

2009 ANNUAL SURVEY INSTRUCTIONS AND DEFINITIONS

II. CLASSIFICATION – Instructions and definitions

Control

Line 1

Organization type. Check the radio button 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 in supplemental information section.**

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, 2009, 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.

Certification Status —

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. 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.

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.

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.

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 which are billed under the hospital's Medicare provider number. Indicate whether or not patient services are provided by the hospital in buildings other than the main hospital building. **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 they are billed under the hospital's Medicare provider number**, put a **B** in the far right column. (*Refer to SERVICE CODES key*). Provide addresses for additional buildings on line 133.

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*). **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.

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.
- 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.
- Lines 26-45 -- Beds set-up-and-staffed.** Report beds set-up-and-staffed, **NOT** number of beds licensed. **Report the number of beds regularly available- those set-up-and-staffed for use (this may not be the number of beds licensed)** 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.
- 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.
- 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.**
- 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. 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.
- 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.
- Line 47a* **Non-Medicare certified swing unit.** An acute care bed that has been designated by a hospital to provide either acute or long-term care services. **Report Non-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.
- Line 48* **Newborn nursery.** Provides care to newborn and premature infants in nursery units, based on physicians' orders and approved nursing care plans.

IV. SELECTED ANCILLARY AND OTHER SERVICES – Definitions

- 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* **Bariatric Services.** Bariatric/Weight control services.

- Line 57* **Birth 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 58* **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 59* **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 60* **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 61* **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 62* **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 63* **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 64* **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 65* **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 66* **Hemodialysis.** Provision of equipment and personnel for the treatment of renal insufficiency, on an inpatient or outpatient basis.
- Line 67* **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 68* **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 69* **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 70* **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 71* **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 72* **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 73* **Fitness center.** Provides exercise, testing or evaluation programs and fitness activities to the community and hospital employees.
- Line 74* **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 75* **Nutrition programs.** Those services within a facility that are designed to provide inexpensive, nutritionally sound meals to patients (includes inpatients and outpatients).
- Line 76* **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 77* **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 78* **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 79* **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 80* **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 81* **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 82* **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 83* **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 84* **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 85* **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 86-88* **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 89* **Home health services.** Service providing skilled nursing, therapy, and health-related homemaker or social services in the patient's home.
- Line 90* **Home hospice program.** A program providing palliative care to terminally ill patients and their families in the home.
- Line 91* **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 92* **Mammography screening.** The use of breast x-ray to detect unsuspected breast cancer in asymptomatic women.
- Line 93* **Occupational health services.** Services that protect the safety of employees from hazards in the work environment.
- Line 94* **Audiology.** The science of hearing: examination, diagnosis, evaluation, and therapy.
- Line 95* **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 96* **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 97* **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 98* **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 99* **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.
- Line 100* **Respiratory therapy.** The equipment and staff necessary for the administration of oxygen and certain potent drugs through inhalation or positive pressure.
- Line 101* **Speech pathology/therapy.** Services providing evaluation and treatment to inpatients or outpatients with speech and language disorders.
- Line 102* **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" is not valid for line 102.**
- Line 103* **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 104* **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.
- Service code "2" is not valid. Building code "B" is not valid for line 104.**
- Line 105* **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 106 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 107 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 108 Psychiatric child/adolescent services.** Provision of care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment.
- Line 109 Psychiatric consultation-liaison services.** Provision of organized psychiatric consultation/liaison services to non-psychiatric hospital staff and/or departments on psychological aspects of medical care that may be generic or specific to individual patients.
- Line 110 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 111 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 112 Psychiatric geriatric services.** Provision of care to emotionally disturbed elderly patients, including those admitted for diagnosis and those admitted for treatment.
- Line 113 Psychiatric outpatient services.** Hospital facilities and services for the medical care of psychiatric outpatients, including diagnosis and treatment.
- Line 114 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 115 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 116 CT scanner.** Computer tomographic scanners for head or whole body scans.
- Line 117 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 118 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 119 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 120 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 121 Ultrasound.** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal

body structures for diagnostic purposes.

- Line 122* **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 123* **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 124* **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 125* **Sports medicine clinic/services.** Provision of diagnostic screening and assessment, clinical, and rehabilitation services for the prevention and treatment of sports-related injuries.
- Line 126* **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 127* **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 128* **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 129* **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 130* **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 131* **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 132* **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 133* **Location and services.** If **O** or **B** is used on lines **26-131**, 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 supplemental information section.*)
- Line 134* **Medicare billing.** Indicate whether or not any physicians' clinics use the hospital's Medicare provider number **reported on line 13**, for Medicare billing. If **YES**, indicate the number of clinics, the street address, and city. (*If more than one address, list on supplemental information section.*)

V. SELECTED SERVICE UTILIZATION—Instructions and definitions

- Lines 135-136* **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 135* **Inpatient surgical operations.** Report the number of operations performed on patients who remained in the hospital overnight.
- Line 136* **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 137 **Total surgical operations.** [Line 135 + Line 136].

Lines 138-141 **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 138 **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 139 **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 138. 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 136.

Line 140 **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 141 **Total outpatient visits.** [Line 138 + Line 139 + Line 140].

Line 142 **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 143 **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 144 **Total non-emergency transports by ambulance.** [Line 142 + Line 143].

Line 145 **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.

Line 146 **Births.** Report the total number of births, excluding fetal deaths.

Line 147 **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.

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 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 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 148*) and discharges (*lines 150, 156, 158*) for columns (2) and (3), if applicable.

Refer to the definitions for **skilled nursing care, intermediate care, and residential care/elderly housing.**

Utilization And Beds—Exclude newborns; include Medicare-certified and NON-Medicare swing bed data.

- Line 148 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 149 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 inter-ward 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, may obtain data from the Medicare Cost Report, if the data are identical.
- The inpatient days figure on line 149 must equal the sum of TOTAL HOSPITAL FACILITY inpatient days for the fiscal year (line 46), plus MEDICARE-CERTIFIED SWING BED inpatient days and NON-MEDICARE SWING BED inpatient days (line 47 and 47a).**
- Line 150 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 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 151 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 152-155 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 or licensed beds. 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, should report skilled nursing and residential/elderly housing beds set-up-and-staffed in column (3).
The beds on line 155 must equal those reported on line 46, 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 156 Medicare discharges.** Hospitals with nursing homes, as defined by lines 22 and 23, should only report skilled nursing care discharges in column (3).
- Line 156a Medicare Outpatient Visits.** Hospitals report total number of Medicare Outpatient Visits.
- Line 156 Medicare inpatient days.** Hospitals with nursing homes, as defined by lines 22 and 23, 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, 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, should report the sum of skilled and intermediate nursing care inpatient days in column (3).
- Line 158a Medicaid Outpatient Visits.** Hospitals report total number of Medicaid Outpatient Visits

VII. MEDICAL STAFF—Instructions and definitions

- Line 160** 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 for line 2.
- Network.** Refers to the network defined 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 161-173 Indicate the number of practitioners on the active and associate medical staff in each of the specialty groups as of **September 30, 2009**. **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 176, 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 that 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 163* **Internal medicine subspecialties.** Includes allergy, cardiology, dermatology, endocrinology, gastroenterology, hematology, immediate care, infectious disease, nephrology, neurology, oncology, pulmonary diseases, otorhinolaryngology, and rheumatology.
- Line 165* **Pediatric subspecialties.** Includes neonatology, pediatric allergy, and pediatric cardiology.
- Line 168* **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 171* **Pathology.** Includes anatomical, clinical, and forensic pathology.
- Line 172* **Radiology.** Includes diagnostic radiology and radiation oncology.
- Line 173* **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 174* **Total Medical Staff.** Add lines 161-173.

VIII. PERSONNEL ON HOSPITAL PAYROLL – Instructions and definitions

Hospital Data Only. Week of September 30, 2009. Do not report full-time equivalents or portions. **Full-time personnel** are those whose regularly scheduled workweek is 35 hours or more. **Exclude agency and contract staff.**

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 agency and contract staff.**

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, 2009**. 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 175-203)

- Line 175-* **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 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 175. Exclude physicians and dentists who are paid on a fee basis.
- Line 176a* **Hospitalists/Intensivists** Hospitalists assume the care of hospitalized patients in the place of patients' primary care physician. Intensivists are board-certified physicians who are additionally certified in the subspecialty of Critical Care Medicine and assume the role of an intensivist-led intensive care unit/s.
- Line 177* **Medical and dental residents/interns.**
- Line 178* **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. **Include only those nurses that provide direct patient care. Exclude RN's who are included in administrator and assistant administrator section.**
- Line 179* **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 180* **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 181* **Nursing assistants.** **Include** certified and not certified nursing assistants.
- Line 182* **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 183* **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 184* **Pharmacists.** Compound and dispense medications following prescriptions issued by physicians, dentists, or other authorized medical practitioners.
- Line 185* **Pharmacy Technicians/Aides.** Fill orders for unit doses and prepackaged pharmaceuticals and perform other related duties under the supervision and direction of a pharmacy supervisor or staff pharmacist.
- Line 186* **Medical and Clinical Laboratory Technologists.** Perform a wide range of complex procedures in the general area of the clinical laboratory or perform specialized procedures in such areas as cytology, histology, and microbiology. Duties may include supervising and coordinating activities of workers

engaged in laboratory testing. Include workers who teach medical technology when teaching is not their primary activity.

- Line 187* **Medical and Clinical Laboratory Technician.** Perform routine tests in medical laboratory for use in treatment and diagnosis of disease. Prepare vaccines, biologicals, and serums for prevention of disease. Prepare tissue samples, take blood samples, and execute such laboratory tests as urinalysis and blood counts. May work under the general supervision of a Medical Laboratory Technologist.
- Line 188* **Surgical Technologists and Technicians.** Perform any combination of the following tasks before, during, or after an operation: Prepare patient by washing, shaving, etc.; place equipment and supplies in operating room according to surgeon's instruction; arrange instruments under direction of nurse; maintain specified supply of fluids for use during operation; adjust lights and equipment as directed; hand instruments and supplies to surgeon, hold retractors, and cut sutures as directed; count sponges, needles, and instruments used during operation; and clean operating room.
- Line 188a* **Certified Registered Nurse Anesthetists. CRNA** is an Advanced Practice Nurse with a graduate degree in nursing and licensing to practice anesthesia.
- Line 188b* **Clinical Nurse Specialists.** is an Advanced Practice Nurse, with graduate preparation and are clinical experts in the diagnosis and treatment of illness, and the delivery of evidence-based nursing interventions
- Line 189* **Respiratory Therapists.** Provide assessment, diagnostic evaluation, treatment, and care for patients with breathing disorders. Assume primary responsibility for all respiratory care modalities, including the supervision of respiratory therapy technicians. Initiate and conduct therapeutic procedures; maintain patient records; and select, assemble, check, and operate equipment.
- Line 190* **Radiologic Technologists.** Take X-rays and CAT scans or administer non-radioactive materials into patient's blood stream for diagnostic purposes. Include technologists who specialize in other modalities such as computed tomography, ultrasound, and magnetic resonance. Include workers whose primary duties are to demonstrate portions of the human body on X-ray film or fluoroscopic screen.
- Line 191* **All other Radiological services personnel.**
- Line 192* **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 193* **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 194* **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 195* **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 196* **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 197* **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. 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 198* **Dieticians and Nutritionists.** Organize, plan, and conduct food service or nutritional programs to assist in promotion of health and control of disease. May administer activities of department providing quantity food service. May plan, organize, and conduct programs in nutritional research.
- Line 199* **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 200* **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 201* **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 202* **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 204* **Workweek.** Average hours of definition of full-time persons engaged in direct patient care. Use whole numbers; **do not** use decimals.

IX. Other

- Line 205-212* Check the appropriate box to indicate the answer to each question.

Service Quality/Patient Safety

- Line 213-217* Check the appropriate box to indicate the answer to each question.

eHealth

- Line 218* Indicate if you have the following features fully implemented, partially implemented, in the planning process, or not at all with your facility's electronic health record implementation
- a. Core MPI database with admission/discharge/transfer (ADT) – ADT systems are usually implemented in conjunction with patient accounting/patient billing systems and are often bundled with them. All hospitals will likely answer yes to this question.
 - b. Lab Information Systems (LIS)- LIS handles the receiving, processing and storing of information generated by medical laboratory processes. A LIS usually interfaces with instruments and other information systems such as hospital information systems.
 - c. Pharmacy System (Inpatient)- An inpatient pharmacy system handles the receiving, processing, and storage of information generated by hospital pharmacy processes. Common features of a pharmacy system include order entry, formulary management, medication profiles, and drug, allergy, and other contraindication checking capabilities.
 - d. E-MAR – Real-time enterprise medication administration record. E-Mar allows caregivers and pharmacists to collaboratively use and update the patient MAR in real time allowing for the elimination of paper MAR environment.
 - e. Medication dispensing-
 - f. Radiology Information Systems (RIS)- A RIS is used by radiology departments to store, manipulate, and distribute patient radiological data. Common features include patient tracking, scheduling, result reporting, and film tracking.
 - g. Computerized radiography (digital x-ray)- CR uses very similar equipment to conventional radiography except that in place of a film to create the image, an imaging plate is used.
 - h. PACS- Picture Archiving and Communications System. PACS automates the storage, retrieval, distribution, and presentation of digital radiology images.
 - i. Order Entry/resulting- An interdepartmental order entry system allows for the electronic placement of orders between hospital departments, but will not necessarily facilitate practitioners placing their own orders (as with CPOE). Example would include ER and nursing department staff transcribe physician paper orders into the electronic order entry system.
 - j. Inpatient Charting- Nursing documentation systems allow for the electronic input of patient information including initial interviews, progress notes, assessments, vital signs, and other documentation.
 - k. Bedside medication verification - A bedside medication verification system requires the bar-coding of medications in unit dose.
 - l. CPOE- Computerized Practitioner Order Entry. CPOE is a process of electronic entry of physician instructions for the treatment of patients under his/her care. These orders are communication to the medical staff or to the departments responsible for fulfilling the order.
 - m. EHR Portal – An EHR portal provides caregivers a structured view of hospital results and clinical data, including from all major ancillary systems.
 - n. Bulk scanning- Document imaging is the online storage, retrieval and management of electronic image of documents.
 - o. Interface engine/expertise- Some hospitals rely on their application vendors to create point to point interfaces with other systems , but some have invested in interface engines to control the movement of the data themselves
 - p. Physician Practice Management Systems- (definition TBD)

- q. Physician Practice EMR Systems- (definition TBD)
- r. Long Term Care EMR System- (definition TBD)
- s. Home Health EMR System- (definition TBD)

Health Information Technology Expenditures

Line 219 Total Health Information Technology Expenditures – Capital. Provide the dollar value associated with HIT capital expenses for FY 2009. Provide hospital specific expenditure totals. Do not report dollar value at a system level (i.e., If you hospital have three hospitals in your hospital's system, do not report total system dollars at one hospital and associate \$0 at the other two hospitals).

Line 219a Total Health Information Technology Expenditures – Operating. Provide the dollar value associated with HIT operating expenses for FY 2009. Do not report dollar value at a system level (i.e., If you hospital have three hospitals in your hospital's system, do not report total system dollars at one hospital and associate \$0 at the other two hospitals)

IX. Supplemental Information

220. 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.