

## **APPENDIX 3. SURVEY INSTRUMENTS**

**2003 ANNUAL SURVEY OF HOSPITALS**

**FY 2003 HOSPITAL FISCAL SURVEY**

**2003 ANNUAL SURVEY OF HOSPITALS**  
**WHA Information Center, LLC / American Hospital Association**

**NEW FOR 2003:** Please read the instructions carefully; some of them have been clarified. Answer options have changed for line 211. A copy of last year's physician list is included with this e-mail. You should update and return the list to WHA Information Center at [WHAInfoCenter@wha.org](mailto:WHAInfoCenter@wha.org).

**INSTRUCTIONS:** All blank data items must be completed. See Instructions on page two for details.

Instructions and definitions appear on the reverse side of each page of the survey, unless otherwise noted. Additional information may be reported in **SUPPLEMENTAL INFORMATION** on the last page of the survey.

Fill out the survey using **hospital data only**, except when the hospital owns and operates a nursing home **AND** a common Board of Directors governs both the hospital and nursing home. For further information on such facilities, refer to page six of the survey.

**If information for a category is zero, fill in 0. If information for a category is Not Applicable, fill in 0. Do NOT use dashes, N/A, N/AV, M, or decimals on any line in this survey.**

**Return To:**                    **WHA Information Center**  
**5721 Odana Road, Suite 202**  
**P.O. Box 44992**  
**Madison, WI 53744-4992**

**I. GENERAL INFORMATION**

*Type or print clearly all information*

<b>WHA Information Center Hospital ID</b> _____	<b>AHA Hospital ID</b> _____
<b>Hospital Mailing Label</b> Administrator or CEO _____ Hospital Name _____ Address _____ P.O. Box _____ City _____ ZIP Code _____	
<small>(Changes to information in this area must be reported formally to WHA Information Center. See instructions on page 2.)</small>	
Contact Person (Name and Title) _____	Telephone Number (    )    -    Ext. _____ E-mail address _____ Fax Number (    )    -    _____
Organization and Address (if different from mailing label above) _____	
FY 2003 Beginning Date  _____ / _____ / _____ <small>Mo.            Day            Yr.</small>	FY 2003 Ending Date  _____ / _____ / _____ <small>Mo.            Day            Yr.</small>

## INSTRUCTIONS AND DEFINITIONS

**GENERAL INSTRUCTIONS:** *Note that the instructions and definitions are included with the appropriate section. Read them before completing the survey. For assistance with completing the survey, contact WHA Information Center at WHAInfoCenter@wha.org or (608) 274-1820/(800) 231-8340.*

**Due Date:** The survey must be completed and returned to WHA Information Center. Report data for a full 12-month period (365 days). Report all utilization data (*beds, admissions, discharges, outpatient visits, etc.*) from the 2003 fiscal year. Report data on “*personnel*” and “*medical staff*” as of September 30, 2003, regardless of the end of the fiscal year.

**IF INFORMATION FOR A CATEGORY IS ZERO, FILL IN 0.**

**IF INFORMATION FOR A CATEGORY IS NOT APPLICABLE, FILL IN 0.**

**DO NOT USE DASHES, N/A, N/AV, M, OR DECIMALS ON ANY LINE IN THIS SURVEY.**

To assure complete and accurate data, data must be submitted for every item. **Missing data, blank fields and “Not available” will not be accepted.** Failure to report all data may result in fines of up to \$100 per day.

### I. GENERAL INFORMATION – *Read.*

<b>Name of Administrator, Hospital Name and Address</b>	This is a computer-generated mailing label listing the <b>name of the administrator, name of the hospital, street address, city, state, and ZIP code.</b>  <b>Note:</b> The hospital is required to give <b>official notice to WHA Information Center</b> of any changes to the above information within <b>45 days</b> . If this information is not correct, inform us in writing as soon as possible. The letter should be sent on official letterhead to the same address as this form.
<b>Hospital</b>	For purposes of the survey, a hospital is defined as the organization or corporate entity licensed as a hospital by the state to provide diagnostic and therapeutic patient services for a variety of medical conditions, both surgical and non-surgical.
<b>Contact Person and Telephone Number</b>	Enter the <b>name and title of the person</b> who has primary responsibility for completing and submitting the form to WHA Information Center. Also enter this person's <b>direct telephone number and extension, fax number, and e-mail address.</b>
<b>Organization and Address</b>	Enter the <b>name of the organization and the business address of the contact person (above)</b> , if the information <b>differs</b> from the mailing label.
<b>Reporting Period</b>	Enter the beginning and ending dates of your 2003 fiscal year. <b>The 2003 fiscal year should be used</b> for the UTILIZATION DATA ( <i>Section III pages 7 and 9, Section V page 19, and Section VI page 21</i> ). Report fiscal year dates as a six-digit number; for example, July 1, 2003, should be reported as 07/01/03. All data should be presented for the fiscal year, except when otherwise noted ( <i>e.g., as of September 30, 2003, for personnel and medical staff data</i> ).  <b>Note:</b> The hospital is required to give <b>WHA Information Center official notice</b> of any changes to any of the above information within <b>45 days</b> . If this information is not correct, inform us in writing as soon as possible. The letter should be sent on official letterhead to the same address as this form.

**II. CLASSIFICATION (pages 3-6)**

**Type or print all information**

**Control**

**1** Indicate the type of organization responsible for establishing policy concerning overall hospital operation.  
**CHECK ONLY ONE CODE.**

- |                                    |  |   |  |
|------------------------------------|--|---|--|
| <u>Government,<br/>Nonfederal</u>  | <u>Non-government,<br/>Not-for-profit</u>          | <u>Investor-owned<br/>For-profit</u>    | <u>Government,<br/>Federal</u>               |
| <input type="checkbox"/> 12 State  | <input type="checkbox"/> 21 Religious organization | <input type="checkbox"/> 31 Individual  | <input type="checkbox"/> 45 Veterans Affairs |
| <input type="checkbox"/> 13 County | <input type="checkbox"/> 23 Other not-for-profit   | <input type="checkbox"/> 32 Partnership |  |
| <input type="checkbox"/> 14 City   |  | <input type="checkbox"/> 33 Corporation |  |

**2** Is the hospital part of a health care system? .....  Yes  No  
If YES, give name, city, and state of the system headquarters.

(Name) ..... (City) ..... (State) .....

**3** Is the hospital a division or subsidiary of a holding company? .....  Yes  No

**4** Does the hospital itself operate subsidiary corporations? .....  Yes  No

**5** Is the hospital contract managed? .....  Yes  No  
If YES, give name, city, and state of organization that manages the hospital.

(Name) ..... (City) ..... (State) .....

**6** Is the hospital a member of an alliance? .....  Yes  No  
If YES, give name, city, and state of the alliance headquarters. **If more than one, list on page 29.**

(Name) ..... (City) ..... (State) .....

**7** Is the hospital a participant in a health care network? .....  Yes  No  
If YES, give name, city, and state of the network headquarters. **If more than one, list on page 29.**

(Name) ..... (City) ..... (State) .....

**8** Does the hospital participate in a group purchasing arrangement? .....  Yes  No  
If YES, give name, city, and state of the group purchasing organization.

(Name) ..... (City) ..... (State) .....

**9** Does the hospital own or operate a primary group practice? .....  Yes  No

**Service**

**10** Indicate the ONE category that BEST describes the type of service that the hospital provides to the MAJORITY of admissions.

- |  |   |
|--|---|
| <input type="checkbox"/> 10 General medical and surgical (GMS) | <input type="checkbox"/> 22 Psychiatric                     |
| <input type="checkbox"/> 15 GMS – Critical Access Hospital     | <input type="checkbox"/> 46 Rehabilitation                  |
| <input type="checkbox"/> 20 GMS – Long-Term Acute Care         | <input type="checkbox"/> 82 Alcoholism and other drug abuse |

**11** Does the hospital restrict admissions primarily to children? .....  Yes  No

**Accreditation/Licensure Status (Check all that apply).**

- 12**  JCAHO  AOA  Title 18 certified and HFS 124 licensed  
 HFS 124 licensed only  Other ( specify) \_\_\_\_\_

[Do not enter "State of Wisconsin"]

## II. CLASSIFICATION – Instructions and definitions

### Control

- Line 1* **Organization type.** Check the box to the left of the type of organization responsible for establishing policy concerning overall operation of the hospital.
- Government, Nonfederal.** Hospitals controlled by agencies or departments of state or local governments:
- State—controlled by an agency of state government.
  - County—controlled by an agency of county government.
  - City—controlled by an agency of municipal government.
- Non-government, Not-for-profit.** Hospitals controlled by not-for-profit organizations, including religious organizations (*e.g., Catholic hospitals*), community hospitals, cooperative hospitals, hospitals operated by fraternal societies, etc.
- Investor-owned, For-profit.** Hospitals controlled on a for-profit basis by an individual, a partnership, or a profit-making corporation.
- Government, Federal.** Hospitals controlled by an agency or department of the federal government.
- Line 2* **Health care system.** A corporate body that may own and/or manage health provider facilities or health-related subsidiaries, as well as non-health-related facilities including freestanding facilities and/or subsidiary corporations.
- Lines 3-4* **Data from holding companies and/or subsidiaries should not be included in the rest of the survey.**
- Holding company.** Any company, incorporated or unincorporated, that is in a position to control or materially influence the management of one or more other companies by virtue of its ownership of securities and/or its rights to appoint directors in the other company or companies.
- Subsidiary.** A company 100% controlled by another or one that is more than 50% owned by another organization.
- Line 5* **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.
- Line 6* **Alliance.** A formal organization, usually owned by shareholder/members, that works on behalf of its individual members in the provision of services and products and in the promotion of activities and ventures. Examples of alliances: American Health Care System and Consolidated Catholic Health Care. **If more than one, list on page 29.**
- Line 7* **Health care network.** A group of hospitals, clinics, physicians, other health care providers, insurers, and/or community agencies that work together to coordinate and deliver a broad spectrum of services to their community.
- Line 8* **Group Purchasing Agreement.** An organization whose primary function is to negotiate a contract for the purpose of purchasing for members of the group, or has a central supply site for its members.
- Line 9* **Primary group practice.** Indicate whether the hospital owns or operates a primary group practice.
- Service**  
*Line 10* Check the box to the left of the category that best describes the type of service provided to the majority of admissions.
- General medical and surgical (GMS).** Provides diagnostic and therapeutic services to patients for a variety of medical conditions, both surgical and non-surgical. If a GMS hospital has been certified as a **Critical Access Hospital** before December 31, 2003, select "15." GMS hospitals that specialize in **Long-Term Acute Care** should select "20." All other GMS hospitals should select "10."
- Psychiatric.** Provides diagnosis, treatment, and supportive services to patients with mental or emotional disorders. Includes state-operated mental health institutes.
- Alcoholism and other chemical dependency.** Provides diagnostic and therapeutic services to patients with alcoholism or other drug dependencies.
- Rehabilitation.** Provides a comprehensive array of restorative services for the disabled and all support services necessary to help them attain their maximum functional capacity.
- Line 11* **Service to children.** Indicate whether admissions are restricted primarily to children.

### Accreditation/Licensure Status

- Line 12* Check the box(es) to the left of the category(ies) that apply.
- JCAHO.** HFS 124 State license and Joint Commission on Accreditation of Healthcare Organizations accreditation.
- AOA.** HFS 124 license and American Osteopathic Association accreditation.
- Title 18 certified and HFS 124 licensed.** Medicare certification (*Title 18*) and state licensure (*HFS 124*).
- HFS 124 licensed only.** State licensure only.
- Other.** Specify accreditation status on page 3 of the survey. Do not enter "State of Wisconsin".

**II. CLASSIFICATION (continued) Type or print any information**

**Certification Status** If more than one provider number, list on page 29.

13 Medicare (Title 18) .....  Yes  No

If YES, **Provider Number** 52 - \_\_\_\_\_

14 Medicaid (Title 19) .....  Yes  No

If YES, **Provider Number** \_\_\_\_\_

**Managed Care Information**

Does the hospital have a formal written contract that specifies the obligations of each party with

15 Health Maintenance Organization (HMO)? .....  Yes  No **If Yes**, how many contracts?

16 Preferred Provider Organization (PPO)? .....  Yes  No **If Yes**, how many contracts?

17 Other managed care or prepaid plan? .....  Yes  No **If Yes**, how many contracts?

18 Indicate whether any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer (check all that apply):

	(1) Hospital	(2) Health Care System	(3) Network	(4) Joint Venture With Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 What percentage of the hospital's NET patient revenue is paid on a capitated basis?  %  
(If the hospital does not participate in capitated arrangements, enter "0.")  
(Round; do not use decimals.)

20 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

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

**Criteria To Determine If Nursing Home Data Should Be Submitted**

22 Does the hospital own and operate a nursing home facility under HFS 132? .....  Yes  No

If YES, answer the question on line 23.

If NO, go to Section III. DO NOT fill out columns (2) and (3) for lines 147-158, page 21.

23 Are the hospital and nursing home governed by a common Board of Directors? .....  Yes  No

24 If answers to both 22 and 23 are YES, check the appropriate box regarding the location of the nursing home facility.  
Attached/within hospital  Freestanding on hospital campus  Freestanding off campus

If answers to both 22 and 23 are YES, submit data for columns (1), (2), and (3) on lines 147-158, page 21.

## II. CLASSIFICATION – Instructions and definitions (continued)

### Certification Status — If more than one provider number, list on page 29.

*Line 13* **Medicare (Title 18).** A federal program as a 1965 amendment to the Social Security Act. Provides health insurance benefits primarily to persons over age 65 and others eligible for Social Security benefits. Check the appropriate box to indicate whether or not the hospital is certified as a Medicare provider. Report the hospital's Medicare provider number.

*Line 14* **Medicaid (Title 19).** A shared federal/state program as a 1965 amendment to the Social Security Act. Administered by states, it provides health care benefits to indigent and other eligible persons. Check the appropriate box to indicate whether or not the hospital is certified as a Medicaid provider. Report the hospital's Medicaid provider number. A legitimate provider number is eight digits in length.

### Managed Care Information

*Line 15* **Health Maintenance Organization (HMO).** An organization that has management responsibility for providing comprehensive health care services on a prepayment basis to voluntarily enrolled persons within a designated population. This includes HMOs reimbursed by Medicare under 42 CFR pt. 417 and Medicaid under s. 49.45 (3) (b), Wis. Stat.

*Line 16* **Preferred Provider Organization (PPO).** An organizational arrangement between providers and at least one group purchaser whereby health care services are purchased for a specific population at a negotiated rate. Providers are paid on a fee-for-service basis.

*Line 17* State if any other managed care or prepaid plan.

*Line 18* Check the appropriate boxes to indicate what products have been developed by the hospital, health care system, network, or as a joint venture with an insurer.

*Lines 19-21* **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 those enrolled in the capitated plan. The fixed amount is specified within contractual agreements between the payer and the involved organization. The fixed payment amount is based on an actuarial assessment of the services required by those enrolled and the costs of providing these services, recognizing adjustment factors of those enrolled such as age, sex, and family size.

### Criteria To Determine If Nursing Home Data Should Be Submitted

*Lines 22-24* Check the appropriate boxes to indicate whether or not both of the following conditions are met.

*Line 22* The hospital owns and operates a nursing home facility under HFS 132, Wis. Adm. Code; and

*Line 23* Both the hospital and nursing home are governed by a common Board of Directors.

*Line 24* CHECK THE APPROPRIATE BOX REGARDING THE LOCATION OF THE NURSING HOME FACILITY. **ONLY HOSPITALS THAT ANSWERED YES TO BOTH OF THE ABOVE CRITERIA (LINES 22 and 23) SHOULD ANSWER LINE 24 AND SHOULD SUBMIT DATA FOR COLUMNS (1), (2), AND (3) ON LINES 147-158, PAGE 21. If these criteria are not met, NO INFORMATION RELATED TO A NURSING HOME SHOULD APPEAR ON THE SURVEY.**

### Definitions

For purposes of the survey, a nursing home facility provides non-acute care of the following type to the majority of all admissions: skilled nursing, intermediate care, or residential care/elderly housing.

**Skilled nursing care.** Non-acute medical and skilled nursing care services, therapy, and social services provided in a Medicare-certified facility under the supervision of a licensed registered nurse on a 24-hour basis. In Wisconsin, this corresponds to the SNF, ICF-1 through ICF-3 levels of care.

**Intermediate care.** Health-related services (*nursing care and social services*) provided 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 supportive services. In Wisconsin, this corresponds to the ICF-4 level of care; however, it should include only persons receiving that level of care in the nursing home, not in a separate living arrangement.

**Residential care/Elderly housing.** Residential services provided to those who do not require daily medical nursing services, but may require some assistance in the activities of daily living; includes sheltered care facilities for developmentally disabled or long-term psychiatric patients as well as elderly housing.

### III. SELECTED INPATIENT UNITS

If information for a category is zero, fill in 0. If information for a category is Not Applicable, fill in 0. Do NOT use dashes, NA, N/AV, or M.

Account for all adult and pediatric inpatient beds set-up-and-staffed on the last day of the fiscal year (**excluding weekends or holidays**). Do not include "normal newborn" bassinets. List beds for a line only if a unit is specifically designated for the service area. The number of discharges should include deaths and unit transfers. Refer to page 22 for definitions of discharges and inpatient days. For each service listed, circle the code number (see codes 1-5 below) that best describes the status of the service as of the last day of the fiscal year. See definition of health care system and network on page 4.

**NOTE: Service Code numbering changed as of the 1999 Annual Survey of Hospitals.**

Code	Description
1	Service is provided in or by the hospital in a <b>DISTINCT AND SEPARATE UNIT</b> . The number of beds and utilization information <b>MUST</b> be provided for inpatient units.
2	Service is provided in or by the hospital but <b>NOT IN A DISTINCT AND SEPARATE UNIT</b> .
3	Service is provided by the hospital's Health Care System in the community.
4	Service <b>IS NOT MAINTAINED</b> by the hospital but is available, in the hospital or another facility, through a <b>FORMAL CONTRACTUAL</b> arrangement with another hospital or provider, including networks and joint ventures.
5	<b>SERVICE NOT AVAILABLE</b> either by the hospital or through a formal contractual arrangement with another hospital or provider.

25 Are any patient services provided by the hospital housed in buildings in which the hospital has a financial interest, other than the main hospital building? .....  Yes  No

If YES, in addition to circling code numbers 1-5, **follow the instructions on page 8.**

Code	Description
O	Service is provided by the hospital but <b>IS HOUSED IN BUILDINGS OTHER THAN THE MAIN HOSPITAL BUILDING</b> .
B	Service is provided by the hospital and <b>IS HOUSED AT BOTH THE MAIN HOSPITAL BUILDING AND IN BUILDINGS OTHER THAN THE MAIN HOSPITAL BUILDING</b> .

Selected Inpatient Units	Beds-set-up- &-staffed last day of fiscal year	Number of discharges/ transfers for fiscal year	Inpatient days for fiscal year	Circle one for each line	O or B
<b>GENERAL MEDICAL/SURGICAL</b>					
26 Adult medical / surgical, acute (include gynecology) .....	_____	_____	_____	1 2 3 4 5	_____
27 Orthopedic .....	_____	_____	_____	1 2 3 4 5	_____
28 Rehabilitation and physical medicine .....	_____	_____	_____	1 2 3 4 5	_____
29 Hospice .....	_____	_____	_____	1 2 3 4 5	_____
30 Acute Long-Term Care (Hospital Only) .....	_____	_____	_____	1 2 3 4 5	_____
31 All Other Acute (specify types) [ _____ ] .....	_____	_____	_____	1 2 3 4 5	_____
32 Pediatrics General medical/surgical .....	_____	_____	_____	1 2 3 4 5	_____
33 Obstetrics Level of care (1, 2 or 3) (include LDRP, exclude gynecology) .....	0	_____	_____	1 2 3 4 5	_____
34 Psychiatric Inpatient care .....	_____	_____	_____	1 2 3 4 5	_____
35 Alcoholism / Chemical Dependency Inpatient care .....	_____	_____	_____	1 2 3 4 5	_____

### III. SELECTED INPATIENT UNITS—Definitions

*Line 25* **Main hospital building.** Refers to the building(s) approved for licensure by the Department of Health and Family Services, Bureau of Quality Assurance, under sections 50.32 to 50.39, *Wis. Stat.*

**Services housed in other buildings in which the hospital has a financial interest.** Indicate whether or not patient services are provided by the hospital in buildings other than the main hospital building. Answer **YES ONLY** if the hospital has a financial interest in the buildings. **Includes space leased by the hospital.** The buildings usually have separate street addresses from the main hospital building.

If a service (*coded 1, 2 or 4*) is located **only** in buildings in which the hospital has a financial interest, **other than the main hospital building**, put an **O** in the far right column. If a service (*coded 1, 2 or 4*) is located at **both** the main hospital building **and** in buildings in which the hospital has a financial interest, put a **B** in the far right column. (*Refer to SERVICE CODES key in shaded box on page 7.*) Provide addresses for additional buildings on line 132, page 17. **NOTE: Service Code numbering changed as of the 1999 Annual Survey of Hospitals.**

*Lines 26-48* For each service, circle the code number that best describes the status of the service as of the last day of the fiscal year, except weekends and holidays. (*Refer to the SERVICE CODES key in the shaded box on page 7.*) **Do not** report admissions data in this section.

*Line 26* **Adult medical/surgical, acute.** Provides acute care to patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans. Includes gynecology services. **See note on page 9.**

*Line 27* **Orthopedic.** Provides corrective treatment of deformities, diseases, and ailments of the locomotive apparatus, especially affecting the limbs, bones, muscles, and joints.

*Line 28* **Rehabilitation and physical medicine.** Provides coordinated multidisciplinary physical restorative services to inpatients under the direction of a physician knowledgeable and experienced in rehabilitative medicine. This service has beds set-up-and-staffed.

*Line 29* **Hospice.** A unit or inpatient program providing palliative care—chiefly medical relief of pain and supportive services—to terminally ill patients and assistance to their families in adjusting to the patient's illness and death.

*Line 30* **Acute Long-Term Care.** Provides specialized acute hospital care to medically complex patients who are critically ill, have multi-system 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. **Hospital Only.**

*Line 32* **Pediatric, general medical/surgical.** Provides acute care to pediatric patients on the basis of physicians' orders and approved nursing care plans.

*Line 33* **Obstetrics.** A Labor, Delivery, Recovery, and Postpartum (*LDRP*) unit is also known as a birthing room. Levels of care should be designated as follows: (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; or (3) Unit provides services for all serious illnesses and abnormalities and is supervised by a full-time maternal/fetal specialist.

*Line 34* **Psychiatric inpatient 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 of the chronically mentally ill, mentally disordered, or other mentally incompetent persons. **See note on page 9.**

*Line 35* **Alcoholism/chemical dependency inpatient care.** Provides inpatient care and/or rehabilitative services to patients for whom the primary diagnosis is alcoholism/chemical dependency. Includes detoxification services. **See note on page 9.**

#### **Lines 26-45 -- Beds set-up-and-staffed.**

Report the number of beds regularly available (*those set-up-and-staffed for use*) on the last day of the hospital's fiscal year. 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.

**Include** Medicare-certified swing beds.

**Exclude** newborn bassinets and bed facilities for patients receiving special procedures for a portion of their stay and patients who have other bed facilities assigned to or reserved for them. Exclude, for example, labor room, post-

anesthesia, or post-operative recovery room beds, psychiatric holding beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital.

Selected Inpatient Units (continued)	Beds set-up &-staffed Last day of fiscal year	Number of discharges/ transfers for fiscal year	Inpatient days for fiscal year	Circle one for each line	O or B
<b>ICU/CCU</b>					
36 Medical / surgical intensive care .....	_____	_____	_____	1 2 3 4 5	_____
37 Cardiac intensive care .....	_____	_____	_____	1 2 3 4 5	_____
38 Pediatric intensive care .....	_____	_____	_____	1 2 3 4 5	_____
39 Burn care .....	_____	_____	_____	1 2 3 4 5	_____
40 Mixed intensive care .....	_____	_____	_____	1 <input checked="" type="radio"/> 3 4 5	_____
41 Step-down (special care) .....	_____	_____	_____	1 2 3 4 5	_____
42 Neonatal intensive / intermediate care (exclude normal newborns) .....	_____	_____	_____	1 2 3 4 5	_____
43 All other intensive care [specify type(s)] _____	_____	_____	_____	1 2 3 4 5	_____
44 <b>SUBACUTE CARE</b> Inpatient care .....	_____	_____	_____	1 2 3 4 5	_____
45 <b>ALL OTHER INPATIENT UNITS</b> [specify treatment area(s)] _____	_____	_____	_____	1 2 3 4 5	_____
46 <b>TOTAL HOSPITAL FACILITY</b> (Exclude Medicare-certified swing bed inpatient days. Include non-Medicare- certified, swing-bed inpatient days.) .....	_____	_____	_____		
	(add lines 26-45)		(add lines 26-45)		
47 <b>MEDICARE-CERTIFIED SWING UNIT</b> (Medicare patients only) .....	_____	_____	_____	1 2 3 4 5	_____
(Report average number of beds used)	(average # beds used)	(discharges and transfers)	(inpatient days)		
48 Newborn nursery (bassinets and utilization should be reported on lines 144-146, page 19) .....	_____	_____	_____	1 2 3 4 5	_____

**NOTE:** If the hospital has beds of more than one type in a mixed unit, all bed and utilization data for all bed types found in that unit should be reported on the line corresponding to the mixed unit. Code the "mixed unit" with a "1," and code each individual bed type line for that unit with a "2."

Example: If "Mixed intensive care" is the main unit for intensive care beds, code it "1" and the types of beds that may be found there "2." All bed and utilization data should be reported on line 40, "Mixed intensive care."

**For a unit coded "2," utilization may be reported only if beds, discharges, and inpatient days are all available.**

### III. SELECTED INPATIENT UNITS—Instructions and definitions (continued)

- Line 36*      **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.
- Line 37*      **Cardiac intensive care.** Provides care of a more specialized nature to cardiac patients. 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.
- Line 38*      **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.
- Line 39*      **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.
- Line 40*      **Mixed intensive care.** Any combination of more than one type of intensive care. If the hospital has a mixed intensive care unit (*more than one of the intensive care types listed*), enter all bed and utilization information on this line. Service code "2" is not valid. **See note on page 9.** If the hospital has beds of more than one type in a mixed unit, all bed and utilization data for all bed types found in that unit should be reported on the line corresponding to the mixed unit. Code the "mixed unit" with a "1," and code each individual bed type line for that unit with a "2."  
**Example:** If "Mixed intensive care" is the main unit for intensive care beds, code it "1" and the types of beds that may be found there "2." All bed and utilization data should be reported on line 40, "Mixed intensive care."
- Line 41*      **Step-down (*special care*).** Provides care to patients requiring care more intensive than that provided in the acute care 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. The unit has specially trained nursing personnel and contains monitoring and observation equipment for intensified comprehensive observation and care. These units are sometimes referred to as definitive observation, step-down, or progressive-care units. Nursing person-hour requirements generally exceed those in the hospital's general medical/surgical acute unit by more than 50% and nursing person-hour requirements are generally less than 75% of those in the hospital's intensive care units.
- Line 42*      **Neonatal intensive/intermediate care.** Must be separate from the normal newborn nursery. Provides intensive intermediate, or recovery care and management to high-risk neonatal infants including those with the very lowest birth weights (*less than 1500 grams*). The NICU has the potential for providing mechanical ventilation, temperature support, neonatal surgery, and specialty care for the sickest infants born in the hospital or transferred from another institution. The intermediate and/or recovery care provides some specialized services, including temperature support, immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring, for the care of a patient who requires less intensive care and a lower ratio of nursing personnel to patient than a patient in intensive care.
- Line 43*      **All other intensive care.** All other units that provide care of a more intensive nature to patients.
- Line 44*      **Subacute care.** A comprehensive inpatient program designed for the individual who has had an acute event as a result of an illness, injury, or exacerbation of a disease process; has a determined course of treatment; and does not require intensive diagnostic and/or invasive procedures. **Hospital Only.**
- Line 46*      **Total Hospital Facility.** Add lines 26-45 for beds-set-up-and-staffed, and for inpatient days.
- Line 47*      **Medicare-certified swing unit.** An acute care bed that has been designated by a hospital to provide either acute or long-term care services and has met the following conditions under section 1883, b1 of the Social Security Act:  
    (1) A hospital must be located in a "rural" area. Rural means any area that has not been designated as urban by the U.S. Bureau of the Census.  
    (2) A hospital must have less than 100 acute care beds.
- Line 48*      **Report Medicare patients ONLY.** If the service is provided, but not in a distinct and separate unit (level 2), report the average number of beds available for use as swing.  
**Newborn nursery.** Provides care to newborn and premature infants in nursery units, based on physicians' orders and approved nursing care plans. Put all bassinet and utilization information on page 19, lines 144-146.

**IV. SELECTED ANCILLARY AND OTHER SERVICES**

*Circle One*

*O or B*

For each service, circle the code number that best describes the status of the service as of the last day of the fiscal year, except weekends and holidays (pages 11-18).

- 49 AIDS/HIV – Specialized outpatient program for AIDS/HIV ..... 1 2 3 4 5 \_\_\_\_\_
- 50 Alcoholism/chemical dependency outpatient services (*psych/social*) ..... 1 2 3 4 5 \_\_\_\_\_
- Ambulance/transportation services- Non-emergency**
- 51 - **Non-emergency** inter-facility transports by ground ambulance ..... 1 2 3 4 5 \_\_\_\_\_
- 52 - **Non-emergency** inter-facility transports by air ambulance ..... 1 2 3 4 5 \_\_\_\_\_
- 53 Arthritis treatment center ..... 1 2 3 4 5 \_\_\_\_\_
- 54 Assisted living ..... 1 2 3 4 5 \_\_\_\_\_
- 55 Auxiliary ..... 1 2 3 4 5 \_\_\_\_\_
- 56 Birthing room/Labor, delivery, recovery, postpartum room (*LDR or LDRP room*) ..... 1 2 3 4 5 \_\_\_\_\_
- Cardiac services**
- 57 - Cardiac angioplasty (*percutaneous transluminal*) ..... 1 2 3 4 5 \_\_\_\_\_
- 58 - Cardiac catheterization laboratory ..... 1 2 3 4 5 \_\_\_\_\_
- 59 - Cardiac rehabilitation program ..... 1 2 3 4 5 \_\_\_\_\_
- 60 - Noninvasive cardiac assessment services ..... 1 2 3 4 5 \_\_\_\_\_
- 61 - Open-heart surgery ..... 1 2 3 4 5 \_\_\_\_\_
- 62 Case management ..... 1 2 3 4 5 \_\_\_\_\_
- 63 Crisis prevention ..... 1 2 3 4 5 \_\_\_\_\_
- 64 Complementary Services ..... 1 2 3 4 5 \_\_\_\_\_
- Dialysis services:**
- 65 - Hemodialysis ..... 1 2 3 4 5 \_\_\_\_\_
- 66 - Peritoneal dialysis ..... 1 2 3 4 5 \_\_\_\_\_
- Emergency/urgent care:**
- 67 - Emergency department (*general medical and surgical*) ..... 1 2 3 4 5 \_\_\_\_\_
- 68 - Trauma center [ **Self-designated level**  ] ..... 1 2 3 4 5 \_\_\_\_\_
- 69 - Urgent care center ..... 1 2 3 4 5 \_\_\_\_\_
- 70 Ethics committee ..... 1 2 3 4 5 \_\_\_\_\_
- 71 Extracorporeal shock wave lithotripter (*ESWL*) **CHECK ONE** Fixed  Mobile  ..... 1 2 3 4 5 \_\_\_\_\_
- 72 Fitness center ..... 1 2 3 4 5 \_\_\_\_\_

#### IV. SELECTED ANCILLARY AND OTHER SERVICES – Definitions

See instructions on pages 7 and 8 regarding level 1-5 and **O** or **B**.

- Line 49 **AIDS/HIV – Specialized outpatient program for AIDS/HIV.** Special outpatient program providing diagnosis, treatment, continuing care planning, and counseling for HIV/AIDS patients and their families.
- Line 50 **Alcoholism/chemical dependency outpatient services (psych/social).** Hospital services for the provision of medical care and/or rehabilitative treatment services to OUTPATIENTS for whom the primary diagnosis is alcoholism or other chemical dependency.
- Line 51 **Non-emergency Inter-facility transports by ground ambulance.** Provision of transportation services, via ground ambulance, that moves patients on a non-emergency basis to another health care facility or other location.
- Line 52 **Non-emergency Inter-facility transports by air ambulance.** Provision of transportation services, via air ambulance, that moves patients on a non-emergency basis to another health care facility or other location.
- Line 53 **Arthritis treatment center.** Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders.
- Line 54 **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, neighbors, and friends.
- Line 55 **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.
- Line 56 **Birthing room/Labor, delivery, recovery, postpartum room (LDR or LDRP room).** An in-hospital combination labor and delivery unit with a home-like setting, for mothers and fathers who have completed specified childbirth courses or classes. If complications are recognized during labor, adjacent facilities are immediately available for emergency care.
- Line 57 **Cardiac angioplasty (percutaneous transluminal).** An operation for enlarging a narrowed coronary arterial lumen by peripheral introduction of a balloon-tip catheter and dilating the lumen on withdrawal of the inflated catheter tip.
- Line 58 **Cardiac catheterization laboratory.** Facilities for special diagnostic procedures necessary for the care of patients with cardiac conditions. Available procedures must include, but need not be limited to, introduction of a catheter into the interior of the heart by way of a vein or artery, or by direct needle puncture. Procedures must be performed in a laboratory or a special procedures room.
- Line 59 **Cardiac rehabilitation program.** Restorative services whereby a patient is reconditioned from a state of cardiac injury, or high risk to resume daily activities of living at an optimum level. Counseling and education are often components of these programs. Cardiac rehab services are used after open-heart surgery, angioplasty, acute myocardial infarction (*heart attack*), and for patients identified as being at high risk for adverse cardiovascular events.
- Line 60 **Noninvasive cardiac assessment services.** Include cardiac studies, tests, and evaluations not conducted in the cardiac catheterization laboratory or operating room. Noninvasive cardiac assessment services include (at a minimum) echocardiography and exercise stress testing (*stress EKG*), and may also include nuclear medicine studies.
- Line 61 **Open-heart surgery.** Heart surgery where the chest has been opened and the blood recirculated and oxygenated with the proper equipment and staff necessary to perform the surgery. These services refer to diagnosis-related groups (*DRGs*) 104 to 108.
- Line 62 **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.
- Line 63 **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.
- Line 64 **Complementary Services.** Organized hospital services or formal arrangements to providers that provide care or treatment not based solely on traditional western allopathic medical teachings as taught in most U.S. medical schools. Includes any of the following: acupuncture, chiropractic, homeopathy, osteopathy, diet and lifestyle changes, herbal medicine, massage therapy, biofeedback, etc.
- Line 65 **Hemodialysis.** Provision of equipment and personnel for the treatment of renal insufficiency, on an inpatient or outpatient basis.
- Line 66 **Peritoneal dialysis.** Procedure where dialysate is introduced periodically through the peritoneal membrane into the abdominal cavity, and waste products, and the dialysate are removed from the patient's body.
- Line 67 **Emergency department (general medical and surgical).** Hospital facilities for the provision of unscheduled outpatient services (*general medical and surgical*) to patients whose conditions are considered to require immediate care. Must be staffed 24 hours a day. Collection of JCAHO Levels has been discontinued.
- Line 68 **Trauma center.** A facility that is self-designated to provide emergency and specialized intensive care to critically ill and injured patients. Level 1 is a regional resource trauma center, capable of providing total care for every aspect of injury and plays a leadership role in trauma research and education. Level 2 is a community trauma center, capable of providing trauma care to all but the most severely injured patients who require highly specialized care. Level 3 is a rural trauma hospital, capable of providing care to a large number of injury victims and can resuscitate and stabilize more severely injured patients so they can be transported to level 1 or 2 facilities. Report the trauma center level for service codes of 1 or 2. Do not report the level for service codes 3, 4 or 5.
- Line 69 **Urgent care center.** A facility that provides care and treatment for problems that are not life-threatening but require attention over the short term. These units function like emergency rooms but are separate from hospitals, with which they may have backup affiliation arrangements. Report the number of visits on lines 137 or 138 as appropriate.
- Line 70 **Ethics committee.** Multidisciplinary committee that helps identify ethical implications of health care choices and their possible resolutions, perhaps through educational programs, discussion, advisory consultation, retrospective review, or institutional policy development on bioethical issues.
- Line 71 **Extracorporeal shock wave lithotripter (ESWL).** A medical device used for treating stones in the kidney or ureter. The device disintegrates kidney stones non-invasively through the transmission of acoustic shock waves directed at the stones. Check either **Fixed** or **Mobile** (if coded 1, 2 or 4). **Mobile** is not valid with a service code of "2."
- Line 72 **Fitness center.** Provides exercise, testing or evaluation programs and fitness activities to the community and hospital employees. May include weight control programs.

<b>Selected Ancillary and Other Services</b>		<b>Circle One</b>	<b>O or B</b>
<b>Food service</b>			
73	- Meals on wheels .....	1 2 3 4 5	_____
74	- Nutrition programs .....	1 2 3 4 5	_____
75	Genetic counseling/screening .....	1 2 3 4 5	_____
<b>Geriatric services</b>			
76	- Adult day care program .....	1 2 3 4 5	_____
77	- Alzheimer's diagnosis/assessment .....	1 2 3 4 5	_____
78	- Comprehensive geriatric assessment .....	1 2 3 4 5	_____
79	- Emergency response system .....	1 2 3 4 5	_____
80	- Geriatric acute care unit .....	1 2 3 4 5	_____
81	- Geriatric clinics .....	1 2 3 4 5	_____
82	- Respite care .....	1 2 3 4 5	_____
83	- Retirement housing .....	1 2 3 4 5	_____
84	- Senior membership program .....	1 2 3 4 5	_____
<b>Health promotion</b>			
85	- Community health promotion .....	1 2 3 4 5	_____
86	- Patient education .....	1 2 3 4 5	_____
87	- Worksite health promotion .....	1 2 3 4 5	_____
88	Home health services .....	1 2 3 4 5	_____
89	Home hospice services .....	1 2 3 4 5	_____
<b>Mammography services</b>			
90	- Diagnostic mammography .....	1 2 3 4 5	_____
91	- Mammography screening .....	1 2 3 4 5	_____
92	Occupational health services .....	1 2 3 4 5	_____
<b>Occupational, physical, and/or rehabilitation services</b>			
93	- Audiology .....	1 2 3 4 5	_____
94	- Occupational therapy .....	1 2 3 4 5	_____
95	- Physical therapy .....	1 2 3 4 5	_____
96	- Recreational therapy .....	1 2 3 4 5	_____
97	- Rehabilitation inpatient services ( <i>service does not have beds</i> ) .....	1 2 3 4 5	_____
98	- Rehabilitation outpatient services .....	1 2 3 4 5	_____

#### IV. SELECTED ANCILLARY AND OTHER SERVICES – Definitions (continued)

- Line 73*        **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, nutritious meals are delivered to individuals' homes on a regular basis.
- Line 74*        **Nutrition programs.** Those services within a facility that are designed to provide inexpensive, nutritionally sound meals to patients (includes inpatients and outpatients).
- Line 75*        **Genetic counseling/screening.** A service equipped with adequate laboratory facilities and directed by a qualified physician, to advise parents and prospective parents on potential problems in cases of genetic defects. Service provides antenatal diagnosis including amniocentesis, chorionic villi sampling, fetal blood sampling, and magnetic resonance imaging. Service shall have appropriate ultrasound evaluation capacity.
- Line 76*        **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.
- Line 77*        **Alzheimer's diagnosis/assessment.** Specially organized program to diagnose and evaluate people suspected of having Alzheimer's disease. Includes the assessment of medical, social, and behavioral conditions, and development of a treatment plan addressing family preferences and financial options as well as medical concerns.
- Line 78*        **Comprehensive geriatric assessment.** A service that determines geriatric patients' long-term care service needs. Includes the assessment of medical conditions, functional activities, mental and emotional conditions, individual and family preferences, and financial status.
- Line 79*        **Emergency response system.** A program for disabled and/or homebound elderly individuals whereby subscribers have an emergency response unit attached to their telephone, linking them to the hospital emergency department and allowing them to automatically call for help by pressing a button they can carry or wear.
- Line 80*        **Geriatric acute care unit.** A unit that provides acute care to elderly patients in specially designed medical and surgical units. These services may have trained staff in geriatrics, architectural adaptations designed to accommodate the decrease in sensory perception of older adults, or age 65+ eligibility requirements.
- Line 81*        **Geriatric clinics.** Special medical or surgical clinics providing services targeted to older adults such as arthritis, primary geriatric, and podiatry clinics. Includes clinics or centers that are geographically located at some distance from the hospital, such as senior citizens' centers or senior housing complexes.
- Line 82*        **Respite care.** Facilities and services that provide for short-term placement of individuals to help meet family emergencies, planned absences (*such as vacations or hospitalizations*), or to allow family caregivers to shop or do errands.
- Line 83*        **Retirement housing.** A facility which provides social activities to senior citizens, usually retired persons who do not require health care, but some short-term skilled nursing care may be provided. A retirement center may furnish housing and may also have acute hospital and long-term care facilities, or it may arrange for acute and long-term care through affiliated institutions.
- Line 84*        **Senior membership program.** A senior enrollment program that offers older adults service benefits such as information, claims assistance, education and senior wellness programs, and discounts for other hospital services. May or may not charge an application fee.
- Lines 85-87*    **Health promotion.** Education and/or other supportive services that are planned and coordinated by the hospital and that assist individuals or groups to adopt healthy behaviors and/or reduce health risks, increase self-care skills, improve management of common minor ailments, use health care services effectively, and/or improve understanding of medical procedures and therapeutic regimens.
- Line 88*        **Home health services.** Service providing skilled nursing, therapy, and health-related homemaker or social services in the patient's home.
- Line 89*        **Home hospice program.** A program providing palliative care to terminally ill patients and their families in the home.
- Line 90*        **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.
- Line 91*        **Mammography screening.** The use of breast x-ray to detect unsuspected breast cancer in asymptomatic women.
- Line 92*        **Occupational health services.** Services that protect the safety of employees from hazards in the work environment.
- Line 93*        **Audiology.** The science of hearing: examination, diagnosis, evaluation, and therapy.
- Line 94*        **Occupational therapy.** Facilities for the provision of occupational therapy services prescribed by physicians and administered by, or under the direction of, a qualified occupational therapist.
- Line 95*        **Physical therapy.** Facilities for the provision of physical therapy services prescribed by physicians and administered by, or under the direction of, a qualified physical therapist.
- Line 96*        **Recreational therapy.** Facilities for the provision of recreational therapy services prescribed by physicians and administered by, or under the direction of, a qualified recreational therapist.
- Line 97*        **Rehabilitation inpatient services.** Inpatient program, which does not have beds, providing medical, health-related, therapy, social, and/or vocational services to help disabled persons attain or retain their maximum functional capacity.
- Line 98*        **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.

<b>Selected Ancillary and Other Services</b>		<b>Circle One</b>	<b>O or B</b>
<b>Occupational, physical, and/or rehabilitation services (continued)</b>			
99	- Respiratory therapy .....	1 2 3 4 5	_____
100	- Speech pathology / therapy .....	1 2 3 4 5	_____
101	Oncology services .....	1 2 3 4 5	_____
<b>Outpatient services – (see instructions page 16)</b>		<b><u>See special instructions.</u></b>	
102	- Outpatient services – within the hospital .....	1 2 3 4 5	<input checked="" type="checkbox"/>
103	- Outpatient services – on hospital campus, but in freestanding center .....	1 <input checked="" type="checkbox"/> 3 4 5	_____
104	- Outpatient services – freestanding off hospital campus .....	1 <input checked="" type="checkbox"/> 3 4 5	_____
105	Pain Management Program .....	1 2 3 4 5	_____
106	Patient representative services .....	1 2 3 4 5	_____
<b>Psychiatric services</b>			
107	- Psychiatric child / adolescent services .....	1 2 3 4 5	_____
108	- Psychiatric consultation – liaison services .....	1 2 3 4 5	_____
109	- Psychiatric education services .....	1 2 3 4 5	_____
110	- Psychiatric emergency services ( <i>report utilization on line 137, page 19</i> ) .....	1 2 3 4 5	_____
111	- Psychiatric geriatric services .....	1 2 3 4 5	_____
112	- Psychiatric outpatient services .....	1 2 3 4 5	_____
113	- Psychiatric partial hospitalization program .....	1 2 3 4 5	_____
114	Radiation therapy .....	1 2 3 4 5	_____
<b>Radiology, diagnostic – (see instructions page 16)</b>		<b><u>See special instructions.</u></b>	
115	- CT scanner ( <i>Computed Tomographic Scanner</i> ) CHECK ONE. <input type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Both	1 2 3 4 5	_____
116	- Diagnostic radioisotope facility .....	1 2 3 4 5	_____
117	- Magnetic resonance imaging ( <i>MRI</i> ) CHECK ONE. <input type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Both	1 2 3 4 5	_____
118	- Positron emission tomography scanner ( <i>PET</i> ) .....	1 2 3 4 5	_____
119	- Single photon emission computerized tomography ( <i>SPECT</i> ) CHECK ONE. <input type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Both	1 2 3 4 5	_____
120	- Ultrasound .....	1 2 3 4 5	_____

#### IV. SELECTED ANCILLARY AND OTHER SERVICES – Definitions (continued)

- Line 99        **Respiratory therapy.** The equipment and staff necessary for the administration of oxygen and certain potent drugs through inhalation or positive pressure.
- Line 100      **Speech pathology/therapy.** Services providing evaluation and treatment to inpatients or outpatients with speech and language disorders.
- Line 101      **Oncology services.** An organized program for the treatment of cancer by the use of drugs or chemicals.
- Special Instructions line 102: Building codes "O" or "B" are not valid for line 102.**
- Line 102      **Outpatient services - within the hospital.** Organized hospital health care services offered by appointment on an ambulatory basis. Services may include examination, diagnosis, and treatment of a variety of medical conditions on a non-emergency basis, laboratory and other diagnostic testing as ordered by staff or outside physician referral, and outpatient surgery.
- Special Instructions line 103: Service code "2" is not valid. Building code "B" is not valid for line 103.**
- Line 103      **Outpatient services – on hospital campus, but in freestanding center.** All facilities owned and operated by the hospital, physically separate from the hospital **and for which the hospital receives revenue**, but on the hospital campus. May provide examination, diagnosis, and treatment of a variety of medical conditions and various other treatments (*including outpatient surgery*) on an outpatient basis only. In addition to treating minor illnesses or injuries, the center will stabilize seriously ill or injured patients before transporting them to a hospital. Laboratory and radiology services are usually available.
- Special Instructions line 104: Service code "2" is not valid. Building code "B" is not valid for line 104.**
- Line 104      **Outpatient services – freestanding off hospital campus.** All facilities owned and operated by the hospital, physically separate from the hospital, off the hospital campus **and for which the hospital receives revenue**. May provide examination, diagnosis, and treatment of a variety of medical conditions and various other treatments (*including outpatient surgery*) on an outpatient basis only. In addition to treating minor illnesses or injuries, the center will stabilize seriously ill or injured patients before transporting them to a hospital. Laboratory and radiology services are usually available.
- Line 105      **Pain Management Program.** A hospital-wide formalized program that includes staff education for the management of chronic and acute pain based on guidelines and protocols like those developed by the Agency for Health Care Policy Research.
- Line 106      **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.
- Line 107      **Psychiatric child/adolescent services.** Provision of care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment.
- Line 108      **Psychiatric consultation-liaison services.** Provision of 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.
- Line 109      **Psychiatric education services.** Provision of psychiatric education 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.
- Line 110      **Psychiatric emergency services.** Hospital facilities and services for emergency outpatient care of psychiatric patients whose conditions are considered to require immediate care. Staff must be available 24 hours a day. Report the number of visits on line 137, page 19.
- Line 111      **Psychiatric geriatric services.** Provision of care to emotionally disturbed elderly patients, including those admitted for diagnosis and those admitted for treatment.
- Line 112      **Psychiatric outpatient services.** Hospital facilities and services for the medical care of psychiatric outpatients, including diagnosis and treatment.
- Line 113      **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.
- Line 114      **Radiation therapy.** The branch of medicine concerned with radioactive substances and using various techniques of visualization, with the diagnosis and treatment of disease using any of the various sources of radiant energy. Services could include megavoltage radiation therapy; radioactive implants; stereotactic radiosurgery; therapeutic radioisotope facility; X-ray radiation therapy.
- Special Instructions: Check one: Fixed, Mobile, or Both (if coded 1, 2 or 4). **Mobile** is not valid with a service code of "2."**
- Line 115      **CT scanner.** Computer tomographic scanners for head or whole body scans.
- Line 116      **Diagnostic radioisotope facility.** The use of radioactive isotopes (*radiopharmaceutical*) as tracers or indicators to detect an abnormal condition or disease.
- Special Instructions: Check one: Fixed, Mobile, or Both (if coded 1, 2 or 4). **Mobile** is not valid with a service code of "2."**
- Line 117      **Magnetic resonance imaging (MRI).** The use of 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 vitro without the use of ionizing radiation, radioisotopic substances, or high-frequency sound.
- Line 118      **Positron emission tomography scanner (PET).** A nuclear medicine imaging technology that 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.
- Special Instructions: Check one: Fixed, Mobile, or Both (if coded 1, 2 or 4). **Mobile** is not valid with a service code of "2."**
- Line 119      **Single photon emission computerized tomography (SPECT).** A nuclear medicine imaging technology that combines existing technology of gamma camera imaging with computed tomographic imaging technology to provide a more precise and clear image.
- Line 120      **Ultrasound.** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures for diagnostic purposes.

<b>Selected Ancillary and Other Services</b>	<i>Circle One</i>	<i>O or B</i>
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**Reproductive health**

- |  |           |       |
|--|-----------|-------|
| 121 - Fertility counseling .....                                   | 1 2 3 4 5 | _____ |
| 122 - In vitro fertilization .....                                 | 1 2 3 4 5 | _____ |
| 123 Social work services .....                                     | 1 2 3 4 5 | _____ |
| 124 Sports medicine clinic/services .....                          | 1 2 3 4 5 | _____ |
| 125 Surgery, ambulatory or outpatient ( <i>day surgery</i> ) ..... | 1 2 3 4 5 | _____ |

**Transplant services**

- |  |           |       |
|--|-----------|-------|
| 126 - Bone marrow transplant program ..... | 1 2 3 4 5 | _____ |
| 127 - Heart and/or lung transplant .....   | 1 2 3 4 5 | _____ |
| 128 - Kidney transplant .....              | 1 2 3 4 5 | _____ |
| 129 - Tissue transplant .....              | 1 2 3 4 5 | _____ |
| 130 Women's health center/services .....   | 1 2 3 4 5 | _____ |

131 Are additional nonlisted **patient** services provided by the hospital?  Yes  No  
 If YES, list and indicate with O or B if provided in other buildings  
 (If more room is needed, use page 29 of the survey.)

132 If **O** or **B** is used on lines **26-130**, indicate the number of locations and the address(es) and service(s) provided. (If more room is needed, use page 29 of the survey.)

Number of other locations

Street address \_\_\_\_\_

City \_\_\_\_\_

Service \_\_\_\_\_ Line \_\_\_\_\_

Service \_\_\_\_\_ Line \_\_\_\_\_

Service \_\_\_\_\_ Line \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

Service \_\_\_\_\_ Line \_\_\_\_\_

Service \_\_\_\_\_ Line \_\_\_\_\_

Service \_\_\_\_\_ Line \_\_\_\_\_

133 Are there any physicians' clinics that use the hospital's Medicare provider number reported on page 5, line 13, for Medicare billing?  Yes  No

If YES, indicate the number of clinics.

If YES, indicate the street address and city. (If more than one address, list on page 29 of the survey.)

Street address \_\_\_\_\_

City \_\_\_\_\_

#### IV. SELECTED ANCILLARY AND OTHER SERVICES—Definitions (continued)

- Line 121* **Fertility counseling.** A service that counsels and educates on infertility problems and includes laboratory and surgical workup and management for individuals having problems conceiving children.
- Line 122* **In vitro fertilization.** A program providing for the induction of fertilization by donated sperm of a surgically removed ovum in a culture medium followed by a short incubation period. The embryo is then placed in the uterus.
- Line 123* **Social work services.** Services that are properly directed and sufficiently staffed by qualified individuals who provide assistance and counseling to patients and their families in dealing with social, emotional, and environmental problems associated with illness or disability, often in the context of financial or discharge planning coordination. May include community support groups.
- Line 124* **Sports medicine clinic/services.** Provision of diagnostic screening and assessment, clinical, and rehabilitation services for the prevention and treatment of sports-related injuries.
- Line 125* **Surgery, ambulatory or outpatient (day 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.
- Line 126* **Bone marrow transplant program.** Bone marrow transplants are typically performed on selected cancer patients as part of their rescue treatment following extensive chemotherapy and radiation therapy. A bone marrow program involves a significant dollar investment in special facilities and trained staff for bone marrow procurement, compatibility testing, frozen storage, and transplantation, as well as appropriately trained physicians, critical care nurses, and lab facilities for managing severely immunocompromised patients following completion of bone marrow transplant procedures.
- Line 127* **Heart and/or lung transplant.** Service offering specially trained and equipped staff to perform the surgical removal of a viable human heart and/or lung from a deceased person immediately after death, **and** the surgical grafting of the heart and/or lung to a suitably evaluated and prepared patient.
- Line 128* **Kidney transplant.** Service offering specially trained and equipped staff to perform the surgical removal of a viable kidney from either a living donor or a deceased person immediately after death, **and** the surgical grafting of the kidney to a suitably evaluated and prepared patient.
- Line 129* **Tissue transplant.** Service offering specially trained and equipped staff to perform the surgical removal of viable human tissue from either a living donor or a deceased person immediately after death, **and** the surgical grafting of the tissue into a suitably evaluated and prepared patient.
- Line 130* **Women's health center/services.** A specific area that has been set aside for coordinated education and treatment services specifically for women and promoted to women as provided by the special unit. Services may or may not include obstetrics, but include a range of services other than obstetrics.
- Line 131* **Additional nonlisted services.** Indicate whether or not additional nonlisted service(s) are provided. If **YES**, add any additional service(s) in the space provided. Also, if the services are provided in other buildings in which the hospital has a financial interest, enter the street address and city. (*If more room is needed, use page 29.*)
- Line 132* **Location and services.** See definition for line 25, page 8. If **O** or **B** is used on lines **26-130**, indicate the number of other locations and the address(es) and service(s) provided. Indicate the service line number with which the address correlates. (*If more room is needed, use page 29.*)
- Line 133* **Medicare billing.** Indicate whether or not any physicians' clinics use the hospital's Medicare provider number **reported on page 5, line 13**, for Medicare billing. If **YES**, indicate the number of clinics, the street address, and city. (*If more than one address, list on page 29 of the survey.*)

V. SELECTED SERVICE UTILIZATION

**DO NOT SKIP THIS PAGE. FILL IN ALL LINES.**

If information for a category is zero, fill in 0.  
If information for a category is Not Applicable, fill in 0.  
Do NOT use dashes, N/A, N/AV, or M.

**Surgical Operations (whether major or minor)**

134 Inpatient surgical operations (not procedures) ..... \_\_\_\_\_

135 Outpatient surgical operations (not procedures) ..... \_\_\_\_\_

136 TOTAL surgical operations (not procedures) [line 134 + line 135] ..... \_\_\_\_\_

**Outpatient Visits**

137 Emergency visits ..... \_\_\_\_\_

-Number of emergency visits that resulted in inpatient admissions (Subset of line 137)

138 Other visits (all non-emergency visits, including physician referrals and outpatient surgeries) ..... \_\_\_\_\_

139 Observation visits ..... \_\_\_\_\_

140 TOTAL outpatient visits [line 137 + line 138 + line 139] ..... \_\_\_\_\_

**Non-emergency Ambulance/Transport Services**

141 Non-emergency inter-facility transports by ground ambulance ..... \_\_\_\_\_

142 Non-emergency inter-facility transports by air ambulance ..... \_\_\_\_\_

143 TOTAL non-emergency transports by ambulance [line 141 + line 142] ..... \_\_\_\_\_

**Newborn Nursery**

144 Number of bassinets set-up-and-staffed as of the last day of the fiscal year  
(exclude neonatal beds listed on page 9) ..... \_\_\_\_\_

145 Total births (exclude fetal deaths) ..... \_\_\_\_\_

146 Newborn days (exclude neonatal days listed on page 9) ..... \_\_\_\_\_

## V. SELECTED SERVICE UTILIZATION—Instructions and definitions

- Lines 134-136* **Surgical operations.** Count each patient undergoing surgery as one surgical operation, regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure room. Report all surgeries involving surgical procedure codes ICD-9-CM Code 01.01-86.99 and CPT-4 Code 10000-69999.
- Line 134* **Inpatient surgical operations.** Report the number of operations performed on patients who remained in the hospital overnight.
- Line 135* **Outpatient surgical operations.** Report the number of operations performed on patients who did not remain in the hospital overnight. Include all operations whether performed in inpatient operating rooms or in procedure rooms located in an outpatient facility. Include endoscopy only when used as an operative tool and not when used for diagnosis alone.
- Line 136* **Total surgical operations.** [Line 134 + line 135].
- Lines 137-140* **Outpatient visits.** Means a visit to an outpatient department and/or clinic on a given calendar day, regardless of the number of procedures or examinations performed or departments visited. A maximum of one outpatient visit per patient per calendar day should be reported. **Include all visits to outpatient clinics for which the hospital receives patient revenue.**
- Line 137* **Emergency visits.** Report the total 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. Report the number of emergency visits that resulted in inpatient admissions. Report visits to general medical and surgical as well as psychiatric emergency departments.
- Line 138* **Other visits.** Report the number of clinic visits to each specialized medical unit that is responsible for the diagnosis and treatment of patients on an outpatient, non-emergency basis (*e.g., psychiatry, alcoholism, dentistry, gynecology, etc.*). Visits to satellite clinics and primary group practices should be included if revenue is received by the hospital. **Visits to Urgent Care clinics should be included if not already reported on line 137. Include visits/stays in psychiatric partial hospitalization programs.**
- Referred visits should reflect total number of outpatient ancillary visits to each specialty unit of the hospital established for providing technical aid used in the diagnosis and treatment of patients. Examples of such units are diagnostic radiology, EKG, pharmacy, etc. Outpatient surgeries should also be reported on line 135.
- Line 139* **Observation visits.** Services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, that are reasonable and necessary to evaluate an outpatient's condition or determine the need for 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.
- Line 140* **Total outpatient visits.** [Line 137 + line 138 + line 139].
- Line 141* **Non-emergency inter-facility transports by ground ambulance.** Report the number of patients transported via ground ambulance (***must be equipped with life support AND owned and operated by the hospital***) to/from another health care facility or other location.
- Line 142* **Non-emergency inter-facility transports by air ambulance.** Report the number of patients transported via air ambulance (***must be equipped with life support AND owned and operated by the hospital***) to/from another health care facility or other location.
- Line 143* **Total non-emergency transports by ambulance.** [Line 141 + line 142].
- Line 144* **Bassinets.** Report the number of normal newborn bassinets. DO NOT include neonatal intensive or intermediate care bassinets, as these should be reported on line 40, page 9 of the survey.
- Line 145* **Births.** Report the total number of births, excluding fetal deaths.
- Line 146* **Newborn days.** Report the number of inpatient days for normal newborn nursery. DO NOT include neonatal intensive care or intermediate care inpatient days as these should be reported on line 48, page 9 of the survey.

## VI. TOTAL FACILITY UTILIZATION AND BEDS

**DO NOT USE DASHES, N/A, N/AV, OR M.  
 IF INFORMATION FOR A CATEGORY IS ZERO, FILL IN 0.  
 IF INFORMATION FOR A CATEGORY IS NOT APPLICABLE, FILL IN 0.  
 DO NOT MAKE ALTERATIONS TO SURVEY QUESTIONS**

### Utilization And Beds

		ALL HOSPITALS FILL OUT COLUMN (1)	ONLY hospitals that answered YES to questions on lines 22 and 23 should fill out columns (2) and (3)	
		(1) Total Facility	(2) Hospital	(3) Nursing Home
<b>147</b>	Admissions <i>(exclude newborns; include Medicare-certified swing admissions)</i>	_____	_____	_____
<b>148</b>	Inpatient days <i>(include Medicare-certified swing days, please read instructions on page 22)</i>	_____	_____	_____
				Skilled nursing
				Intermediate care
				Residential/Elderly housing
<b>149</b>	Discharges/deaths <i>(exclude newborns; include Medicare-certified swing discharges)</i>	_____	_____	_____
<b>150</b>	Census <i>[The number of inpatients occupying beds at midnight on the last day (exclude weekends or holidays) of the fiscal year. Exclude newborns; include Medicare-certified swing patients.]</i>	_____	_____	_____
Beds set-up-and-staffed on the last day <i>(excluding weekends or holidays)</i> of the hospital's fiscal year quarter <i>(every 3 months)</i> .				
<b>151</b>	1 <sup>st</sup> Quarter	_____	_____	_____
				Skilled nursing Residential/Elderly housing
<b>152</b>	2 <sup>nd</sup> Quarter	_____	_____	_____
				Skilled nursing Residential/Elderly housing
<b>153</b>	3 <sup>rd</sup> Quarter	_____	_____	_____
				Skilled nursing Residential/Elderly housing
<b>154</b>	4 <sup>th</sup> Quarter <i>(Hospital beds must equal line 46, col.1)</i>	_____	_____	_____
				Skilled nursing Residential/Elderly housing

### Medicare / Medicaid Primary Payer Utilization

*(Exclude newborns and deaths; include Medicare-certified swing bed utilization. Include T-18 and T-19 HMO utilization.)*

<b>* 155</b>	Total Medicare <i>(Title 18)</i> inpatient discharges	_____	_____	_____
<b>*156</b>	Total Medicare inpatient days	_____	_____	_____
<b>* 157</b>	Total Medicaid <i>(Title 19)</i> Inpatient discharges	_____	_____	_____
<b>*158</b>	Total Medicaid inpatient days	_____	_____	_____

\* **Note for lines 155, 156, 157 and 158: Because of transfers between the hospital and nursing home, column (1) may be less than the sum of columns (2) and (3).**

## VI. TOTAL FACILITY UTILIZATION AND BEDS—Instructions and definitions

- Column 1** All hospitals should fill out column (1), TOTAL FACILITY statistics.  
A facility that answered “NO” to either line 22 or line 23 of page 5 should report the hospital data only in column (1). Do not report data in columns (2) or (3).  
**Exclude** facility transfers in admissions and discharges reported for the TOTAL FACILITY in column (1).
- Columns 2-3** Only a facility that answered **YES** to both of the questions on lines 22 and 23 of page 5 should report data for all three columns, giving breakdowns for the hospital in column (2) and the nursing home in column (3).  
Include unit transfers in admissions (*line 147*) and discharges (*lines 149, 155, 157*) for columns (2) and (3), if applicable.  
Refer to the definitions on page 6 for **skilled nursing care, intermediate care, and residential care/elderly housing**. Refer to the definition on page 10 for **Medicare-certified swing bed**.
- Utilization And Beds—Exclude newborns; include Medicare-certified swing bed data from page 9.**
- Line 147 Admissions.** Report the number of adult and pediatric admissions only. This figure should include all patients admitted during the fiscal year. The sum of admissions for the units can be greater than the total reported for the entire facility because of unit transfers. **A patient that is to be transferred from another unit to a rehabilitation unit must be discharged and readmitted to the rehabilitation unit. This is counted as two admissions.**
- Line 148 Inpatient days.** Inpatient days of care (*also commonly referred to as a patient day or a census 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. Report the number of adult and pediatric days of care rendered during the entire fiscal year. 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. For interward transfers between the hospital and nursing home, report inpatient days only for the time spent in each facility. Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, may obtain data from the Medicare Cost Report, if the data are identical.  
**The inpatient days figure on line 148 must equal the sum of TOTAL HOSPITAL FACILITY inpatient days for the fiscal year (line 46 of page 9), plus MEDICARE-CERTIFIED SWING BED inpatient days (line 47 of page 9).**
- Line 149 Discharges/deaths.** Report the number of adult and pediatric discharges only. This figure should include deaths. The sum of discharges for the units can be greater than the total reported for the entire facility because of unit transfers. Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, may obtain data from the Medicare Cost Report, if the data are identical. **A patient that is to be transferred from another unit to a rehabilitation unit must be discharged and readmitted to the rehabilitation unit. This is counted as two discharges.**
- Line 150 Census.** Report the total number of inpatients occupying beds at midnight on the last day of the fiscal year. If the last day falls on a weekend or holiday, use the last weekday of the fiscal year.
- Lines 151-154 Beds set-up-and-staffed.** Report the number of beds regularly available (*those set-up-and-staffed for use*) on the last day of the hospital’s fiscal year quarter (*every three months*). Report only operating beds, not constructed bed capacity. Include all bed facilities that are set-up-and-staffed for use by inpatients whom have no other bed facilities, such as pediatric bassinets, isolation units, quiet rooms, and reception and observation units assigned to or reserved for them. Include neonatal and Medicare-certified swing beds. Exclude newborn bassinets and bed facilities for patients receiving special procedures for a portion of their stay and whom 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. Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, should report skilled nursing and residential/elderly housing beds set-up-and-staffed in column (3).  
**The beds on line 154 must equal those reported on line 46, page 9, for TOTAL HOSPITAL FACILITY beds.**
- Medicare / Medicaid Primary Payer Utilization—Refer to page 6 for definitions.  
(Exclude newborns and deaths; include Medicare-certified swing bed utilization. Include T-18 and T-19 HMO utilization.)**
- Line 155 Medicare discharges.** Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, should only report skilled nursing care discharges in column (3).
- Line 156 Medicare inpatient days.** Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, should only report skilled nursing care inpatient days in column (3).
- Line 157 Medicaid discharges.** Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, should report the sum of skilled and intermediate nursing care discharges in column (3).
- Line 158 Medicaid inpatient days.** Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, should report the sum of skilled and intermediate nursing care inpatient days in column (3).

**VII. MEDICAL STAFF – September 30, 2003**

**159** Indicate which of the following physician arrangements the hospital, health care system, and/or network participate in:

	Hospital	Health Care System	Network
Independent practice association (IPA)	<input type="checkbox"/> # physicians: _____	<input type="checkbox"/>	<input type="checkbox"/>
Group practice without walls	<input type="checkbox"/> # physicians: _____	<input type="checkbox"/>	<input type="checkbox"/>
Open Physician Hospital Organization (PHO)	<input type="checkbox"/> # physicians: _____	<input type="checkbox"/>	<input type="checkbox"/>
Closed Physician Hospital Organization (PHO)	<input type="checkbox"/> # physicians: _____	<input type="checkbox"/>	<input type="checkbox"/>
Management service organization (MSO)	<input type="checkbox"/> # physicians: _____	<input type="checkbox"/>	<input type="checkbox"/>
Integrated salary model	<input type="checkbox"/> # physicians: _____	<input type="checkbox"/>	<input type="checkbox"/>
Equity model	<input type="checkbox"/> # physicians: _____	<input type="checkbox"/>	<input type="checkbox"/>
Foundation	<input type="checkbox"/> # physicians: _____	<input type="checkbox"/>	<input type="checkbox"/>

**Selected Specialty - Refer to instructions on page 24**

**If information for a category is zero, fill in 0.  
If information for a category is Not Applicable, fill in 0. Do NOT use dashes, N/A, N/AV, or M.**

	(1) Medical Staff as of Sept. 30, 2003 <i>(Includes Board Certified)</i>	(2) Board Certified Staff As of Sept. 30, 2003 <i>[Not to exceed column (1)]</i>
<b>Active/Associate Medical Staff</b> <i>(See page 24 for valid specialties)</i>		
<b>Medical Specialties</b>		
<b>160</b> General and family practice	_____	_____
<b>161</b> Internal medicine <i>(general)</i>	_____	_____
<b>162</b> Internal medicine <i>subspecialties</i>	_____	_____
<b>163</b> Pediatrics <i>(general)</i>	_____	_____
<b>164</b> Pediatric <i>subspecialties</i>	_____	_____
<b>Surgical Specialties</b>		
<b>165</b> General surgery	_____	_____
<b>166</b> Obstetrics/Gynecology	_____	_____
<b>167</b> All other surgical <i>specialties</i>	_____	_____
<b>Other</b>		
<b>168</b> Anesthesiology	_____	_____
<b>169</b> Emergency medicine	_____	_____
<b>170</b> Pathology	_____	_____
<b>171</b> Radiology	_____	_____
<b>172</b> All other specialties <i>(use valid specialties below)</i>	_____	_____
<i>Line 172- codes for valid specialties- circle all codes that apply:</i>		
01 Addiction Medicine	05 Dental	09 Podiatry
02 Aerospace Medicine	06 General Preventive Medicine	10 Psychiatry
03 Behavioral Medicine	07 Nuclear Medicine	11 Physical Med&Rehab (includes Physiatry)
04 Chiropractic Services	08 Occupational Medicine	12 Public health
<b>173 TOTAL Medical Staff</b>	_____	_____
	(add lines 160-172)	(add lines 160-172)

## VII. MEDICAL STAFF—Instructions and definitions

*Line 159* Check the appropriate boxes to indicate in which physician arrangements the hospital, health care system, and/or network participates. For hospital arrangements, also indicate the number of physicians.

**Health care system.** Refers to the system defined on page 4, for line 2.

**Network.** Refers to the network defined on page 4, for line 7.

**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-service or capitated basis. The purpose of an IPA is to assist solo physicians in obtaining managed care contracts.

**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.

**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.

**Closed physician-hospital organization (PHO).** A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality.

**Management services organization (MSO).** A corporation, owned by the hospital or a physician/hospital joint venture, that provides management services to one or more medical group practices. The MSO purchases the tangible assets of the practices and leases them back as part of a full-service management agreement, under which the MSO employs all non-physician staff and provides all supplies/administrative systems for a fee.

**Integrated salary model.** Physicians are salaried by the hospital or another entity of a health system to provide medical services for primary and specialty care.

**Equity model.** Allows established practitioners to become shareholders in a professional corporation in exchange for tangible and intangible assets of their existing practices.

**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.

*Lines 160-172* Indicate the number of practitioners on the active and associate medical staff in each of the specialty groups as of **September 30, 2003. DO NOT REPORT FULL-TIME EQUIVALENTS OR PORTIONS.** If the exact numbers are unavailable, you must estimate. Please count all physicians who have admitting privileges at the hospital and care for patients at the hospital, whether they are employed by the hospital or not. (On Line 175, only physicians who are on the hospital payroll are counted.)

**Active and Associate.** JCAHO categories of medical staff. Exclude those physicians in the following medical staff categories: courtesy, consulting, honorary, provisional, or other. Include all active and associate staff who are board certified.

**Board Certified.** Physician who has passed an examination given by a medical specialty board and has been certified by that board as a specialist. Do not include board eligible physicians. For physicians certified by more than one board, include only the primary certification board. For each line, the number of board certified staff reported in column (2) must not exceed the respective number of medical staff reported in column (1).

### Selected Specialties

*Line 162* **Internal medicine subspecialties.** Includes allergy, cardiology, dermatology, endocrinology, gastroenterology, hematology, immediate care, infectious disease, nephrology, neurology, oncology, pulmonary diseases, otorhinolaryngology, and rheumatology.

*Line 164* **Pediatric subspecialties.** Includes neonatology, pediatric allergy, and pediatric cardiology.

*Line 167* **All other surgical specialties.** Includes cardiac surgery, cardiovascular/thoracic, colon and rectal surgery, head and neck surgery, neurological surgery, ophthalmology, oral surgery, orthopedic surgery, otolaryngology, pediatric surgery, plastic surgery, surgical oncology, traumatic surgery, and urology.

*Line 170* **Pathology.** Includes anatomical, clinical, and forensic pathology.

*Line 171* **Radiology.** Includes diagnostic radiology and radiation oncology.

*Line 172* **All other specialties.** Provide numbers of medical staff for **All other specialties** in column (1) and numbers of **All other specialties-Board Certified Staff** in column (2). Circle codes for specialties included in either column.

*Line 173* **Total Medical Staff.** Add lines 160-172.

**VIII. PERSONNEL ON HOSPITAL PAYROLL – September 30, 2003 - DATA FOR ONE WEEK ONLY.**

Report the number of full-time and part-time personnel, **including trainees**, in the categories specified below. Report part-time hours for each category. All data must be for **the week of September 30, 2003 regardless of the hospitals' fiscal year end date**. Treat shared hospital/nursing home staff as part-time and report only hospital hours. Do not include contracted staff or nursing home personnel.

**DO NOT USE DASHES, N/A, N/AV, OR M.  
PLEASE ROUND TO NEAREST WHOLE NUMBER. DO NOT USE DECIMALS.**

<b>Occupational Categories</b>	<b>FULL TIME</b>	<b>PART TIME</b>	
	Total No. of Persons <i>(35 Hr/Wk or more)</i>	Total No. of Persons <i>(less than 35 Hr/Wk)</i>	Total No. of P-T hours <i>(week of Sept 30, 2003)</i>
174 Administrators and assistant administrators .....	_____	_____	_____
<b>Physician And Dental Services</b>			
175 Physicians / Dentists .....	_____	_____	_____
176 Medical and dental residents/interns .....	_____	_____	_____
<b>Nursing Services</b>			
177 Registered nurses .....	_____	_____	_____
178 Certified nurse midwives .....	_____	_____	_____
179 Licensed practical ( <i>vocational</i> ) nurses .....	_____	_____	_____
180 Ancillary nursing personnel .....	_____	_____	_____
181 Physician assistants .....	_____	_____	_____
182 Nurse practitioners .....	_____	_____	_____
183 Medical record administrators and technicians .....	_____	_____	_____
184 Pharmacy personnel .....	_____	_____	_____
185 Clinical laboratory personnel .....	_____	_____	_____
186 Radiological services personnel .....	_____	_____	_____
<b>Therapeutic Services</b>			
187 Occupational therapists .....	_____	_____	_____
188 Occupational therapy assistants / aides .....	_____	_____	_____
189 Physical therapists .....	_____	_____	_____
190 Physical therapy assistants / aides .....	_____	_____	_____
191 Recreational therapists .....	_____	_____	_____
<b>Psychology / Social Work Services</b>			
192 Psychologists .....	_____	_____	_____
193 Social Workers .....	_____	_____	_____
<b>Other Personnel</b>			
194 All other health professional / technical personnel	_____	_____	_____
195 All other personnel .....	_____	_____	_____
196 <b>TOTAL</b> hospital personnel .....	(add lines 174-195)	(add lines 174-195)	(add lines 174-195)

**197 Workweek**

Indicate the **average** WORKWEEK (number of hours per week) of the full-time employees engaged in direct patient care (40, 38, 35, etc.) Do not use decimals.

(Average **full-time** hours per week)

**VIII. PERSONNEL ON HOSPITAL PAYROLL – Instructions and definitions** (page 25)

**Hospital Data Only.** Week of September 30, 2003. **Do not** report full-time equivalents or portions.

**Full-time personnel** are those whose regularly scheduled workweek is 35 hours or more.

**Part-time personnel** are those whose regularly scheduled workweek is less than 35 hours. Include paid leave time in part-time hours. Include pool and casual type personnel.

**Exclude** private-duty nurses, volunteers, nursing home personnel, and all personnel whose salary is financed entirely by outside research grants.

**Include** trainees if on the hospital payroll as of **September 30, 2003**. Include members of religious orders for whom dollar equivalents were reported.

**Personnel working in more than one area** should be included only in the category of their primary responsibility and should be counted only once. Personnel shared with the nursing home should be reported as part-time employees; report only hospital hours.

**Occupational Categories** (Lines 174-197)

**Line 174- Administrators and assistant administrators.** The top-level position in the facility. The person in charge of policy development, activity coordination, procedural development, and planning for the institution. Also includes persons who work under the supervision of the facility administrator as department administration assistants, vice presidents, department directors, etc., for the areas of finance, organization, personnel, purchasing, accounting, nursing, dietary, maintenance, and voluntary services (*persons who “primarily” function in the administrative area*).

**Line 175-176- Physicians/Dentists.** Include only those physicians and dentists engaged in clinical practice and on the payroll. Those who hold administrative positions should be reported under “Administrators,” line 174. Exclude physicians and dentists who are paid on a fee basis.

**Line 177- Registered nurses.** Nurses who have graduated from approved schools of nursing and who are currently state registered. Those who hold administrative positions should be reported under “Administrators,” line 174.

**Line 178- Certified nurse midwives.** A registered nurse who, by added knowledge and skill gained through an organized program of study and clinical experience recognized by the American College of Nurse Midwives, has extended the lawful limits of practice into management and care of mothers and babies throughout the maternity cycle.

**Line 179- 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.

**Line 180- Ancillary nursing personnel.** Persons who assist the nursing staff by performing routine duties in caring for patients under the direct supervision of a nurse, including nurses’ aides, orderlies, attendants, operating room technicians, etc.

**Line 181- Physician assistants.** Persons who provide health care services customarily performed by a physician under the responsible supervision of a qualified licensed physician and who have successfully completed an accredited education program for physicians’ assistants approved by the Committee on Allied Health Education and Accreditation or who have been certified, licensed, or registered by recognized accrediting agencies or commissions.

**Line 182- Nurse Practitioners (NP).** Person who is a registered nurse with a graduate degree in nursing and clinical experience, who is prepared for advanced practice with individuals throughout the life span and across the health continuum.

**Line 183- Medical record administrators and technicians.** Administrators are persons who plan, design, develop, and manage systems of patient information, administrative and clinical statistical data, and patient medical records. (*Alternate title is medical record librarian.*) Medical record technicians are persons who assist the medical record administrator and perform the technical tasks associated with the maintenance and use of medical records.

**Line 184- Pharmacy personnel.** Include licensed pharmacists and pharmacy technicians. Pharmacists are persons licensed within the state who are concerned with the preparation and distribution of medicinal products. Pharmacy technicians are persons who assist the pharmacist with selected activities, including medication profile reviews for drug incompatibilities, typing labels and prescription packaging, handling purchase records, and inventory control.

**Line 185- Clinical laboratory personnel.** Include all laboratory personnel performing specified tasks requiring special training or experience. This includes biochemistry technologist, blood technologist, microbiology technologist, medical laboratory scientists, cytotechnologists, histologic technicians, medical laboratory technicians, and certified laboratory assistants.

**Line 186- Radiological services personnel.** Include radiographer (*radiologic technologists*), radiation therapy technologists, nuclear medicine technologists, ultrasound technologists/technicians, radiation monitors, health physics technicians, therapy technicians, nuclear medicine technicians, and all other radiologic personnel.

**Line 187- Occupational therapists.** Persons who evaluate the self-care, work, leisure time, and task performance skills of well and disabled clients of all age ranges. They plan and implement programs and social and interpersonal activities designed to restore, develop, and/or maintain the client’s ability to satisfactorily accomplish those daily living tasks required of his/her specific age and necessary to his/her occupational role adjustment.

**Line 188- Occupational therapy assistants/aides.** Persons who work under the supervision of an occupational therapist in evaluating patients and planning and implementing programs and who are prepared to function independently when working with patients.

**Line 189- Physical therapists.** Therapists who use physical agents, biochemical and neurophysiological principles, and assistive devices in relieving pain, restoring maximum function, and preventing disability following disease, injury, and loss of bodily part.

**Line 190- Physical therapy assistants/aides.** Persons who assist the physical therapist by assembling equipment, carrying out specified treatment programs, and helping with complex treatment procedures. Other duties include responsibility for the personal care of patients, safety precautions, and routine clerical and maintenance work.

**Line 191- Recreational therapists.** Persons who plan, organize, and direct medically approved recreation programs, such as sports, trips, dramatics, and arts and crafts, either to help patients in recovery from illness or in coping with temporary or permanent disability. In pediatric settings, they may be classified as child life workers.

**Line 192- Psychologists.** Persons with a doctoral degree in psychology from an American Psychological Association approved program in clinical psychology, or a master's-level psychologist who has obtained recognition of competency through the American Board of Examiners for professional psychology, state certification, or licensing, or through endorsement by his or her state psychological association.

**Line 193- Social workers.** Persons who have completed a formal program of study providing preparation to identify and understand the social and emotional factors underlying a patient's illness and to communicate these factors to the health team. They assist patients and their families in understanding and accepting the treatment necessary to maximize medical benefits and in their adjustments to permanent and temporary effects of illness. They utilize resources, such as family and community agencies, in assisting patients to recovery.

**Line 194- All other health professional and technical personnel.** Persons not previously included who work in occupations requiring special education and training to allow them to function in a health setting.

**Line 195- All other personnel.** Persons not previously counted. These include kitchen, laundry, housekeeping and maintenance personnel, as well as secretaries, file clerks, and so forth.

**Line 197- Workweek** Average hours of full-time persons engaged in direct patient care. Use whole numbers; **do not** use decimals.

**IX. OTHER** (Lines 198-205)

Check the appropriate box to indicate the answer to each question.

- 198** Does your hospital's mission statement include a focus on community benefit? .....  Yes  No
- 199** Does your hospital have a long-term plan for improving the health status of its community? .....  Yes  No
- 200** Does your hospital have resources for its community benefit activities? .....  Yes  No
- 201** Does your hospital work with other providers, public agencies, or community representatives to conduct a health status assessment of the community? .....  Yes  No
- 202** Does your hospital use health status indicators (*such as rates of health problems or surveys of self-reported health*) for defined populations to design new services or modify existing services? .....  Yes  No
- 203** Does your hospital work with other local providers, public agencies, or community representatives to conduct/develop a written health status assessment of the needed capacity for health services in the community? .....  Yes  No  
**IF YES**, have you used the assessment to identify unmet health needs, excess capacity, or duplicative services in the community? .....  Yes  No
- 204** Does your hospital work with other providers to collect, track, and communicate clinical and health information across cooperating organizations? .....  Yes  No
- 205** Does your hospital either by itself or in conjunction with others disseminate reports to the community on the comparative quality and costs of health care services? .....  Yes  No

**X. SERVICE QUALITY / PATIENT SAFETY** (Lines 206-212)

Check the appropriate box to indicate the answer to each question.

- 206** Identify which of the following your facility uses.  
 Institute for Safe Medication Practices (ISMP)  Maryland Quality Indicators  
 MetaStar Sixth and/or Seventh Scope  Other, specify \_\_\_\_\_
- 207** Has your organization integrated quality evaluation projects involving  
National Council on Quality Assurance (NCQA)? .....  Yes  No  
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)? .....  Yes  No
- 208** Does your facility provide 24-hour pharmacy services? .....  Yes  No
- 209** If Yes, specify the method of coverage (check the one best answer).  
 On-site pharmacist, 24/7  Contractual arrangement with a community pharmacy  
 Telephone access (on-call staff)  Other, specify \_\_\_\_\_

210 Prior to dispensing medication, does your pharmacy enter all medication orders into a pharmacy- based computerized processing system when the order is received in the pharmacy? .....  Yes  No

211 Has your facility evaluated the feasibility of adopting a Computerized Prescriber Order Entry (CPOE) system? .....  Yes  No

If Yes, what conclusion did you reach?

- CPOE system already in place.
- Proceed with the acquisition by January 1, 2006.
- Proceed with the acquisition after January 1, 2006.
- Awaiting HIPAA compliance clarification.
- Chose not to purchase due to (check one box bellow):
  - Decided CPOE is not necessary.
  - Cost
  - Lack of acceptable product
  - Both cost and lack of acceptable product
  - Other, specify \_\_\_\_\_

212 Has your hospital implemented a plan, during the last 12-18 months, to eliminate the use of abbreviations and symbols when ordering medication? .....  Yes  No

**IX. OTHER – Instructions and definitions**

Lines 198-205 Check the appropriate box to indicate the answer to each question.

**X. SERVICE QUALITY/PATIENT SAFETY**

Lines 206-212 Check the appropriate box to indicate the answer to each question.

**XI. SUPPLEMENTAL INFORMATION**

Use this space or an additional sheet if more space is needed to elaborate on any of the information supplied on the survey. Refer to each response by page, section, and line number.

# HOSPITAL FISCAL SURVEY FISCAL YEAR 2003

Completion of this form is required. Failure to complete and return this form to the **WHA Information Center** within 120 calendar days following the close of your hospital's fiscal year may result in a \$100 per day forfeiture.

## GENERAL INSTRUCTIONS - Read before completing form.

**NOTE:** Refer to the detailed instructions contained in the *Hospital Fiscal Survey Manual, Fiscal Year 2003*.

**Fill in all lines.** If information for a category is zero, fill in 0. If information for a category is not applicable, fill in 0. Do NOT use dashes. Do NOT use N/A. Do NOT use N/AV. Do not leave any lines blank.

**Round all amounts to the nearest dollar.**

**Complete and return this form to the address below (or e-mail to WHAInfoCenter@wha.org within 120 days following the close of your hospital's fiscal year. This date can also be found in the "Submittal Deadline" paragraph, page 4, in the manual.**

WHA Information Center  
P.O. Box 44992  
Madison WI 53744-4992

## I. HOSPITAL INFORMATION

*Type or*

*print in black ink.*

Hospital Administrator / CEO  
Hospital Name and Address

Contact Person (Name and Title)

Telephone (     )     -     Ext.  
Fax Number (     )     -  
E-mail Address

Organization and Address (if different from hospital address above)

FY 2003 Beginning Date

FY 2003 Ending Date

## II. GENERAL INFORMATION

If your hospital is jointly operated in connection with a nursing home, home health agency, or other organization, and is governed by a common Board of Directors, the hospital shall submit the required information from the final audited financial statements of the **hospital only** except where such information cannot be disaggregated. **(See special instructions for combination facilities in the accompanying Hospital Fiscal Survey Manual, Fiscal Year 2003)**. All hospital services must be reported if they are included as hospital revenue and contained in net revenue from services to patients. Refer to page 2 - line 1.

**Is your facility a combination facility? (Enter Yes or No in the box.)**

For definitions and instructions, see the *Hospital Fiscal Survey Manual, Fiscal Year 2003*.

## STATEMENT OF REVENUE AND EXPENSES

<b>1</b>	<b>NET REVENUE FROM SERVICES TO PATIENTS</b> .....		<hr/>
<b>Other Revenue</b>			
<b>2</b>	Tax appropriations .....	\$	<hr/>
<b>3</b>	All other operating revenue (including operating gains) .....	\$	<hr/>
<b>4</b>	TOTAL Other Revenue (add <b>only</b> lines 2 and 3; do <b>not</b> include line 1 in line 4)		\$ <hr/>
<b>5</b>	TOTAL REVENUE (add lines 1 and 4) .....		<hr/>
<b>Payroll Expenses</b>			
<b>6</b>	Physicians and dentists .....	\$	<hr/>
<b>7</b>	Medical and dental residents and interns .....	\$	<hr/>
<b>8</b>	Trainees .....	\$	<hr/>
<b>9</b>	Registered nurses and licensed practical nurses .....	\$	<hr/>
<b>10</b>	All other personnel .....	\$	<hr/>
<b>11</b>	TOTAL Payroll Expenses (add lines 6 through 10) .....		\$ <hr/>
<b>Nonpayroll Expenses</b>			
<b>12</b>	Employee benefits (Social Security, group insurance, retirement benefits, etc.) .....	\$	<hr/>
<b>13</b>	Professional fees (medical, dental, legal, auditing, consultant, etc.) .....	\$	<hr/>
<b>14</b>	Contracted nursing services (include staff from nursing registries and temporary help agencies) .....	\$	<hr/>
<b>15</b>	Depreciation expense (for reporting period only) .....	\$	<hr/>
<b>16</b>	Interest expense .....	\$	<hr/>
<b>17</b>	Bad debt expense (must equal line 115) .....	\$	<hr/>
<b>18</b>	Medical malpractice insurance premiums .....	\$	<hr/>
<b>19</b>	Amortization of financing expenses .....	\$	<hr/>
<b>20</b>	Rents and leases .....	\$	<hr/>
<b>21</b>	Capital component of insurance premium .....	\$	<hr/>
<b>22</b>	All other operating expenses (include supplies, purchased services, utilities, property taxes, etc., <b>and</b> operating losses) .....	\$	<hr/>
<b>23</b>	TOTAL Nonpayroll Expenses (add lines 12 through 22) .....		\$ <hr/>
<b>24</b>	<b>TOTAL EXPENSES</b> (add lines 11 and 23) .....		<hr/>
<b>25</b>	Excess (or deficit) of revenue over expenses (subtract line 24 from line 5; see manual) .....		\$ <hr/>
<b>Nonoperating Gains / Losses</b>			
<b>26</b>	Investment income .....	\$	<hr/>
<b>27</b>	Other nonoperating gains (including extraordinary gains) .....	\$	<hr/>
<b>28</b>	Provision for income taxes (for-profit organizations) (absolute values only – no negative values) .....	\$	<hr/>
<b>29</b>	Other nonoperating losses (including extraordinary losses) (absolute values only – no negative values) .....	\$	<hr/>

<b>30</b>	TOTAL Nonoperating Gains / Losses (subtract sum of lines 28 and 29 from sum of lines 26 and 27)	\$	
<b>31</b>	<b>NET INCOME</b> (revenue and gains in excess of expenses and losses) (add lines 25 and 30)	\$	

**III. DETAIL OF PATIENT SERVICE REVENUE** (based on full established rates)

**Gross Patient Service Revenue and Its Sources**

<b>32</b>	Gross revenue from room, board, and medical and nursing services to INPATIENTS	\$		(sum of lines 32 and 33 must equal sum of inpatient breakouts, lines 36-49)
<b>33</b>	Gross INPATIENT ancillary revenue	\$		
<b>34</b>	Gross revenue from service to OUTPATIENTS	\$		
			(must equal sum of outpatient breakouts, lines 36-49)	
<b>35</b>	<b>TOTAL GROSS</b> revenue from service to patients		\$	
				(add lines 32-34)

NOTE: The following sources of gross patient revenue are by **TOTAL** dollar amounts and by separate **INPATIENT** and **OUTPATIENT** breakouts.

	<b>TOTAL</b>	<b>INPATIENT</b>	<b>OUTPATIENT</b>
<b>Public Sources</b>			
<b>36</b> Medicare	\$	\$	\$
<b>37</b> HMOs reimbursed by Medicare under 42 CFR pt. 417	\$	\$	\$
<b>38</b> Medical Assistance (Including BadgerCare)	\$	\$	\$
<b>39</b> HMOs reimbursed by Medical Assistance under s. 49.45 (3) (b), Wis. Stats	\$	\$	\$
<b>40</b> County General Relief	\$		
<b>41</b> County 51.42 / 51.437 programs	\$	\$	\$
<b>42</b> All other public programs	\$	(add lines 40-42 for Inpatient)	(add lines 40-42 for Outpatient)
<b>Commercial Sources</b>			
<b>43</b> Group and individual accident and health insurance, self-funded plans	\$		
<b>44</b> Worker's compensation	\$	\$	\$
<b>45</b> HMOs and all other alternative health care payment systems (exclude lines 37 and 39)	\$	(add lines 43-45 for Inpatient)	(add lines 43-45 for Outpatient)

46	Self-pay .....	\$ _____	}	\$ _____	\$ _____ (add lines 46-49 for Inpatient)	\$ _____ (add lines 46-49 for Outpatient)
	All other sources (specify below)					
47	_____	\$ _____				
48	_____	\$ _____				
49	_____	\$ _____				
50	<b>TOTAL GROSS</b> revenue from service to patients, by source .....	\$ _____				
		(add lines 36-49) [should equal dollar value on line 35]				

**Deductions from Patient Service Revenue and Its Sources**

NOTE: Contractual Adjustments are by **TOTAL** dollar amounts and by separate **INPATIENT** and **OUTPATIENT** breakouts.

	TOTAL	INPATIENT	OUTPATIENT		
<b><u>Public Source Contractual Adjustments</u></b>					
51	Medicare .....	\$ _____	\$ _____	\$ _____	
52	HMOs reimbursed by Medicare under 42 CFR pt. 417 .....	\$ _____	\$ _____	\$ _____	
53	Medical Assistance .....	\$ _____	\$ _____	\$ _____	
54	HMOs reimbursed by Medical Assistance under s. 49.45 (3) (b), Wis Stats.	\$ _____	\$ _____	\$ _____	
55	County General Relief .....	\$ _____	}	\$ _____ (add lines 55-57 for Inpatient)	\$ _____ (add lines 55-57 for Outpatient)
56	County 51.42 / 51.437 programs .....	\$ _____			
57	All other public programs .....	\$ _____			
<b><u>Commercial Source Contractual Adjustments</u></b>					
58	Group and individual accident and health insurance, self-funded plans .....	\$ _____	}	\$ _____ (add lines 58-60 for Inpatient)	\$ _____ (add lines 58-60 for Outpatient)
59	Worker's compensation .....	\$ _____			
60	HMOs and all other alternative health care payment systems (exclude lines 52 and 54)	\$ _____			
<b><u>Other Source Contractual Adjustments</u></b> All other sources (specify below)					
61	_____	\$ _____	}	\$ _____ (add lines 61-63 for Inpatient)	\$ _____ (add lines 61-63 for Outpatient)
62	_____	\$ _____			
63	_____	\$ _____			
64	Charity care (revenue foregone at full established rates) (must equal line 114) .....	\$ _____			
65	All other noncontractual deductions .....	\$ _____			

66 TOTAL DEDUCTIONS FROM REVENUE \$  
(add lines 51-65) (total, not breakouts)

**Medicare-Approved Medical Education Activities**

NOTE: Of TOTAL expenses in line 24, the reimbursable expenses for Medicare-approved medical education activities separated into the following categories:

67 Direct medical education expenses ..... \$ \_\_\_\_\_  
68 Indirect medical education expenses ..... \$ \_\_\_\_\_  
69 TOTAL reimbursable expenses for Medicare-approved medical education activities (add lines 67 and 68) ..... \$ \_\_\_\_\_

#### IV. BALANCE SHEET – GENERAL FUNDS

NOTE: For combination facilities, state-operated mental health institutes, or county-operated psychiatric or alcohol or other drug abuse hospitals, see special instructions in the *Hospital Fiscal Survey Manual, Fiscal Year 2003*.

**Unrestricted Assets** (recorded on the balance sheet at the end of each reporting period)

**Current Assets**

70	Cash and cash equivalents .....	\$	_____
71	Inter-corporate account(s) .....	\$	_____
72	Net patient accounts receivable .....	\$	_____
73	Other accounts receivable .....	\$	_____
74	Other current assets .....	\$	_____
75	<b>TOTAL</b> current assets (add lines 70 through 74) .....	\$	_____
76	Noncurrent assets whose use is limited .....	\$	_____

**Property, Plant and Equipment**

77	Land .....	\$	_____
78	Land improvements .....	\$	_____
79	Buildings and building improvements .....	\$	_____
80	Construction in progress .....	\$	_____
81	Fixed equipment .....	\$	_____
82	Moveable equipment .....	\$	_____
83	<b>TOTAL</b> gross plant assets (add lines 77 through 82) .....	\$	_____

**LESS Accumulated Depreciation** (absolute values only – no negative values)

84	Land improvements .....	\$	_____
85	Buildings and building improvements .....	\$	_____
86	Fixed equipment .....	\$	_____
87	Moveable equipment .....	\$	_____
88	<b>TOTAL</b> accumulated depreciation (add lines 84 through 87) .....	\$	_____

89	<b>NET</b> property, plant, and equipment assets (subtract line 88 from line 83) .....	\$	_____
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90	Long-term investments .....	\$	_____
----	-----------------------------	----	-------

91	Other unrestricted assets .....	\$	_____
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92	<b>TOTAL</b> unrestricted assets (add lines 75, 76, 89, 90 and 91) .....	\$	_____
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**Unrestricted Liabilities, Deferred Revenues, and Fund Balances**

93	Current liabilities .....	\$	_____
94	Inter-corporate account(s) .....	\$	_____
95	Long-term debt .....	\$	_____
96	Other noncurrent liabilities and deferred revenues .....	\$	_____
97	Unrestricted fund balances .....	\$	_____

**98** TOTAL unrestricted liabilities, deferred revenues, and fund balances (add lines 93 through 97).  
 (NOTE: lines 92 and 98 should be equal. Combination facilities, see manual instructions) ..... \$ \_\_\_\_\_

**Restricted Hospital Funds** (report fund balances only)

**99** Specific-purpose funds ..... \$ \_\_\_\_\_  
**100** Plant replacement and expansion funds ..... \$ \_\_\_\_\_  
**101** Endowment funds ..... \$ \_\_\_\_\_

**V. HOSPITAL INPATIENT UTILIZATION BY PAY SOURCE** (for current reporting period)

PAY SOURCE	(A1)	(A2)	(B1)	(B2)
	NUMBER OF INPATIENT DISCHARGES*	NUMBER OF DISCHARGE DAYS*	NUMBER OF NEWBORNS**	NUMBER OF NEWBORN DISCHARGE DAYS**
<b>102</b> Medicare (T-18) Including HMOs reimbursed by T-18				
<b>103</b> Medical Assistance (T-19) Including HMOs reimbursed by T-19				
<b>104</b> All other pay sources				
<b>105 TOTALS</b>				

\* This figure should include all inpatients discharged during the reporting period. Report the number of adult, pediatric, and intensive and intermediate care neonatal patients (including deaths). Exclude newborn, Medicare-certified swing bed, and hospital unit transfer patients.  
 \*\* Exclude fetal deaths.

PAY SOURCE	(C1)	(C2)
	NUMBER OF DISCHARGES FROM MEDICARE-CERTIFIED SWING BEDS***	NUMBER OF DISCHARGE DAYS FROM MEDICARE-CERTIFIED SWING BEDS***
<b>106</b> Medicare (T-18) Including HMOs reimbursed by T-18		
<b>107</b> Medical Assistance (T-19) Including HMOs reimbursed by T-19		
<b>108</b> All other pay sources		
<b>109 TOTALS</b>		

\*\*\* Include both skilled and intermediate Medicare-certified swing beds.

**VI. SUMMARY AND EXPLANATION OF REVENUE DOLLAR DIFFERENCES BETWEEN FY 2002 AND FY 2003**

	<b>GROSS REVENUE</b>	<b>NET REVENUE</b>
<b>110</b> Fiscal Year 2003 [line 35 (gross) and line 1 (net)]	\$ _____	\$ _____
<b>111</b> Fiscal Year 2002 [ FY 2002 Fiscal Survey form line 35 (gross) and line 1 (net)]	\$ _____	\$ _____
<b>112</b> Increase / Decrease 2003 v. 2002 (subtract line 111 from line 110) [indicate + or -]	\$ _____	\$ _____
<b>113</b> Explain in a short narrative the relative importance of various causes for the dollar differences (lines 110 and 111) in the fiscal year revenue figures (price change, utilization change, other causes?). Attach additional page(s) if necessary.		

**VII. UNCOMPENSATED HEALTH CARE**

<b>Charges for Uncompensated Health Care</b>	<b>FY 2003</b>	<b>FY 2004 (Projected)</b>
<b>114</b> Charges for charity care provided for the fiscal year	\$ _____ (from line 64)	\$ _____
<b>115</b> Charges determined to be a bad debt expense for the fiscal year	\$ _____ (from line 17)	\$ _____
<b>116</b> TOTAL charges for uncompensated health care for the fiscal year	\$ _____ (add lines 114 and 115)	\$ _____ (add lines 114 and 115)

**Number of "Patients" Receiving Uncompensated Health Care**

(See manual for definitions – the number of "patients" should be reported as the number of individual patient visit ledgers.)

	<b>FY 2003</b>	<b>FY 2004 (Projected)</b>
<b>117</b> Number of individual patient visit ledgers that received charity care for the fiscal year	_____	_____
<b>118</b> Number of individual patient visit ledgers whose charges were determined to be bad debt for the fiscal year	_____	_____

**119** Provide a rationale for the hospital's fiscal year 2004 projections in the space below. Explain how the projections used "patients" and total charges for fiscal year 2003, if at all. It could also include a description of the socioeconomic climate of your hospital's market and how that affects your hospital's Uncompensated Health Care Plan. Attach additional page(s) if necessary.

**Hill-Burton Uncompensated Health Care Information**

**120** Does the hospital have current obligations under this program?

Enter Yes, No, or C (for conditional) on this .....  
line. .... \_\_\_\_\_

**121** If YES, enter date(s) the obligation(s) went into effect and date(s) the obligation(s) will be satisfied.

Effective beginning date(s)	Projected satisfaction date(s)
_____ Month / Year	_____ Month / Year
_____ Month / Year	_____ Month / Year
_____ Month / Year	_____ Month / Year

**122** If YES, enter the amount of total federal assistance believed to remain under ..... \$  
obligation. .. \_\_\_\_\_