95.	as18svc3	1=yes, 0=no
669	TEENSVEN	N	1	3127	3127	Teen outreach services - joint venture	C.95.	as18svc3	1=yes, 0=no
670	TOBHOS	N	1	3128		Tobacco treatment services - hospital	C.96.	as18svc3	1=yes, 0=no
671	TOBSYS	N	1	3129		Tobacco treatment services - health system	C.96.	as18svc3	1=yes, 0=no
672	TOBVEN	N	1	3130	3130	Tobacco treatment services - joint venture	C.96.	as18svc3	1=yes, 0=no
673	COFVHOS	N	1	3131	3131	Telehealth consultation and office visits - hospital	C.97.a.	as18svc3	1=yes, 0=no
674	COFVSYS	N	1	3132	3132	Telehealth consultation and office visits - health system	C.97.a.	as18svc3	1=yes, 0=no
675	COFVVEN	N	1	3133	3133	Telehealth consultation and office visits - ioint venture	C.97.a.	as18svc3	1=yes, 0=no
676	EICUHOS	N	1	3134	3134	Telehealth eICU - hospital	C.97.b.	as18svc3	1=yes, 0=no
677	EICUSYS	N	1	3135		Telehealth eICU - health system	C.97.b.	as18svc3	1=yes, 0=no
678	EICUVEN	N	1	3136		Telehealth eICU - joint venture	C.97.b.	as18svc3	1=yes, 0=no
679	STRCHOS	N	1	3137		Telehealth stroke care - hospital	C.97.c.	as18svc3	1=yes, 0=no
680	STRCSYS	N	1	3138		Telehealth stroke care - health system	C.97.c.	as18svc3	1=yes, 0=no
681	STRCVEN	N	1	3139		Telehealth stroke care - joint venture	C.97.c.	as18svc3	1=yes, 0=no
682	ADTRTHOS	N	1	3140		Telehealth psychiatric and addiction treatment - hospital	C.97.d.	as18svc3	1=yes, 0=no
683	ADTRTSYS	N	1	3141	3141	Telehealth psychiatric and addiction treatment - health system	C.97.d.	as18svc3	1=yes, 0=no
684	ADTRTVEN	N	1	3142	3142	Telehealth psychiatric and addiction treatment - joint venture	C.97.d.	as18svc3	1=yes, 0=no
685	PDISHOS	N	1	3143	3143	Telehealth remote patient monitoring: post-discharge - hospital	C.97.e.1.	as18svc3	1=yes, 0=no
686	PDISSYS	N	1	3144	3144	Telehealth remote patient monitoring: post-discharge - health system	C.97.e.1.	as18svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
687	PDISVEN	N	1	3145	3145	Telehealth remote patient monitoring:	C.97.e.1.	as18svc3	1=yes, 0=no
						post-discharge - joint venture			
688	CHCARHOS	Ν	1	3146	3146	Telehealth remote patient monitoring:	C.97.e.2.	as18svc3	1=yes, 0=no
						ongoing chronic care management -			
						hospital			
689	CHCARSYS	N	1	3147	3147	Telehealth remote patient monitoring:	C.97.e.2.	as18svc3	1=yes, 0=no
						ongoing chronic care management -			
						health system			
690	CHCARVEN	N	1	3148	3148	Telehealth remote patient monitoring:	C.97.e.2.	as18svc3	1=yes, 0=no
						ongoing chronic care management - joint			
						venture			
691	ORPMHOS	N	1	3149	3149	Telehealth other remote patient	C.97.e.3.	as18svc3	1=yes, 0=no
						monitoring - hospital			
692	ORPMSYS	N	1	3150	3150	Telehealth other remote patient	C.97.e.3.	as18svc3	1=yes, 0=no
						monitoring - health system			
693	ORPMVEN	N	1	3151	3151	Telehealth other remote patient	C.97.e.3.	as18svc3	1=yes, 0=no
						monitoring - joint venture			
694	OTHTHOS	N	1	3152		Other telehealth - hospital	C.97.f.	as18svc3	1=yes, 0=no
695	OTHTSYS	N	1	3153		Other telehealth - health system	C.97.f.	as18svc3	1=yes, 0=no
696	OTHTVEN	N	1	3154		Other telehealth - joint venture	C.97.f.	as18svc3	1=yes, 0=no
697	OTBONHOS	N	1	3155		Bone marrow transplant - hospital	C.98.a.	as18svc3	1=yes, 0=no
698	OTBONSYS	N	1	3156	3156	Bone marrow transplant - health system	C.98.a.	as18svc3	1=yes, 0=no
699	OTBONVEN	N	1	3157	3157	Bone marrow transplant - joint venture	C.98.a.	as18svc3	1=yes, 0=no
700	HARTHOS	N	1	3158	3158	Heart transplant - hospital	C.98.b.	as18svc3	1=yes, 0=no
701	HARTSYS	N	1	3159		Heart transplant - health system	C.98.b.	as18svc3	1=yes, 0=no
702	HARTVEN	N	1	3160		Heart transplant - joint venture	C.98.b.	as18svc3	1=yes, 0=no
703	KDNYHOS	N	1	3161	3161	Kidney transplant - hospital	C.98.c.	as18svc3	1=yes, 0=no
704	KDNYSYS	N	1	3162	3162	Kidney transplant -health system	C.98.c.	as18svc3	1=yes, 0=no
705	KDNYVEN	N	1	3163	3163	Kidney transplant - joint venture	C.98.c.	as18svc3	1=yes, 0=no
706	LIVRHOS	N	1	3164	3164	Liver transplant - hospital	C.98.d.	as18svc3	1=yes, 0=no
707	LIVRSYS	N	1	3165	3165	Liver transplant - health system	C.98.d.	as18svc3	1=yes, 0=no
708	LIVRVEN	N	1	3166		Liver transplant - joint venture	C.98.d.	as18svc3	1=yes, 0=no
709	LUNGHOS	Ν	1	3167		Lung transplant - hospital	C.98.e.	as18svc3	1=yes, 0=no
710	LUNGSYS	Ν	1	3168	3168	Lung transplant - health system	C.98.e.	as18svc3	1=yes, 0=no
711	LUNGVEN	Ν	1	3169	3169	Lung transplant - joint venture	C.98.e.	as18svc3	1=yes, 0=no
712	TISUHOS	N	1	3170	3170	Tissue transplant - hospital	C.98.f.	as18svc3	1=yes, 0=no
713	TISUSYS	N	1	3171		Tissue transplant - health system	C.98.f.	as18svc3	1=yes, 0=no
714	TISUVEN	N	1	3172		Tissue transplant - joint venture	C.98.f.	as18svc3	1=yes, 0=no
715	OTOTHHOS	N	1	3173		Other transplant - hospital	C.98.g.	as18svc3	1=yes, 0=no
716	OTOTHSYS	N	1	3174		Other transplant - health system	C.98.g.	as18svc3	1=yes, 0=no
717	OTOTHVEN	N	1	3175		Other transplant - joint venture	C.98.g.	as18svc3	1=yes, 0=no
718	TPORTHOS	Ν	1	3176	3176	Transportation to health services -	C.99.	as18svc3	1=yes, 0=no
710	τρορτεγε	N	1	2477	2477	hospital	<u> </u>	0010000	1-1-100 0-00
719	TPORTSYS	Ν	1	3177	31//	Transportation to health services - health	0.99.	as18svc3	1=yes, 0=no
700		NI	1	2470	2470	system	C 00	22192/22	1-1-100 0-00
720	TPORTVEN	Ν	1	3178	3178	Transportation to health services - joint	C.99.	as18svc3	1=yes, 0=no
						venture	1		

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
721	URGCCHOS	N	1	3179	3179	Urgent care center - hospital	C.100.	as18svc3	1=yes, 0=no
722	URGCCSYS	Ν	1	3180		Urgent care center - health system	C.100.	as18svc3	1=yes, 0=no
723	URGCCVEN	Ν	1	3181		Urgent care center - joint venture	C.100.	as18svc3	1=yes, 0=no
724	VWRKHOS	Ν	1	3182	3182	Violence prevention programs for the workplace - hospital	C.101.a.	as18svc3	1=yes, 0=no
725	VWRKSYS	N	1	3183	3183	Violence prevention programs for the workplace - health system	C.101.a.	as18svc3	1=yes, 0=no
726	VWRKVEN	N	1	3184	3184	Violence prevention programs for the workplace - joint venture	C.101.a.	as18svc3	1=yes, 0=no
727	VCMMHOS	N	1	3185	3185	Violence prevention programs for the community - hospital	C.101.b.	as18svc3	1=yes, 0=no
728	VCMMSYS	N	1	3186	3186	Violence prevention programs for the community - health system	C.101.b.	as18svc3	1=yes, 0=no
729	VCMMVEN	N	1	3187	3187	Violence prevention programs for the community - joint venture	C.101.b.	as18svc3	1=yes, 0=no
730	VRCSHOS	Ν	1	3188		Virtual colonoscopy - hospital	C.102.	as18svc3	1=yes, 0=no
731	VRCSSYS	Ν	1	3189		Virtual colonoscopy - health system	C.102.	as18svc3	1=yes, 0=no
732	VRCSVEN	Ν	1	3190		Virtual colonoscopy - joint venture	C.102.	as18svc3	1=yes, 0=no
733	VOLSVHOS	Ν	1	3191	3191	Volunteer services department - hospital	C.103.	as18svc3	1=yes, 0=no
734	VOLSVSYS	N	1	3192	3192	Volunteer services department - health system	C.103.	as18svc3	1=yes, 0=no
735	VOLSVVEN	N	1	3193	3193	Volunteer services department - joint venture	C.103.	as18svc3	1=yes, 0=no
736	WOMHCHOS	Ν	1	3194		Women's health center/services - hospital	C.104.	as18svc3	1=yes, 0=no
737	WOMHCSYS	Ν	1	3195		Women's health center/services - health system	C.104.	as18svc3	1=yes, 0=no
738	WOMHCVEN	Ν	1	3196	3196	Women's health center/services - joint venture	C.104.	as18svc3	1=yes, 0=no
739	WMGTHOS	Ν	1	3197	3197	Wound management services - hospital	C.105.	as18svc3	1=yes, 0=no
740	WMGTSYS	Ν	1	3198		Wound management services - health system	C.105.	as18svc3	1=yes, 0=no
741	WMGTVEN	N	1	3199		Wound management services - joint venture	C.105.	as18svc3	1=yes, 0=no
742	BHER	Ν	1	3200		Emergency services integrated with behavioral health care	C.106.a.	as18svc3	1=yes, 0=no
743	BHPCS	N	1	3201		Primary care services integrated with behavioral health care	C.106.b.	as18svc3	1=yes, 0=no
744	BHACAR	Ν	1	3202		Acute inpatient care integrated with behavioral health care	C.106.c.	as18svc3	1=yes, 0=no
745	BHXCAR	N	1	3203	3203	Extended care integrated with behavioral health care		as18svc3	1=yes, 0=no
746	IPAP	N	8	3204	3211	Number of physicians, independent practice association	C.107.a.1.	as18svc3	

	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
747	GPWP	N	8	3212	3219	Number of physicians, group practice without walls	C.107.a.2.	as18svc3	
748	OPHP	N	8	3220	3227		C.107.a.3.	as18svc3	
749	СРНР	N	8	3228	3235		C.107.a.4.	as18svc3	
750	MSOP	N	8	3236	3243		C.107.a.5.	as18svc3	
751	ISMP	N	8	3244	3251	Number of physicians, integrated salary model	C.107.a.6.	as18svc3	
752	EQMP	N	8	3252	3259	Number of physicians, equity model	C.107.a.7.	as18svc3	
753	FNDP	N	8	3260	3267		C.107.a.8.	as18svc3	
754	PHYP	N	8	3268			C.107.a.9.	as18svc3	
755	IPPAHOS	N	4	3276		Independent practice association - hospital ownership share	C.107.a.1.	as18svc3	Percent
756	IPAPOS	N	4	3280	3283		C.107.a.1.	as18svc3	Percent
757	IPACOS	N	4	3284	3287	Independent practice association - parent corporation ownership share	C.107.a.1.	as18svc3	Percent
758	IPAIOS	N	4	3288	3291	Independent practice association - insurance ownership share	C.107.a.1.	as18svc3	Percent
759	GPWHOS	N	4	3292	3295	Group practice without walls - hospital ownership share	C.107.a.2.	as18svc3	Percent
760	GPWPOS	N	4	3296	3299	Group practice without walls - physician ownership share	C.107.a.2.	as18svc3	Percent
761	GPWCOS	N	4	3300	3303	Group practice without walls - parent corporation ownership share	C.107.a.2.	as18svc3	Percent
762	GPWIOS	N	4	3304	3307		C.107.a.2.	as18svc3	Percent
763	OPHHOS	N	4	3308	3311	Open physician-hospital organization - hospital ownership share	C.107.a.3.	as18svc3	Percent
764	OPHPOS	N	4	3312	3315		C.107.a.3.	as18svc3	Percent
765	OPHCOS	N	4	3316	3319	Open physician-hospital organization - parent corporation ownership share	C.107.a.3.	as18svc3	Percent
766	OPHIOS	N	4	3320	3323	Open physician-hospital organization - insurance ownership share	C.107.a.3.	as18svc3	Percent
767	CPHHOS	N	4	3324		hospital ownership share	C.107.a.4.	as18svc3	Percent
768	CPHPOS	N	4	3328	3331	Closed physician-hospital organization - physician ownership share	C.107.a.4.	as18svc3	Percent
769	CPHCOS	N	4	3332	3335	parent corporation ownership share	C.107.a.4.	as18svc3	Percent
770	CPHIOS	N	4	3336	3339	Closed physician-hospital organization - insurance ownership share	C.107.a.4.	as18svc3	Percent
771	MMSOHOS	N	4	3340	3343		C.107.a.5.	as18svc3	Percent

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
772	MSOPOS	N	4	3344	3347	Management service organization -	C.107.a.5.	as18svc3	Percent
770	100000		4	0040	0054	physician ownership share	0.407 5	40 0	
773	MSOCOS	N	4	3348	3351	Management service organization -	C.107.a.5.	as18svc3	Percent
774	MSOIOS	N	4	3352	2255	parent corporation ownership share Management service organization -	C.107.a.5.	as18svc3	Percent
//4	100000	IN	4	5552	5555	insurance ownership share	C. 107.a.J.	as 103vC5	recent
775	IISMHOS	N	4	3356	3359	Integrated salary model - hospital	C.107.a.6.	as18svc3	Percent
						ownership share			
776	ISMPOS	N	4	3360	3363	Integrated salary model - physician	C.107.a.6.	as18svc3	Percent
						ownership share			
777	ISMCOS	N	4	3364	3367	Integrated salary model - parent	C.107.a.6.	as18svc3	Percent
						corporation ownership share	-		
778	ISMIOS	N	4	3368	3371	Integrated salary model - insurance	C.107.a.6.	as18svc3	Percent
770				0070	0075	ownership share	0 107 7	40.0	
779	EQMHOS	N	4	3372	3375	Equity model - hospital ownership share	C.107.a.7.	as18svc3	Percent
780	EQMPOS	N	4	3376	2270	Equity mode - physician ownership share	C 107 o 7	as18svc3	Percent
760	EQIMPUS	IN	4	3370	3319	Equity mode - physician ownership share	C.107.a.7.	astosves	Fercent
781	EQMCOS	N	4	3380	3383	Equity mode - parent corporation	C.107.a.7.	as18svc3	Percent
	Lamooo			0000	0000	ownership share	0.107.4.11	40100100	l oloont
782	EQMIOS	N	4	3384	3387	Equity mode - insurance ownership	C.107.a.7.	as18svc3	Percent
						share			
783	FNDHOS	N	4	3388	3391	Foundation - hospital ownership share	C.107.a.8.	as18svc3	Percent
784	FNDPOS	N	4	3392	3395	Foundation - physician ownership share	C.107.a.8.	as18svc3	Percent
							-		
785	FNDCOS	N	4	3396	3399	Foundation - parent corporation	C.107.a.8.	as18svc3	Percent
786	FNDIOS	N	4	3400	2402	ownership share Foundation - insurance ownership share	C 107 a 9	as18svc3	Dereent
/ 00	FINDIOS	IN	4	3400	3403	Foundation - insurance ownership share	C. 107.a.o.	astosves	Percent
787	РНҮОТН	N	100	3404	3503	Other physician-organization	C.107.a.9.	as18svc3	Literal Description
			100	0101	0000	arrangement, description	0.107.10.0.	40100100	
788	PPHYHOS	N	4	3504	3507	Other physician-organization	C.107.a.9.	as18svc3	Percent
						arrangement - hospital ownership share			
789	PHYPOS	N	4	3508	3511	Other physician-organization	C.107.a.9.	as18svc3	Percent
						arrangement - physician ownership share	5		
700	DUNCOO		4	0540	0545		0.407 0	10 0	
790	PHYCOS	N	4	3512	3515	Other physician-organization	C.107.a.9.	as18svc3	Percent
						arrangement - parent corporation ownership share			
791	PHYIOS	N	4	3516	3510	Other physician-organization	C.107.a.9.	as18svc3	Percent
101		I N	-	0010	0019	arrangement - insurance ownership	0.107.a.9.	43103000	
						share			
792	PHYPR	N	4	3520	3523	Hospital owned physician practice - solo	C.107.b.1.	as18svc3	Percent
						practice, percent			
793	PHYPRN	N	4	3524	3527	Hospital owned physician practice - solo	C.107.b.1.	as18svc3	Number
						practice, number			

Item No.	FieldName	Estimated	Length	Start	End		Survey Question	Access Table	Notes
794	SSGRP	N	4	3528	3531	Hospital owned physician practice -	C.107.b.2.	as18svc3	Percent
						single specialty group, percent			
795	SSGRPN	N	4	3532	3535	Hospital owned physician practice -	C.107.b.2.	as18svc3	Number
						single specialty group, number			
796	MSGRP	N	4	3536	3539	Hospital owned physician practice - multi-	C.107.b.3.	as18svc3	Percent
						specialty group, percent			
797	MSGRPN	N	4	3540	3543	Hospital owned physician practice - multi-	C.107.b.3.	as18svc3	Number
						specialty group, number			
798	PHYCPT	N	4	3544	3547	Hospital owned physician practice -	C.107.c.	as18svc3	Percent
						percent primary care			
799	PHYOCPT	N	4	3548	3551		C.107.d.	as18svc3	Percent
						percent specialty care			
800	FTMT	N	8	3552	3559	Total physicians engaged in arrangement	C.108.	as18svc3	Number of physicians
						with hospital			
801	JNTPH	N	1	3560	3560	Does your hospital participate in any joint	C.109.a.	as18svc3	1=yes, 0=no
						venture arrangements with physicians or			
						physician groups?			
802	JNLS	N	1	3561			C.109.b.1.	as18svc3	1=yes, 0=no
803	JNTAMB	N	1	3562			C.109.b.2.	as18svc3	1=yes, 0=no
804	JNTCTR	N	1	3563			C.109.b.3.	as18svc3	1=yes, 0=no
805	JNTOTH	N	1	3564			C.109.b.4.	as18svc3	1=yes, 0=no
806	LSHTXT	N	100	3565	3664	Joint other description	C.109.b.4.	as18svc3	Literal Description
							other		
807	JNTLSC	N	1	3665		Cardiac - Limited service hospital	C.109.c.1.	as18svc3	1=yes, 0=no
808	JNTLSO	N	1	3666			C.109.c.2.	as18svc3	1=yes, 0=no
809	JNTLSS	N	1	3667			C.109.c.3.	as18svc3	1=yes, 0=no
810	JNTLST	N	1	3668			C.109.c.4.	as18svc3	1=yes, 0=no
811	JNTTXT	Ν	100	3669	3768	Limited service hospital, other description	C.109.c.4 other	as18svc3	Literal Description
812	JNTMD	N	1	3769	3769		C.109.d.	as18svc3	1=yes, 0=no
						arrangements with organizations other			
						than physician groups?			
813	EXPTOT	Y	15	3770	3784	Total facility expenses, excluding bad debt	E.3.m.	as18util1	Total expenses
814	EXPTHA	Y	15	3785	3799	Hospital unit total expenses, excluding bad debt		as18util1	Calculated Field: Total expenses less nursing home unit expense
815	EXPTLA	Y	15	3800	3814	Nursing home expenses, excluding bad debt	E.3.m.	as18util1	Total expenses (nursing home unit)
816	DPEXA	N	10	3815	3824		E.3.h.	as18util1	Expense
	INTEXA	N	10	3825			E.3.i.	as18util1	Expense
818	PHREXA	N	10	3835			E.3.j.	as18util1	Expense
	SUPEXA	N	10	3845			E.3.k.	as18util1	Expense
820	OTHEXPA	N	10	3855			E.3.I.	as18util1	Expense
	NPAYBEN	Y	10	3865			E.3.g.	as18util1	Employee benefits
	PAYTOT	Y	10	3875			E.3.f.	as18util1	Payroll expenses

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
823	ΡΑΥΤΟΤΗ	Y	10	3885	3894	Hospital unit payroll expenses		as18util1	Calculated Field: Total facility payroll expenses less nursing home facility payroll expenses
824	NPAYBENH	Y	10	3895	3904	Hospital unit employee benefits		as18util1	Calculated Field: Total facility employee benefits expenses less nursing home facility employee benefits expenses
825	PAYTOTLT	Y	10	3905	3914	Nursing home payroll expenses	E.3.f.	as18util1	Payroll expenses (nursing home unit)
826	NPAYBENL	Y	10	3915	3924	Nursing home employee benefits	E.3.g.	as18util1	Employee benefits (nursing home unit)
827	LBEDSA	N	6	3925		Licensed beds total facility	E.1.a.	as18util1	Total licensed beds
828	BDTOT	NA	4	3931		Total facility beds set up and staffed at the end of reporting period	E.1.b.	as18util1	Beds set up and staffed (total facility)
829	ADMTOT	Y	6	3935		Total facility admissions	E.1.e.	as18util1	Admissions (total facility)
830	IPDTOT	Y	8	3941		Total facility inpatient days	E.1.f.	as18util1	Inpatient days (total facility)
831	BDH	N	4	3949	3952	Hospital unit beds set up and staffed		as18util1	Calculated Field: Total facility beds less nursing home unit beds
832	ADMH	N	6	3953	3958	Hospital unit admissions		as18util1	Calculated Field: Total facility admissions less nursing home unit admissions
833	IPDH	N	8	3959	3966	Hospital unit inpatient days		as18util1	Calculated Field: Total facility inpatient days less nursing home unit inpatient days
834	LBEDLA	N	6	3967	3972	Nursing home licensed beds	E.1.a.	as18util1	Licensed beds (nursing home unit)
835	BDLT	N	4	3973		Nursing home beds set up and staffed	E.1.b.	as18util1	Nursing home beds set up and staffed
836	ADMLT	N	6	3977		Nursing home admissions	E.1.e.	as18util1	Nursing home admissions
837	IPDLT	N	8	3983		Nursing home inpatient days	E.1.f.	as18util1	Nursing home inpatient days
838	MCRDC	Y	6	3991		Total facility Medicare discharges	E.2.a1.	as18util1	Medicare discharges (total facility)
839	MCRIPD	Y	8	3997		Total facility Medicare inpatient days	E.2.b1.	as18util1	Medicare inpatient days (total facility)
840	MCDDC	Y	6	4005		Total facility Medicaid discharges	E.2.c1.	as18util1	Medicaid discharges (total facility)
841	MCDIPD	Y	8	4011		Total facility Medicaid inpatient days	E.2.d1.	as18util1	Medicaid Inpatient days (total facility)
842	MCRDCH	N	6	4019		Hospital unit Medicare discharges		as18util1	Calculated Field: Total facility Medicare discharges less nursing home unit Medicare discharges
843	MCRIPDH	N	8	4025	4032	Hospital unit Medicare inpatient days		as18util1	Calculated Field: Total facility Medicare days less nursing home unit Medicare days
844	MCDDCH	N	6	4033	4038	Hospital unit Medicaid discharges		as18util1	Calculated Field: Total facility Medicaid discharges less nursing home unit Medicaid discharges
845	MCDIPDH	Ν	8	4039	4046	Hospital unit Medicaid inpatient days		as18util1	Calculated Field: Total facility Medicaid days less nursing home unit Medicaid days
846	MCRDCLT	N	6	4047	4052	Nursing home Medicare discharges	E.2.a1.	as18util1	Medicare discharges (nursing home unit)
847	MCRIPDLT	N	8	4053		Nursing home Medicare inpatient days	E.2.b1.	as18util1	Medicare inpatient days (nursing home unit)
848	MCDDCLT	N	6	4061	4066	Nursing home Medicaid discharges	E.2.c1.	as18util1	Medicaid discharges (nursing home unit)
849	MCDIPDLT	N	8	4067		Nursing home Medicaid inpatient days	E.2.d1.	as18util1	Medicaid inpatient days (nursing home unit)
850	BASSIN	NA	4	4075	4078	Bassinets set up and staffed	E.1.c.	as18util1	Bassinets set up and staffed

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
851	BIRTHS	Y	6	4079	4084	Total births (excluding fetal deaths)	E.1.d.	as18util1	Births (exclude fetal deaths)
852	SUROPIP	Y	6	4085	4090	Inpatient surgical operations	E.1.i.	as18util1	Inpatient surgeries
853	SUROPOP	Y	6	4091	4096	Outpatient surgical operations	E.1.k.	as18util1	Outpatient surgeries
854	SUROPTOT	Y	6	4097		Total surgical operations		as18util1	Calculated Field: Inpatient surgical operations + outpatient surgical operations
855	VEM	Y	8	4103	4110	Emergency department visits	E.1.g.	as18util1	Emergency department visits
856	VOTH	Y	8	4111		Other outpatient visits		as18util1	Calculated Field: Total outpatient visits less emergency department visits
857	VTOT	Y	8	4119	4126	Total outpatient visits	E.1.h.	as18util1	Total outpatient visits
Note: Nu	Imbers in parentheses	below indicate survey of	questionn	aire col	umns				
858	FTMDTF	Y	5	4127	4131	Full-time physicians and dentists	E.11.a.(1)	as18util1	Full-time physicians and dentists
859	FTRES	Y	5	4132		Full-time medical and dental residents and interns	E.11.c.(1)	as18util1	Full-time medical and dental residents/interns
860	FTTRAN84	Y	5	4137		Full-time other trainees	E.11.d.(1)	as18util1	Full-time other trainees
861	FTRNTF	Y	5	4142	4146	Full-time registered nurses	E.11.e.(1)	as18util1	Full-time registered nurses
862	FTLPNTF	Y	5	4147		Full-time licensed practical (vocational) nurses	E.11.f.(1)	as18util1	Full-time licensed practical (vocational) nurses
863	FTAST	Y	5	4152		Full-time nursing assistive personnel	E.11.g.(1)	as18util1	Full-time nursing assistive personnel
864	FTRAD	Y	5	4157	4161	Full-time radiology technicians	E.11.h.(1)	as18util1	Full-time radiology technicians
865	FTLAB	Y	5	4162	4166	Full-time laboratory technicians	E.11.i.(1)	as18util1	Full-time laboratory technicians
866	FTPHR	Y	5	4167	4171	Full-time pharmacists, licensed	E.11.j.(1)	as18util1	Full-time pharmacists, licensed
867	FTPHT	Y	5	4172	4176	Full-time pharmacy technicians	E.11.k.(1)	as18util1	Full-time pharmacy technicians
868	FTRESP	Y	5	4177	4181	Full-time respiratory therapists	E.11.I.(1)	as18util1	Full-time respiratory therapists
869	FTOTHTF	Y	5	4182	4186	Full-time all other personnel	E.11.m.(1)	as18util1	Full-time all other personnel
870	FTTOT	Y	5	4187	4191	Full-time total personnel	E.11.n.(1)	as18util1	Full-time total facility personnel
871	PTMDTF	Y	5	4192	4196	Part-time physicians and dentists	E.11.a.(2)	as18util1	Part-time physicians and dentists
872	PTRES	Y	5	4197	4201	Part-time medical and dental residents and interns	E.11.c.(2)	as18util1	Part-time medical and dental residents/interns
873	PTTRAN84	Y	5	4202		Part-time other trainees	E.11.d.(2)	as18util1	Part-time other trainees
874	PTRNTF	Y	5	4207	4211	Part-time registered nurses	E.11.e.(2)	as18util1	Part-time registered nurses
875	PTLPNTF	Y	5	4212		Part-time licensed practical (vocational) nurses	E.11.f.(2)	as18util1	Part-time licensed practical (vocational) nurses
876	PTAST	Y	5	4217		Part-time nursing assistive personnel	E.11.g.(2)	as18util1	Part-time nursing assistive personnel
877	PTRAD	Y	5	4222		Part-time radiology technicians	E.11.h.(2)	as18util1	Part-time radiology technicians
878	PTLAB	Y	5	4227		Part-time laboratory technicians	E.11.i.(2)	as18util1	Part-time laboratory technicians
879	PTPHR	Y	5	4232		Part-time pharmacists, licensed	E.11.j.(2)	as18util1	Part-time pharmacists, licensed
880	PTPHT	Y	5	4237		Part-time pharmacy technicians	E.11.k.(2)	as18util1	Part-time pharmacy technicians
881	PTRESP	Y	5	4242		Part-time respiratory therapists	E.11.I.(2)	as18util1	Part-time respiratory therapists
882	PTOTHTF	Y	5	4247	4251	Part-time all other personnel	E.11.m.(2)	as18util1	Part-time all other personnel
883	PTTOT	Y	5	4252		Part-time total personnel	E.11.n.(2)	as18util1	Part-time total facility personnel
884	FTTOTH	Y	5	4257	4261	Total full-time hospital unit personnel		as18util1	Calculated Field: Total full-time facility personnel less total full-time nursing home personnel
885	РТТОТН	Y	5	4262	4266	Total part-time hospital unit personnel		as18util1	Calculated Field: Total part-time facility personnel less total part-time nursing home personnel

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
886	FTRNLT	N	5	4267	4271	Total full-time nursing home type		as18util1	Total full-time nursing home type unit/facility
						unit/facility registered nurses	E.11.o.(1)		registered nurses
887	PTRNLT	N	5	4272	4276	Total part-time nursing home type		as18util1	Total part-time nursing home type
						unit/facility registered nurses	E.11.o.(2)		unit/facility registered nurses
888	FTTOTLT	Y	5	4277	4281	Total full-time nursing home personnel	E.11.p.(1)	as18util1	Total full-time nursing home personnel
889	PTTOTLT	Y	5	4282	4286	Total part-time nursing home personnel	E.11.p.(2)	as18util1	Total part-time nursing home personnel
890	FTED	N	8	4287	4294	Physicians and dentists FTE	E.11.a.(3)	as18util1	Physicians and dentists FTE (Reported)
891	FTER	N	8	4295		Medical and dental residents FTE	E.11.c.(3)	as18util1	Medical and dental residents FTE (Reported)
892	FTET	N	8	4303	4310	Other trainees FTE	E.11.d.(3)	as18util1	Other trainees FTE (Reported)
893	FTEN	N	8	4311		Registered nurses FTE	E.11.e.(3)	as18util1	Registered nurses FTE (Reported)
894	FTEP	N	8	4319		Licensed practical (vocational) nurses FTE	E.11.f.(3)	as18util1	Licensed practical (vocational) nurses FTE (Reported)
895	FTEAP	N	8	4327	4334	Nursing assistive personnel FTE	E.11.g.(3)	as18util1	Nursing assistive personnel FTE (Reported)
896	FTERAD	N	8	4335	4342	Radiology technicians FTE	E.11.h.(3)	as18util1	Radiology technicians FTE (Reported)
897	FTELAB	N	8	4343		Laboratory technicians FTE	E.11.i.(3)	as18util1	Laboratory technicians FTE (Reported)
898	FTEPH	N	8	4351		Pharmacists, licensed FTE	E.11.j.(3)	as18util1	Pharmacists, licensed FTE (Reported)
899	FTEPHT	N	8	4359		Pharmacy technicians FTE	E.11.k.(3)	as18util1	Pharmacy technicians FTE (Reported)
900	FTERESP	N	8	4367		Respiratory therapists FTE	E.11.I.(3)	as18util1	Respiratory therapists FTE (Reported)
901	FTEO	N	8	4375		All other personnel FTE	E.11.m.(3)	as18util1	All other personnel FTE (Reported)
902	FTETF	N	8	4383		Total facility personnel FTE	E.11.n.(3)	as18util1	Total facility personnel FTE (Reported)
903	FTERNLT	N	8	4391	4398	Nursing home type unit/facility registered nurses FTE	E.11.o.(3)	as18util1	Nursing home registered nurses FTE (Reported)
904	FTEU	N	8	4399	4406	Nursing home personnel FTE	E.11.p.(3)	as18util1	Nursing home personnel FTE (Reported)
905	VMD	N	8	4407		Physician and dentists - vacancies	E.11.a.(4)	as18util1	Physician and dentists - vacancies
906	VRES	N	8	4415	4422	Medical and dental residents/interns - vacancies	E.11.c.(4)	as18util1	Medical and dental residents/interns- vacancies
907	VTTRN	N	8	4423	4430	Other trainees - vacancies	E.11.d.(4)	as18util1	Other trainees - vacancies
908	VRN	N	8	4431		Registered nurses - vacancies	E.11.e.(4)	as18util1	Registered nurses - vacancies
909	VLPN	N	8	4439		Licensed practical (vocational) nurses - vacancies	E.11.f.(4)	as18util1	Licensed practical (vocational) nurses - vacancies
910	VAST	N	8	4447	4454	Nursing assistive personnel - vacancies	E.11.g.(4)	as18util1	Nursing assistive personnel - vacancies
911	VRAD	Ν	8	4455	4462	Radiology technicians - vacancies	E.11.h.(4)	as18util1	Radiology technicians - vacancies
912	VLAB	N	8	4463		Laboratory technicians - vacancies	E.11.i.(4)	as18util1	Laboratory technicians - vacancies
913	VPHR	N	8	4471	4478	Pharmacists, licensed - vacancies	E.11.j.(4)	as18util1	Pharmacists, licensed - vacancies
914	VPHT	N	8	4479		Pharmacy technicians - vacancies	E.11.k.(4)	as18util1	Pharmacy technicians - vacancies
915	VRSP	N	8	4487		Respiratory therapists - vacancies	E.11.I.(4)	as18util1	Respiratory therapists - vacancies
916	VOTHL	N	8	4495		All other personnel - vacancies	E.11.m.(4)	as18util1	All other personnel - vacancies
917	VTOTL	N	8	4503		Total facility personnel - vacancies	E.11.n.(4)	as18util1	Total facility personnel - vacancies
918	VRNH	N	8	4511		Nursing home type unit/facility registered nurses - vacancies		as18util1	Nursing home type unit/facility registered nurses- vacancies
919	VTNH	N	8	4519	4526	Total nursing home type unit/facility personnel - vacancies	E.11.p.(4)	as18util1	Total nursing home type unit/facility personnel - vacancies

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
920	ERNFTE	Ν	8	4527	4534	Number of direct patient care RN FTEs	E.11.q.	as18util1	Number of FTEs (among employed RNs) involved in direct patient care
921	ADC	NA	8	4535	4542	Average daily census		as18util1	Inpatient Days / Days Covered
922	ADJADM	NA	8	4543		Adjusted admissions		as18util1	Admissions + (Admissions * (Outpatient Revenue/Inpatient Revenue))
923	ADJPD	NA	8	4551	4558	Adjusted patient days		as18util1	Inpatient Days + (Inpatient Days * (Outpatient Revenue/Inpatient Revenue))
924	ADJADC	NA	8	4559	4566	Adjusted average daily census		as18util1	Adjusted Patient Days/Number of Days in Reporting Period
925	ADJPDH	NA	8	4567	4574	Adjusted patient days hospital unit		as18util1	Inpatient days hospital + (Inpatient days hospital* (Outpatient Revenue/Inpatient Revenue))
926	ADJADCH	NA	8	4575		Adjusted average daily census hospital unit		as18util1	Adjusted Patient Days Hospital Unit/Number of days in reporting period
927	FTERNH	NA	8	4583	4590	Registered nurses FTE hospital unit		as18util1	Calculated Field: Total facility RN FTE less nursing home unit RN FTE
928	FTEMD	NA	8	4591	4598	Full time equivalent physicians and dentists		as18util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
929	FTERN	NA	8	4599	4606	Full time equivalent registered nurses		as18util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
930	FTELPN	NA	8	4607	4614	Full time equivalent licensed practical (vocational) nurses		as18util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
931	FTERES	NA	8	4615	4622	Full time equivalent medical and dental residents and interns		as18util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
932	FTETRAN	NA	8	4623	4630	Full time equivalent other trainees		as18util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
933	FTETTRN	NA	8	4631	4638	Full time equivalent total trainees		as18util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
934	FTEOTH94	NA	8	4639	4646	Full time equivalent all other personnel		as18util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
									calculated by a

	FieldName	Estimated	Length	Start		Field Description	Survey Question	Access Table	Notes
935	FTEH	NA	8	4647	4654	Full time equivalent hospital unit total personnel		as18util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
936	FTENH	NA	8	4655	4662	Full time equivalent nursing home total personnel		as18util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
937	FTE	NA	8	4663	4670	Full time equivalent total personnel		as18util1	Excludes medical and dental residents, interns and other trainees
938	OPRA	Ν	4	4671	4674	Number of operating rooms	E.1.j.	as18util1	Number of operating rooms
939	EADMTOT	NA	1	4675	4675	(Estimation Flag) Admissions		as18util1	0=reported, 1=estimated, 2=expanded
940	EIPDTOT	NA	1	4676		(Estimation Flag) Inpatient days		as18util1	0=reported, 1=estimated, 2=expanded
941	EADMH	NA	1	4677	4677	(Estimation Flag) Hospital unit admissions		as18util1	0=reported, 1=estimated, 2=expanded
942	EIPDH	NA	1	4678	4678	(Estimation Flag) Hospital unit inpatient days		as18util1	0=reported, 1=estimated, 2=expanded
943	EADMLT	NA	1	4679	4679	(Estimation Flag) Nursing home unit admissions		as18util1	0=reported, 1=estimated, 2=expanded
944	EIPDLT	NA	1	4680	4680	(Estimation Flag) Nursing home unit inpatient days		as18util1	0=reported, 1=estimated, 2=expanded
945	EMCRDC	NA	1	4681	4681	(Estimation Flag) Medicare inpatient discharges		as18util1	0=reported, 1=estimated, 2=expanded
946	EMCRIPD	NA	1	4682	4682	(Estimation Flag) Medicare inpatient days	•	as18util1	0=reported, 1=estimated, 2=expanded
947	EMCDDC	NA	1	4683	4683	(Estimation Flag) Medicaid inpatient discharges		as18util1	0=reported, 1=estimated, 2=expanded
948	EMCDIPD	NA	1	4684	4684	(Estimation Flag) Medicaid inpatient days		as18util1	0=reported, 1=estimated, 2=expanded
949	EMCRDCH	NA	1	4685	4685	(Estimation Flag) Hospital unit Medicare inpatient discharges		as18util1	0=reported, 1=estimated, 2=expanded
950	EMCRIPDH	NA	1	4686	4686	(Estimation Flag) Hospital unit Medicare inpatient days		as18util1	0=reported, 1=estimated, 2=expanded
951	EMCDDCH	NA	1	4687	4687	(Estimation Flag) Hospital unit Medicaid inpatient discharges		as18util1	0=reported, 1=estimated, 2=expanded
952	EMCDIPDH	NA	1	4688	4688	(Estimation Flag) Hospital unit Medicaid inpatient days		as18util1	0=reported, 1=estimated, 2=expanded
953	EMCRDCLT	NA	1	4689	4689	(Estimation Flag) Nursing home unit Medicare inpatient discharges		as18util1	0=reported, 1=estimated, 2=expanded
954	EMCRPDLT	NA	1	4690	4690	(Estimation Flag) Nursing home unit Medicare inpatient days		as18util1	0=reported, 1=estimated, 2=expanded
955	EMCDDCLT	NA	1	4691	4691	(Estimation Flag) Nursing home unit Medicaid inpatient discharges		as18util1	0=reported, 1=estimated, 2=expanded
956	EMCDPDLT	NA	1	4692	4692	(Estimation Flag) Nursing home unit Medicaid inpatient days		as18util1	0=reported, 1=estimated, 2=expanded
957	EBIRTHS	NA	1	4693	4603	(Estimation Flag) Births		as18util1	0=reported, 1=estimated, 2=expanded

Item No.	FieldName	Estimated	Length	Start	End	•	Survey Question	Access Table	Notes
958	ESUROPIP	NA	1	4694	4694	(Estimation Flag) Inpatient surgical operations		as18util1	0=reported, 1=estimated, 2=expanded
959	ESUROPOP	NA	1	4695	4695	(Estimation Flag) Outpatient surgical operations		as18util1	0=reported, 1=estimated, 2=expanded
960	ESUROPTO	NA	1	4696	4696	(Estimation Flag) Total surgical operations		as18util1	0=reported, 1=estimated, 2=expanded
961	EVEM	NA	1	4697	4697	(Estimation Flag) Outpatient visits emergency		as18util1	0=reported, 1=estimated, 2=expanded
962	EVOTH	NA	1	4698	4698	(Estimation Flag) Outpatient visits other		as18util1	0=reported, 1=estimated, 2=expanded
963	EVTOT	NA	1	4699	4699	(Estimation Flag) Outpatient visits total		as18util1	0=reported, 1=estimated, 2=expanded
964	EPAYTOT	NA	1	4700	4700	(Estimation Flag) Total payroll expenses		as18util1	0=reported, 1=estimated, 2=expanded
965	ENPAYBEN	NA	1	4701	4701	(Estimation Flag) Employee benefits		as18util1	0=reported, 1=estimated, 2=expanded
966	EPAYTOTH	NA	1	4702		(Estimation Flag) Hospital unit payroll expenses		as18util1	0=reported, 1=estimated, 2=expanded
967	ENPYBENH	NA	1	4703	4703	(Estimation Flag) Hospital unit employee benefits		as18util1	0=reported, 1=estimated, 2=expanded
968	EPYTOTLT	NA	1	4704	4704	(Estimation Flag) Nursing home unit payroll expenses		as18util1	0=reported, 1=estimated, 2=expanded
969	ENPBENLT	NA	1	4705	4705	(Estimation Flag) Nursing home unit employee benefits		as18util1	0=reported, 1=estimated, 2=expanded
970	EFTMDTF	NA	1	4706	4706			as18util1	0=reported, 1=estimated, 2=expanded
971	EFTRES	NA	1	4707	4707	(Estimation Flag) Full-time medical and dental residents		as18util1	0=reported, 1=estimated, 2=expanded
972	EFTTRN84	NA	1	4708	4708	(Estimation Flag) Full-time other trainees		as18util1	0=reported, 1=estimated, 2=expanded
973	EFTRNTF	NA	1	4709	4709	(Estimation Flag) Full-time registered nurses		as18util1	0=reported, 1=estimated, 2=expanded
974	EFTLPNTF	NA	1	4710	4710	(Estimation Flag) Full-time licensed practical (vocational) nurses		as18util1	0=reported, 1=estimated, 2=expanded
975	EFTAST	NA	1	4711	4711	(Estimation Flag) Full-time nursing assistive personnel		as18util1	0=reported, 1=estimated, 2=expanded
976	EFTRAD	NA	1	4712	4712	(Estimation Flag) Full-time radiology technicians		as18util1	0=reported, 1=estimated, 2=expanded
977	EFTLAB	NA	1	4713	4713	(Estimation Flag) Full-time laboratory technicians		as18util1	0=reported, 1=estimated, 2=expanded
978	EFTPHR	NA	1	4714	4714			as18util1	0=reported, 1=estimated, 2=expanded
979	EFTPHT	NA	1	4715	4715	(Estimation Flag) Full-time pharmacy technicians		as18util1	0=reported, 1=estimated, 2=expanded
980	EFTRESP	NA	1	4716	4716	(Estimation Flag) Full-time respiratory therapists		as18util1	0=reported, 1=estimated, 2=expanded
981	EFTOTHTF	NA	1	4717	4717	(Estimation Flag) Full-time all other personnel		as18util1	0=reported, 1=estimated, 2=expanded

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
982	EFTTOT	NA	1	4718	4718	(Estimation Flag) Full-time total personnel		as18util1	0=reported, 1=estimated, 2=expanded
983	EPTMDTF	NA	1	4719	4719	(Estimation Flag) Part-time physicians and dentists		as18util1	0=reported, 1=estimated, 2=expanded
984	EPTRES	NA	1	4720	4720	(Estimation Flag) Part-time medical and dental residents		as18util1	0=reported, 1=estimated, 2=expanded
985	EPTTRN84	NA	1	4721	4721	(Estimation Flag) Part-time other trainees	;	as18util1	0=reported, 1=estimated, 2=expanded
986	EPTRNTF	NA	1	4722	4722	(Estimation Flag) Part-time registered nurses		as18util1	0=reported, 1=estimated, 2=expanded
987	EPTLPNTF	NA	1	4723	4723	(Estimation Flag) Part-time licensed practical (vocational) nurses		as18util1	0=reported, 1=estimated, 2=expanded
988	EPTAST	NA	1	4724	4724	(Estimation Flag) Part-time nursing assistive personnel		as18util1	0=reported, 1=estimated, 2=expanded
989	EPTRAD	NA	1	4725	4725	(Estimation Flag) Part-time radiology technicians		as18util1	0=reported, 1=estimated, 2=expanded
990	EPTLAB	NA	1	4726	4726	(Estimation Flag) Part-time laboratory technicians		as18util1	0=reported, 1=estimated, 2=expanded
991	EPTPHR	NA	1	4727	4727			as18util1	0=reported, 1=estimated, 2=expanded
992	EPTPHT	NA	1	4728	4728	(Estimation Flag) Part-time pharmacy technicians		as18util1	0=reported, 1=estimated, 2=expanded
993	EPTRESP	NA	1	4729	4729	(Estimation Flag) Part-time respiratory therapists		as18util1	0=reported, 1=estimated, 2=expanded
994	EPTOTHTF	NA	1	4730	4730	(Estimation Flag) Part-time all other personnel		as18util1	0=reported, 1=estimated, 2=expanded
995	EPTTOT	NA	1	4731	4731	(Estimation Flag) Part-time total personnel		as18util1	0=reported, 1=estimated, 2=expanded
996	EFTTOTH	NA	1	4732	4732			as18util1	0=reported, 1=estimated, 2=expanded
997	EPTTOTH	NA	1	4733	4733			as18util1	0=reported, 1=estimated, 2=expanded
998	EFTTOTLT	NA	1	4734	4734	(Estimation Flag) Nursing home unit total full time		as18util1	0=reported, 1=estimated, 2=expanded
999	EPTTOTLT	NA	1	4735	4735	(Estimation Flag) Nursing home unit total part time		as18util1	0=reported, 1=estimated, 2=expanded
1000	EEXPTOT	NA	1	4736	4736			as18util1	0=reported, 1=estimated, 2=expanded
1001	EXPTHB	NA	1	4737		(Estimation Flag) Hospital unit total expenses, excluding bad debt		as18util1	0=reported, 1=estimated, 2=expanded
1002	EXPTLB	NA	1	4738	4738	(Estimation Flag) Nursing home total expenses, excluding bad debt		as18util1	0=reported, 1=estimated, 2=expanded
1003	TECAR	N	8	4739	4746		E.12.a.1.	as18util2	Number of physicians with privileges
1004	TEMER	N	8	4747	4754	Emergency medicine - total employed	E.12.b.1.	as18util2	Number of physicians with privileges

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1005	TEHSP	N	8	4755	4762	Hospitalist - total employed	E.12.c.1.	as18util2	Number of physicians with privileges
1006	TEINT	N	8	4763		Intensivist - total employed	E.12.d.1.	as18util2	Number of physicians with privileges
1007	TEGST	N	8	4771		Radiologist/pathologist/ anesthesiologist - total employed		as18util2	Number of physicians with privileges
1008	TEOTH	N	8	4779	4786	Other specialists - total employed	E.12.f.1.	as18util2	Number of physicians with privileges
1009	TETOT	N	8	4787			E.12.g.1.	as18util2	Number of physicians with privileges
1010	TCCAR	N	8	4795	4802	Primary care (general practitioner, general internal medicine, family practice, general pediatrics, obstetrics/gynecology, geriatrics) - total individual contract	E.12.a.2.	as18util2	Number of physicians with privileges
1011	TCMER	N	8	4803	4810	Emergency medicine - total individual contract	E.12.b.2.	as18util2	Number of physicians with privileges
1012	TCHSP	N	8	4811		Hospitalist - total individual contract	E.12.c.2.	as18util2	Number of physicians with privileges
1013	TCINT	N	8	4819		Intensivist - total individual contract	E.12.d.2.	as18util2	Number of physicians with privileges
1014	TCGST	N	8	4827	4834	Radiologist/pathologist/anesthesiologist - total individual contract	E.12.e.2.	as18util2	Number of physicians with privileges
1015	тсотн	N	8	4835	4842	Other specialist - total individual contract	E.12.f.2.	as18util2	Number of physicians with privileges
1016	тстот	N	8	4843	4850	Total - individual contract	E.12.g.2.	as18util2	Number of physicians with privileges
1017	TGCAR	N	8	4851	4858	Primary care (general practitioner, general internal medicine, family practice, general pediatrics, obstetrics/gynecology, geriatrics) - total group contract	E.12.a.3.	as18util2	Number of physicians with privileges
1018	TGMER	N	8	4859	4866	Emergency medicine - total group	E.12.b.3.	as18util2	Number of physicians with privileges
1019	TGHSP	N	8	4867	4874	Hospitalist - total group contract	E.12.c.3.	as18util2	Number of physicians with privileges
1020	TGINT	N	8	4875	4882	Intensivist - total group contract	E.12.d.3.	as18util2	Number of physicians with privileges
1021	TGGST	N	8	4883		Radiologist/pathologist/anesthesiologist - total group contract	E.12.e.3.	as18util2	Number of physicians with privileges
1022	TGOTH	N	8	4891	4898	Other specialist - total group contract	E.12.f.3.	as18util2	Number of physicians with privileges
1023	TGTOT	N	8	4899	4906	Total - total group contract	E.12.g.3.	as18util2	Number of physicians with privileges
1024	NECAR	N	8	4907		Primary care (general practitioner, general internal medicine, family practice, general pediatrics, obstetrics/gynecology, geriatrics) - not employed or under contract	E.12.a.4.	as18util2	Number of physicians with privileges
1025	NEMER	N	8	4915		Emergency medicine - not employed or under contract	E.12.b.4.	as18util2	Number of physicians with privileges
1026	NEHSP	N	8	4923		Hospitalist - not employed or under contract	E.12.c.4.	as18util2	Number of physicians with privileges
1027	NEINT	N	8	4931	4938	Intensivist - not employed or under contract	E.12.d.4.	as18util2	Number of physicians with privileges
1028	NEGST	N	8	4939	4946	Radiologist/pathologist/anesthesiologist - not employed or under contract	E.12.e.4.	as18util2	Number of physicians with privileges

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1029	NEOTH	N	8	4947	4954	Other specialist - not employed or under	E.12.f.4.	as18util2	Number of physicians with privileges
						contract			
1030	NETOT	N	8	4955	4962	Total - not employed or under contract	E.12.g.4.	as18util2	Number of physicians with privileges
1031	TPCAR	Ν	8	4963	4970	Primary care (general practitioner,	E.12.a.5.	as18util2	Number of physicians with privileges
						general internal medicine, family			
						practice, general pediatrics,			
						obstetrics/gynecology, geriatrics) - total			
						privileged			
1032	TPMER	N	8	4971		Emergency medicine - total privileged	E.12.b.5.	as18util2	Number of physicians with privileges
1033	TPHSP	N	8	4979	4986		E.12.c.5.	as18util2	Number of physicians with privileges
1034	TPINT	N	8	4987	4994	Intensivist - total privileged	E.12.d.5.	as18util2	Number of physicians with privileges
1035	TPGST	N	8	4995	5002	Radiologist/pathologist/anesthesiologist -	E.12.e.5.	as18util2	Number of physicians with privileges
			_			total privileged			
1036	TPOTH	N	8	5003		Other specialist - total privileged	E.12.f.5.	as18util2	Number of physicians with privileges
1037	TPRTOT	N	8	5011	5018	Total - total privileged	E.12.g.5.	as18util2	Number of physicians with privileges
1038	HSPTL	N	1	5019		Hospitalists provide care	E.13.a.	as18util2	1 = yes, 0 = no
	FTEHSP	N	8	5020		Hospitalist FTE	E.13.b.	as18util2	Hospitalists FTE
	INTCAR	N	1	5028		Intensivists provide care	E.14.a.	as18util2	1 = yes, 0 = no
1041	FTEMSI	N	8	5029	5036	Intensivist FTE Medical-surgical intensive	E.14.b.1.	as18util2	Intensivists FTE Medical-surgical intensive
10.10	FTEOLO			5007	50.1.1		=	40.000	care
	FTECIC	N	8	5037		Intensivist FTE Cardiac intensive care	E.14.b.2.	as18util2	Intensivists FTE Cardiac intensive care
	FTENIC	N	8	5045		Intensivist FTE Neonatal intensive care	E.14.b.3.	as18util2	Intensivists FTE Neonatal intensive care
	FTEPIC	N	8	5053		Intensivist FTE Pediatric intensive care	E.14.b.4.	as18util2	Intensivists FTE Pediatric intensive care
1045 1046	FTEOIC FTEINT	N	8	5061		Intensivist FTE Other intensive care	E.14.b.5.	as18util2 as18util2	Intensivists FTE Other intensive care
		N	8	5069		Intensivist FTE Total	E.14.b.6.	-	Intensivists FTE Total
1047	CLSMSI	IN	1	5077	5077	Closed unit - medical surgical intensive care	E.14.b.1.	as18util2	1 = yes
1048	CLSCIC	N	1	5078	5078		E.14.b.2.	as18util2	1 = yes
	CLSNIC	N	1	5079		Closed unit - neonatal intensive care	E.14.b.3.	as18util2	1 = yes
	CLSPIC	N	1	5080		Closed unit - pediatric intensive care	E.14.b.4.	as18util2	1 = yes
	CLSOIC	N	1	5081	5081	Closed unit - other intensive care	E.14.b.5.	as18util2	1 = yes
1052	APRN	N	1	5082		Do Advanced practice nurses/physician	E.15.a.	as18util2	1 = yes, 0 = no
			-			assistants provide care for patients in			· , · · · ·
						your hospital?			
1053	FTAPRN	N	8	5083	5090	Full-time advanced practice nurses	E.15.b.	as18util2	Number of full-time advanced practice nurses
1054	PTAPRN	N	8	5091	5098	Part-time advanced practice nurses	E.15.b.	as18util2	Number of part-time advanced practice nurses
1055	FTEAPN	N	8	5099	5106	FTE advanced practice nurses	E.15.b.	as18util2	Number of advanced practice nurse FTEs
	FTPHRN	N	8	5107		Full-time physician assistants	E.15.b.	as18util2	Number of full-time physician assistants
	PTPHRN	N	8	5115		Part-time physician assistants	E.15.b.	as18util2	Number of part-time physician assistants
	FTEPHRN	N	8	5123		FTE physician assistants	E.15.b.	as18util2	Number of physician assistant FTEs
	APCAR	N	1	5131		Primary care, advanced practice	E.15.c.	as18util2	1 = yes, 0 = no
			<u> </u>			nurses/physician assistants			, -,
1060	APANES	N	1	5132	5132		E.15.c.	as18util2	1 = yes, 0 = no
		` `				nurses/physician assistants			, -,

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1061	APEMER	N	1	5133	5133	Emergency department care, advanced practice nurses/physician assistants	E.15.c.	as18util2	1 = yes, 0 = no
1062	APSPC	N	1	5134	5134	Other specialty care, advanced practice nurses/physician assistants	E.15.c.	as18util2	1 = yes, 0 = no
1063	APED	N	1	5135	5135	Patient education, advanced practice nurses/physician assistants	E.15.c.	as18util2	1 = yes, 0 = no
1064	APCASE	N	1	5136	5136	Case management, advanced practice nurses/physician assistants	E.15.c.	as18util2	1 = yes, 0 = no
1065	APOTH	N	1	5137		Other care, advanced practice nurses/physician assistants	E.15.c.	as18util2	1 = yes, 0 = no
1066	FORNRSA	N	1	5138		Did your facility hire more foreign- educated nurses to help fill RN vacancies in 2018 vs. 2017?		as18util2	0=did not hire, 1=more, 2=less, 3=same
1067	AFRICA	N	1	5139	5139	From which countries/continents are you recruiting foreign-educated nurses? Africa	E.16.b.	as18util2	1 = yes, 0 = no
1068	KOREA	N	1	5140	5140	From which countries/continents are you recruiting foreign-educated nurses? South Korea	E.16.b.	as18util2	1 = yes, 0 = no
1069	CANADA	N	1	5141	5141	From which countries/continents are you recruiting foreign-educated nurses? Canada	E.16.b.	as18util2	1 = yes, 0 = no
1070	РН	N	1	5142	5142	From which countries/continents are you recruiting foreign-educated nurses? Philippines	E.16.b.	as18util2	1 = yes, 0 = no
1071	CHINA	N	1	5143	5143	From which countries/continents are you recruiting foreign-educated nurses? China	E.16.b.	as18util2	1 = yes, 0 = no
1072	INDIA	N	1	5144	5144	From which countries/continents are you recruiting foreign-educated nurses? India	E.16.b.	as18util2	1 = yes, 0 = no
1073	OFRNRS	N	1	5145	5145	From which countries/continents are you recruiting foreign-educated nurses? Other	E.16.b.	as18util2	1 = yes, 0 = no
1074	RNSCH	N	10	5146	5155	If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools?	F.4.	as18util2	Number of new graduate RNs
1075	PLNTA	N	10	5156		Property, plant and equipment at cost	E.8.a.	as18util2	Property, plant and equipment at cost
1076	ADEPRA	N	10	5166		Accumulated depreciation	E.8.b.	as18util2	Accumulated depreciation
1077	ASSNET	N	10	5176		Net property, plant and equipment	E.8.c.	as18util2	Net property, plant and equipment
1078	GFEET	Ν	10	5186		Total gross square feet of your physical plant	E.8.d.	as18util2	Total gross square feet
1079	CEAMT	N	10	5196		Total capital expenses	E.10.	as18util2	Total capital expenses
1080	ITEXPA	N	10	5206		IT operating expense	E.10.a.	as18util2	IT operating expense
1081	ITBUGT	N	10	5216		IT capital expense	E.10.b.	as18util2	IT capital expense
1082	ITFTE	N	10	5226	5235	Number of employed IT staff (in FTEs)	E.10.c.	as18util2	Number of employed IT staff (in FTEs)

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1083	OSFTE	Ν	10	5236	5245	Number of outsourced IT staff (in FTEs)	E.10.d.	as18util2	Number of outsourced IT staff (in FTEs)
1084	SNTOP	Ν	1	5246	5246	Does your hospital provide services through satellite outpatient departments?	F.1.a.	as18util2	1=yes, 0=no
1085	SENDO	Ν	1	5247	5247	Airway endoscopy - Outpatient services	F.1.b.1.	as18util2	1=yes
1086	SENDOC	Ν	5	5248	5252	Airway endoscopy - Number of on- campus sites	F.1.b.1.	as18util2	Number of on-campus sites
1087	SENDOF	Ν	5	5253	5257	Airway endoscopy - Number of off- campus sites	F.1.b.1.	as18util2	Number of off-campus sites
1088	SSAMBS	Ν	1	5258	5258	Ambulatory surgery - Outpatient services	F.1.b.2.	as18util2	1=yes
1089	SAMOC	Ν	5	5259	5263	Ambulatory surgery - Number of on- campus sites	F.1.b.2.	as18util2	Number of on-campus sites
1090	SAMOF	Ν	5	5264	5268	Ambulatory surgery - Number of off- campus sites	F.1.b.2.	as18util2	Number of off-campus sites
1091	SBLD	N	1	5269	5269	Blood product exchange - Outpatient services	F.1.b.3.	as18util2	1=yes
1092	SBLDOC	N	5	5270	5274	Blood product exchange - Number of on- campus sites	F.1.b.3.	as18util2	Number of on-campus sites
1093	SBLDOF	N	5	5275	5279	Blood product exchange - Number of off- campus sites	F.1.b.3.	as18util2	Number of off-campus sites
1094	SCARD	N	1	5280	5280	Cardiac/pulmonary rehabilitation - Outpatient services	F.1.b.4.	as18util2	1=yes
1095	SCAROC	Ν	5	5281	5285	Cardiac/pulmonary rehabilitation - Number of on-campus sites	F.1.b.4.	as18util2	Number of on-campus sites
1096	SCAROF	N	5	5286	5290	Cardiac/pulmonary rehabilitation - Number of off-campus sites	F.1.b.4.	as18util2	Number of off-campus sites
1097	SDIAG	N	1	5291	5291	Diagnostic/screening test and other procedures - Outpatient services	F.1.b.5.	as18util2	1=yes
1098	SDIGOC	N	5	5292	5296	Diagnostic/screening test and other procedures - Number of on-campus sites	F.1.b.5.	as18util2	Number of on-campus sites
1099	SDIGOF	N	5	5297	5301	Diagnostic/screening test and other procedures - Number of off-campus sites	F.1.b.5.	as18util2	Number of off-campus sites
1100	SONCL	Ν	1	5302	5302	Drug administration and clinical oncology - Outpatient services	F.1.b.6.	as18util2	1=yes
1101	SONCOC	Ν	5	5303	5307	Drug administration and clinical oncology - Number of on-campus sites	F.1.b.6.	as18util2	Number of on-campus sites
1102	SONCOF	Ν	5	5308	5312	Drug administration and clinical oncology - Number of off-campus sites	F.1.b.6.	as18util2	Number of off-campus sites
1103	SENT	Ν	1	5313	5313	Ear, nose, throat (ENT) - Outpatient services	F.1.b.7.	as18util2	1=yes
1104	SENTOC	Ν	5	5314	5318	Ear, nose, throat (ENT) - Number of on- campus sites	F.1.b.7.	as18util2	Number of on-campus sites

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1105	SENTOF	N	5	5319	5323	Ear, nose, throat (ENT) - Number of off- campus sites	F.1.a.7.	as18util2	Number of off-campus sites
1106	SGEN	N	1	5324	5324	General surgery and related procedures - Outpatient services	F.1.a.8.	as18util2	1=yes
1107	SGENOC	Ν	5	5325	5329	General surgery and related procedures - Number of on-campus sites	F.1.a.8.	as18util2	Number of on-campus sites
1108	SGENOF	Ν	5	5330	5334	General surgery and related procedures - Number of off-campus sites	F.1.a.8.	as18util2	Number of off-campus sites
1109	SGI	N	1	5335	5335	Gastrointestinal (GI) - Outpatient services	F.1.a.9.	as18util2	1=yes
1110	SGIOC	Ν	5	5336	5340	Gastrointestinal (GI) - Number of on- campus sites	F.1.a.9.	as18util2	Number of on-campus sites
1111	SGIOF	Ν	5	5341	5345	Gastrointestinal (GI) - Number of off- campus sites	F.1.a.9.	as18util2	Number of off-campus sites
1112	SGYN	N	1	5346	5346	Gynecology - Outpatient services	F.1.a.10.	as18util2	1=yes
1113	SGYNOC	N	5	5347	5351	Gynecology - Number of on-campus sites	F.1.a.10.	as18util2	Number of on-campus sites
1114	SGYNOF	N	5	5352		Gynecology - Number of off-campus sites	F.1.a.10.	as18util2	Number of off-campus sites
1115	SSLAB	Ν	1	5357	5357	Laboratory - Outpatient services	F.1.a.11.	as18util2	1=yes
1116	SLABOC	Ν	5	5358	5362	Laboratory - Number of on-campus sites	F.1.a.11.	as18util2	Number of on-campus sites
1117	SLABOF	N	5	5363	5367	Laboratory - Number of off-campus sites	F.1.a.11.	as18util2	Number of off-campus sites
1118	SMRI	N	1	5368	5368	Major imaging - Outpatient services	F.1.a.12.	as18util2	1=yes
1119	SMRIOC	Ν	5	5369	5373	Major imaging - Number of on-campus sites	F.1.a.12.	as18util2	Number of on-campus sites
1120	SMRIOF	Ν	5	5374		Major imaging - Number of off-campus sites	F.1.a.12.	as18util2	Number of off-campus sites
1121	SMIN	Ν	1	5379	5379	Minor imaging - Outpatient services	F.1.a.13.	as18util2	1=yes
1122	SMINOC	Ν	5	5380		sites	F.1.a.13.	as18util2	Number of on-campus sites
1123	SMINOF	Ν	5	5385		Minor imaging - Number of off-campus sites	F.1.a.13.	as18util2	Number of off-campus sites
1124	SMUS	Ν	1	5390		Musculoskeletal surgery - Outpatient services	F.1.a.14.	as18util2	1=yes
1125	SMUSOC	Ν	5	5391		Musculoskeletal surgery - Number of on- campus sites		as18util2	Number of on-campus sites
1126	SMUSOF	Ν	5	5396		Musculoskeletal surgery - Number of off- campus sites		as18util2	Number of off-campus sites
1127	SNRV	Ν	1	5401		Nervous system procedures - Outpatient services		as18util2	1=yes
1128	SNRVOC	Ν	5	5402		Nervous system procedures - Number of on-campus sites		as18util2	Number of on-campus sites
1129	SNRVOF	Ν	5	5407	5411	Nervous system procedures - Number of off-campus sites	F.1.a.15.	as18util2	Number of off-campus sites

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1130	SOPH	N	1	5412	5412	Ophthalmology - Outpatient services	F.1.a.16.	as18util2	1=yes
1131	SOPHOC	N	5	5413	5417	Ophthalmology - Number of on-campus sites	F.1.a.16.	as18util2	Number of on-campus sites
1132	SOPHOF	N	5	5418	5422	Ophthalmology - Number of off-campus sites	F.1.a.16.	as18util2	Number of off-campus sites
1133	SPATH	N	1	5423	5423	Pathology - Outpatient services	F.1.a.17.	as18util2	1=yes
1134	SPAHOC	N	5	5424	5428	Pathology - Number of on-campus sites	F.1.a.17.	as18util2	Number of on-campus sites
1135	SPAHOF	N	5	5429	5433	Pathology - Number of off-campus sites	F.1.a.17.	as18util2	Number of off-campus sites
1136	SSPCC	N	1	5434	5434	Primary care - Outpatient services	F.1.a.18.	as18util2	1=yes
1137	SPCOC	N	5	5435	5439	Primary care - Number of on-campus sites	F.1.a.18.	as18util2	Number of on-campus sites
1138	SPCOF	N	5	5440	5444	Primary care - Number of off-campus sites	F.1.a.18.	as18util2	Number of off-campus sites
1139	SPSYX	N	1	5445	5445	Psychiatric care - Outpatient services	F.1.a.19.	as18util2	1=yes
1140	SPSYOC	N	5	5446	5450	Psychiatric care - Number of on-campus sites	F.1.a.19.	as18util2	Number of on-campus sites
1141	SPSYOF	N	5	5451	5455	Psychiatric care - Number of off-campus sites	F.1.a.19.	as18util2	Number of off-campus sites
1142	SSRAD	N	1	5456	5456	Radiation oncology - Outpatient services	F.1.a.20.	as18util2	1=yes
1143	SRADOC	N	5	5457	5461	Radiation oncology - Number of on- campus sites	F.1.a.20.	as18util2	Number of on-campus sites
1144	SRADOF	N	5	5462	5466	Radiation oncology - Number of off- campus sites	F.1.a.20.	as18util2	Number of off-campus sites
1145	SSRHB	N	1	5467	5467	Rehabilitation - Outpatient services	F.1.a.21.	as18util2	1=yes
1146	SRHBOC	N	5	5468		Rehabilitation - Number of on-campus sites	F.1.a.21.	as18util2	Number of on-campus sites
1147	SRHBOF	N	5	5473	5477	Rehabilitation - Number of off-campus sites	F.1.a.21.	as18util2	Number of off-campus sites
1148	SSNRR	N	1	5478	5478	Skilled nursing - Outpatient services	F.1.a.22.	as18util2	1=yes
1149	SSNROC	N	5	5479	5483	Skilled nursing - Number of on-campus sites	F.1.a.22.	as18util2	Number of on-campus sites
1150	SSNROF	N	5	5484	5488	Skilled nursing - Number of off-campus sites	F.1.a.22.	as18util2	Number of off-campus sites
1151	SSALOP	N	1	5489	5489	Substance abuse/chemical dependency - Outpatient services	F.1.a.23.	as18util2	1=yes
1152	SALPOC	N	5	5490	5494	Substance abuse/chemical dependency - Number of on-campus sites	F.1.a.23.	as18util2	Number of on-campus sites
1153	SALPOF	N	5	5495	5499	Substance abuse/chemical dependency - Number of off-campus sites	F.1.a.23.	as18util2	Number of off-campus sites
1154	SSUCAR	N	1	5500	5500	Urgent care - Outpatient services	F.1.a.24.	as18util2	1=yes
1155	SUCOC	N	5	5501		Urgent care - Number of on-campus sites	F.1.a.24.	as18util2	Number of on-campus sites

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey	Access	Notes
			J			••••	Question	Table	
1156	SUCOF	Ν	5	5506	5510	Urgent care - Number of off-campus	F.1.a.24.	as18util2	Number of off-campus sites
						sites			
1157	SURO	Ν	1	5511	5511	Urology - Outpatient services	F.1.a.25.	as18util2	1=yes
1158	SUROOC	Ν	5	5512	5516	Urology - Number of on-campus sites	F.1.a.25.	as18util2	Number of on-campus sites
1159	SUROOF	Ν	5	5517	5521	Urology - Number of off-campus sites	F.1.a.25.	as18util2	Number of off-campus sites
1160	SVAS	N	1	5522	5522	Vascular/endovascular/cardiovascular -	F.1.a.26.	as18util2	1=yes
						Outpatient services			
1161	SVASOC	Ν	5	5523	5527	Vascular/endovascular/cardiovascular -	F.1.a.26.	as18util2	Number of on-campus sites
						Number of on-campus sites			
1162	SVASOF	Ν	5	5528	5532	Vascular/endovascular/cardiovascular -	F.1.a.26.	as18util2	Number of off-campus sites
						Number of off-campus sites			
1163	SVRS	Ν	1	5533	5533	Visits and related services - Outpatient	F.1.a.27.	as18util2	1=yes
						services			
1164	SVRSOC	Ν	5	5534	5538	Visits and related services - Number of	F.1.a.27.	as18util2	Number of on-campus sites
						on-campus sites			
1165	SVRSOF	Ν	5	5539	5543	Visits and related services - Number of	F.1.a.27.	as18util2	Number of off-campus sites
						off-campus sites			
1166	SATOTH	Ν	1	5544	5544	Other - Outpatient services	F.1.a.28.	as18util2	1=yes
1167	SATOC	Ν	5	5545	5549	Other - Number of on-campus sites	F.1.a.28.	as18util2	Number of on-campus sites
1168	SATOF	Ν	5	5550	5554	Other - Number of off-campus sites	F.1.a.28.	as18util2	Number of off-campus sites
1169	SOTHSAT	Ν	100	5555	5654	Other satellite outpatient department -	F.1.a.28.	as18util2	Literal Description
						description			
1170	ENDMARK	Ν	1	5655	5655	End of Survey			

Appendix A - Control Code Descriptions

Code	Description
Governmer	it, Nonfederal
12	State
13	County
14	City
15	City-county
16	Hospital district or authority
Nongovern	ment, not-for-profit
21	Church operated
23	Other not-for-profit
Investor-ow	ned (for-profit)
31	Individual
32	Partnership
33	Corporation
Governmer	nt, federal
40	Department of Defense
44	Public Health Service other than 47
45	Veterans Affairs
46	Federal other than 41-45, 47-48
47	Public Health Service Indian Service

- 47 Public Health Service Indian Service
- 48 Department of Justice
- Note: For FY2018 'Department of Defense' replaces Air Force, Army, and Navy control codes

Appendix B - Primary Service Code Descriptions

Code	Description
10	General medical and surgical
11	Hospital unit of an institution (prison hospital, college infirmary, etc.)
12	Hospital unit within a facility for persons with intellectual disabilities
13	Surgical
22	Psychiatric
33	Tuberculosis and other respiratory diseases
41	Cancer
42	Heart
44	Obstetrics and gynecology
45	Eye, ear, nose and throat
46	Rehabilitation
47	Orthopedic
48	Chronic disease
49	Other specialty treatment
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
62	Intellectual disabilities
80	Acute long-term care hospital
82	Alcoholism and other chemical dependency
90	Children's acute long-term Care
91	Children's cancer

Appendix C - Census Division and State Code Descriptions

State Code	Description	State Code	Description	State Code	Description
CENSUS DIVI	SION 1: NEW ENGLAND	CENSUS DIV	(ISION 4: EAST NORTH CENTRAL	CENSUS DIV	ISION 7: WEST SOUTH CENTRAL
11	Maine	41	Ohio	71	Arkansas
12	New Hampshire	42	Indiana	72	Louisiana
13	Vermont	43	Illinois	73	Oklahoma
14	Massachusetts	44	Michigan	74	Texas
15	Rhode Island	45	Wisconsin		
16	Connecticut			CENSUS DIV	ISION 8: MOUNTAIN
		CENSUS DIV	ISION 5: EAST SOUTH CENTRAL	81	Montana
CENSUS DIVI	SION 2: MID ATLANTIC	51	Kentucky	82	Idaho
21	New York	52	Tennessee	83	Wyoming
22	New Jersey	53	Alabama	84	Colorado
23	Pennsylvania	54	Mississippi	85	New Mexico
	•			86	Arizona
CENSUS DIVI	SION 3: SOUTH ATLANTIC	CENSUS DIV	ISION 6: WEST NORTH CENTRAL	87	Utah
31	Delaware	61	Minnesota	88	Nevada
32	Maryland	62	lowa		
33	District of Columbia	63	Missouri	CENSUS DIV	ISON 9: PACIFIC
34	Virginia	64	North Dakota	91	Washington
35	West Virginia	65	South Dakota	92	Oregon
36	North Carolina	66	Nebraska	93	California
37	South Carolina	67	Kansas	94	Alaska
38	Georgia			95	Hawaii
39	Florida				
				ASSOCIATED	DAREAS
				3	Marshall Islands
				4	Puerto Rico
				5	Virgin Islands
				6	Guam
				7	American Samoa
				8	Northern Mariana Islands

Appendix D - Bed Size Code Descriptions

Code	Description
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

Appendix F - City Rank Code List

Code	City	State	Code	City	State	Code	City	State
1	New York	NY	35	Mesa	AZ	69	Plano	ТХ
2	Los Angeles	CA	36	Sacramento	CA	70	Lincoln	NE
3	Chicago	IL	37	Atlanta	GA	71	Orlando	FL
4	Houston	ТХ	38	Kansas City	МО	72	Irvine	CA
5	Phoenix	AZ	39	Colorado Springs	CO	73	Newark	NJ
6	Philadelphia	PA	40	Miami	FL	74	Toledo	ОН
7	San Antonio	ТХ	41	Raleigh	NC	75	Durham	NC
8	San Diego	CA	42	Omaha	NE	76	Chula Vista	CA
9	Dallas	ТХ	43	Long Beach	CA	77	Fort Wayne	IN
10	San Jose	CA	44	Virginia Beach	VA	78	Jersey City	NJ
11	Austin	ТХ	45	Oakland	CA	79	Saint Petersburg	FL
12	Jacksonville	FL	46	Minneapolis	MN	80	Laredo	тх
13	Fort Worth	ТХ	47	Tulsa	OK	81	Madison	WI
14	Columbus	ОН	48	Arlington	ТХ	82	Chandler	AZ
15	San Francisco	CA	49	Tampa	FL	83	Buffalo	NY
16	Charlotte	NC	50	New Orleans	LA	84	Lubbock	ТХ
17	Indianapolis	IN	51	Wichita	KS	85	Scottsdale	AZ
18	Seattle	WA	52	Cleveland	ОН	86	Reno	NV
19	Denver	CO	53	Bakersfield	CA	87	Glendale	AZ
20	Washington	DC	54	Aurora	СО	88	Gilbert	AZ
21	Boston	MA	55	Anaheim	CA	89	Winston-Salem	NC
22	El Paso	ТХ	56	Honolulu	HI	90	North Las Vegas	NV
23	Detroit	MI	57	Santa Ana	CA	91	Norfolk	VA
24	Nashville	TN	58	Riverside	CA	92	Chesapeake	VA
25	Portland	OR	59	Corpus Christi	ТХ	93	Garland	ТХ
26	Memphis	TN	60	Lexington	KY	94	Irving	тх
27	Oklahoma City	OK	61	Stockton	CA	95	Hialeah	FL
28	Las Vegas	NV	62	Henderson	NV	96	Fremont	CA
29	Louisville	KY	63	Saint Paul	MN	97	Boise	ID
30	Baltimore	MD	64	Saint Louis	МО	98	Richmond	VA
31	Milwaukee	WI	65	Cincinnati	ОН	99	Baton Rouge	LA
32	Albuquerque	NM	66	Pittsburgh	PA	100	Spokane	WA
33	Tucson	AZ	67	Greensboro	NC			
34	Fresno	CA	68	Anchorage	AK			

Appendix H - Estimation, Modified FIPS, and Length of Stay

Estimation Codes

Code Description

- 0 The value was reported by the hospital
- 1 The value was estimated since no value was reported by the hospitals
- 2 The value has been expanded, since the reported value is associated with a reporting period of less than 1 full year
- If the hospital did not respond to the survey (RESP=2), the following fields were obtained from AHA's internal database.

AHA ID Hospital Name CEO Name Control/Ownership Primary Service code Address Number of Bassinets City Total Beds State Membership Type ZIP code Long term/Short term flag Area code Control Code – Membership Telephone number Service Code - Membership

Bed Size code Length of Stay code County code City Rank All accreditation and affiliation flags (MAPP1 through MAPP22)

- All fields with corresponding estimation fields have been estimated or expanded. Other fields, such as facilities and services wer
- If the **separate units** code (SUNITS) is 0, all short-term and long-term data fields are blank.

Modified FIPS County Code

County codes generally are odd numbers assigned to an alphabetical listing of the counties within a state. 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.

Long term/Short term Flag (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 30 or more, then LOS is 2; otherwise LOS is 1.

Summary of Changes

Reconciliation of FY2017 to FY2018 AHA Annual Survey Database

The *Summary of Changes* is a reconciliation between two AHA Annual Survey years. Starting with the FY2017 AHA Annual Survey Database, the AHA no longer employs its own methodology to classify hospitals as registered. We use the following definition, which is more generally known and accepted:

An institution is a hospital if it is licensed as a general or specialty hospital by the appropriate state agency and accredited by one of the following organizations; The Joint Commission Healthcare Facilities Accreditation Program (HFAP), DNV Health Accreditation, Center for Improvement in Healthcare Quality Accreditation, or Medicare certified as a provider of acute services under Title 18 of the Social Security Act.

Use the Summary of Changes to identify:

- The disposition of organizations that were in the Fiscal Year 2017 Database but are not on the FY 2018 Database.
- Organizations newly added to the Fiscal Year 2018 Database.

Summary of Hospitals

2017 vs. 2018 AHA Annual Survey Data

Classification	Total	United	Associated
		States	Areas
2017 Total	6,282	6,210	72
Deletions			
Changed to inpatient care other than a hospital	3	3	-
Changed to an outpatient facility	4	4	-
Closed	45	45	-
Demerged/Dissolution	-	-	-
Duplicate record	-	-	-
Merged to form a new hospital	-	-	-
Merged into a hospital already on file	28	28	-
Temporarily inactive record/under construction	4	4	-
Total Deletions	84	84	0
Additions			
Demerger result	5	5	-
Merger result	-	-	-
Newly added	15	15	-
Previously closed/reopened	-	-	-
Changed to hospital from other inpatient care	-	-	-
Total Additions	20	20	0
2018 Total	6,218	6,146	72

Deletions: FY 2017 vs. FY 2018

The following hospitals were removed from the FY 2018 AHA Annual Survey Database

ID	Name	City	State	Reason	Parent
6140840	Clinton Hospital	Clinton	MA	Merged into 6140008	UMass Memorial HealthAlliance-Clinton Hospital Leominster, MA
6210020	Seton Health St. Mary's Hospital	Troy	NY	Merged into 6214990	Samaritan Hospital-Main Campus Troy, NY
6214788	Syosset Hospital	Syosset	NY	Merged into 6212357	North Shore University Hospital Manhasset, NY
6220020	East Mountain Hospital	Belle Mead	NJ	Closed	,
6230035	Lehigh Valley Hospital- Muhlenberg	Bethlehem	PA	Merged into 6230013	Lehigh Valley Hospital Allentown, PA
6230057	LifeCare Hospitals of Mechanicsburg	Mechanicsburg	PA	Closed	
6232780	Lehigh Valley Hospital- Schuylkill East Norwegian Street	Pottsville	PA	Merged into 6232800	Lehigh Valley Hospital- Schuykill Pottsville, PA
6320006	Gladys Spellman Specialty Hospital and Nursing Center	Cheverly	MD	Not a hospital; Senior Center/Adult Day Center	
6320655	University of Maryland Capital Region Health at Laurel Regional Hospital	Laurel	MD	Merged into 6320610	University of Maryland Capital Region Health Prince George's Hospital Center Cheverly, MD
6320765	Adventist Behavioral Health and Wellness Services	Rockville	MD	Merged into 6320775	Adventist Healthcare Shady Grove Medical Center Rockville, MD
6330190	Providence Hospital	Washington	DC	Not a hospital - Urgent Care Center	
6340017	Snowden at Fredericksburg	Fredericksburg	VA	Merged into 6340290	Mary Washington Hospital Fredericksburg, VA
6360439	Carolinas ContinueCARE Hospital at Kings Mountain	Kings Mountain	NC	Closed	
6361265	FirstHealth Richmond Memorial Hospital	Rockingham	NC	Merged into 6361150	FirstHealth Moore Regional Hospital Pinehurst, NC
6370130	Whitten Center	Clinton	SC	Not a hospital- Development and Disability Center	
6370675	Fairfield Memorial Hospital	Winnsboro	SC	Closed	

Deletions: FY 2017 vs. FY 2018

The following hospitals were removed from the FY 2018 AHA Annual Survey Database

ID	Name	City	State	Reason	Parent
6380023	Southern Crescent Hospital for Specialty Care	Riverdale	GA	Closed	
6380435	Midtown Medical Center West	Columbus	GA	Merged into 6380430	Piedmont Columbus Regional Midtown Columbus, OH
6390044	University of Miami Hospital	Miami	FL	Merged into 6390610	University of Miami Hospital and Clinics, Miami, FL
6390122	Sister Emmanuel Hospital	Miami	FL	Closed	
6390522	Bascom Palmer Eye Institute-Anne Bates Leach Eye Hospital	Miami	FL	Merged into 6390610	University of Miami Hospital and Clinics, Miami, FL
6391097	Tampa Community Hospital	Tampa	FL	Merged into 6391090	Memorial Hospital of Tampa, Tampa, FL
6410013	Northside Medical Center	Youngstown	OH	Closed	
6410073	The Medical Center at Elizabeth Place	Dayton	ОН	Not a hospital -Other Health Related Services	
6410180	Belmont Community Hospital	Bellaire	ОН	Closed	
6411180	Good Samaritan Hospital	Dayton	ОН	Closed	
6420066	Kentuckiana Medical Center	Clarksville	IN	Closed	
6430217	Vibra Hospital of Springfield	Springfield	IL	Closed	
6433260	Centegra Hospital - Woodstock	Woodstock	IL	Merged into 6432127	Northwestern Medicine McHenry, McHenry, IL
6440045	Select Specialty Hospital-Northwest Detroit	Detroit	MI	Merged into 6440036	Select Specialty Hospital- Downriver Wyandotte, MI
6450620	United Hospital System, St. Catherine's Medical Center Campus	Pleasant Prairie	WI	Merged into 6450610	Froedtert South - Kenosha Medical Center, Kenosha, WI
6510575	Norton Brownsboro Hospital	Louisville	KY	Merged into 6510488	Norton Hospital Louisville, KY
6510595	Frazier Rehab Institute	Louisville	KY	Merged into 6510510	Jewish Hospital Louisville, KY
6510610	Norton Audubon Hospital	Louisville	KY	Merged into 6510488	Norton Hospital Louisville, KY
6510615	Norton Women's and Children's Hospital	Louisville	KY	Merged into 6510488	Norton Hospital Louisville, KY
6520017	Cumberland River Hospital	Celina	TN	Closed	
6520415	Jamestown Regional Medical Center	Jamestown	TN	Closed (Temporarily)	

Deletions: FY 2017 vs. FY 2018

The following hospitals were removed from the FY 2018 AHA Annual Survey Database

ID	Name	City	State	Reason	Parent
6520550	Tennova Physicians Regional Medical Center	Knoxville	TN	Closed	
6520675	McKenzie Regional Hospital	McKenzie	TN	Closed	
6520900	Lakeway Regional Hospital	Morristown	TN	Closed	
6521145	Lauderdale Community Hospital	Ripley	TN	Closed (Temporarily)	
6530478	Georgiana Hospital	Georgiana	AL	Closed	
6540023	Regency Hospital of Hattiesburg	Hattiesburg	MS	Closed	
6540028	AMG Specialty Hospital-Greenwood	Greenwood	MS	Closed	
6610100	Mayo Clinic Health System-Albert Lea and Austin	Austin	MN	Merged into 6610040	Mayo Clinic Health System - Albert Lea and Austin Ashland, MN
6611040	Shriners Hospitals for Children-Twin Cities	Minneapolis	MN	Emergency Urgent Care Center	
6630031	I-70 Community Hospital	Sweet Springs	MO	Closed	
6630151	Southeast Health Center of Ripley County	Doniphan	MO	Closed	
6630408	Kindred Hospital Kansas City	Kansas City	MO	Closed	
6630535	Twin Rivers Regional Medical Center	Kennett	MO	Closed	
6669152	Madonna Rehabilitation Specialty Hospital	Bellevue	NE	Closed	
6670013	Anthony Medical Center	Anthony	KS	Merged into 6670341	Hospital District 6 - Harper Campus; Harper, KS
6670025	Oswego Community Hospital	Oswego	KS	Closed	
6670260	Mercy Hospital Fort Scott	Fort Scott	KS	Closed - Emergency Care Center	
6670401	Horton Community Hospital	Horton	KS	Closed	
6710140	De Queen Medical Center	De Queen	AR	Closed	
6720063	PAM Specialty Hospital of Lafayette	Lafayette	LA	Closed	
6720131	P & S Surgical Hospital	Monroe	LA	Closed	
6720135	Promise Hospital of Baton Rouge - Ochsner Campus	Baton Rouge	LA	Closed	
6720172	Specialty Hospital of Winnfield	Winnfield	LA	Closed	
6720255	St. Elizabeth Hospital	Gonzales	LA	Merged into 6720028	Our Lady of the Lake Regional Medical Center

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Deletions: FY 2017 vs. FY 2018

The following hospitals were removed from the FY 2018 AHA Annual Survey Database

					Baton Rouge, LA
ID	Name	City	State	Reason	Parent
6720384	Doctor's Hospital of Deer Creek	Leesville	LA	Closed	
6730281	Pinnacle Specialty Hospital	Tulsa	ОК	Merged into 6720355	Lake Charles Memorial Hospital Lake Charles, LA
6730355	Mercy Hospital El Reno	El Reno	ОК	Not a hospital - Urgent Care Center	
6730496	Sayre Memorial Hospital	Sayre	OK	Closed	
6730895	Pauls Valley General Hospital	Pauls Valley	OK	Closed	
6731288	Latimer County General Hospital	Wilburton	OK	Closed (Temporarily)	
6740099	Pine Valley Specialty Hospital	Houston	TX	Closed	
6740153	Plano Specialty Hospital	Plano	ТХ	Closed	
6740170	University Medical Center at Brackenridge	Austin	ТХ	Closed	
6740216	El Paso Specialty Hospital	El Paso	ТХ	Closed	
6740367	North Cypress Medical Center	Cypress	TX	Merged into 6740046	Kingwood Medical Center, Kingwood, TX
6740399	Integrity Transitional Hospital	Denton	TX	Closed	
6741011	Select Specialty Hospital - Dallas Garland	Garland	ТХ	Closed	
6741080	Timberlawn Mental Health System	Dallas	ТХ	Closed	
6741858	Cypress Fairbanks Medical Center	Houston	ТХ	Merged into 6743557	HCA Houston Healthcare Tomball Tomball, TX
6742719	Palestine Regional Medical Center	Palestine	TX	Merged into 6742720	Palestine Regional Medical Center-East, Palestine, TX
6742927	Rockdale Hospital	Rockdale	TX	Closed	
6743552	East Texas Medical Center Trinity	Trinity	ТХ	Closed	
6820019	Southwest Idaho Advanced Care Hospital	Boise	ID	Closed	
6880042	Red Rock Behavioral Hospital	Las Vegas	NV	Merged into 6880079	Montevista Hospital Las Vegas, NV
6931350	Community Hospital Long Beach	Long Beach	CA	Closed	
6932343	Adventist Health Feather River	Paradise	CA	Closed (Temporarily)	
6932845	Promise Hospital of San Diego	San Diego	CA	Closed	

Additions: FY 2017 vs. FY 2018

The following hospitals were added to the Fiscal Year 2018 AHA Annual Survey Database.

ID	Name	City	State	Reason	Parent
6230501	WellSpan Surgery and Rehabilitation Hospital	York	PA	Demerged from 6233550	WellSpan York Hospital York, PA
6390508	Fishermen's Hospital	Marathon	FL	Newly added	TOIK, PA
6420250	Franciscan Health Dyer	Dyer	IN	Demerged from 6420007	Franciscan Health Hammond Hammond, IN
6540285	Gulfport Behavioral Health System	Gulfport	MS	Demerged from 6540300	Memorial Hospital at Gulfport Gulfport, MS
6620427	MercyOne Clive Rehabilitation Hospital	Clive	IA	Newly added	
6710452	Arkansas Continued Care Hospital	Jonesboro	AR	Newly added	
6719167	Conway Behavioral Health Hospital	Conway	AR	Newly added	
6719168	Arkansas Children's Northwest	Springdale	AR	Demerged from 6710340	Arkansas Children's Hospital Little Rock, AR
6720407	LifeCare Hospitals of Shreveport-Willis Knighton	Shreveport	LA	Demerged from 6720013	Lifecare Hospitals of Shreveport (Closed) Shreveport, LA
6729135	Ochsner Rehabilitation Hospital West Campus	Jefferson	LA	Newly added	
6740995	Kingwood Emergency Hospital	Kingwood	ТХ	Newly added	
6740997	CapRock Hospital	Bryan	TX	Newly added	
6741110	Dell Seton Medical Center at the University of Texas	Austin	TX	Newly added	
6741113	Encompass Health Rehabilitation Hospital of Pearland	Pearland	TX	Newly added	
6741117	Woodland Springs Hospital	Conroe	TX	Newly added	
6741118	Saint Camillus Medical Center	Hurst	ТХ	Newly added	
6741126	Star Medical Center	Plano	ΤX	Newly added	
6849230	UCHealth Longs Peak Hospital	Longmont	CO	Newly added	
6870379	Layton Hospital	Layton	UT	Newly added	
6930742	California Rehabilitation Institute	Los Angeles	CA	Newly added	

ID	Name	City	State	Merger	Parent
6140840	Clinton Hospital	Clinton	MA	Merged into 6140008	UMass Memorial HealthAlliance-Clinton Hospital Leominster, MA
6214788	Syosset Hospital	Syosset	NY	Merged into 6212357	North Shore University Hospital Manhasset, NY
6210020	Seton Health St. Mary's Hospital	Troy	NY	Merged into 6214990	Samaritan Hospital - Main Campus Troy, NY
6230035	Lehigh Valley Hospital- Muhlenberg	Bethlehem	PA	Merged into 6230013	Lehigh Valley Hospital Allentown, PA
6232780	Lehigh Valley Hospital - Schuylkill East Norwegian Street	Pottsville	PA	Merged into 6232800	Lehigh Valley Hospital - Schuylkill Pottsville, PA
6320655	University of Maryland Capital Region Health at Laurel Regional Hospital	Laurel	MD	Merged into 6320610	University of Maryland Capital Region Health Prince George's Hospital Center Cheverly, MD
6320765	Adventist Behavioral Health and Wellness Services	Rockville	MD	Merged into 6320775	Adventist Healthcare Shady Grove Medical Center Rockville, MD
6340017	Snowden at Fredericksburg	Fredericksburg	VA	Merged into 6340290	Mary Washington Hospital Fredericksburg, VA
6361265	FirstHealth Richmond Memorial Hospital	Rockingham	NC	Merged into 6361150	FirstHealth Moore Regional Hospital Pinehurst, NC
6380435	Midtown Medical Center West	Columbus	GA	Merged into 6380430	Piedmont Columbus Regional Midtown Columbus, OH
6390044	University of Miami Hospital	Miami	FL	Merged into 6390610	University of Miami Hospital and Clinics Miami, FL
6390522	Bascom Palmer Eye Institute-Anne Bates Leach Eye Hospital	Miami	FL	Merged into 6390610	University of Miami Hospital and Clinics Miami, FL
6391097	Tampa Community Hospital	Tampa	FL	Merged into 6391090	Memorial Hospital of Tampa Tampa, FL
6433260	Centegra Hospital - Woodstock	Woodstock	IL	Merged into 6432127	Northwestern Medicine McHenry McHenry, IL
6440045	Select Specialty Hospital-Northwest Detroit	Detroit	MI	Merged into 6440036	Select Specialty Hospital- Downriver Wyandotte, MI
6450620	United Hospital System, St. Catherine's Medical Center Campus	Pleasant Prairie	WI	Merged into 6450610	Froedtert South - Kenosha Medical Center Kenosha, WI
6510575	Norton Brownsboro Hospital	Louisville	KY	Merged into 6510488	Norton Hospital Louisville, KY
6510610	Norton Audubon Hospital	Louisville	KY	Merged into 6510488	Norton Hospital Louisville, KY

Mergers

6510615	Norton Women's and Children's Hospital	Louisville	KY	Merged into 6510488	Norton Hospital Louisville, KY
ID	Name	City	State	Merger	Parent
6510595	Frazier Rehab Institute	Louisville	KY	Merged into 6510510	Jewish Hospital Louisville, KY
6610100	Mayo Clinic Health System-Albert Lea and Austin	Austin	MN	Merged into 6610040	Mayo Clinic Health System - Albert Lea and Austin Ashland, MN
6670013	Anthony Medical Center	Anthony	KS	Merged into 6670341	Hospital District 6 - Harper Campus Harper, KS
6720255	St. Elizabeth Hospital	Gonzales	LA	Merged into 6720028	Our Lady of the Lake Regional Medical Center Baton Rouge, LA
6730281	Pinnacle Specialty Hospital	Tulsa	OK	Merged into 6720355	Lake Charles Memorial Hospital Lake Charles, LA
6740367	North Cypress Medical Center	Cypress	TX	Merged into 6740046	Kingwood Medical Center Kingwood, TX
6742719	Palestine Regional Medical Center	Palestine	ТХ	Merged into 6742720	Palestine Regional Medical Center-East Palestine, TX
6741858	Cypress Fairbanks Medical Center	Houston	ТХ	Merged into 6743557	HCA Houston Healthcare Tomball Tomball, TX
6880042	Red Rock Behavioral Hospital	Las Vegas	NV	Merged into 6880079	Montevista Hospital Las Vegas, NV

2018 AHA Annual Survey American Hospital Association

	SPITAL NAME: Y & STATE:		AHA Annual Survey 155 N Wacker Drive Suite 400 Chicago IL 60606
R		bly your last completed fiscal year (finitions at the end of this questionnaire) 365 days). Be consistent in using the same reporting period
1	. Reporting Period used (beginning and end	ing date) / Jay / Y	to / / Year
2	a. Were you in operation 12 full months		b. Number of days open
	at the end of your reporting period?	YES 🔲 NO 🗖	during reporting period
3	. Indicate the beginning of your current fisca	l year / / /	Year
в. с	DRGANIZATIONAL STRUCTURE		
1	. CONTROL Indicate the type of organization that is res	ponsible for establishing policy for	overall operation of your hospital. CHECK ONLY ONE:
	Government, nonfederal 12 State 13 County 14 City 15 City-County 16 Hospital district or authority	Nongovernment, not-for-profi 21 Church-operated 23 Other not-for-profit (inclu	
	Investor-owned, for-profit 31 Individual 32 Partnership 33 Corporation	Government, federal404044444545Veterans' Affairs	 46 Federal other than 40-45 or 47-48 47 PHS Indian Service 48 Department of Justice
2	 SERVICE Indicate the ONE category that BEST desc 	ribes your hospital or the type of se	rvice it provides to the MAJORITY of patients:
	□ 10 General medical and surgical		46 Rehabilitation
	□ 11 Hospital unit of an institution (prisor	bospital college infirmany)	47 Orthopedic
	□ 12 Hospital unit of all institution (prison		48 Chronic disease
	□ 13 Surgical		□ 62 Intellectual disabilities
	22 Psychiatric		80 Acute long-term care hospital
	33 Tuberculosis and other respiratory of	diseases	 B2 Alcoholism and other chemical dependency
	□ 33 Tuberculosis and other respiratory o □ 41 Cancer	u1350353	49 Other - specify treatment area:
	$\square 41 \text{ Cancer}$ $\square 42 \text{ Heart}$		
	_		
	 ↓ 44 Obstetrics and gynecology ↓ 45 Eye, ear, nose, and throat 		
	- to Lye, ear, nose, and unoal		

Please return to:

B. ORGANIZATIONAL STRUCTURE (continued)

a.	Does your hospital restrict admissions primarily to children?	YES 🗖					
b.	Does the hospital itself operate subsidiary corporations?	YES 🗖					
c.	Is the hospital contract managed? If yes, please provide the name, city, and state of the organization	YES 🗖					
	Name: City: State:	_					
d.	Is your hospital owned in whole or in part by physicians or a physician group?	YES 🗖					
e.	If you checked 80 Acute long-term care hospital (LTCH) in Section B2 (Service), please indicate if you ar arranged within a general acute care hospital.	e a freestand	ing LTCH or a LTCH				
	Free standing LTCH LTCH arranged in a general acute care hospital						
	If you are arranged in a general acute care hospital, what is your host hospital's name?						
	NameCity		State				
f. g.	Are any other types of hospitals co-located in your hospital? YES VES NO E]					
•							
	 L Cancer Cardiac 						
	3. Orthopedic						
	4. Pediatric						
	5. D Psychiatric						
	6. Surgical						
	7. Other						

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. If you check column (1) C1-19, please include the number of **staffed beds**. *The sum of the beds reported in 1-19 should equal Section E(1b), beds set up and staffed on page 12.*

		(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	(4) Do Not Provide
1. General medical-surgical care	(#Beds)				
2. Pediatric medical-surgical care					
3. Obstetrics[Hospital level of unit (1-3):()] (#Beds)				
4. Medical-surgical intensive care	(#Beds)				
5. Cardiac intensive care	(#Beds)				
6. Neonatal intensive care	(#Beds)				
7. Neonatal intermediate care	(#Beds)				
8. Pediatric intensive care	(#Beds)				
9. Burn care	(#Beds)				
10. Other special care	(#Beds)				
11. Other intensive care	(#Beds)				
12. Physical rehabilitation	(#Beds)				
13. Alcoholism-chemical dependency care	(#Beds)				
14. Psychiatric care	(#Beds)				
15. Skilled nursing care	(#Beds)				
16. Intermediate nursing care	(#Beds)				
17. Acute long-term care	(#Beds)				
18. Other long-term care	(#Beds)				
19. Other care	(#Beds)				
20. Adult day care program					
21. Airborne infection isolation room	(#rooms)				
22. Alcoholism-chemical dependency care services					
a.Alcoholism-chemical dependency pediatric servic	es(#Beds)				
b. Alcoholism-chemical dependency outpatient serv	vices				
c.Alcoholism-chemical dependency partial hospitali	zation services				
23. Alzheimer center					
24. Ambulance services					
25. Air Ambulance services					
26. Ambulatory surgery center					
27. Arthritis treatment center					
28. Auxiliary					
29. Bariatric/weight control services					
30. Birthing room/LDR room/LDRP room					
31. Blood donor center					
32. Breast cancer screening/mammograms					

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)
33. Cardiology and cardiac surgery services		
a.Adult cardiology services		
b.Pediatric cardiology services		
c.Adult diagnostic catheterization		
d.Pediatric diagnostic catheterization		
e.Adult interventional cardiac catheterization		
f. Pediatric interventional cardiac catheterization		
g.Adult cardiac surgery		
h.Pediatric cardiac surgery		
i. Adult cardiac electrophysiology		
j. Pediatric cardiac electrophysiology		
k.Cardiac rehabilitation		
34. Case management		
35. Chaplaincy/pastoral care services		
36. Chemotherapy		
37. Children's wellness program		
38. Chiropractic services		
39. Community outreach		
40. Complementary and alternative medicine services		
41. Computer assisted orthopedic surgery (CAOS)		
42. Crisis prevention		
43. Dental services		
44. Diabetes prevention program		
45. Emergency services		
a.On-campus emergency department		
b. Off-campus emergency department		
c.Pediatric emergency department		
d.Trauma center (certified) [Hospital level of unit (1-3)]		
46. Enabling services		
47. Endoscopic services		
a.Optical colonoscopy		
b.Endoscopic ultrasound		
c.Ablation of Barrett's esophagus		
d.Esophageal impedance study		
e.Endoscopic retrograde cholangiopancreatography (ERCP)		
48. Enrollment (insurance) assistance services		
49. Employment support services		
50. Extracorporeal shock wave lithotripter (ESWL)		
51. Fertility clinic		
52. Fitness center		
53. Freestanding outpatient care center		
54. Geriatric services	Ц	
55. Health fair		
56. Community health education		

formal contractual Provide arrangement or joint venture with another provider that is not in my system (in my local community)

(3) Provided through a

(4) Do Not

		(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	(4) Do Not Provide
57.	Genetic testing/counseling				
58.	Health screenings	Ц	Ц	Ц	
59.	Health research	Ц	님		
60.	Hemodialysis	Ц	님	Ц	
61.	HIV/AIDS services	<u> </u>	님	H	<u> </u>
62.	Home health services		H		
63.	Hospice program		H		
64. c5	Hospital-based outpatient care center services				
	Housing services	-	_	-	
	a. Assisted living				
	b. Retirement housing				
	c. Supportive housing services				
67.	Indigent care clinic				
68.	Linguistic/translation services		H		
69.	Meal delivery services				
70.	Mobile health services			П	
71.	Neurological services	П	Ē	П	П
72.	Nutrition program				Ē
73.	Occupational health services				
74.	Oncology services				
75.	Orthopedic services				
76.	Outpatient surgery				
77.	Pain management program				
78.	Palliative care program				
79.	Palliative care inpatient unit				
80.	Patient controlled analgesia (PCA)				
81.	Patient education center				
82.	Patient representative services				
83.	Physical rehabilitation services				
	a. Assistive technology center				
	b. Electrodiagnostic services				
	c. Physical rehabilitation outpatient services				
	d. Prosthetic and orthotic services				
	e. Robot-assisted walking therapy				
	f. Simulated rehabilitation environment	Ц	Ц	Ц	
84.	Primary care department	Ш			
85.		_	_	_	_
	a. Psychiatric consultation-liaison services				
	b. Psychiatric pediatric care				
	c. Psychiatric geriatric care				
	d. Psychiatric education services				
	Psychiatric emergency services				
	Psychiatric outpatient services.				
9	g. Psychiatric intensive outpatient services				Ц

95. Dovehistria convisca (continued)	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	(4) Do Not Provide
 85. Psychiatric services (continued) h. Psychiatric partial hospitalization services – adult i. Psychiatric partial hospitalization services – pediatric j. Psychiatric residential treatment – adult k. Psychiatric residential treatment – pediatric 				
 86. Radiology, diagnostic a. CT Scanner				
 a. Image-guided radiation therapy (IGRT)				
 a. Consultation and office visits b. elCU c. Stroke care d. Psychiatric and addiction treatment 				
 e. Remote patient monitoring 1.Post-discharge 2.Ongoing chronic care management 3.Other remote patient monitoring f. Other telehealth 				

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	(4) Do Not Provide
98. Transplant services	_	_	_	_
a. Bone marrow				
b. Heart	<u> </u>			
c. Kidney				
d. Liver				
e. Lung				
f. Tissue				
g. Other				
99. Transportation to health services (non-emergency)				
100. Urgent care center				
101.Violence prevention programs				
a. For the workplace				
b. For the community				
102. Virtual colonoscopy				
103. Volunteer services department				
104. Women's health center/services				
105. Wound management services				

106. Does your organization routinely integrate behavioral health services in the following care areas? Integration ranges from co-located physical and behavioral health providers, with some screening and treatment planning, to fully integrated care where behavioral and physical health providers function as a true team in a shared practice.

	Yes	No
a. Emergency services		
b. Primary care services		
c. Acute inpatient care		
d. Extended care		

107a. For each of the physician-organization arrangements, please report the number of physicians and the approximate ownership share.

		Number of Physicians	Hospital ownership share	Physician ownership share	Parent corporation ownership share	Insurance ownership share
1.	Independent Practice Association (IPA)		%	%	%	%
2.	Group practice without walls		%	%	%	%
3.	Open Physician-Hospital Organization (PHO)		%	%	%	%
4.	Closed Physician-Hospital Organization (PHO)		%	%	%	%
5.	Management Service Organization (MSO)		%	%	%	%
6.	Integrated Salary Model		%	%	%	%
7.	Equity Model		%	%	%	%
8.	Foundation		%	%	%	%
9.	Other, please specify		%	%	%	%

107b. If the hospital owns physician practices, how are they organized?

				Percent	Number of physicians
1.Solo prac	ctice			%	
2.Single sp	ecialty g	Iroup		%	
3.Multi-spe	cialty gro	pup		%	
107c. Of the	physicia	in practices o	owned by the ho	spital, what percent	ntage are primary care?%
107d. Of the	physicia	an practices	owned by the ho	ospital, what percen	ntage are specialty care?%
engage	d in an a	arrangement	with your hospit	al that allows for joi	what is the total number of physicians (count each physician only once) that are int contracting with payers or shared responsibility for financial risk or clinical nt may be any type of ownership.)
		numbe	r of physicians		
109a. Does y	your hos	pital particip	ate in any joint v	enture arrangemen	nts with physicians or physician groups? YES \Box NO \Box
		participates (Check all th		tures with physician	ns or physician groups, please indicate which types of services are involved in those
1.		Limited servi	ce hospital		
2.		Ambulatory	surgical centers		
3.		Imaging cent	ters		
4.		Other _			
109c. If you :	selected	'1. Limited s	ervice hospital',	above, please tell u	us what type(s) of services are provided. (Check all that apply)
1.		Cardiac			
2.		Orthopedic			
3.		Surgical			
4.		Other -			

109d. Does your hospital participate in joint venture arrangements with organizations other than physician groups?

YES 🗖

D. INSURANCE AND ALTERNATIVE PAYMENT MODELS

INSURANCE

1. Does your hospital own or jointly own a health plan?		Yes	No 🗖	
a.If yes, in what states?	States:			
 Does your system own or j a.If yes, in what states? 	iointly own a health plan? States:	Yes 🗖	№ 🗖	
 Does your hospital/system company/health plan? a.If yes, in what states? 	have a significant partnership with an insurer or an insurance	Yes 🗖	No 🗖	

4. If yes to 1, 2 and/or 3, please indicate the insurance products and the total medical enrollment. (Check all that apply)

	Insurance Products	Hospital	System	JV	Medical Enrollment	New Product	No	Do not know	
a.	Medicare Advantage								
b.	Medicaid Managed Care								
c.	Health Insurance Marketplace ("exchange")								
d.	Other Individual Market								
e.	Small Group								
f.	Large Group								
g.	Other								
5.	Does your health plan make capitated payme a. Physicians within your network Yes b. Physicians outside your network Yes		ans either w Do not kno Do not kno	ow 🗖	outside of your ne	twork for spec	cific groups	or enrollees	?
6.	Does your health plan make bundled payments	· ·	•	_	o outside provider	s?			
	a. Providers within your network Yes	·	Do not kno	_					
	b. Providers outside your network Yes	No 🗖	Do not kno	ow 📙					
7.	7. Does your health plan offer other shared risk contracts to either providers in your network or to outside providers? (i.e., other than capitation or bundled payment.)								
	a. Providers within your network Yes	No 🗖	Do not kno	ow 🗖					
	b. Providers outside your network Yes	No 🗖	Do not kno	ow 🗖					
8.	Does your hospital or system offer a self-admin	stered health	n plan for you	ur emplo	yees? Yes	5 🗖 No 🕻			

D. INSURANCE AND ALTERNATIVE PAYMENT MODELS (continued)

ALTERNATIVE PAYMENT MODELS

9. What percentage of your hospital's patient revenue is paid on a capitated basis	>	9	6	
a. In total, how many enrollees do you serve under capitated contracts?		Total enrollees:		-
10. Does your hospital participate in any bundled payment arrangements?		previously but no inger doing so		No 🗖
a. If yes, with which of the following types of payers does your hospital have a bu	ndled payment arrang	gement? (Check all	that apply)	
1. Traditional Medicare				
2. 🗖 A Medicare Advantage plan				
3. A commercial insurance plan including ACA participants, individual, gro	up or employer marke	ets		
4. Medicaid				
b.For which of the following medical/surgical conditions does your hospital have	a bundled payment a	rrangement? (Checl	k all that apply	()
1. Cardiovascular				
2. Orthopedic				
3. Oncologic				
4. Neurology				
5. Hematology				
6. Gastrointestinal				
7. Pulmonary				
8. Infectious disease				
9. Other, please specify:				
c. What percentage of the hospital's patient revenue is paid through bundled pa	yment arrangements?	?	%	
11. Does your hospital participate in a bundled payment program involving care se physician, outpatient, post-acute)?	ttings outside of the h	ospital (e.g.,	Yes 🗖	No 🗖
a. If yes, does your hospital share upside or downside risk for any of those outside	e providers?		Yes 🗖	No 🗖
12. What percentage of your hospital's patient revenue is paid on a shared risk ba	sis (other than capitat	ed or bundled paym	ients)?	%
13. Does your hospital contract directly with employers or a coalition of employers care on a capitated, predetermined, or shared risk basis?	to provide	Yes 🗖	No C	כ
14. Does your hospital have contracts with commercial payers where payment is ti performance on quality/safety metrics?	ed to	Yes 🗖	No C]
15a.Has your hospital or health care system established an accountable care org	anization (ACO)?			
1.				
2. A My hospital/system currently participates in an ACO (but is not its leade				
3. My hospital/system previously led or participated in an ACO but is no lo	nger doing so (Skip t	o 16a)		
 4. A My hospital/system has never participated or led an ACO (Skip to 17) 15b. With which of the following types of payers does your hospital/system have ar 	accountable care co	ntract? (Check all th	at apply)	
1. Traditional Medicare (MSSP and NextGen) (Skip to 15c)				
2.				
3. 🗖 A commercial insurance plan (including ACO participants, individual, gr	oup, and employer ma	arkets) (Skip to 15d)	
4. D Medicaid (Skip to 15d)				

D. INSURANCE AND ALTERNATIVE PAYMENT MODELS (continued)

ALTERNATIVE PAYMENT MODELS

15c. If you selected Traditional Medicare, in which of the following Medicare programs is your hospital/system participating? (Check all that apply)

- 1. MSSP Track 1
- 2. MSSP Track 2
- 3. MSSP Track 3
- 4. MSSP Track 1+
- 5. D NextGen
- 6. Comprehensive ESRD Care

15d. What percentage of your hospital's/system's patients are covered by accountable care contracts?	%
--	---

15e. What percentage of your hospital's/system's patient revenue came from ACO contracts in 2018? _____% (Skip to 18)

16a. In what year did your hospital's/system's last ACO contract end?

16b. Which of the following types of payers did your hospital/system have an accountable care contract with? (Check all that apply)

- 1. Traditional Medicare (MSSP and NextGen) (Skip to 16c)
- 2. A Medicare Advantage plan (Skip to 16d)
- 3. A commercial insurance plan (including ACA participants, individual, group, and employer markets) (Skip to 16d)
- 4. Hedicaid (Skip to 18)

16c. In which of the following Medicare programs did your hospital/system participate? (Check all that apply)

- 1. MSSP Track 1
- 2. MSSP Track 2
- 3. MSSP Track 3
- 4. MSSP Track 1+
- 5. D NextGen
- 6. D Pioneer
- 7. Comprehensive ESRD Care

16d. How many commercial accountable care contracts has your hospital/system previously been a part of?

17. Has your hospital/system ever considered participating in an ACO?

- **a.** \Box Yes, and we are planning to join one
- b. TYes, but we are not planning to join one
- c. \Box No, we have not even considered it
- **18.** Do any hospitals and/or physician groups with your system, or the system itself, plan to participate in any of the following risk arrangements in the next three years? (Check all that apply)
 - a.
 Shared savings/losses
 - b. D Bundled payment
 - c. Capitation
 - d. ACO (ownership)
 - e. ACO (joint venture)
 - f. Health plan (ownership)
 - **g.** Health plan (joint venture)
 - h. Other, please specify:
 - i. 🛛 None

19. Does your hospital/system have an established medical home program?

a.Hospital	
b .System	
20. Has your hospital/system established a clinically integrated network?	

a.Hospital	
------------	--

b.System

11

Yes 🗖

Yes 🗖

Yes 🗖

Yes 🗖

No 🗖

No 🗖

No 🗖

No 🗖

Please report beds, utilization, financial, and staffing data for the 12-month period that is consistent with the period reported on page 1. Report financial data for reporting period only. Include within your operations all activities that are wholly owned by the hospital, including subsidiary corporations regardless of where the activity is physically located. Please do not include within your operations distinct and separate divisions that may be owned by your hospital's parent corporation. If final figures are not available, please estimate. Round to the nearest dollar. Report all personnel who were on the payroll and whose payroll expenses are reported in E3f. (Please refer to specific definitions on pages 28-30.)

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	(1) Total Facility	(2) Nursing Home Unit/Facility
a.	Total licensed beds		
b.	Beds set up and staffed for use at the end of the reporting period		
c.	Bassinets set up and staffed for use at the end of the reporting period		
d.	Births (exclude fetal deaths)		
e.	Admissions (exclude newborns; include neonatal & swing admissions)		
f.	Inpatient days (exclude newborns; include neonatal & swing days)		
g.	Emergency department visits		
h.	Total outpatient visits (include emergency department visits & outpatient surgeries)		
i.	Inpatient surgical operations		
j.	Number of operating rooms		
k.	Outpatient surgical operations		
2.	MEDICARE/MEDICAID UTILIZATION	(1) Total Facility	(2) Nursing Home

2. MEDICARE/MEDICAID UTILIZATION

	Univracinty
a1. Total Medicare (Title XVIII) inpatient discharges (including Medicare Managed Care)	
a2. How many Medicare inpatient discharges were Medicare Managed Care?	
b1. Total Medicare (Title XVIII) inpatient days (including Medicare Managed Care)	
b2. How many Medicare inpatient days were Medicare Managed Care?	
c1. Total Medicaid (Title XIX) inpatient discharges (including Medicaid Managed Care)	
c2. How many Medicaid inpatient discharges were Medicaid Managed Care?	
d1. Total Medicaid (Title XIX) inpatient days (including Medicaid Managed Care)	
d2. How many Medicaid inpatient days were Medicaid Managed Care?	

Nursing Home I Init/Engility

.00

.00

.00

.00

.00

(1) Total Facility 3. FINANCIAL (2) Nursing Home Unit/Facility *a. Net patient revenue (treat bad debt as a deduction from gross revenue)..... .00 *b. Tax appropriations00 *c. Other operating revenue00 *d. Nonoperating revenue00 *e. TOTAL REVENUE (add 3a thru 3d)..... .00 f. Payroll expense (only)00 g. Employee benefits00 h. Depreciation expense (for reporting period only)..... .00 i. Interest expense00 j. Pharmacy expense00 k. Supply expense (other than pharmacy)..... .00 I. All other expenses00 .00 m. TOTAL EXPENSES (add 3f thru 3l. Exclude bad debt) n. Do your total expenses (E3.m) reflect full allocation from your corporate office?..... Yes 🗖 No 🗖

4. REVENUE BY TYPE		
*a. Total gross inpatient revenue		.00
*b. Total gross outpatient revenue	-	.00
*c. Total gross patient revenue		.00
5. UNCOMPENSATED CARE & PROVIDER TAXES		
*a. Bad debt (Revenue forgone at full established rates. Include in gross revenue.)		.00
		.00
*b. Financial assistance (Includes charity care) (Revenue forgone at full-established rates. I revenue.)		.00
*c. Is your bad debt (5a) reported on the basis of full charges?	Yes 🗖	No 🗖
*d. Does your state have a provider Medicaid tax/assessment program?	Yes	No 🗖
*e. If yes, please report the total gross amount paid into the program.		.00
*f. Due to differing accounting standards, please indicate whether the provider tax/assessm	ent amount is included in:	
1. Total expenses	Yes	No 🗖
2. Deductions from net patient revenue	Yes 🗖	No 🗖
6. REVENUE BY PAYER (report total facility gross & net figures)	(1)	(2)
*- COVEDNMENT	Gross	Net
*a. GOVERNMENT (1) Medicare:		
a) Fee for service patient revenue	.00	.00
b) Managed care revenue	.00	.00
c) Total (a + b)	.00	.00
(2) Medicaid:		
a) Fee for service patient revenue	00	.00
b) Managed care revenue	00_	.00
c) Medicaid Graduate Medical Education (GME) payments	-	.00
d) Medicaid Disproportionate Share Hospital Payments (DSH)	-	.00
e) Medicaid Supplemental Payments (not including Medicaid DSH Payments)	-	.00
f) Other Medicaid	-	.00
g) Total (a thru f)		.00
(3) Other government *b. NONGOVERNMENT	00	.00
(1) Self-pay	00	.00
(2) Third-party payers:		
a) Managed care (includes HMO and PPO)	00	.00
b) Other third-party payers	00	.00
 c) Total third-party payers (a + b)	00	<u>.00.</u> .00
*c. TOTAL	0 <u>0.</u>	.00 .00
(Total gross should equal 4c on page 13. Total net should equal 3a on page 12.)	00	
	(1)	(2)
tel 16 vou senset Madiaciel Cumplementel Deuropete en line C. e.(2) en elecce brock the	Inpatient	Outpatient
*d. If you report Medicaid Supplemental Payments on line 6.a(2)e, please break the payment total into inpatient and outpatient care.	.00	.00
*e. If you are a government owned facility (control codes 12-16), does your facility		
participate in the Medicaid intergovernmental transfer or certified public expenditures	Yes 🗖	No 🗖
program?	(1)	(2)
	Gross	Net
*f.If yes, please report gross and net revenue.	00	.00
Are the financial data on pages 12-14 from your audited financial statement?	Yes 🗖	No 🗖

7. FINANCIAL PERFORMANCE – MARGIN

*a.	Total Margin	%
*b.	Operating Margin	%
*c.	EBITDA Margin	%
*d.	Medicare Margin	%
*e.	Medicaid Margin	%

8. FIXED ASSETS

a.	Prope	erty, plant and equipment at <u>cost</u>				<u>.</u> 00
b.	Accur	nulated <u>depreciation</u>				<u>.</u> 00
c.	Net p	roperty, plant and equipment (a-b)				<u>.</u> 00
d.	Total	gross square feet of your physical plant used for or in support of your	healthcare	e activities		
9.	тот	AL CAPITAL EXPENSES				
		Il expenses used to acquire assets, including buildings, remodeling p	rojects, equ	uipment, or p	roperty	.00
10	. INF	ORMATION TECHNOLOGY AND CYBERSECURITY				
a.	IT op	erating expense				00
b.	IT cap	pital expense				00
c.	Numb	per of employed IT staff (in FTEs)				
d.	Numb	per of outsourced IT staff (in FTEs)				
*e.	What	percentage of your IT budget is spent on security?				%
*f.		n of the following cybersecurity measures does your hospital or health k all that apply)	n system cu	urrently deplo	by?	
	1.	Annual risk assessment				
	2.	Incident response plan				
	3.	Intrusion detection systems				
	4.	Mobile device encryption				
	5.	Mobile device data wiping				
	6.	Penetration testing to identify security vulnerabilities				
	7.	Strong password requirements				
	8.	Two-factor authentication				
*	Dre			-		
°g.		your hospital or health system board oversight of risk management eduction specifically include consideration of cybersecurity risk?	Yes		No 🗖	Unsure
	-			_	_	_
۳n.	Does	your hospital or health system have cybersecurity insurance?	Yes		No 🗖	Unsure
*i.	inforn	r hospital or health system participating in cybersecurity nation-sharing activities with an outside information sharing and sis organization to identify threats and vulnerabilities?	Yes		No 🗖	Unsure

* 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.

For members of the Catholic Health Association of the United States (CHA), AHA will also share these data with CHA unless there are objections expressed by checking this box

The state/metropolitan/regional associations and CHA may not release these data without written permission from the hospital.

11. 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. FTE is the total number of hours worked by all employees over the full (12 month) reporting period divided by the normal number of hours worked by a full-time employee for that same time period. For example, if your hospital considers a normal workweek for a full-time employee to be 40 hours, a total of 2,080 would be worked over a full year (52 weeks). If the total number of hours worked by all employees on the payroll is 208,000, then the number of Full-Time Equivalents (FTE) is 100 (employees). The FTE calculation for a specific occupational category such as registered nurses is exactly the same. The calculation for each occupational category should be based on the number of hours worked by staff employed in that specific category.

For each occupational category, please report the number of staff vacancies as of the last day of your reporting period. A vacancy is defined as a budgeted staff position which is unfilled as of the last day of the reporting period and for which the hospital is actively seeking either a full-time or parttime permanent replacement. Personnel who work in more than one area should be included only in the category of their primary responsibility and should be counted only once.

		(1) Full-Time (35 hr/wk or more) On Payroll	(2) Part-Time (Less than 35hr/wk) On Payroll	(3) FTE	(4) Vacancies
a.	Physicians				
b.	Dentists				
c.	Medical and dental residents/interns				
d.	Other trainees				
e.	Registered nurses				
f.	Licensed practical (vocational) nurses				
g.	Nursing assistive personnel				
h.	Radiology technicians				
i.	Laboratory technicians				
j.	Pharmacists licensed				
k.	Pharmacy technicians				
I.	Respiratory therapists				
m.	All other personnel				
n.	Total facility personnel (add 11a through 11m)				
	(Total facility personnel (a-n) should include hosp	•		••	
	Nursing home type unit/facility personnel should	also be reported se	parately in 110 and 11	p.)	
о.	Nursing home type unit/facility registered nurses		······		
p.	Total nursing home type unit/facility personnel		· ·		·
q.	For your employed RN FTEs reported above (E.11.e, c	olumn 3) please repor	t the number of full-		Number of direct

time equivalents who are involved in direct patient care.

patient care FTEs

12. PRIVILEGED PHYSICIANS

Report the total number of physicians with privileges at your hospital by type of relationship with the hospital. <u>The sum of the physicians reported</u> in 12a-12f should equal the total number of privileged physicians (12g) in the hospital.

		(1) Total Employed	(2) Total Individual Contract	(3) Total Group Contract	(4) Not Employed or Under Contract	(5) Total Privileged (add columns 1-4)
	Primary care (general practitioner, general internal medicine, family practice, general pediatrics, obstetrics/gynecology, geriatrics)					
b.	Emergency medicine					
c.	Hospitalist					
d.	Intensivist					
e.	Radiologist/pathologist/anesthesiologist					
f.	Other specialist					
g.	Total (add 12a-12f)					
13.						
a.	Do hospitalists provide care for patients in your hos	spital? (if no, p	lease skip to 14)	Ye	es 🗖 No 🗖	(If yes, please report in E.12.c)
b.	If yes, please report the total number of full-time eq	uivalent (FTE)) hospitalists	······ <u> </u>	FTE	
14.	. INTENSIVISTS					
a.	Do intensivists provide care for patients in your hos	pital? (if no, p	lease skip to 15)	Ye	es 🔲 No 🗖	(If yes, please
	If yes, please report the total number of FTE intens area is closed to intensivists. (Meaning that only int	ivists and assi	gn them to the follow	ing areas. Plea		report in E.12.d) or the intensive care
		FT	E Closed to			
	1. Medical-surgical intensive care	Э		10		
	2. Cardiac intensive care					
	3. Neonatal intensive care					
	4. Pediatric intensive care					
	5. Other intensive care					
	6. Total					
15. a. b.	patients in your hospital.	s provide care	for patients in your h E advanced practice	ospital? (if no, nurses and pl	nysician assistants	
	Physician Assistants	Full-time	Part-time)	FTE	
C.	If yes, please indicate the type of service provided 1. Primary care 2. Anesthesia 4. Other specialty care 5. Patient educed	services (Cer	tified registered nurs			y department care
16. a.	B FOREIGN EDUCATED NURSES Did your facility hire more foreign-educated nurses More Less Less	s (including co Same 🗖	ntract or agency nurs Did not hire forei	· · · ·	RN vacancies in 20	018 vs. 2017?
b.	From which countries/continents are you recruiting Africa D South Korea				ndia 🗖 Other 🗖	l

F. SUPPLEMENTAL INFORMATION

1a. Does your hospital provide services through satellite outpatient departments? $\,$ Yes \square

1b. Please indicate the clinical families of outpatient services offered along with the number of hospital outpatient sites by location.

No 🗖

		Number of on-campus sites	Number of off-campus sites	s
1. Airway endoscopy				
2. Ambulatory surgery				
3. Blood product exchange				
4. Cardiac/pulmonary rehabilitation				
5. Diagnostic/screening test and related procedures				
6. Drug administration and clinical oncology				
7. Ear, nose throat (ENT)				
8. General surgery and related procedures				
9. Gastrointestinal (GI)				
10. Gynecology				
11. Laboratory				
12. Major imaging				
13. Minor imaging				
14. Musculoskeletal surgery				
15. Nervous system procedures				
16. Ophthalmology				
17. Pathology				
18. Primary care				
19. Psychiatric care				
20. Radiation oncology	П			
21. Rehabilitation				
22. Skilled nursing				
23. Substance abuse/chemical dependency				
24. Urgent care				
25. Urology				
26. Vascular/endovascular/cardiovascular				
27. Visits and related services				
28. Other, please specify:				
Does the hospital participate in a group purchasing an If yes, please provide the name, city, and state of the		sing organization(s).		
Name:		City:		State
Name:				
Name:		-		
Does the hospital purchase medical/surgical supplies If yes, please provide the name of the distributor(s).			YES NO	
Name:				
Name:				
Name:				
······				

F. SUPPLEMENTAL INFORMATION (continued)

- 4. If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools?
- 5. Describe the extent of your hospital's current partnerships with the following types of organizations for community or population health improvement initiatives.

	Not Involved	Collaboration	Formal Alliance
a. Health care providers outside your system			
b. Local or state public health organizations			
c. Local or state human/social service organizations			
d. Other local or state government			
e. Non-profit organizations			
f. Faith-based organizations			
g. Health insurance companies			
h. Schools			
i. Local businesses or chambers of commerce			
j. National businesses			
k. Other (list)			

6. Does your hospital have an established patient and family advisory council that meets regularly to actively engage the perspectives of patients and families? Yes No

7. Does your hospital have a policy or guidelines that facilitate unrestricted access, 24 hours a day, to hospitalized patients by family and other partners in care according to patient preference?

a. Exists across all units

b. Exists across some units

c. Does not exist in any hospital unit

Use this space for comments or to elaborate on any information supplied on this survey. Refer to the response by page, section and item name.

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.

|--|

Date

[] I do not grant AHA permission to release my confidential 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?

	()
Title	(Area Code) Telephone Number
	()
	<u> </u>
Chief Executive Officer	Hospital's Main Fax Number
	Title Chief Executive Officer

Contact Email address: _

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

SECTION A REPORTING PERIOD Instructions

INSTRUCTIONS AND DEFINITIONS FOR THE 2018 ANNUAL SURVEY OF HOSPITALS.

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.

- 1. Reporting period used (beginning and ending date): Record the beginning and ending dates of the reporting period in an eight-digit number: for example, January 1, 2018 should be shown as 01/01/2018. 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.
- 2. Were you in operation 12 full months at the end of your reporting period? If you are reporting for less than 365 days, utilization and finances should be presented for days reported only.
- 3. Number of days open during reporting period: Number of days should equal the time span between the two dates that the hospital was open.

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. 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. Controlled on a for profit basis by an individual, partnership, or a profit making corporation.

Government, federal. 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 patients. **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 a facility for persons with intellectual disabilities. Provides diagnostic and therapeutic services to persons with intellectual disabilities.

Surgical. An acute care specialty hospital where 2/3 or more of its inpatient claims are for surgical/diagnosis related groups.

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.

Cancer. Provides medical care to patients for whom the primary diagnosis is cancer.

Heart. Provides diagnosis and treatment of heart disease.

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 people with disabilities 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.

Intellectual disabilities. Provides health-related care on a regular basis to patients with developmental or intellectual disabilities who cannot be treated in a skilled nursing unit.

Acute long-term care hospital. Provides high acuity interdisciplinary services to medically complex patients that require more intensive recuperation and care than can be provided in a typical nursing facility.

Alcoholism and other chemical dependency. Provides diagnostic and therapeutic services to patients with alcoholism or other drug dependencies.

3. OTHER

- a. Children admissions. A hospital whose primary focus is the health and treatment of children and adolescents.
- b. Subsidiary. A company that is wholly controlled by another or one that is more than 50% owned by another organization.
- c. 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.
- d. Physician group. Cooperative practice of medicine by a group of physicians, each of whom as a rule specializes in some particular field.
- f. Co-located hospitals. Co-location refers to two or more entities, with separate CMS Certification Numbers occupying the same building, or conjoined buildings.

SECTION C FACILITIES AND SERVICES Definitions

Owned/provided by the hospital or its subsidiary. All patient revenues, expenses and utilization related to the provision of the service are reflected in the hospital's statistics reported elsewhere in this survey.

Provided by my health system (in my local community). Another health care provider in the same system as your hospital provides the service and patient revenue, expenses, and utilization related to the provision of the service are recorded at the point where the service was provided and would not be reflected in your hospital's statistics reported elsewhere in this survey. (A system is a corporate body that owns, leases, religiously sponsors and/or manages health providers)

Provided through a partnership or joint venture with another provider that is not in my system. All patient revenues and utilization related to the provision of the service are recorded at the site where the service was provided and would not be reflected in your hospital statistics reported elsewhere in this survey. (A joint venture is a contractual arrangement between two or more parties forming an unincorporated business. The participants in the arrangement remain independent and separate outside of the venture's purpose.)

- 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. For service owned or provided by the hospital, level 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. Other intensive care. A specially staffed, specialty equipped, separate section of a hospital dedicated to the observation, care, and treatment of patients with life-threatening illnesses, injuries, or complications from which recovery is possible. It provides special expertise and facilities for the support of vital function and utilizes the skill of medical nursing and other staff experienced in the management of these problems.
- 12. Physical rehabilitation. Provides care encompassing a comprehensive array of restoration services for people with disabilities and all support services necessary to help patients attain their maximum functional capacity.
- 13. Alcoholism-chemical 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.
- 14. Psychiatric care. Provides acute or long-term care to patients with mental or emotional disorders, including patients admitted for diagnosis and those admitted for treatment of psychiatric disorders, on the basis of physicians' orders and approved nursing care plans. Long-term care may include intensive supervision to persons with chronic/severe mental illness.
- 15. 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.
- 16. 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.
- 17. Acute long-term care. Provides specialized acute hospital care to medically complex patients who are critically ill, have multisystem complications and/or failure, and require hospitalization averaging 25 days, in a facility offering specialized treatment programs and therapeutic intervention on a 24-hour/7 days a week basis.
- 18. Other long-term care. Provision of long-term care other than skilled nursing care or intermediate care for those who do not require daily medical or nursing services, but may requires some assistance in the activities of daily living. This can include residential care, elderly care, or care facilities for those with developmental or intellectual disabilities.
- 19. Other care. (specify) Any type of care other than those listed above. <u>The sum of the beds reported in Section C 1-19 should equal what you have reported in Section E(1b) for beds set up and staffed.</u>
- 20. 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.
- 21. Airborne infection isolation room. A single-occupancy room for patient care where environmental factors are controlled in an effort to minimize the transmission of those infectious agents, usually spread person to person by droplet nuclei associated with coughing and inhalation. Such rooms typically have specific ventilation requirements for controlled ventilation, air pressure and filtration.

22. Alcoholism-chemical dependency care services.

- a. Alcoholism-chemical dependency pediatric care services. Provides diagnosis and therapeutic services to pediatric 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. Please report staffed beds. The beds reported here should also be reported under 13, alcoholism-chemical dependency care. This line item should be a breakout of the pediatric beds only.
- **b.** Alcoholism-chemical 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.
- c. Alcoholism-chemical dependency partial hospitalization services. Organized hospital services providing intensive day/evening outpatient services of three hour or more duration, distinguished from other outpatient visits of one hour.
- 23. Alzheimer center. Facility that offers care to persons with Alzheimer's disease and their families through an integrated program of clinical services, research, and education.
- 24. Ambulance services. Provision of ambulance service to the ill and injured who require medical attention on a scheduled and unscheduled basis.
- 25. Air ambulance services. Aircraft and especially a helicopter equipped for transporting the injured or sick. Most air ambulances carry critically ill or injured patients, whose condition could rapidly change for the worse.
- 26. Ambulatory surgery center. Facility that provides care to patients requiring surgery that are admitted and discharged on the same day. Ambulatory surgery centers are distinct from same day surgical units within the hospital outpatient departments for purposes of Medicare payment.
- 27. Arthritis treatment center. Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders.
- 28. Auxiliary. A volunteer community organization formed to assist the hospital in carrying out its purpose and to serve as a link between the institution and the community.
- 29. Bariatric/weight control services. The medical practice of weight reduction.
- 30. Birthing 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.
- 31. Blood donor center. A facility that performs, or is responsible for the collection, processing, testing or distribution of blood and components.
- 32. 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.
- 33. Cardiology and cardiac surgery services. Services which include the diagnosis and treatment of diseases and disorders involving the heart and circulatory system.
 - a-b. Cardiology services. An organized clinical service offering diagnostic and interventional procedures to manage the full range of heart conditions.
 - c-d. Diagnostic catheterization. (also called coronary angiography or coronary arteriography) is used to assist in diagnosing complex heart conditions. Cardiac angiography involves the insertion of a tiny catheter into the artery in the groin then carefully threading the catheter up into the aorta where the coronary arteries originate. Once the catheter is in place, a dye is injected which allows the cardiologist to see the size, shape, and distribution of the coronary arteries. These images are used to diagnose heart disease and to determine, among other things, whether or not surgery is indicated.
 - e-f. Interventional cardiac catheterization. Nonsurgical procedure that utilizes the same basic principles as diagnostic catheterization and then uses advanced techniques to improve the heart's function. It can be a less invasive alternative to heart surgery.
 - g-h. Cardiac surgery. Includes minimally invasive procedures that include surgery done with only a small incision or no incision at all, such as through a laparoscope or an endoscope and more invasive major surgical procedures that include open chest and open heart surgery.
 - i-j. Cardiac electrophysiology. Evaluation and management of patients with complex rhythm or conduction abnormalities, including diagnostic testing, treatment of arrhythmias by catheter ablation or drug therapy, and pacemaker/defibrillator implantation and follow-up.

k. Cardiac rehabilitation. A medically supervised program to help heart patients recover quickly and improve their overall physical and mental functioning. The goal is to reduce risk of another cardiac event or to keep an already present heart condition from getting worse. Cardiac rehabilitation programs include: counseling to patients, an exercise program, helping patients modify risk factors such as smoking and high blood pressure, providing vocational guidance to enable the patient to return to work, supplying information on physical limitations and lending emotional support.

- 34. 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.
- 35. Chaplaincy/pastoral care services. A service ministering religious activities and providing pastoral counseling to patients, their families, and staff of a health care organization.
- 36. Chemotherapy. An organized program for the treatment of cancer by the use of drugs or chemicals.
- 37. Children's wellness program. A program that encourages improved health status and a healthful lifestyle of children through health education, exercise, nutrition and health promotion.
- 38. Chiropractic services. An organized clinical service including spinal manipulation or adjustment and related diagnostic and therapeutic services.
 39. Community outreach. A program that systematically interacts with the community to identify those in need of services, alerting persons and their
- 39. Community outreach. A program that systematically interacts with the community to identify those in need of services, alerting persons and the families to the availability of services, locating needed services, and enabling persons to enter the service delivery system.
- 40. Complementary and alternative medicine services. Organized hospital services or formal arrangements to providers that provide care or treatment not based solely on traditional western allopathic medical teachings as instructed in most U.S. medical schools. Includes any of the following: acupuncture, chiropractic, homeopathy, osteopathy, diet and lifestyle changes, herbal medicine, massage therapy, etc.
- 41. Computer assisted orthopedic surgery (CAOS). Orthopedic surgery using computer technology, enabling three-dimensional graphic models to visualize a patient's anatomy.
- 42. Crisis prevention. Services provided in order to promote physical and mental wellbeing and the early identification of disease and ill health prior to the onset and recognition of symptoms so as to permit early treatment.
- 43. Dental services. An organized dental service or dentists on staff, not necessarily involving special facilities, providing dental or oral services to inpatients or outpatients.
- 44. Diabetes prevention program. Program to prevent or delay the onset of type 2 diabetes by offering evidence-based lifestyle changes based on research studies, which showed modest behavior changes helped individuals with prediabetes reduce their risk of developing type 2 diabetes.
- 45. Emergency services. Health services that are provided after the onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in placing the patient's health in serious jeopardy.
 - a. On-campus emergency department. Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care.
 - b. Off-campus emergency department. A facility owned and operated by the hospital but physically separate from the hospital for the provision of unscheduled outpatient services to patients whose conditions require immediate care. A freestanding ED is not physically connected to a hospital but has all the necessary emergency staffing and equipment on site.

- c. Pediatric emergency department. A recognized hospital emergency department capable of identifying those pediatric patients who are critically ill or injured, stabilizing pediatric patients, including the management of airway, breathing and circulation and providing an appropriate transfer to a definitive care facility.
- d. Trauma center (certified). A facility to provide emergency and specialized intensive care to critically ill and injured patients. For service owned or provided by the hospital, please specify trauma level. 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.
- 46. Enabling services. A program that is designed to help the patient access health care services by offering any of the following: transportation services and/or referrals to local social services agencies.
- 47. Endoscopic services.
 - a. Optical colonoscopy. An examination of the interior of the colon using a long, flexible, lighted tube with a small built-in camera.
 - **b. Endoscopic ultrasound.** Specially designed endoscope that incorporates an ultrasound transducer used to obtain detailed images of organs in the chest and abdomen. The endoscope can be passed through the mouth or the anus. When combined with needle biopsy the procedure can assist in diagnosis of disease and staging of cancer.
 - c. Ablation of Barrett's esophagus. Premalignant condition that can lead to adenocarcinoma of the esophagus. The nonsurgical ablation of premalignant tissue in Barrett's esophagus by the application of thermal energy or light through an endoscope passed from the mouth into the esophagus.
 - d. Esophageal impedance study. A test in which a catheter is placed through the nose into the esophagus to measure whether gas or liquids are passing from the stomach into the esophagus and causing symptoms.
 - e. Endoscopic retrograde cholangiopancreatography (ERCP). A procedure in which a catheter is introduced through an endoscope into the bile ducts and pancreatic ducts. Injection of contrast material permits detailed x-ray of these structures. The procedure is used diagnostically as well as therapeutically to relieve obstruction or remove stones.
- **48. Enrollment (insurance) assistance services.** A program that provides enrollment assistance for patients who are potentially eligible for public health insurance programs such as Medicaid, State Children's Health Insurance, or local/state indigent care programs. The specific services offered could include explanation of benefits, assist applicants in completing the application and locating all relevant documents, conduct eligibility interviews, and/or forward applications and documentation to state/local social service or health agency.
- 49. Employment support services. Services designed to support individuals with significant disabilities to seek and maintain employment.
- 50. Extracorporeal shock wave lithotripter (ESWL). A medical device used for treating stones in the kidney or urethra. The device disintegrates kidney stones noninvasively through the transmission of acoustic shock waves directed at the stones.
- 51. Fertility clinic. A specialized program set in an infertility center that provides counseling and education as well as advanced reproductive techniques such as: injectable therapy, reproductive surgeries, treatment for endometriosis, male factor infertility, tubal reversals, in vitro fertilization (IVF), donor eggs, and other such services to help patients achieve successful pregnancies.
- 52. Fitness center. Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees.
- 53. Freestanding outpatient care center. A facility owned and operated by the hospital that is physically separate from the hospital and provides various medical treatments and diagnostic services on an outpatient basis only. Laboratory and radiology services are usually available.
- 54. 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.
- 55. 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.
- 56. Community health education. Education that provides health information to individuals and populations as well as support for personal, family and community health decisions with the objective of improving health status.
- 57. Genetic testing/counseling. A service equipped with adequate laboratory facilities and directed by a qualified physician to advise patients on potential genetic diagnosis of vulnerabilities to inherited diseases. A genetic test is the analysis of human DNA, RNA, chromosomes, proteins, and certain metabolites in order to detect heritable disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes. Genetic tests can have diverse purposes, including the diagnosis of genetic diseases in newborns, children, and adults; the identification of future health risks; the prediction of drug responses; and the assessment of risks to future children.
- 58. 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.
- 59. Health research. Organized hospital research program in any of the following areas: basic research, clinical research, community health research, and/or research on innovative health care delivery.
- **60. Hemodialysis.** Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis.
- 61. HIV/AIDS services. Diagnosis, treatment, continuing care planning, and counseling services for HIV/AIDS patients and their families. Could include: HIV/AIDS unit, special unit or designated team, general inpatient care, or specialized outpatient program.
- 62. Home health services. Service providing nursing, therapy, and health-related homemaker or social services in the patient's home.
- 63. 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.
- 64. 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.
- 65a. 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.
- 65b. Retirement housing. A facility that 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.
- 65c. Supportive housing services. A hospital program that provides decent, safe, affordable, community-based housing with flexible support services designed to help the individual or family stay housed and live a more productive life in the community.
- 66. Immunization program. Program that plans, coordinates and conducts immunization services in the community.
- 67. Indigent care clinic. Health care services for uninsured and underinsured persons where care is free of charge or charged on a sliding scale. This would include "free clinics" staffed by volunteer practitioners, but could also be staffed by employees with the sponsoring health care organization subsidizing the cost of service.
- 68. Linguistic/translation services. Services provided by the hospital designed to make health care more accessible to non-English speaking patients and their physicians.

- 69. Meal delivery services. 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.
- 70. Mobile health services. Vans and other vehicles used for delivery of primary care services.
- 71. Neurological services. Services provided by the hospital dealing with the operative and nonoperative management of disorders of the central, peripheral, and autonomic nervous systems.
- 72. Nutrition programs. Services within a health care facility which are designed to provide inexpensive, nutritionally sound meals to patients.
- 73. Occupational health services. Includes services designed to protect the safety of employees from hazards in the work environment.
- 74. Oncology services. Inpatient and outpatient services for patients with cancer, including comprehensive care, support and guidance in addition to patient education and prevention, chemotherapy, counseling and other treatment methods.
- 75. Orthopedic services. Services provided for the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints and ligaments.
- 76. 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.
- 77. Pain management program. A recognized clinical service or program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and other distressing symptoms, administered by specially trained physicians and other clinicians, to patients suffering from acute illnesses of diverse causes.
- 78. Palliative care program. An organized program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and/or the control of symptoms administered by specially trained physicians and other clinicians; and supportive care services, such as counseling on advanced directives, spiritual care, and social services, to patients with advanced diseases and their families.
- 79. Palliative care inpatient unit. An inpatient palliative care ward is a physically discreet, inpatient nursing unit where the focus is palliative care. The patient care focus is on symptom relief for complex patients who may be continuing to undergo primary treatment. Care is delivered by palliative medicine specialists.
- 80. Patient controlled analgesia (PCA). Intravenously administered pain medicine under the patient's control. The patient has a button on the end of a cord than can be pushed at will, whenever more pain medicine is desired. This button will only deliver more pain medicine at predetermined intervals, as programmed by the doctor's order.
- Patient education center. Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and selfcare.
- 82. 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.
- 83. Physical rehabilitation services. Program providing medical, health-related, therapy, social, and/or vocational services to help people with disabilities attain or retain their maximum functional capacity.
 - a. Assistive technology center. A program providing access to specialized hardware and software with adaptations allowing individuals greater independence with mobility, dexterity, or increased communication options.
 - b. Electrodiagnostic services. Diagnostic testing services for nerve and muscle function such as nerve conduction studies and needle electromyography.
 - c. Physical rehabilitation outpatient services. Outpatient program providing medical, health-related, therapy, social, and/or vocational services to help people with disabilities attain or retain their maximum functional capacity.
 - d. Prosthetic and orthotic services. Services providing comprehensive prosthetic and orthotic evaluation, fitting, and training.
 - e. Robot-assisted walking therapy. A form of physical therapy that uses a robotic device to assist patients who are relearning how to walk.
 - f. Simulated rehabilitation environment. Rehabilitation focused on retraining functional skills in a contextually appropriate environment (simulated home and community settings) or in a traditional setting (gymnasium) using motor learning principles.
- 84. 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.
- 85. Psychiatric services. Services provided by the hospital that offer immediate initial evaluation and treatment to patients with mental or emotional disorders.

a. 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.

b. Psychiatric pediatric services. The branch of medicine focused on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders in pediatric patients. Please report the number of staffed beds. <u>The beds reported here should be included in the staffed bed count for 14 psychiatric care.</u>

c. Psychiatric geriatric services. Provides care to elderly patients with mental or emotional disorders, including those admitted for diagnosis and those admitted for treatment. Please report the number of staffed beds. <u>The beds reported here should be included in the staffed bed count for 14 psychiatric care.</u>

d. 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. **e. Psychiatric emergency services.** Services of 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.

f. Psychiatric outpatient services. Provides medical care, including diagnosis and treatment, of psychiatric outpatients.

g. Psychiatric intensive outpatient services. A prescribed course of treatment in which the patient receives outpatient care no less than three times a week (which might include more than one service/day)

h-i. Psychiatric partial hospitalization program – adult/pediatric. Organized hospital services providing intensive day/evening outpatient services of three hours or more duration, distinguished from other outpatient visits of one hour.

j-k. Psychiatric residential treatment – adult/pediatric. Overnight psychiatric care in conjunction with an intensive treatment program in a setting other than a hospital.

- **86.** Radiology, diagnostic. The branch of radiology that deals with the utilization of all modalities of radiant energy in medical diagnoses and therapeutic procedures using radiologic guidance. This includes, but is not restricted to, imaging techniques and methodologies utilizing radiation emitted by x-ray tubes, radionuclides, and ultrasonographic devices and the radiofrequency electromagnetic radiation emitted by atoms.
 - 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. Electron beam computed tomography (EBCT). A high tech computed tomography scan used to detect coronary artery disease by measuring coronary calcifications. This imaging procedure uses electron beams which are magnetically steered to produce a visual of the coronary artery and the images are produced faster than conventional CT scans.

- d. Full-field digital mammography (FFDM). Combines the x-ray generators and tubes used in analog screen-film mammography (SFM) with a detector plate that converts the x-rays into a digital signal.
- e. 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.
- f. Intraoperative magnetic resonance imaging. An integrated surgery system which provides an MRI system in an operating room. The system allows for immediate evaluation of the degree to tumor resection while the patient is undergoing a surgical resection. Intraoperative MRI exists when a MRI (low-field or high-field) is placed in the operating theater and is used during surgical resection without moving the patient from the operating room to the diagnostic imaging suite.
- g. Magnetoencephalography (MEG). A noninvasive neurophysiological measurement tool used to study magnetic fields generated by neuronal activity of the brain. MEG provides direct information about the dynamics of evoked and spontaneous neural activity and its location in the brain. The primary uses of MEG include assisting surgeons in localizing the source of epilepsy, sensory mapping, and the study of brain function. When it is combined with structural imaging, it is known as *magnetic source imaging* (MSI).
- h. Multi-slice spiral computed tomography (<64+slice CT). A specialized computed tomography procedure that provides three-dimensional processing and allows narrower and multiple slices with increased spatial resolution and faster scanning times as compared to a regular computed tomography scan.</p>
- i. Multi-slice spiral computed tomography (64+ slice CT). Involves the acquisition of volumetric tomographic x-ray absorption data expressed in Hounsfield units using multiple rows of detectors. 64+ systems reconstruct the equivalent of 64 or more slices to cover the imaged volume.
- j. Positron emission tomography (PET). 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.
- k. Positron emission tomography/CT (PET/CT). Provides metabolic functional information for the monitoring of chemotherapy, radiotherapy and surgical planning.
- I. Single photon emission computerized tomography (SPECT). A nuclear medicine imaging technology that combines existing technology of gamma camera imaging with computed tomographic imaging technology to provide a clearer and more precise image.
- m. Ultrasound. The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures.
- 87. Radiology, therapeutic. 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.
 - a. Image-guided radiation therapy (IGRT). Automated system for image-guided radiation therapy that enables clinicians to obtain high-resolution xray images to pinpoint tumor sites, adjust patient positioning when necessary, and complete a treatment, all within the standard treatment time slot, allowing for more effective cancer treatments.
 - b. Intensity-Modulated Radiation Therapy (IMRT). A type of three-dimensional radiation therapy which improves treatment delivery by targeting a tumor in a way that is likely to decrease damage to normal tissues and allows for varying intensities.
 - c. Proton beam therapy. A form of radiation therapy which administers proton beams. While producing the same biologic effects as x-ray beams, the energy distribution of protons differs from conventional x-ray beams: proton beams can be more precisely focused in tissue volumes in a three-dimensional pattern, resulting in less surrounding tissue damage than conventional radiation therapy, permitting administration of higher doses.
 - d. Shaped beam radiation system. A precise, noninvasive treatment that involves targeted beams of radiation that mirror the exact size and shape of a tumor at a specific area to shrink or destroy cancerous cells. This procedure delivers a therapeutic dose of radiation that conforms precisely to the shape of the tumor, thus minimizing the risk to nearby tissues.
 - e. Stereotactic radiosurgery. A radiotherapy modality that delivers a high dosage of radiation to a discrete treatment area in as few as one treatment session. Includes Gamma Knife, Cyberknife, etc.
- 88. Robotic surgery. The use of mechanical guidance devices to remotely manipulate surgical instrumentation.
- 89. Rural health clinic. A clinic located in a rural, medically under-served area in the United States that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs.
- 90. Sleep center. Specially equipped and staffed center for the diagnosis and treatment of sleep disorders.
- 91. Social work services. Could include: organized 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.
- 92. Sports medicine. Provision of diagnostic screening, assessment, clinical and rehabilitation services for the prevention and treatment of sportsrelated injuries.
- **93.** Support groups. A hospital sponsored program that allows a group of individuals with common experiences or issues who meet periodically to share experiences, problems, and solutions in order to support each other.
- 94. Swing bed services. A hospital bed that can be used to provide either acute or long-term care depending on community or patient needs. To be eligible a hospital must have a Medicare provider agreement in place, have fewer than 100 beds, be located in a rural area, not have a 24-hour nursing service waiver in effect, have not been terminated from the program in the prior two years, and meet various service conditions.
- 95. 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.
- 96. Tobacco treatment/cessation program. Organized hospital services with the purpose of ending tobacco-use habits of patients addicted to tobacco/nicotine.
- **97. Telehealth.** A broad variety of technologies and tactics to deliver virtual medical, public health, health education delivery and support services using telecommunications technologies. Telehealth is used more commonly as it describes the wide range of diagnosis and management, education, and other related fields of health care. This includes, but are not limited to: dentistry, counseling, physical and occupational therapy, home health, chronic disease monitoring and management, disaster management and consumer and professional education.
 - b. eICU. An electronic intensive care unit (eICU), also referred to as a tele-ICU, is a form of telemedicine that uses state of the art technology to provide an additional layer of critical care service. The goal of an eICU is to optimize clinical experience and facilitate 24-hour a day care by ICU caregivers.
 - c. Stroke care. Stroke telemedicine is a consultative modality that facilitates the care of patients with acute stroke by specialists at stroke centers.
 d. Psychiatric and addiction treatment. Telepsychiatry can involve a range of services including psychiatric evaluations, therapy, patient education, and medication management.
 - Remote patient monitoring. The use of digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit the information securely to health care providers in a different location for assessment and recommendation.
- 98. 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, heart, lung, kidney, intestine, or tissue transplant. <u>Please include heart/lung or other multi-transplant surgeries in 'other'.</u>

- 99. Transportation to health facilities. (non-emergency) 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 people with disabilities; others offer subsidies for public transport systems or operate mini-bus services exclusively for use by senior citizens.
- 100. Urgent care center. A facility that provides care and treatment for problems that are not life threatening but require attention over the short term. 101. Violence Prevention
 - a. Workplace. A violence prevention program with goals and objectives for preventing workplace violence against staff and patients.
 - b. Community. An organized program that attempts to make a positive impact on the type(s) of violence a community is experiencing. For example, it can assist victims of violent crimes, e.g., rape, or incidents, e.g., bullying, to hospital or to community services to prevent further victimization or retaliation. A program that targets the underlying circumstances that contribute to violence such as poor housing, insufficient job training, and/or substance abuse through means such direct involvement and support, education, mentoring, anger management, crisis intervention and training programs would also qualify.
- 102. Virtual colonoscopy. Noninvasive screening procedure used to visualize, analyze and detect cancerous or potentially cancerous polyps in the colon.
- 103. Volunteer services department. An organized hospital department responsible for coordinating the services of volunteers working within the institution.
- 104. 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.
- **105. Wound management services.** Services for patients with chronic wounds and nonhealing wounds often resulting from diabetes, poor circulation, improper seating and immunocompromising conditions. The goals are to progress chronic wounds through stages of healing, reduce and eliminate infections, increase physical function to minimize complications from current wounds and prevent future chronic wounds. Wound management services are provided on an inpatient or outpatient basis, depending on the intensity of service needed.
- **106.** Integration ranges from co-located physical and behavioral health providers, with some screening and treatment planning, to fully integrated care where behavioral and physical health providers function as a true team in a shared practice.
- 107a. Physician arrangements. An integrated healthcare delivery program implementing physician compensation and incentive systems for managed care services. Please report the number of physicians and ownership percentage for each arrangement.
 - Independent practice association (IPA). 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-service or capitated basis. The purpose of an IPA is to assist solo physicians in obtaining managed care contracts.
 - 2. 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.
 - 3. 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.
 - 4. Closed physician-hospital organization (PHO). A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality.
 - 5. 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.
 - 6. 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.
 - 7. Equity model. Allows established practitioners to become shareholders in a professional corporation in exchange for tangible and intangible assets of their existing practices.
 - 8. 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.
- 107b-d. Report the number of physicians and specialty breakdown for physician practices wholly owned by the hospital.
- 108. Of all physician arrangements listed in question 107 (1-9), indicate the total number of physicians (count each physician only once) that are engaged in an arrangement with your hospital that allows for joint contracting with payers or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be any type of ownership). *Joint contracting* does not include contracting between physicians participating in an independent practice.
- **109. Joint venture.** A contractual arrangement between two or more parties forming an unincorporated business. The participants in the arrangement remain independent and separate outside of the venture's purpose.

SECTION D INSURANCE AND ALTERNATIVE PAYMENT MODELS Definitions

4. Insurance Products

- a. Medicare Advantage. Health Insurance program within Part C of Medicare. Medicare Advantage plans provide a managed health care plan (typically a health maintenance organization (HMO) but also often a preferred provider organization (PPO) or another type of managed care arrangement) that is paid based on a monthly capitated fee. This Part of Medicare provides beneficiaries an alternative to "Original Medicare" Parts A and B Medicare, which provides insurance for the same medical services but pays providers a fee for service (FFS) directly rather than through managed care plans.
- **b.** Medicaid Managed Care. Services in through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment "capitation" for these services.
- c. Health Insurance Marketplace. Also called health exchanges, are organizations set up to facilitate the purchase of health insurance in each state in accordance with Patient Protection and Affordable Care Act. Marketplaces provide a set of government-regulated and standardized health care plans from which individuals may purchase health insurance policies eligible for federal subsidies.
- d. Other Individual Market. Health insurance coverage offered to individuals other than in connection with a group health plan.
- e. Small Group. A group health plan that covers employees of an employer that has less than 50 employees.
- f. Large Group. A group health plan that covers employees of an employer that has 51 or more employees.
- Self-administered health plan. A health plan in which the employer assumes the financial risk for providing health care benefits to its employees.
 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 payer 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.
- 10. Bundling. Bundling is a payment mechanism whereby a provider entity receives a single payment for services provided across one or parts of the care continuum. For example, an entity might receive a single payment for the hospital and physician services provided as part of an inpatient stay or might receive a single payment for the post-acute care services involved in a single episode of care. The entity then has responsibility for compensating each of the individual providers involved in the episode of care.
- 12. Shared risk payments. A payment arrangement in which a hospital and a managed care organization share the risk of adverse claims experience. Methods for sharing risk could include: capitation with partial refunds or supplements if billed hospital charges or costs differ from capitated payments, and service or discharge-based payments with withholds and bonus payouts that depend on expenditure targets
- 15. Accountable Care Organization (ACO) Contract. An ACO contract has two essential elements: (1) accountability for the total costs of care for the population of patients attributed to the primary care physicians in the organization; (2) financial incentives that link the magnitude of bonus payments to performance on quality measures (which could include technical quality, patient experience and/or health outcome measures) This will generally involve a contract where the payer establishes a target budget for one or more years for the total costs of care for the agreed-upon patient population, the payer tracks actual spending and performance on quality; and the provider receives bonus payments that could include a share of savings that are (or are not) contingent on meeting quality targets, with (or without) additional bonuses related to performance on those quality measures.

15c. Traditional Medicare ACO Programs

MSSP. Medicare Shared Savings Program. For fee-for-service beneficiaries. The Shared Savings Program has different tracks that allow ACOs to select an arrangement that makes the most sense for their organization.

NextGen. The Next Generation ACO Model is an initiative for ACOs that are experienced in coordinating care for populations of patients. It allows these provider groups to assume higher levels of financial risk and reward.

Comprehensive ESRD Care. The model is designed to identify, test, and evaluate new ways to improve care for Medicare beneficiaries with End-Stage Renal Disease (ESRD.)

- **19. Patient-Centered Medical Home.** The medical home concept refers to the provision of comprehensive primary care services that facilitates communication and shared decision-making between the patient, his/her primary care providers, other providers, and the patient's family.
- 20. Clinically integrated network. A clinically integrated network is a collection of healthcare providers, such as physicians, hospitals, and post-acute care treatment providers, that come together to improve patient care and reduce overall healthcare costs. Clinically integrated networks rely on evidence-based care guidelines to provide high-quality care across participating providers.

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

For the purposes of this survey, a nursing home type unit/facility provides **long-term care for the elderly or other patients requiring chronic care** in a non-acute setting in any of the following categories: *Skilled nursing care *Intermediate care *Other long-term care (see page 21) The nursing home type unit/facility is 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.

- 1. a. Total licensed beds. Report the total number of beds authorized by the state licensing (certifying) agency.
 - b. Beds set up and staffed. 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 that have no other bed facilities, such as pediatric bassinets, isolation units and quiet rooms. 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, post anesthesia, or postoperative recovery room beds, psychiatric holding beds, observation beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital.
 - c. Bassinets set up and staffed. 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 and included in E1b. beds set up and staffed.
 - d. Births. Total births should exclude fetal deaths.
 - e. Admissions. Include the number of adult and pediatric admissions (exclude births). This figure should include all patients admitted during the reporting period, including neonatal and swing admissions.
 - f. Inpatient days. 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. An inpatient day of care (also commonly referred to as a <u>patient day</u> or a <u>census day</u>, or by some federal hospitals as an <u>occupied bed day</u>) 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.
 - g. Emergency department 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.
 - h. Total outpatient visits. 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 (also reported on line E1k), home health service visits, and emergency department visits (also reported on line E1g).

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. (e.g., alcoholism, dental, gynecology.) 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, and pharmacy.

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.

Home health service visits are visits by home health personnel to a patient's residence.

- i. Inpatient surgical operations. 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.
- **j. Operating room.** A unit/room of a hospital or other health care facility in which surgical procedures requiring anesthesia are performed.
- k. Outpatient surgical operations. 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. 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.
- 2a2. Managed Care Medicare Discharges. A discharge day where a Medicare Managed Care Plan is the source of payment.
- 2b2. Managed Care Medicare Inpatient Days. An inpatient day where a Medicare Managed Care Plan is the source of payment.
- 2c2. Managed Care Medicaid Discharges. A discharge day where a Medicaid Managed Care Plan is the source of payment.
- 2d2. Managed Care Medicaid Inpatient Days. An inpatient day where a Medicaid Managed Care Plan is the source of payment.
- 3a. Net patient revenue. Reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. 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.
- 3b. Tax appropriations. A predetermined amount set aside by the government from its taxing authority to support the operation of the hospital.
- **3c. Other operating revenue.** 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.
- 3d. Nonoperating revenue. Includes investment income, extraordinary gains and other nonoperating gains.
- 3e. Total revenue. Add net patient revenue, tax appropriations, other operating revenue and nonoperating revenue.
- 3f. Payroll expenses. Include payroll for all personnel including medical and dental residents/interns and trainees.
- 3g. Employee benefits. Includes social security, group insurance, retirement benefits, workman's compensation, unemployment insurance, etc.
- 3h. Depreciation expense (for reporting period only). Report only the depreciation expense applicable to the reporting period. The amount should also be included in accumulated depreciation (E8b).
- 3i. Interest expense. Report interest expense for the reporting period only.
- 3j. Pharmacy Expense. Includes the cost of drugs and pharmacy supplies requested to patient care departments and drugs charged to patients.
- 3k. Supply expense. The net cost of all tangible items that are expensed including freight, standard distribution cost, and sales and use tax minus rebates. This would exclude labor, labor-related expenses and services as well as some tangible items that are frequently provided as part of labor costs.
- 31. All other expenses. Any total facility expenses not included in E3f-E3k.
- 3m.Total expenses. Add 3f-3l. Includes all payroll and non-payroll expenses as well as any nonoperating losses (including extraordinary losses). Treat bad debt as a deduction from gross patient revenue and not as an expense.

- 4a. Total gross inpatient revenue. The hospital's full-established rates (charges) for all services rendered to inpatients.
- 4b. Total gross outpatient revenue. The hospital's full-established rates (charges) for all services rendered to outpatients.
- 4c. Total gross patient revenue. Add total gross inpatient revenue and total gross outpatient revenue.
- 5. Uncompensated care. Care for which no payment is expected or no charge is made. It is the sum of bad debt and charity care absorbed by a hospital or other health care organization in providing medical care for patients who are uninsured or are unable to pay.
- 5a. Bad debt. The provision for actual or expected uncollectibles resulting from the extension of credit. Report as a deduction from gross revenue. For Question 6 (Revenue by payer), if you cannot break out your bad debt by payer, deduct the amount from self-pay.
- 5b. Financial Assistance (Includes charity care). Financial assistance and charity care refer to health services provided free of charge or at reduced rates 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.
- 5d. Medicaid Provider Tax, Fee or Assessment. Dollars paid as a result of a state law that authorizes collecting revenue from specified categories of providers. Federal matching funds may be received for the revenue collected from providers and some or all of the revenues may be returned directly or indirectly back to providers in the form of a Medicaid payment.
- 6. REVENUE BY PAYER

6a1. Medicare. Should agree with the Medicare utilization reported in questions E2a1-E2b2.

- 6a1a. Fee for service patient revenue. Include traditional Medicare fee-for-service.
- 6a1c. Total. Medicare revenue (add Medicare fee for service patient revenue and Medicare managed care revenue).
- 6a2. Medicaid. Should agree with Medicaid utilization reported in questions E2c1-E2d2.

6a2a. Fee for service patient revenue. Do not include Medicaid disproportionate share payments (DSH) or other Medicaid supplemental payments. **6a2c. Medicaid Graduate Medical Education (GME) payments.** Payments for the cost of approved graduate medical education (GME) programs. Report in 'net' column only.

6a2d. Medicaid disproportionate share payment (DSH). DSH minus associated provider taxes or assessments. <u>Report in 'Net' column only</u>. 6a2e. Medicaid supplemental payments. Supplemental payments the Medicaid program pays the hospital that are NOT Medicaid DSH, minus associated provider taxes or assessments. <u>Report in 'Net' column only</u>.

6a2f. Other Medicaid. Any Medicaid payments such as delivery system reform incentive program (DSRIP) payments that are not included in lines 6a2a-e. Report in 'net' column only.

6e. Medicaid Intergovernmental Transfers (IGT) or certified public expenditure program. Exchange of public funds between different levels of government (e.g., county, city, or another state agency) to the state Medicaid agency.

7. FINANCIAL PERFORMANCE – MARGIN

7a. Total Margin. Total income over total revenue. Nonoperating income is included in revenue in the total margin.

- 7b. Operating Margin. Measure of profit per dollar of revenue calculated by dividing net operating income by operating revenues.
- 7c. EBITDA Margin. Earnings before interest, tax depreciation and amortization (EBITDA) divided by total revenue.
- 8. Fixed Assets. Represent land and physical properties that are consumed or used in the creation of economic activity by the health care entity. The historical or acquisition costs are used in recording fixed assets. Net plant, property, and equipment represent the original costs of these items less accumulated depreciation and amortization.
- 8d. Gross Square Footage. Include all inpatient, outpatient, office, and support space used for or in support of your health care activities. Exclude exterior, roof, and garage space in the figure.
- 9. Capital Expenses. Expenses used to acquire assets, including buildings, remodeling projects, equipment, or property.
- 10. Information Technology and Cybersecurity.
 - a. IT Operating expense. Exclude department depreciation and operating dollars paid against capital leases.
 - b. IT Capital expense. Include IT capital expense for the current year only. Any capital expense that is carried forward from the previous year should be excluded from this figure. Include IT related capital included in the budget of other departments. (e.g., lab, radiology) if known or can be reasonably estimated. Include the total value of capital leases to be signed in the current year.
 - c. Number of Employed IT staff (in FTEs). Number of full-time equivalent (FTE) staff employed in the IT department/organization and on the hospital payroll.
 - d. Total number of outsourced IT staff (in FTEs). i.e., contracted staff.
 - e. Cybersecurity. Measures taken to protect against the criminal or unauthorized use of electronic data.

STAFFING

- 11. Full-Time Equivalent (FTE) is the total number of hours worked by all employees over the full 12-month reporting period, divided by the normal number of hours worked by a full-time employee for that same time period. For example, if your hospital considers a normal workweek for a full-time employee to be 40 hours, a total of 2,080 would be worked over a full year (52 weeks). If the total number of hours worked by all employees on the payroll is 208,000, then the number of full-time equivalents (FTE) is 100 (employees). The FTE calculation for a specific occupational category such as registered nurses is exactly the same. The calculation for each occupational category should be based on the number of hours worked by staff employed in that specific category.
- a-b. 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. (11m)
- d. 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 11c.
- e. 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. (11m)
- f. 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. Nursing assistive personnel. Certified nursing assistant or equivalent unlicensed staff who assist registered nurses in providing patient care related services as assigned by and under the supervision of a registered nurse.
- h. Radiology technicians. Technical positions in imaging fields, including, but not limited to, radiology, sonography, nuclear medicine, radiation therapy, CT, MRI.
- i. Laboratory technicians. Professional and technical positions in all areas of the laboratory, including, but not limited to, histology, phlebotomy, microbiology, pathology, chemistry, etc.
- j. Pharmacists, licensed. Persons licensed within the state who are concerned with the preparation and distribution of medicinal products.
- **k.** Pharmacy technicians. Persons who assist the pharmacist with selected activities, including medication profile reviews for drug incompatibilities, typing labels and prescription packaging, handling of purchase records and inventory control.
- I. Respiratory Therapists. An allied health professional who specializes in scientific knowledge and theory of clinical problems of respiratory care. Duties include the collection and evaluation of patient data to determine an appropriate care plan, selection and assembly of equipment, conduction of therapeutic procedures, and modification of prescribed plans to achieve one or more specific objectives.
- m. All other personnel. This should include all other personnel not already accounted for in other categories.

- n. Total facility personnel. Add 11a-11m. Includes 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.)
- o-p. Nursing home type unit/facility personnel. These lines 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 lines (11a-m), but cannot be broken out, please leave blank.
- q. Direct patient care RN. Registered nurses providing care directly to patients. Direct patient care responsibilities are patient-centered nursing activities carried out in the presence of the patient (such as admission, transfer/discharge, patient teaching, patient communication, treatments, counseling, and administration of medication.)
- 12. Privileged Physicians. Report the total number of physicians (by type) on the medical staff with privileges except those with courtesy, honorary and provisional privileges. Do not include residents or interns. Physicians that provide only non-clinical services (administrative services, medical director services, etc.) should be excluded.

Employed by your hospital. Physicians that are either direct hospital employees or employees of a hospital subsidiary corporation. **Individual contract.** An independent physician under a formal contract to provide services at your hospital including at outpatient facilities, clinics and offices

Group contract. A physician that is part of a group (group practice, faculty practice plan or medical foundation) under a formal contract to provide services at your hospital including at inpatient and outpatient facilities, clinics and offices.

Not employed or under contract. Other physicians with privileges that have no employment or contractual relationship with the hospital to provide services.

The sum of the physicians reported in 12a-12f should equal the total number of privileged physicians in the hospital.

a. Primary care. A physician that provides primary care services including general practice, general internal medicine, family practice, general pediatrics, obstetrics/gynecology and geriatrics.

- b. Emergency medicine. Physicians who provide care in the emergency department.
- c. Hospitalist. Physicians whose primary professional focus is the care of hospitalized medical patients (through clinical, education, administrative and research activity).
- d. Intensivist. A physician with special training to work with critically ill patients. Intensivists generally provided medical-surgical, cardiac, neonatal, pediatric and other types of intensive care.
- e. Radiologist/pathologist/anesthesiologist. Radiologist. A physician who has specialized training in imaging, including but not limited to radiology, sonography, nuclear medicine, radiation therapy, CT, MRI. Pathologist. A physician who examines samples of body tissues for diagnostic purposes. Anesthesiologist. A physician who specializes in administering medications or other agents that prevent or relieve pain, especially during surgery.

f. Other specialist. Other physicians not included in the above categories that specialize in a specific type of medical care.

- 15. Advanced Practice Registered Nurses/Physician Assistants. Registered nurses with advanced didactic and clinical education, knowledge, skills, and scope of practice. Physician assistant. A healthcare professional licensed to practice medicine with supervision of a licensed physician. Includes: Nurse practitioner. A registered nurse with at least a master's degree in nursing and advanced education in primary care, capable of independent practice in a variety of settings. Clinical nurse specialist (CNS). A registered nurse who, through a formal graduate degree (masters or doctorate) CNS education program, has expertise in a speciality area of nursing practice. CNSs are clinical experts in the diagnosis and treatment of illness, and the delivery of evidence-based nursing interventions.
- 15c. Primary care. Medical services including general practice, general internal medicine, family practice, general pediatrics, obstetrics/gynecology. Emergency department care. The provision of unscheduled outpatient services to patients whose conditions require immediate care in the emergency department setting.

Other specialty care. A clinic that provides specialized medical care beyond the scope of primary care.

Patient education. Goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures and self-care. 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.

Other. Any type of care other than those listed above.

16. Foreign-educated nurses. Individuals who are foreign born and received basic nursing education in a foreign country. In general many of these nurses come to the US on employment-based visas which allow them to obtain a green card.

SECTION F. SUPPLEMENTAL INFORMATION DEFINITIONS

- 1a. Satellite facility. Services are available at a facility geographically remote from the hospital campus.
 1b. Report the number of sites for outpatient services on the hospital campus and off-campus (satellite) sites owned and operated by the hospital.
- 2. Group Purchasing Organization. An organization whose primary function is to negotiate contracts for the purpose of purchasing for members of the group or has a central supply site for its members.
- 3. Distributor. An entity that typically does not manufacture most of its own products but purchases and re-sells these products. Such a business usually maintains an inventory of products for sales to hospitals and physician offices and others.

5. Types of Partnerships:

- a. Health care providers outside your system (Include other hospitals health care systems, FQHCs, community clinics)
- b. Local or state public health organizations (Include public health departments, institutes, etc.)
- c. Local or state human/social service organizations (Include food, housing/rental assistance, energy assistance, transportation assistance)
- d. Other local or state government (Include municipal, city or county government, including public safety and policy/legislative initiatives at a local level)
- e. Non-profit organizations (Include National health associations, United Way, YMCA, Service leagues, healthy communities coalitions)
- f. Faith-based organizations
- g. Health insurance companies
- h. Schools (Include childhood, primary and secondary schools and colleges/universities)
- i. Local businesses or chambers of commerce
- j. National businesses or chambers of commerce
- k. Other (list)

Scale of partnerships:

Not involved. No current partnerships with this type of organization

Collaboration. Exchange information and share resources for a similar mission to enhance the capacity of the other partner

Formal Alliance. Formalized partnership (binding agreement) among multiple organizations with merged initiatives, common goals and metrics
 Patient and family advisory council. Advisory council dedicated to the improvement of quality in patient and family care. The advisory council is comprised of past/present patients, family members, and hospital staff.

This glossary is provided for your convenience. Field labels are shown in brackets. **See the AHA Annual Survey file layout** for complete identification of all fields in the Database; and the AHA Annual Survey questionnaire for additional information.



Ablation of Barrett's esophagus:

Premalignant condition that can lead to adenocarcinoma of the esophagus. The nonsurgical ablation of premalignant tissue in Barrett's esophagus by the application of thermal energy or light through an endoscope passed from the mouth into the esophagus. [ENDOAHOS].

Accountable Care Organization (ACO)

Contract: An ACO contract has two essential elements: (1) accountability for the total costs of care for the population of patients attributed to the primary care physicians in the organization; (2) financial incentives that link the magnitude of bonus payments to performance on quality measures (which could include technical quality, patient experience and/or health outcome measures). This will generally involve a contract where the payor establishes a target budget for one or more years for the total costs of care for the agreed-upon patient population, the payor tracks actual spending and performance on quality; and the provider receives bonus payments that could include a share of savings that are (or are not) contingent on meeting quality targets, with (or without) additional bonuses related to performance on those guality measures. [ACO].

Accumulated depreciation: The total amount of depreciation for land and physical properties consumed or used in the creation of economic activity by the health care entity. [ADEPRA].

Acute long term care: Provides specialized acute hospital care to medically complex patients who are critically ill, have multisystem

complications and/or failure, and require hospitalization averaging 25 days, in a facility offering specialized treatment programs and therapeutic intervention on a 24 hour/7 day a week basis. [ACUHOS].

Adjusted admissions: An aggregate

measure of workload reflecting 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. [ADJADM].

Admissions + (Admissions * (Outpatient Revenue/Inpatient Revenue))

Adjusted average daily census: An

estimate of the average number of patients (both inpatients and outpatients) receiving care each day during the reporting period, which is usually 12 months. The figure is derived by dividing the number of inpatient day equivalents (also called adjusted inpatient days) by the number of days in the reporting period. [ADJADC].

Adjusted inpatient days: An aggregate measure of workload reflecting 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. *Value provided for total facility* [ADJPD] *and for the hospital unit* [ADJPDH].

Inpatient Days + (Inpatient Days * (Outpatient Revenue/Inpatient Revenue))

Admissions: The number of patients, excluding newborns, accepted for inpatient service during the reporting period; the number includes patients who visit the emergency room and are later admitted for inpatient service. [ADMTOT].

Adult cardiac electrophysiology: See Cardiac electrophysiology. [ADTEHOS].

Adult cardiac surgery: Includes minimally invasive procedures that include surgery done with only a small incision or no incision at all, such as through a laparoscope or an endoscope and more invasive major surgical procedures that include open chest and open heart surgery. [ADTCHOS].

Adult cardiology services: An organized clinical service offering diagnostic and interventional procedures to manage the full range of adult heart conditions. [ACARDHOS].

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. [ADULTHOS].

Adult diagnostic catheterization: (Also

called coronary angiography or coronary arteriography) is used to assist in diagnosing complex heart conditions. It involves the insertion of a tiny catheter into the artery in the groin then carefully threading the catheter up into the aorta where the coronary arteries originate. Once the catheter is in place, a dye is injected which allows the cardiologist to see the size, shape, and distribution of the coronary arteries. Images are used to diagnose heart disease and to determine, whether or not surgery is indicated. [ACLABHOS].

Adult interventional cardiac

catheterization: Non surgical procedure that utilizes the same basic principles as diagnostic catheterization and then uses advanced techniques to improve the heart's function. It can be a less-invasive alternative to heart surgery. [ICLABHOS].

Advanced practice nurses: Registered nurses with advanced didactic and clinical education, knowledge, skills, and scope of practice. Includes: Physician assistant; nurse practitioner; clinical nurse specialist. [APRN]. **AHA ID:** AHA assigned unique identification number. [ID].

Air ambulance services: Aircraft and especially a helicopter equipped for transporting the injured or sick. Most air ambulances carry critically ill or injured patients, whose condition could rapidly change for the worse. [AMBAHOS].

Airborne infection isolation room: A

single-occupancy room for patient care where environmental factors are controlled in an effort to minimize the transmission of those infectious agents, usually spread person to person by droplet nuclei associated with coughing or inhalation. Such rooms typically have specific ventilation requirements for controlled ventilation, air pressure and filtration. [AIRBHOS].

Alcohol/drug abuse or dependency

inpatient 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. [ALCHHOS].

Alcohol-chemical 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. [ALCOPHOS].

Alcohol-chemical dependency partial

hospitalization services: Organized hospital services providing intensive day/evening outpatient services of three hour or more duration, distinguisehd from other outpatient visits of one hour. [ACLPRHOS].

Alcohol-chemical dependency pediatric hospitalization services:

Provides diagnosis and therapeutic services to

pediatric 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. [ALCPDHOS].

Alzheimer Center: Facility that offers care to persons with Alzheimer's disease and their families through an integrated program of clinical services, research, and education. [ALZHOS].

Ambulance services: Provision of ambulance services to the ill and injured who require medical attention on a scheduled or unscheduled basis. [AMBHOS].

Ambulatory surgery center: Facility that provides care to patients requiring surgery who are admitted and discharged on the same day. Ambulatory surgery centers are distinct from same day surgical units within the hospital outpatient departments for purposes of Medicare payments. [AMBSHOS].

Arthritis treatment center: Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders. [ARTHCHOS].

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. [ASSTLHOS].

Assistive technology center: A program

providing access to specialized hardware and software with adaptations allowing individuals greater independence with mobility, dexterity, or increased communication options. [RASTHOS]. **Auxiliary:** A volunteer community organization formed to assist the hospital in carrying out its purpose and to serve as a link between the institution and the community. [AUXHOS].

Average daily census: The average number of people served on an inpatient basis on a single day during the reporting period; the figure is calculated by dividing the number of inpatient days by the number of days in the reporting period. [ADC].

В

Bad debt: The provision for actual or expected uncollectibles resulting from the extension of credit. Report as a deduction from revenue.

Bariatric / weight control services:

Bariatrics is the medical practice of weight reduction. [BWHTHOS].

Bassinets set up and staffed: Beds for babies, either normal newborns or those receiving special care in a neonatal intensive or intermediate care unit. Bassinets for normal newborns are not counted as inpatient beds, but as a separate count. Bassinets in neonatal intensive and intermediate care units are counted as part of the hospital's overall staffed and/or licensed bed count. [BASSIN].

Bed-size category: Hospitals are categorized by the number of beds set-up and staffed for use at the end of the reporting period. The eight categories are: 6-24 beds, 25-49, 50-99, 100-199, 200-299, 300-399, 400-499, 500+ [BSC].

Beds (total facility): Number of beds regularly maintained (set up and staffed for use) for inpatients as of the close of the reporting period. If the hospital owns and operates a nursing home type unit/facility then total facility beds is a combined total of hospital plus nursing home unit beds. Excludes newborn bassinets. [BDTOT].

Birthing 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 all four stages of the birth process—labor, delivery, recovery, and postpartum. [BROOMHOS].

Births: Total number of infants born in the hospital during the reporting period. Births do not include infants transferred from other institutions, and are excluded from admission and discharge figures. [BIRTHS].

Blood donor center: A facility that performs, or is responsible for the collection, processing, testing or distribution of blood and components. [BLDOHOS].

Bone marrow transplant: The branch of medicine that transfers healthy bone marrow from one person to another or from one part to another to replace a diseased structure or to restore function. [OTBONHOS].

Breast cancer screening /

mammograms: Provides 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. [MAMMSHOS].

Bundled payment: Bundling is a payment mechanism whereby a provider entity receives a single payment for services provided across one or parts of the care continuum. For example, an entity might receive a single payment for the hospital and physician services provided as part of an inpatient stay or might receive a single payment for the postacute care services involved in a single episode of care. The entity then has the responsibility for compensating each of the individual providers involved in the episode of care. [BNDPAY]. **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. [BRNHOS].

С

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.

Cardiac electrophysiology: Evaluation and management of patients with complex rhythm or conduction abnormalities, including diagnostic testing, treatment of arrhythmias by catheter ablation or drug therapy, and pacemaker/defibrillator implantation and follow-up. [ADTEHOS].

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 special 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. [CICHOS].

Cardiac rehabilitation: A medically supervised program to help heart patients recover quickly and improve their overall physical and mental functioning. The goal is to reduce risk of another cardiac event or to keep an already present heart condition from getting worse. Cardiac rehabilitation programs include: counseling to patients, an exercise program, helping patients modify risk factors such as smoking and high blood pressure, providing vocational guidance to enable the patient to return to work, supplying information on physical limitations and lending emotional support. [CHABHOS].

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. [CMNGTHOS].

CBSA name: The term Core-Based Statistical Area (CBSA) is a collective term for both Metropolitan and Micropolitan areas. A metropolitan area has a population of more than 50,000; while a micropolitan area has a population between 10,000 and 50,000. [CBSANAME].

CBSA type: Type of Core-based statistical Area (CBSA). The Metro type designates a Metropolitan Statistical Area. The Micro type designates a Micropolitan Statistical Arera. *Also see Census Division Type.* [CBSATYPE].

Census Bureau codes: FIPS State and County Code. [FCOUNTY].

Certified trauma center: A facility certified to provide emergency and specialized intensive care to critically ill and injured patients. [TRAUMHOS].

Chaplaincy/pastoral care services: A

service ministering religious activities and providing

pastoral counseling to patients, their families, and staff of a health care organization. [CHAPHOS].

Chemotherapy: An organized program for the treatment of cancer by the use of drugs or chemicals. [CHTHHOS].

Children's wellness program: A program that encourages improved health status and a healthful lifestyle of children through health education, exercise, nutrition and health promotion. [CWELLHOS].

Chiropractic services: An organized clinical service including spinal manipulation or adjustment and related diagnostic and therapeutic services. [CHIHOS].

Clinically integrated network: A

collection of healthcare providers, such as physicians, hospitals, and post-acute evidencebased care guidelines to provide high-quality care across participating providers. [CINHSP].

Closed cardiac intensive care: Are only intensivists authorized to care for ICU patients in medical-surgical intensive care? [CLSCIC].

Closed medical surgical intensive

care: Are only intensivists authorized to care for ICU patients in medical-surgical intensive care? [CLSMSI].

Closed neonatal intensive care: Are

only intensivists authorized to care for patients in neonatal intensive care? [CLSNIC].

Closed other intensive care: Are only intensivists authorized to care for patients in other intensive care? [CLSOIC].

Closed pediatric intensive care: Are

only intensivists authorized to care for patients in pediatric intensive care? [CLSPIC].

Closed physician-hospital organization (Closed PHO): A joint

venture between the hospital and physicians who have been selected on the basis of costeffectiveness and/or high quality. 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. [CPHOHOS].

Co-located hospitals: Co-location refers to two or more entities, with separate CMS Certification Numbers (CCNs) occupying the same building, or conjoined buildings.

Combined Statistical Area name: The

name of a Combined Statistical Area (CSA). A CSA is composed of adjacent Metropolitan and Micropolitan Statistical areas as defined by the U.S. Census Bureau. [CSANAME].

Combined Statistical Area code: The

code for a Combined Statistical Area (CSA). A CSA is composed of adjacent Metropolitan and Micropolitan Statistical areas as defined by the U.S. Census Bureau. [CSACODE].

Community health education: Education

that provides information to individuals and populations, support to personal, family and community health decisions with the objective of improving health status. [HLTHCHOS].

Community hospital designation:

Community hospitals are designated as all nonfederal, short-term general, and special hospitals, including special childrens hospitals, whose facilities and services are available to the public. [CHC] [COMMTY].

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. [COUTRHOS].

Complementary and alternative

medicine services: Organized hospital services or formal arrangements to providers that provide care or treatment not based solely on traditional western allopathic medical teachings as instructed in most U.S. medical schools. Includes any of the following: acupuncture, chiropractic, homeopathy, osteopathy, diet and lifestyle changes, herbal medicine, massage therapy, etc. [COMPHOS].

Computed-tomography (CT) scanner:

Computed tomographic scanner for head or whole body scans. [CTSCNHOS].

Computer assisted orthopedic

surgery: Orthopedic surgery using computer technology, enabling three-dimensional graphic models to visualize a patient's anatomy. [CAOSHOS].

Contract managed hospital: Indicates whether hospital is 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. [MNGT].

Control/Ownership type: The type of organization responsible for establishing policy concerning the overall operation of the hospital. The three major categories are government (including federal, state, and local); nongovernment (nonprofit); and investor-owned (for-profit). [CNTRL].

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. [CPREVHOS].

D

Dental services: An organized dental service or dentists on staff, not necessarily involving special facilities, providing dental or oral services to inpatients or outpatients. [DENTSHOS].

Diabetes prevention program: Program to prevent or delay the onset of type 2 diabetes by offering evidence-based lifestyle changes based on research studies, which showed modest behavior changes helped individuals with prediabetes reduce their risk of developing type 2 diabetes. [DPPHOS].

Depreciation expense: The cost of wear and tear, inadequacy, obsolescence, etc. on buildings and equipment, expressed as an expense for a given reporting period. [DPEXA].

Diagnostic radioisotope facility: The use of radioactive isotopes (radiopharmaceuticals) as tracers or indicators to detect an abnormal condition or disease. [DRADFHOS].

Direct patient care RNs: Registered nurses providing care directly to patients. Direct patient care responsibilities are patient-centered nursing activities carried out in the presence of the patient (such as admission, transfer/discharge, patient teaching, patient communication, treatments, counseling, and administration of medication). [ERNFTE].

Distributor: An entity that typically does not manufacture most of its own products but purchases and re-sells these products. Such a business usually maintains an inventory of products for sales to hospitals and physician offices and others. [SUPLY].

Ε

Electrodiagnostic services: Diagnostic testing services for nerve and muscle function

including services such as nerve conduction studies and needle electromyography. [REDSHOS].

Electron Beam Computed

Tomography (EBCT): A high tech computed tomography scan used to detect coronary artery disease by measuring coronary calcifications. This imaging procedure uses electron beams which are magnetically steered to produce a visual of the coronary artery and the images are produced faster than conventional CT scans. [EBCTHOS].

Emergency room visits: Number of emergency room visits reported by the hospital. An emergency room visit is defined as a visit to the emergency unit. When an emergency outpatient is admitted to the inpatient area of the hospital, he or she is counted as an emergency room visit and subsequently, as inpatient admissions. [VEM].

Emergency services: Health services that are provided after the onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in placing the patient's health in serious jeopardy.

> **On-campus emergency department:** Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care. [EMDEPHOS].

• Off-campus emergency department: A facility owned and operated by the hospital but physically separate from the hospital for the provision of unscheduled outpatient services to patients whose conditions require immediate care. A freestanding ED is not physically connected to a hospital but has all the necessary emergency staffing and equipment on site. [FSERHOS].

Employment services: Services designed to support individuals with significant disabilities to seek and maintain employment. [EMSSHOS].

Enabling services: A program that is designed to help the patient access health care services by offering any of the following linguistic services, transportation services, and/or referrals to local social services agencies. [ENBHOS].

Endoscopic retrograde

cholangiopancreatography (ERCP): A

procedure in which a catheter is introduced through an endoscope into the bile ducts and pancreatic ducts. Injection of contrast material permits detailed x-ray of these structures. The procedure is used diagnostically as well as therapeutically to relieve obstruction or remove stones. [ENDORHOS].

Endoscopic ultrasound: Specially designed endoscope that incorporates an ultrasound transducer used to obtain detailed images of organs in the chest and abdomen. The endoscope can be passed through the mouth or the anus. When combined with needle biopsy the procedure can assist in diagnosis of disease and staging of cancer. [ENDOUHOS].

Enrollment (insurance) assistance

program: A program that provides enrollment assistance for patients who are potentially eligible for public health insurance programs such as Medicaid, State Children's Health Insurance, or local/state indigent care programs. The specific services offered could include explanation of benefits, assist applicants in completing the application and locating all relevant documents, conduct eligibility interviews, and/or forward applications and documentation to state/local social service or health agency. [ENRHOS].

Equity model: An arrangement that allows established practitioners to become shareholders in a professional corporation in exchange for tangible

and intangible assets of their existing practices. [EQMODHOS].

Esophageal impedance study: A test in which a catheter is placed through the nose into the esophagus to measure whether gas or liquids are passing from the stomach into the esophagus and causing symptoms. [ENDOEHOS].

Expenses: See Total facility expenses.

Extracorporeal shock waved

lithotripter (ESWL): A medical device used for treating stones in the kidney or urethra. The device disintegrates kidney stones noninvasively through the transmission of acoustic shock waves directed at the stones. [ESWLHOS].

F

Fertility clinic: A specialized program set in an infertility center that provides counseling and education as well as advanced reproductive techniques such as: injectable therapy, reproductive surgeries, treatment for endometriosis, male factor infertility, tubal reversals, in vitro fertilization (IVF), donor eggs, and other such services to help patients achieve successful pregnancies. [FRTCHOS].

Fitness center: Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees. [FITCHOS].

Fixed assets: Represent land and physical properties that are consumed or used in the creation of economic activity by the health care entity. The historical or acquisition costs are used in recording fixed assets. Net plant, property, and equipment represent the original costs of these items less accumulated depreciation and amortization.

Foundation: A corporation, organized as a hospital affiliate or subsidiary, that purchases both tangible and intangible assets of one or more

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medical group practices. Physicians remain in a separate corporate entity but sign a professional services agreement with the foundation. [FOUNDHOS].

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. [OPCENHOS].

Full-field digital mammography:

Combines the x-ray generators and tubes used in analog screen-film mammography (SFM) with a detector plate that converts the x-rays into a digital signal. [FFDMHOS].

Full time equivalent employees (FTE):

Full time personnel on payroll plus one half of the part-time personnel on payroll.

G

General medical/surgical adult care:

Provides acute care to adult patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans. [GENHOS].

General medical/surgical pediatric

care: Provides acute care to pediatric patients on the basis of physicians' orders and approved nursing care plans. [PEDHOS].

Genetic testing / counseling: A service equipped with adequate laboratory facilities and directed by a qualified physician to advise parents and prospective parents on potential problems in cases of genetic defects. A genetic test is the analysis of human DNA, RNA, chromosomes, proteins, and certain metabolites in order to detect heritable disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes. Genetic tests can have diverse purposes, including the diagnosis of genetic diseases in newborns, children, and adults; the identification of future health risks; the prediction of drug responses; and the assessment of risks to future children. [GNTCHOS].

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. [GERSVHOS].

Group practice without walls: In this organization, the hospital sponsors the formation of a physician group or provides capital to physicians to establish one. The group shares administrative expenses, although the physicians remain independent practitioners. [GPWWHOS].

Group Purchasing Organization (GPO):

An organization whose primary function is to negotiate contracts for the purpose of purchasing for members of the group or has a central supply site for its members. [GROUP].

Η

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. [HLTHFHOS].

Health research: Organized hospital research program in any of the following areas: basic research, clinical research, community health research, and/or research on innovative health care delivery. [HLTRHOS].

Health screenings: 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. [HLTHSHOS].

Heart transplant: The branch of medicine that transfers a heart organ or tissue from one person to another to replace a diseased structure or to restore function. [HARTHOS].

Hemodialysis: Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis. [HEMOHOS].

HIV-AIDS services: 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. [AIDSSHOS].

Home health services: Service providing nursing, therapy, and health-related homemaker or social services in the patient's home. [HOMEHHOS].

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. [HOSPCHOS].

Hospital location: Indicates whether a hospital is in an urban or rural location. [LOCATION].

Hospital total expenses (including

bad debt): Includes all payroll and non-payroll expenses (including bad debt) as well as any non-

operating losses (including extraordinary losses). [EXPTHA].

Hospital unit beds: Only operating beds, not constructed bed capapcity. Includes all bed facilities that are set up and staffed for use by inpatients that 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, post anesthesia, 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. [BDH].

Hospital-base 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 non-emergency basis, and laboratory and other diagnostic testing as ordered by staff or outside physician referral. [OPHOSHOS].

Hospitalists provide care: Indicates whether hospitalists provide patient care in the hospital. [HSPTL].



Image-guided radiation therapy:

Automated system for image-guided radiation therapy that enables clinicians to obtain highresolution x-ray images to pinpoint tumor sites, adjust patient positioning when necessary, and complete a treatment, all within the standard treatment time slot, allowing for more effective cancer treatments. [IGRTHOS]. **Immunization program:** Program that plans, coordinates and conducts immunization services in the community. [IMPRHOS].

Independent practice association:

Hospital sponsors an independent practice association (IPA), 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. [IPAHOS].

Indigent care clinic: Health care services for uninsured and underinsured persons where care is free of charge or charged on a sliding scale. This would include free clinics staffed by volunteer practitioners, but could also be staffed by employees with the sponsoring health care organization subsidizing the cost of service. [ICARHOS].

Information technology:

- a. **IT operating expense.** [ITEXPA].
- b. IT capital expense. [ITBUGT].
- c. Number of employed IT staff in FTEs. [ITFTE].
- d. Total number of outsourced IT staff. [OSFTE].

Inpatient days: The number of adult and pediatric days of care, excluding newborn days of care, rendered during the entire reporting period. [IPDTOT].

Inpatient days (hospital unit): The

number of adult and pediatric days of care, excluding newborn days of care, rendered during the entire reporting period. [IPDH].

Inpatient palliative care unit: An

inpatient palliative care ward is a physically discreet, inpatient nursing unit where the focus is palliative care. The patient care focus is on symptom relief for complex patients who may be continuing to undergo primary treatment. Care is delivered by palliative medicine specialists. [IPALHOS].

Insurance products:

- a. Medicare Advantage Health Insurance program within Part C of Medicare. Medicare Advantage plans provide a managed health care plan (typically a health maintenance organization (HMO) but also often a preferred provider organization (PPO) or another type of managed care arrangement) that is paid based on a monthly capitated fee. This Part of Medicare provides beneficiaries an alternative to "Original Medicare" Parts A and B Medicare, which provides insurance for the same medical services but pays providers a fee for service (FFS) directly rather than through managed care plans. [MEDNP].
- Medicaid Managed Care Services through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment – "capitation" – for these services. [MMCNP].
- c. Health Insurance Marketplace Also called health exchanges, are organizations set up to facilitate the purchase of health insurance in each state in accordance with Patient Protection and Affordable Care Act. Marketplaces provide a set of governmentregulated and standardized health care plans from which individuals may purchase health insurance policies eligible for federal subsidies. [HLINNP].
- d. **Other Individual Market** Health insurance coverage offered to individuals other than in connection with a group health plan. [OTHINP].
- e. **Small Group** A group health plan that covers employees of an employer that has less than 50 employees. [SMGPNP].
- f. **Large Group** A group health plan that covers employees of an employer that has 51 or more employees. [LGRPNP].

Integrated salary model: In this

arrangement, physicians are salaried by the hospital or other entity of a health system to provide medical services for primary care and specialty care. [ISMHOS].

Intensity-Modulated Radiation

Therapy (IMRT): A type of three-dimensional radiation therapy, which improves the targeting of treatment delivery in a way that is likely to decrease damage to normal tissues and allows varying intensities. [IMRTHOS].

Intensivists provide care: Intensivists are board-certified physicians who are additionally certified in the sub-specialty of critical care medicine; or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME accredited program; or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987. [INTCAR].

Interest expense: Interest payments made by the hospital on bank loans, notes, bonds, and mortgages. [INTEXA].

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. [ICFHOS].

Intraoperative magnetic resonance

imaging: An integrated surgery system which provides an MRI system in an operating room. The system allows for immediate evaluation of the degree to tumor resection while the patient is undergoing a surgical resection. Intraoperative MRI exists when a MRI (low-field or high-field) is placed in the operating theater and is used during surgical resection without moving the patient from the operating room to the diagnostic imaging suite. [IMRIHOS].

J

Joint venture: A contractual arrangement

between two or more parties forming an unincorporated business. The participants in the arrangements remain independent and separate outside of the venture purpose.

K

Kidney transplant: The branch of medicine that transfers a kidney organ or tissue from one person to another to replace a diseased structure or to restore function. [KDNYHOS].

Laboratory technicians: Number that represents the professional and technical positions in all areas of the laboratory, including, but not limited to, histology, phlebotomy, microbiology, pathology, chemistry, etc. [FTLAB] [PTLAB].

Latitude: Hospital's Latitude. [LAT].

Length of Stay: Length of Stay (LOS) refers to the average number of days a patient stays at the facility. Short-term hospitals are those where the average LOS is less than 30 days. Long-term hospitals are those where the average LOS is 30 days or more. The figure is derived by dividing the number of inpatient days by the number of admissions. [LOS].

Licensed beds: Total number of beds authorized by the state licensing (certifying agency). [LBEDSA]. **Licensed beds (long term unit):** Total number of long term unit beds authorized by the state licensing (certifying agency). [LBEDLA].

Licensed practical or vocational

nurses: Number that represents the nurses who graduated from an approved school of practical (vocational) nursing who work under the supervision of registered nurses and/or physicians. [FTLPNTF] [PTLPNTF].

Linguistic/translation services: Services provided by the hospital designed to make health care more accessible to non-English speaking patients and their physicians. [LINGHOS].

Liver transplant: The branch of medicine that transfers a liver organ or tissue from one person to another to replace a diseased structure or to restore function. [LIVRHOS].

Longitude: Hospital's Longitude. [LONG].

Lung transplant: The branch of medicine that transfers a lung organ or tissue from one person to another to replace a diseased structure or to restore function. [LUNGHOS].

M

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. [MRIHOS].

Magnetoencephalography: A noninvasive neurophysiological measurement tool used to study magnetic fields generated by neuronal activity of the brain. MEG provides direct information about the dynamics of evoked and spontaneous neural activity and the location of their sources in the brain. The primary uses of MEG include assisting surgeons in localizing the source of epilepsy, sensory mapping, and the study of brain function. When it is combined with structural imaging, it is known as *magnetic source imaging (MSI)*. [MEGHOS].

Management service organization:

Hospital maintains a corporation, owned by the hospital or a physician/hospital joint venture, that provides management services to one or more medical group practices. The management services organization (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 nonphysician staff and provides all supplies/administrative systems for a fee. [MSOHOS].

Meal delivery services: 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. [MEALSHOS].

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. [MSICHOS].

Medicare provider ID: A formal identification number issued by the Medicare program to identify hospitals that are eligible to participate in the Medicare program. Also known as CMS Certification Number (CCN) [MCRNUM].

Metropolitan Division name: Defined by the U.S. Census Bureau. Metropolitan Divisions are

small groups of counties within a Metropolitan Statistical Area that comprise a core population.

Metropolitan Division code: Code for an assigned Metropolitan Division as assigned by the U.S. Census Bureau.

Mobile Health Services: Vans and other vehicles used to deliver primary care services. [MOHSHOS].

Modified FIPS County Code: Three-digit Federal Information Processing Standards (FIPS) code assigned by the Census Bureau. County codes generally are odd numbers assigned to an alphabetical listing of the counties within a state. 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. This is an AHAderived code. [MCNTYCD].

More foreign-educated nurses hired to

fill RN vacancies: The facility hired more foreign-educated nurses this year than last year to help fill RN vacancies. Foreign-educated nurses are individuals who are foreign born and received basic nursing education in a foreign country. [FORNRSA].

Multi-slice spiral computed

tomography <64 slice: A specialized computer tomography procedure that provides three-dimensional processing and allows narrower and mulitple slices with increased spatial resolution and faster scanning times as compared to a regular computerd tomography scan. [MSCTHOS].

Multi-slice spiral computed

tomography 64+ slice: Involves the acquisition of volumetric tomographic x-ray absorption data expressed in Hounsfield units using multiple rows of detectors. 64+ systems

reconstruct the equivalent of 64 or greater slices to cover the imaged volume. [MSCTGHOS].



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. [NICHOS].

Neonatal intermediate care: A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recover care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring. [NINTHOS].

Net property, plant and equipment:

Original cost of fixed assets less accumulated depreciation and amortization. [ASSNET].

Network member: Hospitals participating in a group that may include other hospitals, physicians, other providers, insurers, and/or community agencies that work together to coordinate and deliver a broad spectrum of services to the community. [NETWRK].

Neurological services: Services provided by the hospital dealing with the operative and nonoperative management of disorders of the central, peripheral, and autonomic nervous system. [NEROHOS].

Number of airborne infection isolation

rooms: Total number of single-occupancy rooms for patient care where environmental factors are controlled in an effort to minimize the transmission of those infectious agents, usually spread person to person by droplet nuclei associated with coughing or inhalation. Such rooms typically have specific ventilation requirements for controlled ventilation, air pressure and filtration. [AIRBROOM].

Nursing assistive personnel: Number that represents the certified nursing assistant or equivalent unlicensed staff assigned to patient care units and reporting to nursing. [FTAST] [PTAST].

Nursing-home-type unit/facility: A unit/

facility that primarily offers the following type of services to a majority of all admissions:

- •*Skilled nursing:* The provision of medical and nursing care services, health-related services, and social services under the supervision of a registered nurse on a 24-hour basis.
- *Intermediate care:* The provision, on a regular basis, of health-related care and services to individuals who do not require the degree of care or treatment that a skilled nursing unit is designed to provide.
- *Personal care:* The provision of general supervision and direct personal care services for residents who require assistance in activities of daily living but who do not need nursing services or inpatient care. Medical and nursing services are available as needed.
- Sheltered/residential care: The provision of general supervision and protective services for residents who do not need nursing services or continuous personal care services in the conduct of daily life. Medical and nursing services are available as needed.

Nutrition program: Those services within a health care facility which are designed to provide inexpensive, nutritionally sound meals to patients. [NUTRPHOS].

0

Obstetric unit care level: 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. [OBLEV].

Obstetrics care: Provides care, examination, treatment, and other services to women during pregnancy, labor, and the puerperium. [OBHOS].

Occupational health services: Includes services designed to protect the safety of employees from hazards in the work environment. [OCCHSHOS].

Oncology services: Inpatient and outpatient services for patients with cancer, including comprehensive care, support and guidance in addition to patient education and prevention, chemotherapy, counseling and other treatment methods. [ONCOLHOS].

Open physician-hospital organization:

A joint venture between the hospital and all members of the medical staff who wish to participate. The open physician-hospital organization (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. [OPHOHOS].

Operating room (number of): A unit/room of a hospital or other health care facility in which surgical procedures requiring anesthesia are performed. [OPRA].

Optical colonoscopy: An examination of the interior of the colon using a long, flexible, lighted tube with a small built-in camera. [ENDOCHOS].

Orthopedic services: Services provided for the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints and ligaments. [ORTOHOS].

Other care: Any type of care other than those previously listed. [OTHCRHOS].

Other intensive care: A specially staffed, specially equipped, separate section of a hospital dedicated to the observation, care, and treatment of patients with life threatening illnesses, injuries, or complications from which recovery is possible. It provides special expertise and facilities for the support of vital function and utilizes the skill of medical nursing and other staff experienced in the management of these problems. [OTHIHOS].

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. [OTHLTHOS].

Other outpatient visits (non ER): A visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Each visit an outpatient makes to a discrete 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. [VOTH]. *Also see Total outpatient visits.*

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. [SPCICHOS].

Other Transplant - hospital: Other transplant services includes heart/lung, or other multi-transplant surgeries. [OTOTHHOS].

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. [OPSRGHOS].

Ρ

Paid on capitated basis: The percentage of the hospital's net patient revenue that is paid on a capitated base. Capitation is 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. [CPPCT].

Paid on shared risk basis: The percentage of the hospital's net patient revenue that is paid on a shared risk basis. A payment arrangement in which a hospital and a managed care organization share the risk of adverse claims experience. Methods for sharing risk could include: capitation with partial refunds or supplements if billed hospital charges or costs differ from capitated payments, and service or discharge-based payments with withholds and bonus payouts that depend on expenditure targets. [CAPRSK].

Pain management program: A recognized clinical service or program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and other distressing symptoms, administered by specially trained physicians and other clinicians, to patients suffering from an acute illness of diverse causes. [PAINHOS].

Palliative care program: An organized program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and/or the control of symptoms administered by specially trained physicians and other clinicians; and supportive care services, such

as counseling on advanced directives, spiritual care, and social services, to patients with advanced disease and their families. [PALHOS].

Patient controlled analgesia: Patient-

controlled Analgesia (PCA) is intravenously administered pain medicine under the patient's control. The patient has a button on the end of a cord than can be pushed at will, whenever more pain medicine is desired. This button will only deliver more pain medicine at pre-determined intervals, as programmed by the doctor's order. [PCAHOS].

Patient-centered medical home: The

medical home concept refers to the provision of comprehensive primary care services that facilitates communication and shared decisionmaking between the patient, his/her primary care providers, other providers, and the patient's family. [MEDHME].

Patient education center: Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and self care. [PATEDHOS].

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. [PATRPHOS].

Pediatric cardiac electrophysiology:

See Cardiac electrophysiology. [PEDEHOS].

Pediatric cardiac surgery - hospital:

Includes minimally invasive procedures that include surgery done with only a small incision or no incision at all, such as through a laparoscope or an endoscope and more invasive major surgical procedures that include open chest and open heart surgery. [PEDCSHOS].

Pediatric cardiology services: An

organized clinical service offering diagnostic and intervential procedures to manage the full range of pediatric heart conditions. [PCARDHOS].

Pediatric diagnostic catheterization:

Cardiac angiography, also called coronary angiography or coronary arteriography, is used to assist in diagnosing complex heart conditions. It involves the insertion of a tiny catheter into the artery in the groin then carefully threading the catheter up into the aorta where the coronary arteries originate. Once the catheter is in place, a dye is injected which allows the cardiologist to see the size, shape, and distribution of the coronary arteries. Images are used to diagnose heart disease and to determine, whether or not surgery is indicated. [PCLABHOS].

Pediatric emergency department: A

recognized hospital emergency department capable of identifying those pediatric patients who are critically ill or injured, stabilizing pediatric patients, including the management of airway, breathing and circulation and providing an appropriate transfer to a definitive care facility.

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. [PEDICHOS].

Pediatric interventional cardiac

catheterization: Non surgical procedure that utilizes the same basic principles as diagnostic catheterization and then uses advanced techniques to improve the heart's function. It can be a lessinvasive alternative to heart surgery. [PELABHOS].

Pharmacists, licensed: Number that represents the persons licensed within the state who are concerned with the preparation and distribution of medicinal products. [FTPHR] [PTPHR].

Pharmacy expense: Includes the cost of drugs and pharmacy supplies requested to patient

care departments and drugs charged to patients. [PHREXA].

Pharmacy technicians: Number that represents the persons who assist the pharmacist with selected activities, including medication profile reviews for drug incompatibilities, typing labels and prescription packaging, handling or purchase records and inventory control. [FTPHT] [PTPHT].

Physical rehabilitation care: 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. [REHABHOS].

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. [RHBOPHOS].

Physicians and dentists: Number that represents the full-time employed physicians and dentists employed directly by the hospital. Includes only those physicians and dentists engaged in clinical practice and on the payroll. Those who hold administrative positions are reported as other personnel. The number excludes those physicians and dentists who are paid on a fee basis and should not be interpreted as representing the size of the hospital's medical staff. [FTMDTF] [PTMDTF].

Positron emission tomography (PET):

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. [PETHOS].

Positron emission tomography/CT

(PET/CT): Provides metabolic functional information for the monitoring of chemotherapy, radiotherapy, and surgical planning. [PETCTHOS].

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. [PCDEPHOS].

Primary service: The category best describing the hospital's type of service provided to the majority of admissions. [SERV].

Property, plant & equipment at cost:

Represents land and physical properties that are consumed or used in the creation of economic activity by the health care entity. The historical or acquisition costs are used in recording fixed assets. [PLNTA].

Prosthetic and orthotic services:

Services providing comprehensive prosthetic and orthotic evaluation, fitting, and training. [RPRSHOS].

Proton beam therapy: A form of radiation therapy which administers proton beams. While producing the same biologic effects as x-ray beams, the energy distribution of protons differs from conventional x-ray beams in that they can be more precisely focused in tissue volumes in a three-dimensional pattern resulting in less surrounding tissue damage than conventional radiation therapy permitting administration of higher doses. [PTONHOS].

Psychiatric care: Provides acute or longterm 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. [PSYHOS].

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. [PSYLSHOS].

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. [PSYEDHOS].

Psychiatric emergency services:

Services of 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. [PSYEMHOS].

Psychiatric geriatric services: Provides care to emotionally disturbed elderly patients, including those admitted for diagnosis and those admitted for treatment. [PSYGRHOS].

Psychiatric intensive outpatient

services: A prescribed course of treatment in which the patient receives outpatient care no less than three times a week (which might include more than one service/day). [PSYOIHOS].

Psychiatric outpatient services:

Provides medical care in an outpatient setting, including diagnosis and treatment, of psychiatric outpatients. [PSYOPHOS].

Psychiatric partial hospitalization

program: Organized hospital services of intensive day/evening outpatient services of three hours of more duration, distinguished from other outpatient visits of one hour. [PSYPHHOS].

Psychiatric pediatric care: Provides care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment. [PSYCAHOS].

Psychiatric residential treatment:

Overnight psychiatric care in conjunction with an intensive treatment program in a setting other than a hospital. [PSTRTHOS].

R

Radiology technicians: Number that represents the technical positions in imaging fields, including, but not limited to, radiology, sonography, nuclear medicine, radiation therapy, CT, MRI. [FTRAD] [PTRAD].

Registered nurses: Number that represents the registered nurses working for the hospital. A nurse who has graduated from an approved school of nursing and who is currently registered by the state. RNs are responsible for the nature and quality of all nursing care that patients receive. The number does not include private duty nurses, and nurses in administrative positions are reported as *other personnel*. [FTRNTF] [PTRNTF].

Respiratory therapists: An allied health professional who specializes in scientific knowledge and theory of clinical problems of respiratory care. [FTRESP][PTRESP].

Retirement housing: A facility that 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. [RETIRHOS].

Robot-assisted walking therapy: A form

of physical therapy that uses a robotic device to assist patiets who are relearning how to walk. [RBOTHOS]. **Robotic surgery:** The use of mechanical guidance devices to remotely manipulate surgical instrumentation. [ROBOHOS].

Rural health clinic: A clinic located in a rural, medically under-served area in the United States that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs. [RURLHOS].

S

Self-administered health plan: A health

plan in which the employer assumes the financial risk for providing health care benefits to its employees. [SLFPLN].

Separate long-term nursing home:

Hospital maintains a separate nursing-home type of long-term care unit. [SUNITS].

Shaped beam radiation system: A

precise, non-invasive treatment that involves targeting beams of radiation that mirror the exact size and shape of a tumor at a specific area of a tumor to shrink or destroy cancerous cells. This procedure delivers a therapeutic dose of radiation that conforms precisely to the shape of the tumor, thus minimizing the risk to nearby tissues. [BEAMHOS].

Shared risk payments: A payment arrangement in which a hospital and a managed care organization share the risk of adverse claims experience. Methods for sharing risk could include: capitation with partial refunds or supplements if billed hospital charges or costs differ from capitated payments, and service or discharge-based payments with withholds and bonus payouts that depend on expenditure targets. [CAPRSK].

Simulated rehabilitation environment:

Rehabilitation focused on retraining functional skills in a contextually appropriate environment (simulated home and community settings) or in a traditional setting (gymnasium) using motor learning principles. [RSIMHOS].

Single photon emission computerized

tomography (SPECT): 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. [SPECTHOS].

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. [SNHOS].

Sleep center: Specially equipped and staffed center for the diagnosis and treatment of sleep disorders. [SLEPHOS].

Social work services: Organized 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. [SOCWKHOS].

Sports medicine: Provision of diagnostic screening and assessment and clinical and rehabilitation services for the prevention and treatment of sports-related injuries. [SPORTHOS].

Stereotactic radiosurgery: Stereotactic radiosurgery (SRS) is a radiotherapy modality that delivers a high dosage of radiation to a discrete treatment area in as few as one treatment session. Includes gamma knife, cyberknife, etc. [SRADHOS].

Supplies purchased directly: Indicates whether supplies are purchased directly through distributor. [SUPLY].

Supply expense: The net cost of all tangible items that are expensed including freight, standard distribution cost, and sales and use tax minus rebates. This would exclude labor, labor-related expenses and services as well as some tangible items that are frequently provided as part of labor costs. [SUPEXA].

Support groups: A hospital-sponsored program that 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. [SUPPGHOS].

Surgical operations (inpatient): Surgical

services provided to patients who remain in the hospital overnight. A surgical operation involving more than one surgical procedure is considered only one surgical operation. [SUROPIP].

Surgical operations (outpatient):

Scheduled surgical services provided to patients who do not remain in the hospital overnight. For the AHA Annual Survey, outpatient 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. [SUROPOP].

Swing bed services: A hospital bed that can be used to provide either acute or long-term care depending on community or patient needs. To be eligible a hospital must have a Medicare provider agreement in place, have fewer than 100 beds, be located in a rural area, not have a 24 hour nursing service waiver in effect, have not been terminated from the program in the prior two years, and meet various service conditions. [SWBDHOS].

System member: Hospitals belonging to a corporate body that owns and/or manages health provider facilities or health-related subsidiaries. The system may also own non-health-related facilities. [MHSMEMB].

Т

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. [TEENSHOS].

Telehealth:

Consultation and office visits - A broad variety of technologies and tactics to deliver virtual medical, public health, health education delivery and support services using telecommunications technologies. Telehealth is used more commonly as it describes the wide range of diagnosis and management, education, and other related fields of health care. This includes, but are not limited to: dentistry, counseling, physical and occupational therapy, home health, chronic disease monitoring and management, disaster management and consumer and professional education. [COFVHOS].

eICU – An electronic intensive care unit also referred to as a tele-ICU is a form of telemedicine that uses state of the art technology to provide an additional layer of critical care service. The goal of an eICU is to optimize clinical experience and facilitate 24-hour a day care by ICU caregivers. [EICUHOS].

Stroke care – Stroke telemedicine is a consultative modality that facilitates the care of patients with acute stroke by specialists at stroke centers. [STRCHOS]

Psychiatric and addiction treatment -

Telepsychiatry can involve a range of services including psychiatric evaluations, therapy patient education, and medication management. [ADTRTHOS].

Remote patient monitoring – The use of digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit the information securely to health care providers in a different location for assessment and recommendation. [PDISHOS].

Tissue transplant: The branch of medicine that transfers tissue from one person to another or from one part to another to replace a diseased structure or to restore function or to change appearance. [TISUHOS].

Tobacco treatment/cessation

program: Organized hospital services with the purpose of ending tobacco-use habits of patients addicted to tobacco/nicotine. [TOBHOS].

Total capital expenditures: Expenses used to acquire assets, including buildings, remodeling projects, equipment, or property. [CEAMT].

Total facility employee benefits:

Includes social security, group insurance, retirement benefits, workman's compensation, unemployment insurance, etc. [NPAYBEN].

Total facility expenses (excluding bad

debt): Includes all expenses for the reporting period including payroll, non-payroll, and all operating expenses. *Payroll expenses* include all salaries and wages. *Non-payroll expenses* are all professional fees and those salary expenditures excluded from payroll. *Labor related expenses* are defined as payroll expenses plus employee benefits. *Non-labor related expenses* are all other non-payroll expenses. Bad debt has been reclassified from an expense to a deduction from revenue in accordance with the revised AICPA Audit Guide. [EXPTOT].

Total facility payroll expenses: Includes all salaries and wages. Dollar value of the facility's total payroll for all personnel, including medical/dental residents and interns and other trainees. The dollar value includes payroll for personnel working in the nursing home unit of a hospital that owns and operates a nursing hometype unit/facility. All professional fees and salary expenditures excluded from payroll, such as employee benefits, are defined as non-payroll expenses and are included in *total expenses*. [PAYTOT].

Total gross square feet: Include all inpatient, outpatient, office, and support space used for or in support of health care activities; exclude exterior, roof, and garage space in the figure. [GFEET].

Total Medicaid days: Inpatient days where a Medicaid Managed Care Plan is the source of payment. [MCDIPD].

Total Medicaid discharges: Discharge days where a Medicaid Managed Care Plan is the source of payment. [MCDDC].

Total Medicare days: Inpatient days where Medicare Managed Care Plan is the source of payment. [MCRIPD].

Total Medicare discharges: Discharge days where a Medicare Managed Care Plan is the source of payment. [MCRDC].

Total outpatient visits: Number of outpatient visits reported by the hospital. An outpatient visit is defined as a visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Each visit an outpatient makes to a discrete unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Total outpatient visits include all clinic visits, referred visits, observation services, outpatient surgeries, and emergency room visits. [VTOT].

Total full-time personnel (FT): Sum of all categories of full-time personnel working for the hospital, including: physicians and dentists; medical/dental residents and interns; other trainees; registered nurses; licensed practical or vocational nurses; nursing assistive personnel; all other personnel. This number includes those personnel working in the nursing home unit of a hospital that owns and operates a nursing home-type unit/facility. Full-time personnel are defined as

those personnel working a minimum of 35 hours a week. [FTTOT].

Total part-time personnel (PT): Sum of all categories of part-time personnel working for the hospital, including: physicians and dentists; medical/dental residents and interns; other trainees; registered nurses; licensed practical or vocational nurses; nursing assistive personnel; all other personnel. This number includes those personnel working in the nursing home unit of a hospital that owns and operates a nursing hometype unit/facility. [PTTOT].

Total surgical operations: Those surgical operations, whether major or minor, performed in the operating room(s). A surgical operation involving more than one surgical procedure is still considered only one surgical operation. [SUROPTOT].

Traditional Medicare ACO Programs:

MSSP: Medicare Shared Savings Program. For fee-for-service beneficiaries. The Shared Savings Program has different tracks that allow ACOs to select an arrangement that makes the most sense for their organization. [MSSPT2] [MSSPT3] [MSSP1P].

NextGen: The Next Generation ACO model is an initiataive for ACOs that are experienced in coordinating care for populations of patients. It allows these provider groups to assume higher levels of financial risk and reward. [MSSPNG].

Comprehensive ESRD Care: This model is designed to identify, test, and evaluate new ways to improve care for Medicare beneficiaries with End-Stage Renal Disease (ESRD). [MSSPCE].

Transportation to health services: 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. [TPORTHOS].

Trauma center certified level: 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. Level 4 or greater: Trauma centers are certified by the state in which they are located; sometimes, a hospital will supply the level designation assigned by the state, which may be different than the levels defined by AHA. [TRAUML90].

U

Ultrasound: The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures. [ULTSNHOS].

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. [URGCCHOS].

V

Violence prevention programs:

Workplace: A violence prevention program with goals and objectives for preventing workplace violence against staff and patients. **Community**: An organized program that attempts to marke a positive impact on the type(s) of violence a community is experiencing. For example, it can assist victims of violent crimes, e.g., rape, or incidents, e.g., bullying, to hospital or to community services to prevent further victimization or retalization. A program that targets the underlying circumstances that contribute to violence such as poor housing, insufficient job training, and/or substance abuse through means such as direct involvement and support, education, mentoring, anger management, crisis intervention and training programs would also qualify. [VWRKHOS][VCMMHOS]

Virtual colonoscopy: Noninvasive screening procedure used to visualize, analyze and detect cancerous or potentially cancerous polyps in the colon. [VRCSHOS].

Volunteer services department: An

organized hospital department responsible for coordinating the services of volunteers working within the institution. [VOLSVHOS].

W

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 obstetrics. [WOMHCHOS].

Wound Management Services -

hospital: Services for patients with chronic wounds and non-healing wounds often resulting from diabetes, poor circulation, improper seating and immunocompromising conditions. [WMGTHOS].