

2009 AHA Annual Survey Health Forum, L.L.C.

Please return to:
AHA Annual Survey
One North Franklin, 29th Floor
Chicago, Illinois 60606

A. REPORTING PERIOD (please refer to the instructions and definitions at the end of this questionnaire)

Report data for a full 12-month period, preferably your last completed fiscal year (**365 days**). (Be consistent in using the same reporting period for responses throughout various sections of this survey.)

1. Reporting Period used (beginning and ending date) ____ / ____ / ____ to ____ / ____ / ____
Month Day Year Month Day Year
2. a. Were you in operation 12 full months
at the end of your reporting period YES ☐ NO ☐ b. Number of days open
during reporting period _____
3. Indicate the beginning of your current fiscal year ____ / ____ / ____
Month Day Year

B. ORGANIZATIONAL STRUCTURE

1. CONTROL

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

Government, nonfederal

- ☐ 12 State
- ☐ 13 County
- ☐ 14 City
- ☐ 15 City-County
- ☐ 16 Hospital district or authority

Nongovernment, not-for profit (NFP)

- ☐ 21 Church-operated
- ☐ 23 Other not-for-profit (including NFP Corporation)

Investor-owned, for-profit

- ☐ 31 Individual
- ☐ 32 Partnership
- ☐ 33 Corporation

Government, federal

- ☐ 41 Air Force
- ☐ 42 Army
- ☐ 43 Navy
- ☐ 44 Public Health Service
- ☐ 45 Veterans' Affairs
- ☐ 46 Federal other than 41-45 or 47-48
- ☐ 47 PHS Indian Service
- ☐ 48 Department of Justice

2. SERVICE

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

- | | |
|--|--|
| <input type="checkbox"/> 10 General medical and surgical | <input type="checkbox"/> 46 Rehabilitation |
| <input type="checkbox"/> 11 Hospital unit of an institution (prison hospital, college infirmary) | <input type="checkbox"/> 47 Orthopedic |
| <input type="checkbox"/> 12 Hospital unit within an institution for the mentally retarded | <input type="checkbox"/> 48 Chronic disease |
| <input type="checkbox"/> 13 Surgical | <input type="checkbox"/> 62 Institution for the mentally retarded |
| <input type="checkbox"/> 22 Psychiatric | <input type="checkbox"/> 80 Acute long-term care hospital |
| <input type="checkbox"/> 33 Tuberculosis and other respiratory diseases | <input type="checkbox"/> 82 Alcoholism and other chemical dependency |
| <input type="checkbox"/> 41 Cancer | <input type="checkbox"/> 49 Other-specify treatment area: _____ |
| <input type="checkbox"/> 42 Heart | |
| <input type="checkbox"/> 44 Obstetrics and gynecology | |
| <input type="checkbox"/> 45 Eye, ear, nose, and throat | |

3. OTHER

- a. Does your hospital restrict admissions primarily to children? YES ☐ NO ☐

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B. ORGANIZATIONAL STRUCTURE (CONTINUED)

- b. Does the hospital itself operate subsidiary corporations? YES ☐ NO ☐
- c. Is the hospital contract managed? If yes, please provide the name, city, and state of the organization .. YES ☐ NO ☐
Name: _____ City: _____ State: _____
- d. Is the hospital a participant in a network? If yes, please provide the name, city and state and telephone number..... YES ☐ NO ☐
of the network. If the hospital participates in more than one network, please provide the name, city, and state and telephone number of the network on page 12, under supplemental information.
Name: _____ City: _____ State: _____ Telephone _____
- e. Does the hospital participate in a group purchasing arrangement? If yes, please provide the name, city, and state of the group purchasing organization. If the hospital participates in more than one group purchasing organization, please provide the name, city, state and telephone number of the group purchasing organization(s) on page 12, under supplemental information..... YES ☐ NO ☐
Name: _____ City: _____ State: _____
- f. Is your hospital owned in whole or in part by physicians or a physician group?..... YES ☐ NO ☐
- g. If you checked 80 Acute long-term care hospital (LTCH) in the Section B2 (Service), please indicate if you are a freestanding LTCH or a LTCH collocated within a general acute care hospital.
☐ Free standing LTCH ☐ LTCH collocated in a general acute care hospital
- If you are collocated in a general acute care hospital, what is your host hospital's name?
Name _____ City _____ State _____

4. NATIONAL PROVIDER IDENTIFIER (NPI)

- a. Does your hospital have its new National Provider Identifier (NPI) from the National Plan and Provider Enumeration System?
Yes ☐ No ☐

If yes, please report the ten digit NPI _ _ _ _ _

Does your hospital also have a Subpart NPI? Yes ___ No ___

If yes, please report the Subpart NPI and provide the relevant taxonomy code to indicate the type of service provided. If you have multiple Subpart NPIs please report them all (in the supplemental section on page 12, at the end of this questionnaire or on a separate sheet).

Subpart NPI 1 _ _ _ _ _ Taxonomy Code _ _

Subpart NPI 2 _ _ _ _ _ Taxonomy Code _ _

Subpart NPI 3 _ _ _ _ _ Taxonomy Code _ _

Taxonomy Codes

Ambulatory Health Care Facility 01
Medicare Defined Swing Bed Unit 02
Psychiatric Unit 03
Rehabilitation Unit 04
Rehabilitation, Substance Use Disorder Unit 05
Laboratory 06
Nursing and Custodial Care Facility 07
Residential Treatment Facility 08
Respite Care Facility 09
Other 10

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C. FACILITIES AND SERVICES

For each service or facility listed below, please check all the categories that describe how each item is provided **as of the last day of the reporting period**. Check all categories that apply for an item. Leave all categories blank for a facility or service that is not provided. Column 3 refers to the networks that were identified in section B, question 3d. If you checked column (1) C1-19, please include the number of beds.

The sum of the beds reported in 1-19 should equal Section D(1b), beds set up and staffed on page 8.

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided by my network (in my local community)	(4) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network
1. General medical-surgical care.....(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pediatric medical-surgical care(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Obstetrics [Level of unit (1-3): (____)]......(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical surgical intensive care..... (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cardiac intensive care..... (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Neonatal intensive care..... (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Neonatal intermediate care.....(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pediatric intensive care..... (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Burn care..... (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other special care _____ (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other intensive care _____ (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Physical rehabilitation..... (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Alcoholism-drug abuse or dependency care.....(# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Psychiatric care..... (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Skilled nursing care..... (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Intermediate nursing care..... (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Acute long-term care..... (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other long- term care..... (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other care (specify): _____ (# Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Adult day care program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Airborne infection isolation room (# rooms _____).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Alcoholism-drug abuse or dependency outpatient services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Alzheimer Center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Ambulance services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Ambulatory surgery center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Arthritis treatment center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Assisted living.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Auxiliary.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Bariatric/weight control services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Birthing room-LDR room – LDRP room.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Blood Donor Center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Breast cancer screening/mammograms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. FACILITIES AND SERVICES (continued)

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided by my network (in my local community)	(4) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in local community)
33. Cardiology and cardiac surgery services				
a. Adult cardiology services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pediatric cardiology services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adult diagnostic catheterization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pediatric diagnostic catheterization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Adult interventional cardiac catheterization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pediatric interventional cardiac catheterization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Adult cardiac surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Pediatric cardiac surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Adult cardiac electrophysiology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pediatric cardiac electrophysiology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cardiac rehabilitation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Case management.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Chaplaincy/pastoral care services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Chemotherapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Children's wellness program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Chiropractic services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Community outreach.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Complementary and alternative medicine services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Computer assisted orthopedic surgery (CAOS).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Crisis prevention.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Dental services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Emergency services				
a. Emergency department.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Satellite Emergency Department.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If you checked column 1 (44b), is the department open 24 hours a day, 7 days a week?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d. Trauma center (certified) [Level of unit (1-3)] ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Enabling services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Endoscopic services				
a. Optical colonoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Endoscopic ultrasound.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ablation of Barrett's esophagus.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Esophageal impedance study.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Endoscopic retrograde cholangiopancreatography (ERCP).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Enrollment assistance services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Extracorporeal shock wave lithotripter (ESWL).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Fertility clinic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Fitness center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Freestanding outpatient care center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Geriatric services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Health fair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. FACILITIES AND SERVICES (continued)

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided by my network (in my local community)	(4) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in local community)
54. Community health education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Genetic testing/counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Health screenings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Health research.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Hemodialysis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. HIV/AIDS services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Home health services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Hospice program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Hospital-based outpatient care center services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Immunization program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Indigent care clinic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Linguistic/translation services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Meal on wheels.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Mobile health services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Neurological services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Nutrition program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Occupational health services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Oncology services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Orthopedic services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Outpatient surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Pain management program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Palliative care program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Palliative care inpatient unit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Patient controlled analgesia (PCA).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Patient education center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Patient representative services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Physical rehabilitation services				
a. Assistive technology center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Electrodiagnostic services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical rehabilitation outpatient services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Prosthetic and orthotic services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Robot-assisted walking therapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Simulated rehabilitation environment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Primary care department.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Psychiatric services				
a. Psychiatric child-adolescent services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Psychiatric consultation-liaison services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychiatric education services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Psychiatric emergency services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychiatric geriatric services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Psychiatric outpatient services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Psychiatric partial hospitalization services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. FACILITIES AND SERVICES (continued)

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided by my network (in my local community)	(4) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in local community)
83. Radiology, diagnostic				
a. CT Scanner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic radioisotope facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electron beam computed tomography (EBCT).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Full-field digital mammography (FFDM).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Magnetic resonance imaging (MRI).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intraoperative magnetic resonance imaging.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Multi-slice spiral computed tomography (<64+ slice CT).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Multi-slice spiral computed tomography (64+ slice CT).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Positron emission tomography (PET).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Positron emission tomography/CT (PET/CT).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Single photon emission computerized tomography (SPECT).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Ultrasound.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Radiology, therapeutic				
a. Image-guided radiation therapy (IGRT).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Intensity-modulated radiation therapy (IMRT).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Proton beam therapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shaped beam radiation system.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Stereotactic radiosurgery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Retirement housing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Robotic surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Sleep center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Social work services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Sports medicine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Support groups.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Swing bed services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Teen outreach services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Tobacco treatment/cessation program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Transplant services				
a. Bone marrow transplant services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Kidney.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Liver.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lung.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tissue.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Transportation to health services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Urgent care center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Virtual colonoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Volunteer services department.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Women's health center/services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Wound management services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. FACILITIES AND SERVICES (continued)

101. In which of the following physician arrangements does your hospital or system/network participate? Column 3 refers to the networks that were identified in section B, question 3d. For hospital level physician arrangements that are reported in column 1, please report the number of physicians involved.

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

102a. Does your hospital participate in any joint venture arrangements with physicians or physician groups? YES ☐ NO ☐

102b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures (Check all that apply)

- a. ☐ Limited service hospital
- b. ☐ Ambulatory surgical centers
- c. ☐ Imaging centers
- d. ☐ Other _____

102c. If you selected 'a. Limited Service Hospital', please tell us what type(s) of services are provided. (Check all that apply.)

- a. ☐ Cardiac
- b. ☐ Orthopedic
- c. ☐ Surgical
- d. ☐ Other _____

102d. Does your hospital participate in joint venture arrangements with organizations other than physician groups? YES ☐ NO ☐

103. Does your hospital, health system or health network have an equity interest in any of the following insurance products? (Check all that apply)
Contractual relationships with HMOs and PPOs should not be reported here but in Question 104. Column 3 refers to the networks that were identified in section B, question 3d.

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

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

- a. Health maintenance organization (HMO) YES ☐ NO ☐ b. If YES, how many contracts? _____
- c. Preferred provider organization (PPO) YES ☐ NO ☐ d. If YES, how many contracts? _____

105a. What percentage of the hospital's net patient revenue is paid on a capitated basis?
If the hospital does not participate in capitated arrangements, please enter "0" _____ %

105b. What percentage of the hospital's net patient revenue is paid on a shared risk basis? _____ %

106. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared risk basis? YES ☐ NO ☐

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

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

Please report beds, utilization, financial, and staffing data for a 12-month period that is consistent with the period reported on page 1. Report financial data for reporting period only. 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 D3f. (Please refer to specific definitions on pages 20-22.)

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)
Total Facility

(2)
**Nursing Home
Unit/Facility**

1. BEDS AND UTILIZATION

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

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	_____	_____

3. FINANCIAL

*a. Net patient revenue	_____	.00	_____	.00
*b. Tax appropriations	_____	.00	_____	
*c. Other operating revenue	_____	.00	_____	
*d. Nonoperating revenue	_____	.00	_____	
*e. TOTAL REVENUE (add 3a thru 3d)	_____	.00	_____	.00
f. PAYROLL EXPENSES (only)	_____	.00	_____	.00
g. Employee benefits	_____	.00	_____	.00
h. Depreciation expense (for reporting period only)	_____	.00	_____	
i. Interest expense	_____	.00	_____	
j. TOTAL EXPENSES (Payroll plus all non-payroll expenses, including bad debt)	_____	.00	_____	.00

k. Due to differing accounting standards in use, please indicate whether or not bad debt is included in:

Total Expenses	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Net Patient Revenue	YES <input type="checkbox"/>	NO <input type="checkbox"/>

4. REVENUE BY TYPE

a. Total gross inpatient revenue.....	_____	.00
b. Total gross outpatient revenue	_____	.00
c. Total gross patient revenue	_____	.00

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

*5. UNCOMPENSATED CARE

- a. Bad debt expense00
- b. Charity (Revenue forgone at full-established rates. Include in gross revenue.)..... .00
- c. Is your bad debt reported here (5a.1) reported on the basis of full charges? YES ☐ NO ☐

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

	(1) Gross	(2) 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 Disproportionate Share Hospital Payments (DSH) .....	.00	.00
d) Medicaid supplemental payments: not including Medicaid Disproportionate Share Hospital Payments (DSH) .....	.00	.00
e) Total (a + b + c + d) .....	.00	.00
(3) Other government: .....	.00	.00
*b. NONGOVERNMENT		
(1) Self-pay.....	.00	.00
(2) Third-party payors:		
a) Managed care (includes HMO and PPO) .....	.00	.00
b) Other third-party payors .....	.00	.00
c) Total third-party payors (a + b) .....	.00	.00
(3) All Other nongovernment: .....	.00	.00
*c. TOTAL .....	.00	.00
(Total gross should equal 4c on page 8. Total net should equal 3a on page 8.)		

Are the financial data on pages 8 and 9 from your audited financial statement? YES ☐ No ☐

7. FIXED ASSETS

- a. Property, plant and equipment at cost00
- b. Accumulated depreciation00
- c. Net property, plant and equipment (a-b)00
- d. Total gross square feet of your physical plant used for or in support of your healthcare activities

8. TOTAL CAPITAL EXPENSES

Include all expenses used to acquire assets, including buildings, remodeling projects, equipment, or property.00

9. ENERGY CONSUMPTION

- a. Total energy usage (in MMBTU) for total gross square footage identified in 7 (d) _____ (MMBTU)
- b. If you have obtained an Energy Star rating from the EPA, what is your rating? _____

*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 association and CHA may not release these data without written permission from the hospital.

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

*a. IT operating expense.....00

*b. IT Capital expense.....00

*c. Number of employed IT staff (in FTEs)

*d. Number of outsourced IT staff (in FTEs).....

e. Does your hospital have an electronic health record (see definition)?

☐ Yes, fully implemented ☐ Yes, partially implemented ☐ No

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.

12. HOSPITALISTS

- 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 association and CHA may not release these data without written permission from the hospital.

2009 AHA ANNUAL SURVEY

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

13. INTENSIVISTS

- a. Do intensivists provide care for patients in your hospital? (If no, please skip to 14.) YES ☐ NO ☐
- b. If yes, please report the total number of full-time, part-time and FTE intensivists and assign them to the following areas.

	Full-time	Part-time	FTE
1. Medical-surgical intensive care	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Cardiac intensive care	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Neonatal intensive care	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Pediatric intensive care	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Other intensive care	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

- c. If yes, please select the category below that best describes the employment model for your intensivists.

	Independent provider group	Employed by your hospital	Employed by a physician group	Employed by a university or school program	Other
1. Medical surgical intensive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cardiac intensive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Neonatal intensive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pediatric intensive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Other intensive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. FOREIGN EDUCATED NURSES

- a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2009 vs. 2008?
- More ☐ Less ☐ Same ☐ Did not hire foreign nurses ☐
- b. From which countries/continents are you recruiting foreign-educated nurses? CHECK ALL THAT APPLY
- Africa ☐ Korea ☐ Canada ☐ Philippines ☐ China ☐ India ☐ Other ☐

SECTION E. SUPPLEMENTAL INFORMATION

1. COMMUNITY BENEFIT

	YES	NO
a. Does your hospital's mission statement include a focus on community benefit?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your hospital have long-term plan for improving the health of its community?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your hospital have a specific budget for its community benefit activities?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does your hospital have dedicated staff to manage community benefit activities?	<input type="checkbox"/>	<input type="checkbox"/>
e. Does your hospital provide support for community building activities (e.g. economic development, housing, environmental improvements, coalition building)?	<input type="checkbox"/>	<input type="checkbox"/>
f. Does your hospital make financial contributions (grants, donations, scholarships), provide in-kind support or participate in fundraising for community programs not directly affiliated with the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
g. Does your hospital partner with your local school system to offer health or wellness programs to help your community?	<input type="checkbox"/>	<input type="checkbox"/>
k. Does your hospital work with other providers, public agencies, or community representatives to conduct a health status assessment of the community?	<input type="checkbox"/>	<input type="checkbox"/>
l. Does your hospital use health status indicators (such as rates of health problems or surveys of self reported health for defined populations) to design new services or modify existing services?	<input type="checkbox"/>	<input type="checkbox"/>
j1. Does your hospital work with other local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community?	<input type="checkbox"/>	<input type="checkbox"/>
j2. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicative services in the community?	<input type="checkbox"/>	<input type="checkbox"/>
k. Does your hospital work with other providers to collect, track and communicate clinical and health information across cooperating organizations?	<input type="checkbox"/>	<input type="checkbox"/>
l. Does your hospital either by itself or in conjunction with others disseminate reports to the community on the quality and costs of health care services?	<input type="checkbox"/>	<input type="checkbox"/>

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2. DIVERSITY, LANGUAGE AND LEADERSHIP

YES NO

- | | | |
|--|--------------------------|--------------------------|
| a. Does your hospital gather information on a patient's race/ethnicity at any point during their stay? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does your hospital gather information on a patient's primary language at any point during their stay? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does your hospital or health system currently have or plan to develop, implement, or evaluate a leadership development program? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does your hospital or health system currently have or plan to develop, execute, or evaluate a diversity strategy or plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does your hospital or health system engage in leadership succession planning? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does your hospital or health system currently provide career development resources to administrators? | <input type="checkbox"/> | <input type="checkbox"/> |

3. OTHER

- a. Does your hospital provide services through one or more satellite facilities? YES ☐ NO ☐
- b. Which of the following best describes the type of triage system your emergency department uses on a daily basis to determine which patients can wait to be seen and which need to be seen immediately.

- | | |
|---|--------------------------|
| 1. Three (3) level system (emergent, urgent, non urgent, red, yellow, green) | <input type="checkbox"/> |
| 2. Four (4) level system (emergent, unstable urgent, stable urgent, non-urgent) | <input type="checkbox"/> |
| 3. Five (5) level Emergency Severity Index (ESI) | <input type="checkbox"/> |
| 4. Five (5) level system (Australasian, Manchester or Acuity Scale) | <input type="checkbox"/> |
| 5. Other (please specify) _____ | <input type="checkbox"/> |
| 6. Don't know | <input type="checkbox"/> |

- c. Does your hospital outsource the HIM coding function under any of the following conditions?

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 1.To handle backlog due to staff vacations or shortages. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.Partially outsourced during normal operations. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.Completely outsourced during normal operations | <input type="checkbox"/> | <input type="checkbox"/> |

- d. Use this space to describe your community benefit activities as well as any partners you are currently working with on such activities. Also use this space or additional sheets if more space is required for comments or to elaborate on any information supplied on this survey. Refer to the response by page, section and item name.

2009 AHA ANNUAL SURVEY

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

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

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

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

Chief Executive Officer

Date

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

Chief Executive Officer

Date

Does your hospital or health system have an Internet or Homepage address? Yes ☐ No ☐

If yes, please provide the address: http:// _____

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

Name (please print)

Title

(Area Code) Telephone Number

Date of Completion

Chief Executive Officer

(_____) _____
Hospital's Main Fax Number

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

THANK YOU

2009 AHA ANNUAL SURVEY

SECTION A REPORTING PERIOD Instructions

INSTRUCTIONS AND DEFINITIONS FOR THE 2008 ANNUAL SURVEY

HOSPITAL. For purposes of this survey, a hospital is defined as the organization or corporate entity licensed or registered as a hospital by a state to provide diagnostic and therapeutic patient services for a variety of medical conditions, both surgical and nonsurgical.

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, 2009** should be shown as **01/01/2009**. 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.
- 2a. **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.
- 2b. **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 an institution for the mentally retarded. Provides diagnostic and therapeutic services to patients in an institution for the mentally retarded.

Surgical. An acute care specialty hospitals 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 the disabled and all support services necessary to help them attain their maximum functional capacity.

Orthopedic. Provides corrective treatment of deformities, diseases, and ailments of the locomotive apparatus, especially affecting the limbs, bones, muscles, and joints.

Chronic disease. Provides medical and skilled nursing services to patients with long-term illnesses who are not in an acute phase, but who require an intensity of services not available in nursing homes.

Institution for the mentally retarded. Provides health-related care on a regular basis to patients with psychiatric or developmental impairment who cannot be treated in a skilled nursing unit.

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. **Network.** A group of hospitals, physicians, other providers, insurers and/or community agencies that voluntarily work together to coordinate and deliver health services
- e. **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.

4. **National Provider Identifier (NPI)** is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number).

2009 AHA ANNUAL SURVEY

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.

Provided by my network (in my local community). Another health care provider in the same network 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.

Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network. 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.

1. **General medical-surgical care.** Provides acute care to patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans.
2. **Pediatric medical-surgical care.** Provides acute care to pediatric patients on the basis of physicians' orders and approved nursing care plans.
3. **Obstetrics.** Levels should be designated: (1) unit provides services for uncomplicated maternity and newborn cases; (2) unit provides services for uncomplicated cases, the majority of complicated problems, and special neonatal services; and (3) unit provides services for all serious illnesses and abnormalities and is supervised by a full-time maternal/fetal specialist.
4. **Medical surgical intensive care.** Provides patient care of a more intensive nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who because of shock, trauma or other life-threatening conditions require intensified comprehensive observation and care. Includes mixed intensive care units.
5. **Cardiac intensive care.** Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units.
6. **Neonatal intensive care.** A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.
7. **Neonatal intermediate care.** A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.
8. **Pediatric intensive care.** Provides care to pediatric patients that is of a more intensive nature than that usually provided to pediatric patients. The unit is staffed with specially trained personnel and contains monitoring and specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.
9. **Burn care.** Provides care to severely burned patients. Severely burned patients are those with any of the following: (1) second-degree burns of more than 25% total body surface area for adults or 20% total body surface area for children; (2) third-degree burns of more than 10% total body surface area; (3) any severe burns of the hands, face, eyes, ears, or feet; or (4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures and other major traumas, and all other poor risk factors.
10. **Other special care.** Provides care to patients requiring care more intensive than that provided in the acute area, yet not sufficiently intensive to require admission to an intensive care unit. Patients admitted to this area are usually transferred here from an intensive care unit once their condition has improved. These units are sometimes referred to as definitive observation, step-down or progressive care units.
11. **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 the disabled and all support services necessary to help patients attain their maximum functional capacity.
13. **Alcoholism-drug abuse or dependency care.** Provides diagnosis and therapeutic services to patients with alcoholism or other drug dependencies. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care than provided in an outpatient setting or where patient requires supervised withdrawal.
14. **Psychiatric care.** Provides acute or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems, on the basis of physicians' orders and approved nursing care plans. Long-term care may include intensive supervision to the chronically mentally ill, mentally disordered, or other mentally incompetent persons.
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 day a week basis.
18. **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.
19. **Other care.** (specify) Any type of care other than those listed above.
The sum of the beds reported in 1-19 should equal what you have reported in Section D(1b) for beds set up and staffed.
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.

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- 22. Alcoholism-drug abuse or dependency outpatient services.** Organized hospital services that provide medical care and/or rehabilitative treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency.
- 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. 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.
- 26. Arthritis treatment center.** Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders.
- 27. 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.
- 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.** Bariatrics is 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. Adult Cardiology Services.** An organized clinical service offering diagnostic and interventional procedures to manage the full range of adult heart conditions. **Pediatric Cardiology Services.** An organized clinical service offering diagnostic and interventional procedures to manage the full range of pediatric 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 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 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.
- 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. 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. Emergency department.** Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care.
 - b. Satellite 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 necessary emergency staffing and equipment on-site.
 - d. Trauma center (certified).** A facility to provide emergency and specialized intensive care to critically ill and injured patients. Level 1: A regional resource trauma center, which is capable of providing total care for every aspect of injury and plays a leadership role in trauma research and education. Level 2: A community trauma center, which is capable of providing trauma care to all but the most severely injured patients who

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require highly specialized care. Level 3: A rural trauma hospital, which is capable of providing care to a large number of injury victims and can resuscitate and stabilize more severely injured patients so that they can be transported to level 1 or 2 facilities. Please provide explanation on page 12 if necessary.

- 45. 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.
- 46. 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.
- 47. Enrollment 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.
- 48. 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.
- 49. 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.
- 50. Fitness center.** Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees.
- 51. 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.
- 52. 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.
- 53. 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.
- 54. 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.
- 55. 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.
- 56. 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.
- 57. 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.
- 58. Hemodialysis.** Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis.
- 59. HIV-AIDS services.** Could include: HIV-AIDS unit-Special unit or team designated and equipped specifically for diagnosis, treatment, continuing care planning, and counseling services for HIV-AIDS patients and their families. General inpatient care for HIV-AIDS-Inpatient diagnosis and treatment for human immunodeficiency virus and acquired immunodeficiency syndrome patients, but dedicated unit is not available. Specialized outpatient program for HIV-AIDS-Special outpatient program providing diagnostic, treatment, continuing care planning, and counseling for HIV-AIDS patients and their families.
- 60. Home health services.** Service providing nursing, therapy, and health-related homemaker or social services in the patient's home.
- 61. Hospice program.** 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.
- 62. 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.
- 63. Immunization program.** Program that plans, coordinates and conducts immunization services in the community.
- 64. 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.
- 65. Linguistic/translation services.** Services provided by the hospital designed to make health care more accessible to non-English speaking patients and their physicians.
- 66. Meals on wheels.** A hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis.
- 67. Mobile health services.** Vans and other vehicles used to delivery primary care services.
- 68. Neurological services.** Services provided by the hospital dealing with the operative and nonoperative management of disorders of the central, peripheral, and autonomic nervous system.
- 69. Nutrition programs.** Those services within a health care facility which are designed to provide inexpensive, nutritionally sound meals to patients.
- 70. Occupational health services.** Includes services designed to protect the safety of employees from hazards in the work environment.
- 71. 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.
- 72. Orthopedic services.** Services provided for the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints and ligaments.

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- 73. 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.
- 74. 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.
- 75. 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.
- 76. 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.
- 77. Patient controlled analgesia (PCA).** 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 that 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.
- 78. Patient education center.** Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and self care.
- 79. 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.
- 80. Physical rehabilitation services.** Program providing medical, health-related, therapy, social, and/or vocational services to help disabled persons 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 including services 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 disabled persons 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.
- 81. 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.
- 82. Psychiatric services.** Services provided by the hospital that offer immediate initial evaluation and treatment to patients with mental or emotional disorders.
 - a. Psychiatric child-adolescent services.** Provides care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment.
 - b. Psychiatric consultation-liaison services.** Provides organized psychiatric consultation/liaison services to nonpsychiatric hospital staff and/or departments on psychological aspects of medical care that may be generic or specific to individual patients.
 - c. Psychiatric education services.** Provides psychiatric educational services to community agencies and workers such as schools, police, courts, public health nurses, welfare agencies, clergy, and so forth. The purpose is to expand the mental health knowledge and competence of personnel not working in the mental health field and to promote good mental health through improved understanding, attitudes, and behavioral patterns.
 - d. Psychiatric emergency services.** Services of facilities available on a 24-hour basis to provide immediate unscheduled out-patient care, diagnosis, evaluation, crisis intervention, and assistance to persons suffering acute emotional or mental distress.
 - e. Psychiatric geriatric services.** Provides care to emotionally disturbed elderly patients, including those admitted for diagnosis and those admitted for treatment.
 - f. Psychiatric outpatient services.** Provides medical care, including diagnosis and treatment, of psychiatric outpatients.
 - g. Psychiatric partial hospitalization program.** Organized hospital services of intensive day/evening outpatient services of three hours or more duration, distinguished from other outpatient visits of one hour.
- 83. 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. 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.
 - h. 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 greater slices to cover the imaged volume.

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- i. **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.
- j. **Positron emission tomography/CT (PET/CT).** Provides metabolic functional information for the monitoring of chemotherapy, radiotherapy and surgical planning.
- k. **Single photon emission computerized tomography (SPECT).** Single photon emission computerized tomography is a nuclear medicine imaging technology that combines existing technology of gamma camera imaging with computed tomographic imaging technology to provide a more precise and clear image.
- l. **Ultrasound.** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures.
- 84. **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 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.
 - b. **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.
 - 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 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.
 - d. **Shaped beam radiation system.** A precise, non-invasive treatment that involves targeting beams of radiation that mirrors 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.
 - e. **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.
- 85. **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.
- 86. **Robotic surgery.** The use of mechanical guidance devices to remotely manipulate surgical instrumentation.
- 87. **Sleep center.** Specially equipped and staffed center for the diagnosis and treatment of sleep disorders.
- 88. **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.
- 89. **Sports medicine.** Provision of diagnostic screening and assessment and clinical and rehabilitation services for the prevention and treatment of sports-related injuries.
- 90. **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.
- 91. **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, do 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.
- 92. **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.
- 93. **Tobacco treatment/cessation program.** Organized hospital services with the purpose of ending tobacco-use habits of patients addicted to tobacco/nicotine.
- 94. **Transplant services.** The branch of medicine that transfers an organ or tissue from one person to another or from one body part to another to replace a diseased structure or to restore function or to change appearance. Services could include: Bone marrow transplant program; heart, lung, kidney, intestine, or tissue transplant. Please include heart/lung or other multi-transplant surgeries in 'other'.
- 95. **Transportation to health facilities.** A long-term care support service designed to assist the mobility of the elderly. Some programs offer improved financial access by offering reduced rates and barrier-free buses or vans with ramps and lifts to assist the elderly or handicapped; others offer subsidies for public transport systems or operate mini-bus services exclusively for use by senior citizens.
- 96. **Urgent care center.** A facility that provides care and treatment for problems that are not life threatening but require attention over the short term.
- 97. **Virtual colonoscopy.** Noninvasive screening procedure used to visualize, analyze and detect cancerous or potentially cancerous polyps in the colon.
- 98. **Volunteer services department.** An organized hospital department responsible for coordinating the services of volunteers working within the institution.
- 99. **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.
- 100. **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.
- 101. **Physician arrangements.** An integrated healthcare delivery program implementing physician compensation and incentive systems for managed care services.
 - a. **Independent practice association (IPA).** AN IPA is a legal entity that holds managed care contracts. The IPA then contracts with physicians, usually in solo practice, to provide care either on a fee-for-services or capitated basis. The purpose of an IPA is to assist solo physicians in obtaining managed care contracts.
 - b. **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.
 - c. **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.
 - d. **Closed physician-hospital organization (PHO).** A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality.
 - e. **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

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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.

- f. **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.
 - g. **Equity model.** Allows established practitioners to become shareholders in a professional corporation in exchange for tangible and intangible assets of their existing practices.
 - h. **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.
- 102a. **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 ventures purpose.
105. **Percentage of hospital's net patient revenue.**
- a. **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.
 - b. **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.

SECTION D TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING

Instructions and Definitions

For the purposes of this survey, nursing home type unit/facility provides care for the elderly and chronic care in a non-acute setting in any of the following categories: *Skilled nursing care *Intermediate care *Other Long-term Care (*see page 15 definitions) The nursing home type units/facilities are to be owned and operated by the hospital. Only one legal entity may be vested with title to the physical property or operate under the authority of a duly executed lease of the physical property.

1a. **Total licensed beds** is the total number of beds authorized by the state licensing (certifying agency).

- b. 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, 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.
- c. Report the number of normal newborn **bassinets**. Do not include neonatal intensive care or intermediate care bassinets. These should be reported on page 2, C6 and C7.
- d. Total **births** should exclude fetal deaths.
- e. Include the number of adult and pediatric **admissions** only (exclude births). This figure should include all patients admitted during the reporting period, including neonatal and swing admissions.
- f. Report the number of adult and pediatric **days of care** rendered during the entire reporting period. Do not include days of care rendered for normal infants born in the hospital, but do include those for their mothers. Include days of care for infants born in the hospital and transferred into a neonatal care unit. Also include swing bed inpatient days. **Inpatient day of care** (also commonly referred to as a **patient day** or a **census day**, or by some federal hospitals as an **occupied bed day**) is a period of service between the census-taking hours on two successive calendar days, the day of discharge being counted only when the patient was admitted the same day.
- 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. An **Outpatient visit** is a visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Each appearance of an outpatient in each unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Total outpatient visits should include all clinic visits, referred visits, observation services, outpatient surgeries (also reported on line D1J), home health service visits, and emergency department visits (also reported on line D1g).

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

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

Observation services are those services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Observation services usually do not exceed 24 hours. However, there is no hourly limit on the extent to which they may be used.

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

- i. **Inpatient surgical operation.** 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 operation.** 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.

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- 3a. Net patient revenue.** Reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.
- 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 from services other than health care provided to patients, as well as sales and services to nonpatients. Revenue that arises from the normal day-to-day operations from services other than health care provided to patients. Includes sales and services to nonpatients, and revenue from miscellaneous sources (rental of hospital space, sale of cafeteria meals, gift shop sales). Also include operating gains in this category.
- 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 also should be included in accumulated depreciation (D7b).
- 3i. Interest expense.** Report interest expense for the reporting period only.
- 3j. Total expenses.** Includes all payroll and non-payroll expenses (including bad debt) as well as any nonoperating losses (including extraordinary losses).
- 4a. Total gross inpatient revenue.** The hospitals full-established rates(charges) for all services rendered to inpatients.
- 4b. Total gross outpatient revenue.** The hospitals full-established rates(charges) for all services rendered to outpatients.
- 4c. Total gross patient revenue.** 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 expense.** The provision for actual or expected uncollectibles resulting from the extension of credit. Because bad debts are reported as an expense and not a deduction from revenue, the gross charges that result in bad debts will remain in net revenue (D3a).
- 5b. Charity care.** Health services that were never expected to result in cash inflows. Charity care results from a provider's policy to provide health care services free of charge to individuals who meet certain financial criteria. For purposes of this survey, charity care is measured on the basis of revenue forgone, at full-established rates.
- 6. REVENUE BY PAYOR**
- 6a1 Medicare.** Should agree with the Medicare utilization reported in questions D2a1-Db2.
- 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 D2c1-D2d2.
- 6a2a. Fee for service patient revenue.** Do not include Medicaid disproportionate payments(DSH) or Medicaid supplemental payments that are non-Medicaid disproportionate payments (DSH).
- 6a2c. Medicaid disproportionate share payments.** DSH minus associated provider taxes or assessments.
- 6a2d. Medicaid supplemental payments.** Not including Medicaid DSH payments (these are supplemental payments the Medicaid program pays the hospital that are NOT Medicaid DSH) and minus associated provider taxes or assessments.
- 7. 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.
- 7d. 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.
- 8. Capital Expenses.** Expenses used to acquire assets, including buildings, remodeling projects, equipment, or property.
- 9. Energy Consumption.**
- a. Total energy usage includes electricity, natural gas, fuel oil, district steam, district chilled water, diesel (no. 2) and coal. Total energy usage is the sum of all MMBTUs.

CONVERSION CHART TO MMBTU:

Electric	Number of kW h x .0034 = Number of MMBTU
Natural Gas	Number of Therms x .1 = Number of MMBTU
	or
	Number of MCF x 1.03 = Number of MMBTU

- b. **Energy Star rating** is a national energy performance rating system, which utilizes a 1-100 scale to give meaning to the energy usage. To qualify, each building must meet specific guidelines in four areas: energy performance; thermal comfort; indoor air quality; illumination levels.
- 10. Information Technology.**
- 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. (i.e. lab, radiology, etc., 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.** (i.e. contracted staff).
- e. **Electronic Health Record.** An electronic health record (EHR) integrates electronically originated and maintained patient-level clinical health information, derived from multiple sources, into one point of access. An EHR replaces the paper medical record as the primary source of patient information.

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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. Physicians and dentists.** Include only those physicians and dentists engaged in clinical practice and on the payroll. Those who hold administrative positions should be reported in "All other personnel."
 - c. Other trainees.** A trainee is a person who has not completed the necessary requirements for certification or met the qualifications required for full salary under a related occupational category. Exclude medical and dental residents/interns who should be reported on line 7b.
 - d. Registered nurses.** Nurses who have graduated from approved schools of nursing and who are currently registered by the state. They are responsible for the nature and quality of all nursing care that patients receive. Do not include any registered nurses more appropriately reported in other occupational categories, such as facility administrators, and therefore listed under "All other personnel."
 - e. Licensed practical (vocational) nurses.** Nurses who have graduated from an approved school of practical (vocational) nursing who work under the supervision of registered nurses and/or physicians.
 - f. Nursing assistive personnel.** Certified nursing assistant or equivalent unlicensed staff assigned to patient care units and reporting to nursing.
 - g. Radiology Technicians.** Technical positions in imaging fields, including, but not limited to, radiology, sonography, nuclear medicine, radiation therapy, CT, MRI.
 - h. Laboratory professional/technical.** Professional and technical positions in all areas of the laboratory, including, but not limited to, histology, phlebotomy, microbiology, pathology, chemistry, etc.
 - i. Pharmacists, licensed.** Persons licensed within the state who are concerned with the preparation and distribution of medicinal products.
 - j. 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.
 - l. All other personnel.** This should include all other personnel not already accounted for in other categories.
 - m. Total facility personnel.** This line is to include the total facility personnel - hospital plus nursing home type unit/facility personnel (for those hospitals that own and operate a nursing home type unit/facility).
 - n-o. 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 line, but cannot be broken out, please write "cannot break out" on this line.
- 12a. Hospitalist.** Physician whose primary professional focus is the care of hospitalized medical patients (through clinical, education, administrative and research activity).
- c. Independent provider group.** A private practitioner or hospitalist only or a hospitalist management company.
Employed by your hospital. Either as direct hospital employees or as employees of a hospital subsidiary corporation.
Employed by a physician group. A multi-specialty group, a primary care group, an emergency physician group, or an IPA.
Employed by a university or school program. Either as a university/medical school employee or as an employee of a university-based group practice.
Other. e.g., an insurance company, HMO.
- 13. Intensivists.** Board-certified physicians who are additionally certified in the subspecialty 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.
- 14. 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 E. SUPPLEMENTAL INFORMATION DEFINITIONS

- 1a. Mission statement.** A general statement that describes a company's reason for existence, its vision and direction, its areas of expertise and its goals.
- 1h. Self-assessment.** An evaluation of an organization's management system through achievements in areas such as: leadership, strategic planning, human resource management, information management, process management, customer focus and satisfaction, and business results.
- 1i. Health status indicators.** Measures used to quantify various aspects of a population's health status.
- 2c. Leadership development program.** A program that is designed to increase the leadership skills of manager level personnel for eventual placement in a more senior level position. This program focuses on two classes of personnel. Of greatest importance is the Mid-careerist that has been working in a hospital setting for 7-12 years and is stuck at the Manager level. The other category of a good Leadership Development program focuses on increasing the number of minorities at the Senior Executive level. This would include all titles above Department Director, including Administrator, Associate Administrator, and the various levels of Vice President.
- 2d. Diversity plan.** A set of goals and objectives that are linked to the organization's Strategic Plan to promote the elimination of disparities and identify strategies to ensure the ethnic and racial composition of the workforce better reflects the composition of the communities being served.
- 2e. Leadership Succession planning.** The deliberate use of mentoring, coaching and grooming of individuals inside the organization that have been identified as having the potential to advance when vacancies occur at the senior executive level.
- 2f. Career development resources.** Tools, training programs, financial aid, executive coaching and other resources that can be used to prepare individuals to compete for advancement opportunities in an organization.
- 3a. Satellite facility(s).** Satellite Services are available at a facility geographically remote from the hospital campus.