APPENDIX 3: SURVEY INSTRUMENTS

FY 2024 ANNUAL SURVEY OF HOSPITALS

FY 2024 HOSPITAL FISCAL SURVEY

2024 ANNUAL SURVEY

I. HOSPITAL INFORMATION AND CLASSIFICATION

Organization Information

1. Communications Contact and Reporting Period

A. Identify the main primary contact responsible for communications related to the data

PUBCONT

B. Indicate the beginning of your current fiscal year

FYBEGIN

C. Reporting period begin date

RPTPERBEG

Reporting period end date

RPTPEREND

D. Were you in operation 12 full months at the end of your reporting period?

- ◯ Yes INOP12MO -- Y
- ◯ No INOP12MO -- N

If no, number of days open during reporting period

INOPDAYS

2. Hospital / Organization Type Indicate the type of organization responsible for establishing policy concerning overall hospital operation. CHECK ONLY ONE CODE.

Government, Nonfederal	Non-government, Not-for-profit	Investor-owned, For-Profit	Government, Federal
◯ State CONTROL1 -- 12	◯ Religious organization CONTROL2 -- 21	◯ Individual CONTROL3 -- 31	◯ Veterans Affairs CONTROL4 -- 45
◯ County CONTROL1 -- 13	◯ Other not-for-profit CONTROL2 -- 23	◯ Partnership CONTROL3 -- 32	
◯ City CONTROL1 -- 14		◯ Corporation CONTROL3 -- 33	

3. Is the hospital part of a health care system? If YES , enter name, city and state of the system headquarters.

- ◯ Yes MULTIH -- Y
- ◯ No MULTIH -- N

Name: MULTINM

City: MULTICT

State: MULTIST

4. Is the hospital a division or subsidiary of a holding company?

- ◯ Yes HOLDCOMP -- Y

○ No HOLDCOMP -- N

5. Does the hospital itself operate subsidiary corporations?

○ Yes SUBSDCOR -- Y
○ No SUBSDCOR -- N

6. Is the hospital contract managed? If YES , give name, city, and state of organization that manages the hospital.

○ Yes CONTRACT -- Y ○ No CONTRACT -- N

Name	City	State
MANAGENM	MANAGECT	MANAGEST

7. Is the hospital a member of an alliance? If YES , give name, city, and state of the alliance headquarters.

○ Yes ALLIANCE -- Y
○ No ALLIANCE -- N

Name	City	State
ALLINM	ALLICT	ALLIST

8. Is the hospital a participant in a health care network? If YES , give name, city, and state of the network headquarters.

○ Yes NETWORK -- Y
○ No NETWORK -- N

Name	City	State
NETNM	NETCT	NETST

9. Does the hospital participate in a group purchasing arrangement?

○ Yes GROUP -- Y
○ No GROUP -- N

10. Does the hospital own or operate a primary group practice?

○ Yes PRMGRP -- Y
○ No PRMGRP -- N

Service

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

○ General medical and surgical (GMS) SERVICE -- 10
○ Critical Access Hospital (CAH) SERVICE -- 15
○ GMS - Long-Term Acute Care SERVICE -- 20
○ Psychiatric SERVICE -- 22
○ Rehabilitation SERVICE -- 46
○ Alcohol/Substance Use Disorder SERVICE -- 82

○ Cancer Hospital SERVICE -- 23
○ Heart Hospital SERVICE -- 24
○ Orthopedic Hospital SERVICE -- 25

12. Does the hospital restrict admissions primarily to children?

○ YES CHILD -- Y ○ NO CHILD -- N

Certification Status

13. Accreditation/Licensure Status. Note: For "Other" do not specify State of Wisconsin. Check all that apply.

☐ TJC - The Joint Commission JCAHO -- Y

Date of last Survey (MM/YY):
JCAHODATE

☐ DNV (Det Norske Veritas) DNV -- Y

☐ Medicare certified Title 18 T18HSS -- Y

☐ DHS 124 Licensed HSS124 -- Y

☐ Other ACCOTH -- Y

☐ NCQA/PHQ NCQAPHQ -- Y

If other, please specify:
ACCOTHTEXT

14. Medicare (Title 18):

○ Yes T18CERT -- Y
○ No T18CERT -- N

If YES, enter Medicare Provider Number. If more than one, separate with commas:
MANUM

15. Medicaid (Title 19):

○ Yes T19CERT -- Y
○ No T19CERT -- N

If YES, enter Medicaid Provider Number. If more than one, separate with commas:

T19MANUM

Managed Care Information

16. Health Maintenance Organization (HMO)?

○ Yes HMO -- Y
○ No HMO -- N

If Yes, how many contracts?

NUMHMO

17. Preferred Provider Organization (PPO)?

○ Yes PPO -- Y
○ No PPO -- N

If Yes, how many contracts?

NUMPPO

18. Other managed care or prepaid plan?

○
Yes OTHMANCR -- Y
○ No OTHMANCR -- N

If Yes, how many other contracts?

NUMMANCR

19. Indicate whether any of the following insurance products have been developed by the hospital, health care system, network, or jointly owned with an insurer (check all that apply):

	Hospital	Health Care System	Network	Jointly Owned with Insurer
Health Maintenance Organization	☐	☐ HHMO -- Y	☐ SHMO -- Y	☐ JHMO -- Y
Preferred Provider Organization	☐	☐ HPPO -- Y	☐ SPPO -- Y	☐ JPPO -- Y
Indemnity Fee-For-Service Plan	☐	☐ HIFSP -- Y	☐ SIFSP -- Y	☐ JIFSP -- Y

20. 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.")

PCTCAP

21. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared-risk basis?

○ Yes DIRCONT -- Y
○ No DIRCONT -- N

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

COVLIVES

Nursing Home Data

23. Does the hospital own and operate a nursing home facility under HFS 132? If you answer yes, continue with question 24. If no, proceed to next section.

○ Yes NURSHM -- Y
○ No NURSHM -- N

24. Are the hospital and nursing home governed by a common Board of Directors?

○ Yes COMMBRD -- Y
○ No COMMBRD -- N

25. If answers to both 23 and 24 are YES, check the appropriate box regarding the location of the nursing home facility. (If answers to both 23 and 24 are YES, submit data for columns (1) and (2) in Section V.)

○ Attached/Within Hospital LOCHOME -- Attached/Within Hospital
○ Freestanding on hospital campus LOCHOME -- Freestanding on hospital campus
○ Freestanding off campus LOCHOME -- Freestanding off campus

26. Nursing Home Details - Registered Nurses

Full Time Total No. of Persons (35 Hr/Wk or more - Headcount)	Part Time Total No. of Persons (Less than 35 Hr/Wk - Headcount)	FTE	Vacancies (Headcount)
NSHMRNFT	NSHMRNPT	NSHMRNFTE	NSHMRNVC

27. Nursing Home Details - Total Personnel

Full Time Total No. of Persons (35 Hr/Wk or more - Headcount)	Part Time Total No. of Persons (Less than 35 Hr/Wk - Headcount)	FTE	Vacancies (Headcount)
NSHMTPFT	NSHMTPPT	NSHMTPFTE	NSHMTPVC

II. SELECTED INPATIENT UNITS

General Medical / Surgical / ICU

28. Acute Long–Term Care (Hospital Only)

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
ACUTBEDS	ACUTDIS	ACUTIPD	ACUTDD

(Use codes listed above)

○ H ACUTE -- H ○ S ACUTE -- S ○ C ACUTE -- C ○ N ACUTE -- N

29. Adult Medical / Surgical, Acute (include gynecology)

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
GMSBEDS	GMSDIS	GMSIPD	GMSDD

(Use codes listed above)

○ H MSAC -- H ○ S MSAC -- S ○ C MSAC -- C ○ N MSAC -- N

30. Alcohol/Substance Use Disorder (Inpatient Care)

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
AODABEDS	AODADIS	AODAIPD	AODADD

(Use codes listed above)

○ H ALCCHEM -- H ○ S ALCCHEM -- S ○ C ALCCHEM -- C ○ N ALCCHEM -- N

31. Geriatric Acute Care Unit

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
GACUTBEDS	GACUTDIS	GACUTIPD	GACUTDD

(Use codes listed above)

H GACUTE -- H | S GACUTE -- S | C GACUTE -- C | N GACUTE -- N

32. Hospice

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
HSPCBEDS	HSPCDIS	HSPCIPD	HSPCDD

(Use codes listed above)

H HOSPICE -- H | S HOSPICE -- S | C HOSPICE -- C | N HOSPICE -- N

33. Obstetrics (include LDRP, exclude gynecology)

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
OBBEDS	OBDIS	OBIPD	OBDD

(Use codes listed above)

H OB -- H | S OB -- S | C OB -- C | N OB -- N

34. Orthopedic

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
ORTHBEDS	ORTHDIS	ORTHIPD	ORTHDD

(Use codes listed above)

H ORTHO -- H | S ORTHO -- S | C ORTHO -- C | N ORTHO -- N

35. Palliative Care Inpatient Units

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
PALCBEDS	PALCDIS	PALCIPD	PALCDD

(Use codes listed above)

H PALCRE -- H | S PALCRE -- S | C PALCRE -- C | N PALCRE -- N

36. Pediatrics (General medical/surgical)

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
PEDBEDS	PEDDIS	PEDIPD	PEDDD

(Use codes listed above)

H PEDGMS -- H | S PEDGMS -- S | C PEDGMS -- C | N PEDGMS -- N

37. Psychiatric Adult Inpatient Care

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
PSYBEDS	PSYDIS	PSYIPD	PSYDD

(Use codes listed above)

H PSYCARE -- H | S PSYCARE -- S | C PSYCARE -- C | N PSYCARE -- N

38. Psychiatric Geriatric Inpatient Care

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
GPSYBEDS	GPSYDIS	GPSYIPD	GPSYDD

(Use codes listed above)

H GPSYCH -- H | S GPSYCH -- S | C GPSYCH -- C | N GPSYCH -- N

39. Psychiatric Pediatric Inpatient Care

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
PPSYBEDS	PPSYDIS	PPSYIPD	PPSYDD

(Use codes listed above)

H PPSYCH -- H	S PPSYCH -- S	C PPSYCH -- C	N PPSYCH -- N

40. All Other Acute

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
AOTHBEDS	AOTHDIS	AOTHIPD	AOTHDD

(Use codes listed above)

H OTHACUT -- H	S OTHACUT -- S	C OTHACUT -- C	N OTHACUT -- N

42. ICU/CCU

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
ICCUBEDS	ICCUDIS	ICCUIPD	ICCUDD

(Use codes listed above)

H ICUCCU -- H	S ICUCCU -- S	C ICUCCU -- C	N ICUCCU -- N

43. Burn Care

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
BUCABEDS	BUCADIS	BUCAIPD	BUCADD

(Use codes listed above)

H BURNCARE -- H	S BURNCARE -- S	C BURNCARE -- C	N BURNCARE -- N

44. Cardiac Intensive Care

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
ICARBEDS	ICARDIS	ICARIPD	ICARDD

(Use codes listed above)

○ H CARDIC -- H ○ S CARDIC -- S ○ C CARDIC -- C ○ N CARDIC -- N

45. Mixed Intensive Care

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
IMIXBEDS	IMIXDIS	IMIXIPD	IMIXDD

(Use codes listed above)

○ H MIXED -- H ○ S MIXED -- S ○ C MIXED -- C ○ N MIXED -- N

46. Neonatal Intensive / Intermediate Care (exclude normal newborns)

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
NEONBEDS	NEONDIS	NEONIPD	NEONDD

(Use codes listed above)

○ H NEONATE -- H ○ S NEONATE -- S ○ C NEONATE -- C ○ N NEONATE -- N

47. Pediatric Intensive Care

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
IPEDBEDS	IPEDDIS	IPEDIPD	IPEDDD

(Use codes listed above)

○ H PEDIC -- H ○ S PEDIC -- S ○ C PEDIC -- C ○ N PEDIC -- N

48. Step-down (special care)

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
SPCBEDS	SPCDIS	SPCIPD	SPCDD

(Use codes listed above)

H SPECCARE -- H	S SPECCARE -- S	C SPECCARE -- C	N SPECCARE -- N
○	○	○	○

49. All Other Intensive Care

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
IOTHBEDS	IOTHDIS	IOTHIPD	IOTHDD

(Use codes listed above)

H OIC -- H	S OIC -- S	C OIC -- C	N OIC -- N
○	○	○	○

50. SUBACUTE CARE Inpatient care

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
SUBABEDS	SUBADIS	SUBAIPD	SUBADD

(Use codes listed above)

H SUBACUTE -- H	S SUBACUTE -- S	C SUBACUTE -- C	N SUBACUTE -- N
○	○	○	○

51. ALL OTHER INPATIENT UNITS

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days
OTH1BEDS	OTH1DIS	OTH1IPD	OTH1DD

(Use codes listed above)

H OTHINP -- H	S OTHINP -- S	C OTHINP -- C	N OTHINP -- N
○	○	○	○

52. TOTAL HOSPITAL FACILITY (Exclude Medicare-certified swing bed inpatient days and non-Medicare-certified, swing-bed inpatient days.)

Total Beds (add lines 28-51)	Total discharges (add lines 28-51)	Total Inpatient Days (add lines 28-51)	Total discharge days (add lines 28-51)
TOTBEDS	TOTDIS	TOTIPD	TOTDD

53. MEDICARE-CERTIFIED SWING UNIT (Medicare patients only. Report average number of beds used.)

Average Number of Beds Used	Number of discharges	Inpatient Days	Discharge days
SWCRT18B	SWSNDIS	SWSNIPD	SWSNDD

(Use codes listed above)

H	S	C	N
MCSWING -- H	MCSWING -- S	MCSWING -- C	MCSWING -- N

54. NON-MEDICARE-CERTIFIED SWING UNIT (Non-medicare patients only. Report average number of beds used.)

Average Number of Beds Used	Numbers of discharges	Inpatient Days	Discharge days
NONMEDAV	NONMEDDIS	NONMEDIPD	NONMEDDD

(Use codes listed above)

H	S	C	N
NONMEDSWING -- H	NONMEDSWING -- S	NONMEDSWING -- C	NONMEDSWING -- N

55. Newborn nursery (bassinets and utilization should be reported on lines 165-167)

(Use codes listed above)

H	S	C	N
NEWBORN -- H	NEWBORN -- S	NEWBORN -- C	NEWBORN -- N

III. SELECTED ANCILLARY AND OTHER SERVICES

AIDS/HIV - Cardiac Services

56. AIDS/HIV – Specialized outpatient program for AIDS/HIV

(Use codes listed above)

H	S	C	N
AIDSARC -- H	AIDSARC -- S	AIDSARC -- C	AIDSARC -- N

57. Alcohol/Substance Use Disorder Outpatient Services (psych/social)

(Use codes listed above)

H AODAANC -- H | S AODAANC -- S | C AODAANC -- C | N AODAANC -- N

58. Bariatric Sevices: Bariatric weight control

(Use codes listed above)

H BARIATRIC -- H | S BARIATRIC -- S | C BARIATRIC -- C | N BARIATRIC -- N

59. Arthritis treatment center

(Use codes listed above)

H ARTHTCR -- H | S ARTHTCR -- S | C ARTHTCR -- C | N ARTHTCR -- N

60. Cardiac services: Cardiac rehabilitation program

(Use codes listed above)

H CAREHAB -- H | S CAREHAB -- S | C CAREHAB -- C | N CAREHAB -- N

61. Volunteer (Auxiliary) Services Department

(Use codes listed above)

H AUX -- H | S AUX -- S | C AUX -- C | N AUX -- N

62. Birthing room/Labor, delivery, recovery, postpartum room (LDR or LDRP room)

(Use codes listed above)

H BIRTHRM -- H | S BIRTHRM -- S | C BIRTHRM -- C | N BIRTHRM -- N

63. Cardiac services: Noninvasive cardiac assessment services

(Use codes listed above)

H NONICAS -- H | S NONICAS -- S | C NONICAS -- C | N NONICAS -- N

64. Cardiac services: Cardiac angioplasty (percutaneous transluminal)

(Use codes listed above)

○ H ANGIO -- H	○ S ANGIO -- S	○ C ANGIO -- C	○ N ANGIO -- N

65. Cardiac services: Open-heart surgery

(Use codes listed above)

○ H OHSURG -- H	○ S OHSURG -- S	○ C OHSURG -- C	○ N OHSURG -- N

66. Cardiac services: Cardiac catheterization laboratory

(Use codes listed above)

○ H CARDCATH -- H	○ S CARDCATH -- S	○ C CARDCATH -- C	○ N CARDCATH -- N

Case Mngt. - Fitness Center

67. Case Management

(Use codes listed above)

○ H CASEMGT -- H	○ S CASEMGT -- S	○ C CASEMGT -- C	○ N CASEMGT -- N

68. Violence (Crisis) prevention programs in workplace and community

(Use codes listed above)

○ H CRISIS -- H	○ S CRISIS -- S	○ C CRISIS -- C	○ N CRISIS -- N

69. Complementary Services

(Use codes listed above)

○ H COMPSR -- H	○ S COMPSR -- S	○ C COMPSR -- C	○ N COMPSR -- N

70. Dental Services

(Use codes listed above)

○ H DENTAL -- H	○ S DENTAL -- S	○ C DENTAL -- C	○ N DENTAL -- N

71. Dialysis services: Hemodialysis

(Use codes listed above)

H HEMO -- H | S HEMO -- S | C HEMO -- C | N HEMO -- N

72. Dialysis services: Peritoneal dialysis

(Use codes listed above)

H PRIDIAL -- H | S PRIDIAL -- S | C PRIDIAL -- C | N PRIDIAL -- N

73. Emergency Services: Emergency department (general medical and surgical)

(Use codes listed above)

H EMERDEPT -- H | S EMERDEPT -- S | C EMERDEPT -- C | N EMERDEPT -- N

74. Emergency Services: On-campus emergency department (*This is a duplicate question and will be removed in 2025. Please repeat answer from above.)

(Use codes listed above)

H EMEROFF -- H | S EMEROFF -- S | C EMEROFF -- C | N EMEROFF -- N

75. Emergency Services: Off-campus emergency department

(Use codes listed above)

H EMERON -- H | S EMERON -- S | C EMERON -- C | N EMERON -- N

76. Emergency Services: Trauma center

Self-designated level:

TRALEVEL

(Use codes listed above)

H TRAUMA -- H | S TRAUMA -- S | C TRAUMA -- C | N TRAUMA -- N

77. Emergency Services: Urgent care center

(Use codes listed above)

H URGENT -- H | S URGENT -- S | C URGENT -- C | N URGENT -- N

78. Ethics committee

(Use codes listed above)

H ETHICS -- H | S ETHICS -- S | C ETHICS -- C | N ETHICS -- N

79. Extracorporeal shock wave lithotripter (ESWL)

Select One:

Fixed ESWLTYPE -- Fixed | Mobile ESWLTYPE -- Mobile

(Use codes listed above)

H ESWL -- H | S ESWL -- S | C ESWL -- C | N ESWL -- N

80. Fitness center

(Use codes listed above)

H FITCNTR -- H | S FITCNTR -- S | C FITCNTR -- C | N FITCNTR -- N

81. Endoscopic Services

(Use codes listed above)

H ENDSCP -- H | S ENDSCP -- S | C ENDSCP -- C | N ENDSCP -- N

Food Service - Geriatric Services

82. Food service: Meals on wheels

(Use codes listed above)

H MEALWHL -- H | S MEALWHL -- S | C MEALWHL -- C | N MEALWHL -- N

83. Food service: Nutrition programs

(Use codes listed above)

H NUTRPGM -- H | S NUTRPGM -- S | C NUTRPGM -- C | N NUTRPGM -- N

84. Genetic counseling/screening

(Use codes listed above)

H GENCNSR -- H | S GENCNSR -- S | C GENCNSR -- C | N GENCNSR -- N

85. Geriatric services: Adult day care program

(Use codes listed above)

○ H GERDAYP -- H	○ S GERDAYP -- S	○ C GERDAYP -- C	○ N GERDAYP -- N

86. Geriatric services: Alzheimer's diagnosis/assessment

(Use codes listed above)

○ H ALZDIAST -- H	○ S ALZDIAST -- S	○ C ALZDIAST -- C	○ N ALZDIAST -- N

87. Geriatric services: Comprehensive geriatric assessment

(Use codes listed above)

○ H GERCOMPA -- H	○ S GERCOMPA -- S	○ C GERCOMPA -- C	○ N GERCOMPA -- N

88. Geriatric services: Emergency response system

(Use codes listed above)

○ H GEREMRS -- H	○ S GEREMRS -- S	○ C GEREMRS -- C	○ N GEREMRS -- N

89. Geriatric services: Geriatric clinics

(Use codes listed above)

○ H GERCLIN -- H	○ S GERCLIN -- S	○ C GERCLIN -- C	○ N GERCLIN -- N

90. Geriatric services: Assisted Living

(Use codes listed above)

○ H GERASST -- H	○ S GERASST -- S	○ C GERASST -- C	○ N GERASST -- N

91. Geriatric services: Respite care

(Use codes listed above)

○ H RESPCAR -- H	○ S RESPCAR -- S	○ C RESPCAR -- C	○ N RESPCAR -- N

92. Geriatric services: Retirement housing

(Use codes listed above)

○ H RETIREH -- H	○ S RETIREH -- S	○ C RETIREH -- C	○ N RETIREH -- N

93. Geriatric services: Senior membership program

(Use codes listed above)

○ H GERMPGM -- H	○ S GERMPGM -- S	○ C GERMPGM -- C	○ N GERMPGM -- N

Health Promotion - Occupational Services

94. Health Promotion Community Health Education/Health Screenings

(Use codes listed above)

○ H HLCOMPR -- H	○ S HLCOMPR -- S	○ C HLCOMPR -- C	○ N HLCOMPR -- N

95. Health Promotion Patient education

(Use codes listed above)

○ H HLPATED -- H	○ S HLPATED -- S	○ C HLPATED -- C	○ N HLPATED -- N

96. Health Promotion Worksite health promotion

(Use codes listed above)

○ H HLWRKPR -- H	○ S HLWRKPR -- S	○ C HLWRKPR -- C	○ N HLWRKPR -- N

97. Home health services

(Use codes listed above)

○ H HOMECARE -- H	○ S HOMECARE -- S	○ C HOMECARE -- C	○ N HOMECARE -- N

98. Home hospice services

(Use codes listed above)

H HOMEHOSP -- H	S HOMEHOSP -- S	C HOMEHOSP -- C	N HOMEHOSP -- N

99. Hospital at Home Program

(Use codes listed above)

H HAHPRGM -- H	S HAHPRGM -- S	C HAHPRGM -- C	N HAHPRGM -- N

100. Immunization Program

(Use codes listed above)

H IMMPROG -- H	S IMMPROG -- S	C IMMPROG -- C	N IMMPROG -- N

101. Mammography Services: Diagnostic mammography

(Use codes listed above)

H MAMMDIAG -- H	S MAMMDIAG -- S	C MAMMDIAG -- C	N MAMMDIAG -- N

102. Mammography Services: Mammography screening

(Use codes listed above)

H MAMMSCR -- H	S MAMMSCR -- S	C MAMMSCR -- C	N MAMMSCR -- N

103. Occupational health services

(Use codes listed above)

H OCCHLTHS -- H	S OCCHLTHS -- S	C OCCHLTHS -- C	N OCCHLTHS -- N

104. Occupational, Physical or Rehabilitation Services: Audiology

(Use codes listed above)

H AUDIO -- H	S AUDIO -- S	C AUDIO -- C	N AUDIO -- N

105. Occupational, Physical or Rehabilitation Services: Occupational therapy

(Use codes listed above)

○ H OCCTHER -- H	○ S OCCTHER -- S	○ C OCCTHER -- C	○ N OCCTHER -- N

106. Occupational, Physical or Rehabilitation Services: Physical therapy

(Use codes listed above)

○ H PHYTHER -- H	○ S PHYTHER -- S	○ C PHYTHER -- C	○ N PHYTHER -- N

107. Occupational, Physical or Rehabilitation Services: Recreational therapy

(Use codes listed above)

○ H RECTHER -- H	○ S RECTHER -- S	○ C RECTHER -- C	○ N RECTHER -- N

108. Occupational, Physical or Rehabilitation Services: Rehabilitation inpatient services (service does not have beds)

(Use codes listed above)

○ H REHABIN -- H	○ S REHABIN -- S	○ C REHABIN -- C	○ N REHABIN -- N

109. Occupational, Physical or Rehabilitation Services: Rehabilitation outpatient services

(Use codes listed above)

○ H REHABOUT -- H	○ S REHABOUT -- S	○ C REHABOUT -- C	○ N REHABOUT -- N

110. Occupational, Physical or Rehabilitation Services: Respiratory therapy

(Use codes listed above)

○ H RESTHER -- H	○ S RESTHER -- S	○ C RESTHER -- C	○ N RESTHER -- N

111. Occupational, Physical or Rehabilitation Services: Speech pathology / therapy

(Use codes listed above)

○ H SPPATH -- H	○ S SPPATH -- S	○ C SPPATH -- C	○ N SPPATH -- N

Oncology Services - Psychiatric Services

112. Oncology services

(Use codes listed above)

H ONCSER -- H	S ONCSER -- S	C ONCSER -- C	N ONCSER -- N

113. Oncology Services: Within the hospital

(Use codes listed above)

H OUTCARE -- H	S OUTCARE -- S	C OUTCARE -- C	N OUTCARE -- N

114. Oncology Services: On hospital campus, but in freestanding center

(Use codes listed above)

H FREEON -- H	S FREEON -- S	C FREEON -- C	N FREEON -- N

115. Oncology Services: Freestanding off hospital campus

(Use codes listed above)

H FREEOFF -- H	S FREEOFF -- S	C FREEOFF -- C	N FREEOFF -- N

116. Pain Management Program

(Use codes listed above)

H PAINPRO -- H	S PAINPRO -- S	C PAINPRO -- C	N PAINPRO -- N

117. Patient-controlled analgesia (PCA)

(Use codes listed above)

H PATCNTAN -- H	S PATCNTAN -- S	C PATCNTAN -- C	N PATCNTAN -- N

118. Patient representative services

(Use codes listed above)

H PATREP -- H	S PATREP -- S	C PATREP -- C	N PATREP -- N

119. Psychiatric Services: Child / adolescent services

(Use codes listed above)

H PSYCHPED -- H | S PSYCHPED -- S | C PSYCHPED -- C | N PSYCHPED -- N

120. Psychiatric Services: Consultation – liaison services

(Use codes listed above)

H CONLIAS -- H | S CONLIAS -- S | C CONLIAS -- C | N CONLIAS -- N

121. Psychiatric Services: Education services

(Use codes listed above)

H PSYCHED -- H | S PSYCHED -- S | C PSYCHED -- C | N PSYCHED -- N

122. Psychiatric Services: Emergency services

(Use codes listed above)

H PSYCHEM -- H | S PSYCHEM -- S | C PSYCHEM -- C | N PSYCHEM -- N

123. Psychiatric Services: Geriatric services

(Use codes listed above)

H PSYCHGER -- H | S PSYCHGER -- S | C PSYCHGER -- C | N PSYCHGER -- N

124. Psychiatric Services: Outpatient services

(Use codes listed above)

H PSYCHOUT -- H | S PSYCHOUT -- S | C PSYCHOUT -- C | N PSYCHOUT -- N

125. Psychiatric Services: Partial hospitalization program

(Use codes listed above)

H PRTPSYCH -- H | S PRTPSYCH -- S | C PRTPSYCH -- C | N PRTPSYCH -- N

Radiology - Sleep Center

126. Radiology, Diagnostic: Computed Tomographic Scanner (CT)

(Use codes listed above)

H CTSCAN -- H	S CTSCAN -- S	C CTSCAN -- C	N CTSCAN -- N

127. Radiology, Diagnostic: Magnetic resonance imaging (MRI).

(Use codes listed above)

H MRI -- H	S MRI -- S	C MRI -- C	N MRI -- N

128. Radiology, Diagnostic: Positron emission tomography scanner (PET)

(Use codes listed above)

H PETSCAN -- H	S PETSCAN -- S	C PETSCAN -- C	N PETSCAN -- N

129. Radiology, Diagnostic: Single photon emission computerized tomography (SPECT).

(Use codes listed above)

H SPECT -- H	S SPECT -- S	C SPECT -- C	N SPECT -- N

130. Radiology, Diagnostic: Ultrasound

(Use codes listed above)

H ULTRASND -- H	S ULTRASND -- S	C ULTRASND -- C	N ULTRASND -- N

131. Reproductive Health: Fertility counseling

(Use codes listed above)

H FERTCNLG -- H	S FERTCNLG -- S	C FERTCNLG -- C	N FERTCNLG -- N

132. Reproductive Health: In vitro fertilization

(Use codes listed above)

H INVITFER -- H	S INVITFER -- S	C INVITFER -- C	N INVITFER -- N

133. Reproductive Health: Prenatal/Postnatal services

(Use codes listed above)

H PREPSTNAT -- H | S PREPSTNAT -- S | C PREPSTNAT -- C | N PREPSTNAT -- N

134. Reproductive Health: Women's health center services

(Use codes listed above)

H RHLTHWMNSRV -- H | S RHLTHWMNSRV -- S | C RHLTHWMNSRV -- C | N RHLTHWMNSRV -- N

135. Robotic Surgery

(Use codes listed above)

H ROBSURG -- H | S ROBSURG -- S | C ROBSURG -- C | N ROBSURG -- N

136. Rural health clinic

(Use codes listed above)

H RURHLTH -- H | S RURHLTH -- S | C RURHLTH -- C | N RURHLTH -- N

137. Sleep Center

(Use codes listed above)

H SLPCNTR -- H | S SLPCNTR -- S | C SLPCNTR -- C | N SLPCNTR -- N

Social Work Services - Virtual Colonoscopy

138. Social work services

(Use codes listed above)

H SOCWORK -- H | S SOCWORK -- S | C SOCWORK -- C | N SOCWORK -- N

139. Sports medicine clinic/services

(Use codes listed above)

H SPORTMED -- H | S SPORTMED -- S | C SPORTMED -- C | N SPORTMED -- N

140. Surgery, ambulatory or outpatient (day surgery)

(Use codes listed above)

○ H AMBSURGS -- H	○ S AMBSURGS -- S	○ C AMBSURGS -- C	○ N AMBSURGS -- N

141. Telemedicine: Teleradiology

(Use codes listed above)

○ H TRADTELE -- H	○ S TRADTELE -- S	○ C TRADTELE -- C	○ N TRADTELE -- N

142. Telemedicine: eICU

(Use codes listed above)

○ H TICUTELE -- H	○ S TICUTELE -- S	○ C TICUTELE -- C	○ N TICUTELE -- N

143. Telemedicine: Tele stroke

(Use codes listed above)

○ H TSTROTELE -- H	○ S TSTROTELE -- S	○ C TSTROTELE -- C	○ N TSTROTELE -- N

144. Telemedicine: Tele psychiatry

(Use codes listed above)

○ H TPSYTELE -- H	○ S TPSYTELE -- S	○ C TPSYTELE -- C	○ N TPSYTELE -- N

145. Telemedicine: E-visits

(Use codes listed above)

○ H TEVISTELE -- H	○ S TEVISTELE -- S	○ C TEVISTELE -- C	○ N TEVISTELE -- N

146. Telemedicine: Remote patient monitoring

(Use codes listed above)

○ H TREMTELE -- H	○ S TREMTELE -- S	○ C TREMTELE -- C	○ N TREMTELE -- N

147. Telemedicine: Specialist consultation

(Use codes listed above)

○ H TSPECTELE -- H	○ S TSPECTELE -- S	○ C TSPECTELE -- C	○ N TSPECTELE -- N

148. Tobacco treatment/cessation program

(Use codes listed above)

○ H TBCOTRT -- H	○ S TBCOTRT -- S	○ C TBCOTRT -- C	○ N TBCOTRT -- N

149. Transplant Services: Bone marrow transplant program

(Use codes listed above)

○ H MARTRAN -- H	○ S MARTRAN -- S	○ C MARTRAN -- C	○ N MARTRAN -- N

150. Transplant Services: Heart transplant

(Use codes listed above)

○ H HLTRAN -- H	○ S HLTRAN -- S	○ C HLTRAN -- C	○ N HLTRAN -- N

151. Transplant Services: Lung transplant

(Use codes listed above)

○ H LNGTRNS -- H	○ S LNGTRNS -- S	○ C LNGTRNS -- C	○ N LNGTRNS -- N

152. Transplant Services: Kidney transplant

(Use codes listed above)

○ H KIDTRAN -- H	○ S KIDTRAN -- S	○ C KIDTRAN -- C	○ N KIDTRAN -- N

153. Transplant Services: Liver transplant

(Use codes listed above)

○ H LVRTRNS -- H	○ S LVRTRNS -- S	○ C LVRTRNS -- C	○ N LVRTRNS -- N

154. Transplant Services: Tissue transplant

(Use codes listed above)

H	S	C	N
TISTRAN -- H	TISTRAN -- S	TISTRAN -- C	TISTRAN -- N

155. Wound management services

(Use codes listed above)

H	S	C	N
WNDMGMT -- H	WNDMGMT -- S	WNDMGMT -- C	WNDMGMT -- N

156. Virtual colonoscopy

(Use codes listed above)

H	S	C	N
VIRTCOLONSCPY -- H	VIRTCOLONSCPY -- S	VIRTCOLONSCPY -- C	VIRTCOLONSCPY -- N

IV. SELECTED SERVICE UTILIZATION

Surgical Operations

157. Inpatient surgical operations

INSURG

158. Outpatient surgical operations (not procedures)

TOTNINPT

159. TOTAL surgical operations (not procedures) [line 157 + line 158]

TSUROPER

Outpatient Visits

160. Emergency visits

Total emergency visits

EMERGV

Number of emergency visits that resulted in inpatient admissions (Subset of total emergency visits)

EMERADM

161. Other visits (all non-emergency visits, including urgent care and outpatient procedures)

NONEMERG

162. Observation visits

OBSERVE

163. TOTAL outpatient visits (add lines 160, 161 and 162)

TOTALV

Ambulance/Transport Services

164. Non-emergency inter-facility transports by ground ambulance

NONEMTRG

165. Non-emergency inter-facility transports by air ambulance

NONEMTRA

166. TOTAL non-emergency transports by ambulance (add lines 164 and 165)

TNONEMTR

Newborn Nursery

167. Number of bassinets set-up-and-staffed as of the last day of the fiscal year (exclude neonatal beds)

NNBAS

168. Total births (exclude fetal deaths)

NNBIR

169. Newborn days (exclude neonatal days)

NNDAYS

V. TOTAL FACILITY UTILIZATION AND BEDS

Utilization And Beds

170. Admissions (exclude newborns; include Medicare and Non-Medicare certified swing admissions).

[1] Hospital	[2] Nursing Home
HOAD	NHAD

171. Inpatient days (exclude newborns; include Medicare-certified and Non-Medicare swing days).

[1] Hospital	[2a] Nursing Home (Skilled Nursing)	[2b] Nursing Home Intermediate care)	[2c] Nursing Home (Residential/Elderly housing)
HOINPAT	NHINPAT	NHITIPD	NHRIPD

172. Discharges/deaths (exclude newborns; include Medicare and Non-Medicare certified swing discharges).

[1] Hospital	[2] Nursing Home
HODISCH	NHDISCH

173. Census [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 and Non-Medicare swing patients.].

[1] Hospital	[2] Nursing Home
HOCENSUS	NHCENSUS

174. Beds set-up-and-staffed (NOT number of licensed beds) on the last day (excluding weekends or holidays) of the hospital's fiscal year.

[1] Hospital	[2a] Nursing Home (Skilled nursing)	[2c] Nursing Home (Residential/Elderly housing)
HOEND1	NHEND1	NHENDR1

Medicare / Medicaid Primary Payer Utilization

175. Total Medicare (Title 18) inpatient discharges

[1] Hospital	[2] Nursing Home
HOT18DIS	NHT18DIS

176. Total Medicare (Title 18) outpatient visits

[1] Hospital
HOT18VIS

177. Total Medicare inpatient days

[1] Hospital	[2] Nursing Home
HOT18IPD	NHT18IPD

178. Total Medicaid (Title 19 & 21) Inpatient discharges

[1] Hospital	[2] Nursing Home
HOT19DIS	NHT19DIS

179. Total Medicaid (Title 19 & 21) outpatient visits

[1] Hospital
HOT19VIS

180. Total Medicaid inpatient days

[1] Hospital	[2] Nursing Home
HOT19IPD	NHT19IPD

VI. MEDICAL STAFF

Physician Arrangements

181. Independent practice association (IPA):

Hospital	Number of Physicians:	Health Care System	Network
☐ HIPA -- Y	HIPA_P	☐ SIPA -- Y	☐ NIPA -- Y

182. Group practice without walls:

Hospital	Number of Physicians:	Health Care System	Network
☐ HGP -- Y	HGP_P	☐ SGP -- Y	☐ NGP -- Y

183. Open Physician Hospital Organization (PHO):

Hospital	Number of Physicians:	Health Care System	Network
☐ HOPHO -- Y	HOPHO_P	☐ SOPHO -- Y	☐ NOPHO -- Y

184. Closed Physician Hospital Organization (PHO):

Hospital	Number of Physicians:	Health Care System	Network
☐ HCPHO -- Y	HCPHO_P	☐ SCPHO -- Y	☐ NCPHO -- Y

185. Management service organization (MSO):

Hospital	Number of Physicians:	Health Care System	Network
☐ HMSO -- Y	HMSO_P	☐ SMSO -- Y	☐ NMSO -- Y

186. Integrated salary model:

Hospital	Number of Physicians:	Health Care System	Network
☐ HISM -- Y	HISM_P	☐ SISM -- Y	☐ NISM -- Y

187. Equity model:

Hospital	Number of Physicians:	Health Care System	Network
☐ HEM -- Y	HEM_P	☐ SEM -- Y	☐ NEM -- Y

188. Foundation:

Hospital	Number of Physicians:	Health Care System	Network
☐ HFND -- Y	HFND_P	☐ SFND -- Y	☐ NFND -- Y

189. Accountable Care Organization (ACO):

Hospital	Number of Physicians:	Health Care System	Network
☐ HACO -- Y	HACO_P	☐ SACO -- Y	☐ NACO -- Y

190. Other:

Hospital	Number of Physicians:	Health Care System	Network
☐ HOTH -- Y	HOTH_P	☐ SOTH -- Y	☐ NOTH -- Y

Selected Specialty

191. Medical Specialties: General and family practice

Active Privileged Medical Staff
MSGPFAMP

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)
CTGPFAMP

192. Medical Specialties: Internal medicine (general)

Active Privileged Medical Staff
MSGEN

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)
CTGEN

193. Medical Specialties: Internal medicine subspecialties

Active Privileged Medical Staff

MSIMS

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTIMS

194. Medical Specialties: Intensivist

Active Privileged Medical Staff

MSINT

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTINT

195. Medical Specialties: Hospitalist

Active Privileged Medical Staff

MSHOS

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

MSHOSBCS

196. Medical Specialties: Pediatrics (general)

Active Privileged Medical Staff

MSPEDG

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTPEDG

197. Medical Specialties: Pediatric subspecialties

Active Privileged Medical Staff

MSPEDS

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTPEDS

198. Surgical Specialties: General surgery

Active Privileged Medical Staff

MSGENS

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTGENS

199. Surgical Specialties: Obstetrics/Gynecology

Active Privileged Medical Staff

MSOBGYN

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTOBGYN

200. Surgical Specialties: All other surgical specialties

Active Privileged Medical Staff

MSOTHS

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTOTHS

201. Other: Anesthesiology

Active Privileged Medical Staff

MSANES

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTANES

202. Other: Emergency medicine

Active Privileged Medical Staff

MSEMER

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTEMER

203. Other: Pathology

Active Privileged Medical Staff

MSPATH

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTPATH

204. Other: Radiology

Active Privileged Medical Staff

MSRADIO

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTRADIO

205. Addiction Medicine

Active Privileged Medical Staff

MSADME

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTADME

206. Psychiatry

Active Privileged Medical Staff

MSPSYC

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTPSYC

207. Other: All other specialties

Active Privileged Medical Staff

MSOTH

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)

CTOTH

208. Codes for valid other specialties- check all codes that apply:

- [ ] Aerospace Medicine OTHSPC2 -- Y
- [ ] Chiropractic Services OTHSPC4 -- Y
- [ ] Dental OTHSPC5 -- Y
- [ ] General Preventive Medicine OTHSPC6 -- Y
- [ ] Nuclear Medicine OTHSPC7 -- Y
- [ ] Occupational Medicine OTHSPC8 -- Y
- [ ] Podiatry OTHSPC9 -- Y

☐ Physical Med&Rehab (includes Physiatry) OTHSPC11 -- Y

☐ Public health OTHSPC12 -- Y

209. TOTAL Medical Staff:

Active Privileged Medical Staff
MSTACTIV

Board Certified on Active Medical Staff (Not to exceed Privileged Staff)
CTTACTIV

VII. PERSONNEL ON HOSPITAL PAYROLL

Occupational Personnel Section A-N

210. Administrators

FT Total No. of Persons (35 Hr/Wk or more)
FTADMAST

PT Total No. of Persons (less than 35 Hr/Wk)
PTADMAST

PT Total No. of P-T hours
HRADMAST

FT Total No. of Vacant Persons (35 Hr/Wk or more)
ADMASTFTVP

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)
ADMASTPTVP

PT Total No. of Vacant P-T hours
ADMASTPTVH

Number of Consultants and/or Contracted Staff
ADMASTCON

Employees Over 55
ADMASTOV55

Employee Separations*
ADMASTSEP

211. Certified nurse midwives

FT Total No. of Persons (35 Hr/Wk or more)

FTMWIFE

PT Total No. of Persons (less than 35 Hr/Wk)

PTMWIFE

Part Time Total No. of P-T hours

HRMWIFE

FT Total No. of Vacant Persons (35 Hr/Wk or more)

NURMF

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

NURMPP

PT Total No. of Vacant P-T hours

NURMV

Number of Consultants and/or Contracted Staff

NURMC

Employees Over 55

NURMFF

Employee Separations*

ADNURMS

212. Certified registered nurse anesthetist (CRNA)

FT Total No. of Persons (35 Hr/Wk or more)

FTCRNA

PT Total No. of Persons (less than 35 Hr/Wk)

PTCRNA

PT Total No. of P-T hours

HRCRNA

FT Total No. of Vacant Persons (35 Hr/Wk or more)

CRNAF

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

CRNAPP

PT Total No. of Vacant P-T hours

CRNAPV

Number of Consultants and/or Contracted Staff

CRNAC

Employees Over 55

CRNAFF

Employee Separations*

ADCRNS

213. Clinical Nurse Specialists

FT Total No. of Persons (35 Hr/Wk or more)

FTAPN

PT Total No. of Persons (less than 35 Hr/Wk)

PTAPN

Part Time Total No. of P-T hours

HRAPN

FT Total No. of Vacant Persons (35 Hr/Wk or more)

CLNURF

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

CLNURPP

PT Total No. of Vacant P-T hours

CLNURV

Number of Consultants and/or Contracted Staff

CLNURC

Employees Over 55

CLNURFF

Employee Separations*

ADCLNURS

214. Dentists

FT Total No. of Persons (35 Hr/Wk or more)

FTPHYDEN

PT Total No. of Persons (less than 35 Hr/Wk)

PTPHYDEN

Part Time Total No. of P-T hours

HRPHYDEN

FT Total No. of Vacant Persons (35 Hr/Wk or more)

DENTFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

DENTPTV

PT Total No. of Vacant P-T hours

DENTPTVH

Number of Consultants and/or Contracted Staff

DENTCON

Employees Over 55

DENTOV55

Employee Separations*

DENTSEP

215. Dental Hygienists

FT Total No. of Persons (35 Hr/Wk or more)

FTHYGIEN

PT Total No. of Persons (less than 35 Hr/Wk)

PTHYGIEN

Part Time Total No. of P-T hours

HRHYGIEN

FT Total No. of Vacant Persons (35 Hr/Wk or more)

DNTHYGFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

DNTHYGPTV

PT Total No. of Vacant P-T hours

DNTHYGPTVH

Number of Consultants and/or Contracted Staff

DNTHYGCON

Employees Over 55

DNTHYGOV55

Employee Separations*

DNTHYGSEP

216. Dieticians & Nutritionists

FT Total No. of Persons (35 Hr/Wk or more)

FTDN

PT Total No. of Persons (less than 35 Hr/Wk)

PTDN

Part Time Total No. of P-T hours

HRDN

FT Total No. of Vacant Persons (35 Hr/Wk or more)

DIETFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

DIETPTPOS

PT Total No. of Vacant P-T hours

DIETPTHOUR

Number of Consultants and/or Contracted Staff

DIETSTAFF

Employees Over 55

DIET55OVER

Employee Separations*

ADANT

217. Directors/Managers

FT Total No. of Persons (35 Hr/Wk or more)

DIRMANFT

PT Total No. of Persons (less than 35 Hr/Wk)

DIRMANPT

Part Time Total No. of P-T hours

DIRMANPTH

FT Total No. of Vacant Persons (35 Hr/Wk or more)

DIRMANFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

DIRMANPTV

PT Total No. of Vacant P-T hours

DIRMANPTVH

Number of Consultants and/or Contracted Staff

DIRMANCON

Employees Over 55

DIRMANOV55

Employee Separations*

DIRMANSEP

218. Environmental services workers

FT Total No. of Persons (35 Hr/Wk or more)

ESERVFT

PT Total No. of Persons (less than 35 Hr/Wk)

ESERVPT

Part Time Total No. of P-T hours

ESERVPTH

FT Total No. of Vacant Persons (35 Hr/Wk or more)

ESERVFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

ESERVPTV

PT Total No. of Vacant P-T hours

ESERVPTVH

Number of Consultants and/or Contracted Staff

ESERVCON

Employees Over 55
ESERVOV55

Employee Separations*
ESERVSEP

219. Food service Workers

FT Total No. of Persons (35 Hr/Wk or more)
FSERVFT

PT Total No. of Persons (less than 35 Hr/Wk)
FSERVPT

Part Time Total No. of P-T hours
FSERVPTH

FT Total No. of Vacant Persons (35 Hr/Wk or more)
FSERVFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)
FSERVPTV

PT Total No. of Vacant P-T hours
FSERVPTVH

Number of Consultants and/or Contracted Staff
FSERVCON

Employees Over 55
FSERVOV55

Employee Separations*
FSERVSEP

220. Health Information Management: Administrators/Technicians

FT Total No. of Persons (35 Hr/Wk or more)
FTMEDREC

PT Total No. of Persons (less than 35 Hr/Wk)
PTMEDREC

Part Time Total No. of P-T hours
HRMEDREC

FT Total No. of Vacant Persons (35 Hr/Wk or more)

HIMTFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

HIMTPTPOS

PT Total No. of Vacant P-T hours

HIMTPTHOUR

Number of Consultants and/or Contracted Staff

HIMTSTAFF

Employees Over 55

HIMT55OVER

Employee Separations*

ADHIMT

221. Licensed practical (vocational) nurses (LPN)

FT Total No. of Persons (35 Hr/Wk or more)

FTLPN

PT Total No. of Persons (less than 35 Hr/Wk)

PTLPN

Part Time Total No. of P-T hours

HRLPN

FT Total No. of Vacant Persons (35 Hr/Wk or more)

LPNFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

LPNPTPOS

PT Total No. of Vacant P-T hours

LPNPTHOUR

Number of Consultants and/or Contracted Staff

LPNSTAFF

Employees Over 55

LPN55OVER

Employee Separations*

ADLPNA

222. Medical & Clinical Laboratory Technologists

FT Total No. of Persons (35 Hr/Wk or more)

FTMCLT

PT Total No. of Persons (less than 35 Hr/Wk)

PTMCLT

Part Time Total No. of P-T hours

HRMCLT

FT Total No. of Vacant Persons (35 Hr/Wk or more)

LABTECHFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

LABTECHPTPOS

PT Total No. of Vacant P-T hours

LABTECHPTHOUR

Number of Consultants and/or Contracted Staff

LABTECHSTAFF

Employees Over 55

LABTECH55OVER

Employee Separations*

ADMCTL

223. Medical & Clinical Laboratory Technicians

FT Total No. of Persons (35 Hr/Wk or more)

FTLAB

PT Total No. of Persons (less than 35 Hr/Wk)

PTLAB

Part Time Total No. of P-T hours

HRLAB

FT Total No. of Vacant Persons (35 Hr/Wk or more)

LABTECHNFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

LABTECHNPTPOS

PT Total No. of Vacant P-T hours

LABTECHNPTHOUR

Number of Consultants and/or Contracted Staff

LABTECHNSTAFF

Employees Over 55

LABTECHN55OVER

Employee Separations*

ADMCLT

224. Medical and dental residents/interns

FT Total No. of Persons (35 Hr/Wk or more)

FTRES

PT Total No. of Persons (less than 35 Hr/Wk)

PTRES

Part Time Total No. of P-T hours

HRRES

FT Total No. of Vacant Persons (35 Hr/Wk or more)

RESFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

RESPTV

PT Total No. of Vacant P-T hours

RESPTVH

Number of Consultants and/or Contracted Staff

RESCON

Employees Over 55

RESOV55

Employee Separations*

RESSEP

225. Medical Assistants

FT Total No. of Persons (35 Hr/Wk or more)

FTMEDAST

PT Total No. of Persons (less than 35 Hr/Wk)

PTMEDAST

Part Time Total No. of P-T hours

HRMEDAST

FT Total No. of Vacant Persons (35 Hr/Wk or more)

MEDASTF

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

MEDASTPP

PT Total No. of Vacant P-T hours

MEDASTV

Number of Consultants and/or Contracted Staff

MEDASTC

Employees Over 55

MEDASTFF

Employee Separations*

ADMEDASTS

226. Medical Coding Technicians

FT Total No. of Persons (35 Hr/Wk or more)

MEDCODFT

PT Total No. of Persons (less than 35 Hr/Wk)

MEDCODPT

Part Time Total No. of P-T hours

MEDCODPTH

FT Total No. of Vacant Persons (35 Hr/Wk or more)

MEDCODTFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

MEDCODTPTPOS

PT Total No. of Vacant P-T hours

MEDCODTPTHOUR

Number of Consultants and/or Contracted Staff

MEDCODTSTAFF

Employees Over 55

MEDCODT55OVER

Employee Separations*

ADMEDCODT

227. Nursing Assistants (CNA)

FT Total No. of Persons (35 Hr/Wk or more)

FTANCNUR

PT Total No. of Persons (less than 35 Hr/Wk)

PTANCNUR

Part Time Total No. of P-T hours

HRANCNUR

FT Total No. of Vacant Persons (35 Hr/Wk or more)

CNAFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

CNAPTPOS

PT Total No. of Vacant P-T hours

CNAPTHOUR

Number of Consultants and/or Contracted Staff

CNASTAFF

Employees Over 55

CNA55OVER

Employee Separations*

ADNAA

228. Nurse practitioners (NP)

FT Total No. of Persons (35 Hr/Wk or more)

FTNSPRC

PT Total No. of Persons (less than 35 Hr/Wk)

PTNSPRC

Part Time Total No. of P-T hours

HRNSPRC

FT Total No. of Vacant Persons (35 Hr/Wk or more)

NURPF

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

NURPPP

PT Total No. of Vacant P-T hours

NURPV

Number of Consultants and/or Contracted Staff

NURPC

Employees Over 55

NURPFF

Employee Separations*

ADNURPS

Occupational Personnel Section O-Z

229. Occupational therapists

FT Total No. of Persons (35 Hr/Wk or more)

FTOT

PT Total No. of Persons (less than 35 Hr/Wk)

PTOT

Part Time Total No. of P-T hours

HROT

FT Total No. of Vacant Persons (35 Hr/Wk or more)

OCCTFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

OCCTPTPOS

PT Total No. of Vacant P-T hours

OCCTPTHOUR

Number of Consultants and/or Contracted Staff

OCCTSTAFF

Employees Over 55

OCCT55OVER

Employee Separations*

ADOCT

230. Occupational therapy assistants / aides

FT Total No. of Persons (35 Hr/Wk or more)

FTOTASST

PT Total No. of Persons (less than 35 Hr/Wk)

PTOTASST

Part Time Total No. of P-T hours

HROTASST

FT Total No. of Vacant Persons (35 Hr/Wk or more)

OTASSTFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

OTASSTPTV

PT Total No. of Vacant P-T hours

OTASSTPTVH

Number of Consultants and/or Contracted Staff

OTASSTCON

Employees Over 55

OTASSTOV55

Employee Separations*

OTASSTSEP

231. Pharmacists

FT Total No. of Persons (35 Hr/Wk or more)

FTPHARM

PT Total No. of Persons (less than 35 Hr/Wk)

PTPHARM

Part Time Total No. of P-T hours

HRPHARM

FT Total No. of Vacant Persons (35 Hr/Wk or more)

PHARMFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

PHARMPTPOS

PT Total No. of Vacant P-T hours

PHARMPTHOUR

Number of Consultants and/or Contracted Staff

PHARMSTAFF

Employees Over 55

PHARM55OVER

Employee Separations*

ADPHARM

232. Pharmacy Technicians

FT Total No. of Persons (35 Hr/Wk or more)

FTPHARMT

PT Total No. of Persons (less than 35 Hr/Wk)

PTPHARMT

Part Time Total No. of P-T hours

HRPHARMT

FT Total No. of Vacant Persons (35 Hr/Wk or more)

PHARMTAFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

PHARMTAPTPOS

PT Total No. of Vacant P-T hours

PHARMTAPTHOUR

Number of Consultants and/or Contracted Staff

PHARMTASTAFF

Employees Over 55

PHARMTA55OVER

Employee Separations*

ADPHAD

233. Physical therapists

FT Total No. of Persons (35 Hr/Wk or more)

FTPT

PT Total No. of Persons (less than 35 Hr/Wk)

PTPT

Part Time Total No. of P-T hours

HRPT

FT Total No. of Vacant Persons (35 Hr/Wk or more)

PTFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

PTPTPOS

PT Total No. of Vacant P-T hours

PTPTHOUR

Number of Consultants and/or Contracted Staff

PTSTAFF

Employees Over 55

PT55OVER

Employee Separations*

ADPCT

234. Physical therapy assistants

FT Total No. of Persons (35 Hr/Wk or more)

FTPTASST

PT Total No. of Persons (less than 35 Hr/Wk)

PTPTASST

Part Time Total No. of P-T hours

HRPTASST

FT Total No. of Vacant Persons (35 Hr/Wk or more)

PTASSTFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

PTASSTPTV

PT Total No. of Vacant P-T hours

PTASSTPTVH

Number of Consultants and/or Contracted Staff

PTASSTCON

Employees Over 55

PTASSTOV55

Employee Separations*

PTASSTSEP

235. Registered nurses

FT Total No. of Persons (35 Hr/Wk or more)

FTRN

PT Total No. of Persons (less than 35 Hr/Wk)

PTRN

Part Time Total No. of P-T hours

HRRN

FT Total No. of Vacant Persons (35 Hr/Wk or more)

RNFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

RNPTPOS

PT Total No. of Vacant P-T hours

RNPTHOUR

Number of Consultants and/or Contracted Staff

RNSTAFF

Employees Over 55

RN55OVER

Employee Separations*

ADRNSS

236. Physician assistants

FT Total No. of Persons (35 Hr/Wk or more)

FTPHYAST

PT Total No. of Persons (less than 35 Hr/Wk)

PTPHYAST

Part Time Total No. of P-T hours

HRPHYAST

FT Total No. of Vacant Persons (35 Hr/Wk or more)

PAF

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

PAPP

PT Total No. of Vacant P-T hours

PAPV

Number of Consultants and/or Contracted Staff

PAC

Employees Over 55

PAFF

Employee Separations*

ADPAS

237. Psychiatric Technicians

FT Total No. of Persons (35 Hr/Wk or more)

PSYTFT

PT Total No. of Persons (less than 35 Hr/Wk)

PSYPT

Part Time Total No. of P-T hours

PSYPTH

FT Total No. of Vacant Persons (35 Hr/Wk or more)

PSYFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

PSYTPTV

PT Total No. of Vacant P-T hours

PSYPTVH

Number of Consultants and/or Contracted Staff

PSYTCON

Employees Over 55
PSYTOV55

Employee Separations*
PSYTSEP

238. Psychologists

FT Total No. of Persons (35 Hr/Wk or more)
FTPSYCH

PT Total No. of Persons (less than 35 Hr/Wk)
PTPSYCH

Part Time Total No. of P-T hours
HRPSYCH

FT Total No. of Vacant Persons (35 Hr/Wk or more)
PSYCHFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)
PSYCHPTV

PT Total No. of Vacant P-T hours
PSYCHPTVH

Number of Consultants and/or Contracted Staff
PSYCHCON

Employees Over 55
PSYCHOV55

Employee Separations
PSYCHSEP

239. Radiologic technologists

FT Total No. of Persons (35 Hr/Wk or more)
FTRADIO

PT Total No. of Persons (less than 35 Hr/Wk)
PTRADIO

Part Time Total No. of P-T hours
HRRADIO

FT Total No. of Vacant Persons (35 Hr/Wk or more)

RADTFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

RADTPTPOS

PT Total No. of Vacant P-T hours

RADTPTHOUR

Number of Consultants and/or Contracted Staff

RADTSTAFF

Employees Over 55

RADT55OVER

Employee Separations*

ADXRA

240. Recreational therapists

FT Total No. of Persons (35 Hr/Wk or more)

FTRECTH

PT Total No. of Persons (less than 35 Hr/Wk)

PTRECTH

Part Time Total No. of P-T hours

HRRECTH

FT Total No. of Vacant Persons (35 Hr/Wk or more)

RECTHFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

RECTHPTV

PT Total No. of Vacant P-T hours

RECTHPTVH

Number of Consultants and/or Contracted Staff

RECTHCON

Employees Over 55

RECTHOV55

Employee Separations*

RECTHSEP

241. Respiratory therapists

FT Total No. of Persons (35 Hr/Wk or more)

FTTSRS

PT Total No. of Persons (less than 35 Hr/Wk)

PTTSRS

Part Time Total No. of P-T hours

HRTSRS

FT Total No. of Vacant Persons (35 Hr/Wk or more)

RESPTFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

RESPTPTPOS

PT Total No. of Vacant P-T hours

RESPTPTHOUR

Number of Consultants and/or Contracted Staff

RESPTSTAFF

Employees Over 55

RESPT55OVER

Employee Separations*

ATRRT

242. Social Workers / Case Managers

FT Total No. of Persons (35 Hr/Wk or more)

FTMEDSW

PT Total No. of Persons (less than 35 Hr/Wk)

PTMEDSW

Part Time Total No. of P-T hours

HRMEDSW

FT Total No. of Vacant Persons (35 Hr/Wk or more)

SWRKFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

SWRKPTV

PT Total No. of Vacant P-T hours

SWRKPTVH

Number of Consultants and/or Contracted Staff

SWRKCON

Employees Over 55

SWRKOV55

Employee Separations*

SWRKSEP

243. Sonographer

FT Total No. of Persons (35 Hr/Wk or more)

FTSONO

PT Total No. of Persons (less than 35 Hr/Wk)

PTSONO

Part Time Total No. of P-T hours

HRSONO

FT Total No. of Vacant Persons (35 Hr/Wk or more)

SONOF

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

SONOPP

PT Total No. of Vacant P-T hours

SONOV

Number of Consultants and/or Contracted Staff

SONOC

Employees Over 55

SONOFF

Employee Separations*

ADSONOS

244. Surgical Technologists

FT Total No. of Persons (35 Hr/Wk or more)

FTSURGT

PT Total No. of Persons (less than 35 Hr/Wk)

PTSURGT

Part Time Total No. of P-T hours

HRSURGT

FT Total No. of Vacant Persons (35 Hr/Wk or more)

STTFTPOS

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

STTPTPOS

PT Total No. of Vacant P-T hours

STTPTHOUR

Number of Consultants and/or Contracted Staff

STTSTAFF

Employees Over 55

STT55OVER

Employee Separations*

ADRST

245. Surgical Technicians

FT Total No. of Persons (35 Hr/Wk or more)

STECHFT

PT Total No. of Persons (less than 35 Hr/Wk)

STECHPT

Part Time Total No. of P-T hours

STECHPTH

FT Total No. of Vacant Persons (35 Hr/Wk or more)

STECHFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

STECHPTV

PT Total No. of Vacant P-T hours

STECHPTVH

Number of Consultants and/or Contracted Staff

STECHCON

Employees Over 55

STECHOV55

Employee Separations*

STECHSEP

246. All other contracted staff

FT Total No. of Persons (35 Hr/Wk or more)

OTHCFT

PT Total No. of Persons (less than 35 Hr/Wk)

OTHCPT

Part Time Total No. of P-T hours

OTHPTH

FT Total No. of Vacant Persons (35 Hr/Wk or more)

OTHCFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

OTHCPTV

PT Total No. of Vacant P-T hours

OTHCPTVH

Number of Consultants and/or Contracted Staff

OTHCCON

Employees Over 55

OTHCOV55

Employee Separations*

OTHCSEP

247. All other health professional / technical personnel

FT Total No. of Persons (35 Hr/Wk or more)

FTOTHPRO

PT Total No. of Persons (less than 35 Hr/Wk)

PTOTHPRO

Part Time Total No. of P-T hours

HROTHPRO

FT Total No. of Vacant Persons (35 Hr/Wk or more)

OTHPROFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

OTHPROPTV

PT Total No. of Vacant P-T hours

OTHPROPTVH

Number of Consultants and/or Contracted Staff

OTHPROCON

Employees Over 55

OTHPROOV55

Employee Separations

OTHPROSEP

248. Other Personnel: All other personnel

FT Total No. of Persons (35 Hr/Wk or more)

FTOTHER

PT Total No. of Persons (less than 35 Hr/Wk)

PTOTHER

Part Time Total No. of P-T hours

HROTHER

FT Total No. of Vacant Persons (35 Hr/Wk or more)

OTHERFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

OTHERPTV

PT Total No. of Vacant P-T hours

OTHERPTVH

Number of Consultants and/or Contracted Staff

OTHERCON

Employees Over 55

OTHEROV55

Employee Separations*

OTHERSEP

249. All other radiologic personnel

FT Total No. of Persons (35 Hr/Wk or more)

FTOTHR

PT Total No. of Persons (less than 35 Hr/Wk)

PTOTHR

Part Time Total No. of P-T hours

HROTHR

FT Total No. of Vacant Persons (35 Hr/Wk or more)

OTHRFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

OTHRPTV

PT Total No. of Vacant P-T hours

OTHRPTVH

Number of Consultants and/or Contracted Staff

OTHRCON

Employees Over 55

OTHROV55

Employee Separations*

OTHRSEP

250. TOTAL hospital personnel (add lines 210-249)

FT Total No. of Persons (35 Hr/Wk or more)

FTTOT

PT Total No. of Persons (less than 35 Hr/Wk)

PTTOT

Part Time Total No. of P-T hours

HRTOT

FT Total No. of Vacant Persons (35 Hr/Wk or more)

TOTFTV

PT Total No. of Vacant Persons (Less than 35 Hr/Wk)

TOTPTV

PT Total No. of Vacant P-T hours

TOTPTVH

Number of Consultants and/or Contracted Staff

TOTCON

Employees Over 55

TOTOV55

Employee Separations*

TOTSEP

Other Personnel Questions

251. Do Advanced Practice Providers provide care for patients in your hospital?

Yes APPRO -- Y No APPRO -- N

If Yes, please indicate the type of service(s) provided (check all that apply):

Primary Care APPROPC -- Y

Anesthesia Services APPROANS -- Y Emergency Dept Care APPROED -- Y Other Specialty Care APPROOSC -- Y Patient Education APPROPE -- Y

Case Management APPROCM -- Y Other APPROOTH -- Y

252. Foreign Educated Nurses

Does your facility hire foreign educated nurses (including contract or agency nurses) to help fill RN vacancies?

Yes FORRN -- 1 No FORRN -- 2 No, but would like to FORRN -- 3

Issues/complications in hiring foreign educated nurses:

ISSFORRN

From which countries/continents has your facility been recruiting foreign educated nurses?

FORRNCNT

253. RNs hired from nursing schools

If your hospital hired RN's during the reporting period, how many were new graduates from nursing schools?

1-5 RNSCHOOL -- 1 6-10 RNSCHOOL -- 2 11-15 RNSCHOOL -- 3 More than 15 RNSCHOOL -- 4

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

WORKWEEK

VIII. COMMUNITY BENEFITS AND POPULATION HEALTH

General

255. Does your hospital's mission statement include a focus on community benefit?

Yes COMMMISS -- Y

○ No COMMMISS -- N

256. Does your hospital have a long-term plan for improving the health status of its community?

○ Yes LTPLAN -- Y
○ No LTPLAN -- N

257. Does your hospital have resources for its community benefit activities?

○ Yes COMMRES -- Y
○ No COMMRES -- N

258. Does your hospital work with other providers, public agencies, or community representatives to conduct a health status assessment of the community?

○ Yes CHSA -- Y
○ No CHSA -- N

259. 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 HSI -- Y
○ No HSI -- N

260. 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 HSA -- Y
○ No HSA -- N

261. IF YES, have you used the assessment to identify unmet health needs, excess capacity, or duplicative services in the community?

○ Yes HSA_USE -- Y
○ No HSA_USE -- N

262. Does your hospital work with other providers to collect, track, and communicate clinical and health information across cooperating organizations?

○ Yes COOPINFO -- Y
○ No COOPINFO -- N

263. 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 DISSINFO -- Y
○ No DISSINFO -- N

IX. SERVICE QUALITY/ PATIENT SAFETY

General

264. Please identify the amount of resources allocated to quality and risk management functions. If a position is split between 2 or more roles, indicate the portion of FTE dedicated to each function.

Dedicated FTEs: Quality management & improvement
QRMFTEQM

Dedicated FTEs: Clinical Safety
QRMFTECS

Dedicated FTEs: Case management
QRMFTECM

Dedicated FTEs: Accreditation
QRMFTEAC

Dedicated FTEs: Infection control
QRMFTEIC

Dedicated FTEs: Risk Management
QRMFTERM

Dedicated FTEs: Emergency Preparedness
QEPFTERM

265. Does your facility provide 24-hour pharmacy services?

- ○ Yes PHARM24 -- Y
- ○ No PHARM24 -- N

X. INFORMATION TECHNOLOGY AND CYBERSECURITY

General

266. Overall IT Budget

$
ITBUDG

267. Total Health Information Technology Expenditures - Capital

TCAPHT

268. Total Health Information Technology Expenditures - Operating

TOPHE

269. Number of internal IT staff (in FTEs)

ITFTE

XI. SOCIAL DETERMINANTS OF HEALTH (SDOH)

General

270. Does your facility screen patients for social needs?

- ○ Yes, for all patients SDOHSCRN -- Y
- ○ Yes, for some patients SDOHSCRN -- S
- ○ No, (skip to question 273) SDOHSCRN -- N

271. If yes, please indicate which social needs are assessed. (Check all that apply)

- ☐ Housing (instability, quality, financing) SDOHHOUS -- Y
- ☐ Food insecurity or hunger SDOHFOOD -- Y
- ☐ Utility needs SDOHUTIL -- Y
- ☐ Interpersonal violence SDOHVIOL -- Y
- ☐ Transportation SDOHTRAN -- Y
- ☐ Employment and income SDOHEMPL -- Y
- ☐ Education SDOHEDUC -- Y
- ☐ Social isolation (lack of family and social support) SDOHISOL -- Y
- ☐ Health behaviors SDOHBEHV -- Y

Other, please describe

SDOHOTH

272. If yes, does your facility record the social needs screening results in your EHR?

○ Yes SDOHRCRD -- Y

○ No SDOHRCRD -- N

273. Does your facility utilize outcome measures (for example, cost of care or readmission rates) to assess the effectiveness of the interventions to address patients' social needs?

○ Yes SDOHMEAS -- Y

○ No SDOHMEAS -- N

274. Has your facility been able to gather data indicating that activities used to address the SDOH and patient social needs have resulted in any of the following? (Check all that apply)

☐ Better health outcomes for patients SDOHBTROUTC -- Y

☐ Decreased utilization of hospital or health system services SDOHDECRUTIL -- Y

☐ Decreased health care costs SDOHDECRCOST -- Y

☐ Improved community health status SDOHIMPRHLTH -- Y

2024 FISCAL SURVEY

I. GENERAL INFORMATION

Statement of Revenue

1. Who should the public contact about questions related to your data in the Hospital Fiscal Survey?

FPUBCONT

2. Is your facility a combination facility?

○ Yes COMFAC -- Y

○ No COMFAC -- N

3. NET REVENUE FROM SERVICES TO PATIENTS (INCLUDING MEDICAID ACCESS PAYMENTS)

$

TOTNETRV

4. Tax appropriations

$

OORTAX

5. All other operating revenue (including operating gains)

$

OORALL

6. TOTAL Other Revenue (add only lines 4 and 5; do not include line 3 in line 6)

$

TOTOOR

7. TOTAL REVENUE (add lines 3 and 6)

$

TOTALREV

Payroll Expenses

8. Physicians and dentists

$

PAYPHYD

Number of physicians employed

PHYEMP

Number of physician FTEs

PHYFTE

Number of dentists employed

DENTEMP

Number of dentist FTEs

DENFTE

9. Medical and dental residents and interns

$

PAYINT

10. Trainees

$

PAYTRA

11. Registered nurses and licensed practical nurses

$

PAYRNLP

12. All other personnel

$

PAYALLO

13. TOTAL Payroll Expenses (add lines 8 through 12)

$

TOTPAYE

Nonpayroll Expenses

14. Employee benefits (Social Security, group insurance, retirement benefits, etc.)

$

NONPBEN

15. Professional fees (medical, dental, legal, auditing, consultant, etc.)

$

NONPFEE

16. Contracted nursing services (include staff from nursing registries and temporary help agencies)

$

NONPCNS

17. Depreciation expense (for reporting period only)

$

NONPDEP

18. Interest expense

$

NONPINT

19. Medical malpractice insurance premiums

$

NONMALP

20. Amortization of financing expenses

$

NONPAMO

21. Rents and leases

$

NONPRL

22. Capital component of insurance premium

$

NONPCAP

23. All other operating expenses (including Medicaid assessments paid supplies, purchased services, utilities, property taxes, etc. and operating losses)

$

OTHOPEXP

24. TOTAL Nonpayroll Expenses (add lines 14 through 23)

$

TOTNPEXP

25. TOTAL EXPENSES (add lines 13 and 24)

$

TOTEXPNS

26. Excess (or deficit) of revenue over expenses (subtract line 25 from line 7; see manual)

$

EXCESS

Nonoperating Gains/Losses

27. Investment Income

$

NONOPINV

28. Other nonoperating gains (including extraordinary gains)

$

NONOPOTH

29. Provision for income taxes (For-profit organizations. Absolute values only – no negative values)

$

NONOPTAX

30. Other nonoperating losses (Including extraordinary losses. Absolute values only – no negative values)

$

NONOPLOS

31. TOTAL Nonoperating Gains / Losses (subtract sum of lines 29 and 30 from sum of lines 27 and 28)

$

TOTNONOP

32. NET INCOME (Revenue and gains in excess of expenses and losses. Add lines 26 and 31)

$

NETINCOM

II. DETAIL OF PATIENT SERVICE REVENUE

Gross Patient Service Revenue and Its Sources

33. Gross revenue from room, board, and medical and nursing services to INPATIENTS (sum of lines 33 and 34 must equal sum of inpatient breakouts, lines 37-48)

$

GRINPAT

34. Gross INPATIENT ancillary revenue (sum of lines 33 and 34 must equal sum of inpatient breakouts, lines 37-48)

$

GRINPAN

35. Gross revenue from service to OUTPATIENTS (must equal sum of outpatient breakouts lines 37-48)

$

GROUTPAT

36. TOTAL GROSS revenue from service to patients (add lines 33-35)

$

TOTGR

Public Sources

37. Medicare

Total $

SRCMDCR

Inpatient $

SINMDCR

Outpatient $

SOUTMDC

38. HMOs reimbursed by Medicare under 42 CFR pt. 417

Total $

SRCSEP

Inpatient $

SINSEP

Outpatient $

SOUTSEP

39. Medical Assistance (Including BadgerCare)

Total $

SRCMAS

Inpatient $

SINMAS

Outpatient $

SOUTMAS

40. HMOs reimbursed by Medical Assistance under s. 49.45 (3) (b), Wis. Stats.

Total $

SRCHMOR

Inpatient $

SINHMOR

Outpatient $

SOUTHMOR

41. County 51.42 / 51.437 programs

Total $

SRCCTYP

Inpatient $

SINCTYP

Outpatient $

SOUTCTYP

42. All other public programs

Total $

SRCALLP

Inpatient $

SINALLP

Outpatient $

SOUTALLP

Commercial Sources

43. Group and individual accident and health insurance, self-funded plans

Total $

SRCINS

Inpatient $

SINPS

Outpatient $

SOUTPS

44. Worker's compensation (Normally should not be zero. If you had no worker's compensation revenue, check box below to confirm)

Total $	Inpatient $	Outpatient $	Check if zero
SRCWCOM	SINWCOM	SOUTWCOM	☐ NOSRCWCOM -- 1

45. HMOs and all other alternative health care payment systems (exclude lines 38 and 40)

Total $

SRCHMO

Inpatient $

SINCHMO

Outpatient $

SOUTHMO

46. Self-pay

Total $

SRSELF

Inpatient $

SINSELF

Outpatient $

SOUTSELF

47. Other Payers 1

Specify Source:

SRCNP1T

Total $

SRCNP1

Inpatient $

SINNP1

Outpatient $

SOUTNP1

48. Other Payers 2

Specify Source:

SRCNP2T

Total $

SRCNP2

Inpatient $

SINNP2

Outpatient $

SOUTNP2

49. TOTAL GROSS revenue from service to patients, by source (Add lines 37-48. Should equal dollar value on line 36)

Total $

TOTLA4

Inpatient $

TOTLA5

Outpatient $

TOTLA6

Public Source Contractual Adjustments

50. Medicare

Total $

DEDMDCR

Inpatient $

CINMDCR

Outpatient $

COUTMDC

51. HMOs reimbursed by Medicare under 42 CFR pt. 417

Total $

DEDSP

Inpatient $

CINSEP

Outpatient $

COUTSEP

52. Medical Assistance (include effect of enhanced Medical Assistance payments)

Total $

DEDMAS

Inpatient $

CINMAS

Outpatient $

COUTMAS

53. HMOs reimbursed by Medical Assistance under s. 49.45 (3) (b), Wis Stat. (include effect of enhanced Medical Assistance payments)

Total $

DEDHMOR

Inpatient $

CINHMO

Outpatient $

COUTHMO

54. County 51.42 / 51.437 programs

Total $

DEDCTY

Inpatient $

DINCTY

Outpatient $

DOUTCTY

55. All other public programs

Total $

DEDALLO

Inpatient $

DINALLO

Outpatient $

DOUTALLO

Commercial Source Contractual Adjustments

56. Group and individual accident and health insurance, self-funded plans

Total $

DEDINS

Inpatient $

DINPS

Outpatient $

DOUTPS

57. Worker's compensation (Normally should not be zero. If you had no worker's compensation adjustment, check box below to confirm)

Total $	Inpatient $	Outpatient $	Check if zero
DEDWCOM	DINPWCOM	DOUTWCOM	☐ NODEDWCOM -- 1

58. HMOs and all other alternative health care payment systems (exclude lines 51 and 53)

Total $

DEDHMO

Inpatient $

DINCHMO

Outpatient $

DOUTCHMO

59. Self Pay

Total $

DEDSELF

Inpatient $

DINPSELF

Outpatient $

DOUTSELF

Other Source Contractual Adjustments / Charity Care / Bad Debt

60. Other Adjustments 1

Specify Source:

DEDNPU1T

Total $

DEDNPU1

Inpatient $

DINNP1

Outpatient $

DOUTNP1

61. Other Adjustments 2

Specify Source:

DEDNPU2T

Total $

DEDNPU2

Inpatient $

DINNP2

Outpatient $

DOUTNP2

62. Other Adjustments 3

Specify Source:

DEDNPU3T

Total $

DEDNPU3

Inpatient $

DINNP3

Outpatient $

DOUTNP3

63. Charity care (Revenue foregone at full established rates) (must equal line 120) (Should include post-capitated GAMP allowances)

Total $

ODCHAR

Inpatient $

DIODCHR

Outpatient $

DOUTCHAR

If Total Charity Care is a negative dollar amount, enter a brief explanation:

ODCHARTEXT

64. Bad Debt

Total $

BDDTOT

Inpatient $

BDDINP

Outpatient $

BDDOUT

If Total Bad Debt is a negative dollar amount, enter a brief explanation:

BDDTOTTEXT

65. All other non-contractual deductions

Total $

ODNONC

Inpatient $

DINONC

Outpatient $

DOUTONC

66. TOTAL DEDUCTIONS FROM REVENUE (Add lines 50-65. Total, not breakouts)

Total $

TOTDFRV

Inpatient $

DINTOT

Outpatient $

DOUTOT

Medicare-Approved Medical Education Activities

67. Direct medical education expenses

$

EDDIRM

68. Indirect medical education expenses

$

EDIDIRM

69. TOTAL reimbursable expenses for Medicare approved medical education activities (add lines 67 and 68)

$

TOTMEDA

III. BALANCE SHEET GENERAL FUNDS

Current Assets

70. Cash and cash equivalents

$

CCSTINVS

71. Inter-corporate account(s)

$

INCORPAC

72. Net patient accounts receivable: Medicare (T18) -Including HMOs reimbursed by T-18 *

$

NTPATT18

73. Net patient accounts receivable: Medical Assistance (T-19)- Including HMOs reimbursed by T-19 *

$

NTPATT19

74. Net patient accounts receivable: Self-Pay*

$

NTPATSP

75. Net patient accounts receivable: All other pay sources*

$

NTPATOTH

76. Net patient accounts receivable: Total Net patient accounts receivable (add lines 72 - 75)

$

NTPATAR

77. Other accounts receivable

$

OTHAR

78. Other current assets

$

OTCURAST

79. TOTAL current assets (add lines 70, 71, 76, 77 and 78)

$

TOTCURAS

80. Noncurrent assets whose use is limited

$

NCLTDUSE

Property, Plant and Equipment Gross Plant Assets

81. Land

$

LAND

82. Land improvements

$

LANDIMP

83. Buildings and building improvements

$

BUILD

84. Construction in progress

$

CIP

85. Fixed equipment

$

FIXEQP

86. Moveable equipment

$

MOVEQP

87. TOTAL gross plant assets (add lines 81 - 86)

$

TOTGPA

LESS Accumulated Depreciation

88. Land improvements

$

LSLANDIM

89. Buildings and building improvements

$

LSBUILD

90. Fixed equipment

$

LSFXEQP

91. Moveable equipment

$

LSMVEQP

92. TOTAL accumulated depreciation (add lines 88 - 91)

$

TOTACCDP

93. NET property, plant, and equipment assets (subtract line 92 from line 87)

$

NTPTEQAS

94. Long-term investments

$

LTINVST

95. Other unrestricted assets

$

OTHENRES

96. TOTAL unrestricted assets (add lines 79, 80, 93, 94, 95)

$

TOTUNRES

Unrestricted Liabilities, Deferred Revenues, and Fund Balances

97. Current liabilities

$

CURRLIAB

98. Inter-corporate account(s)

$

INCORLIB

99. Long-term debt

$

LTDEBT

100. Other noncurrent liabilities and deferred revenues

$

OTHLIAB

101. Fund balances

$

UNREFUND

102. TOTAL unrestricted liabilities, deferred revenues, and fund balances (add lines 97 through 101) (NOTE lines 96 and 102 should be equal. Combination facilities see manual instructions)

$

TOTUNLIB

Restricted Hospital Funds

103. Specific purpose funds

$

SPECPURP

104. Plant replacement and expansion funds

$

PTRPEXF

105. Endowment funds

$

ENDOWFD

IV. HOSPITAL INPATIENT UTILIZATION BY PAY SOURCE

Pay Source

106. Medicare (T-18) Including HMOs reimbursed by T-18

(A1) Number of Inpatient Discharges*	(A2) Number of Discharge Days*	(B1) Number of Newborns**	(B2) Number of Newborn Discharge Days**
DISMEDA	DIDMEDA	BIRMEDA	BIDMEDA

107. Medical Assistance (T-19) Including HMOs reimbursed by T-19

(A1) Number of Inpatient Discharges*	(A2) Number of Discharge Days*	(B1) Number of Newborns**	(B2) Number of Newborn Discharge Days**
DISMASA	DIDMASA	BIRMASA	BIDMASA

108. Self-Pay

(A1) Number of Inpatient Discharges*	(A2) Number of Discharge Days*	(B1) Number of Newborns**	(B2) Number of Newborn Discharge Days**
DISSPAY	DIDSPAY	BIRSPAY	BIDSPAY

109. All other pay sources

(A1) Number of Inpatient Discharges*	(A2) Number of Discharge Days*	(B1) Number of Newborns**	(B2) Number of Newborn Discharge Days**
DISAOTH	DIDAOTH	BIRAOTH	BIDAOTH

110. TOTALS

(A1) Number of Inpatient Discharges*	(A2) Number of Discharge Days*	(B1) Number of Newborns**	(B2) Number of Newborn Discharge Days**
DISTOT	DIDTOT	BIRTOT	BIDTOT

111. Medicare (T-18) Including HMOs reimbursed by T-18

(C1) Number of Discharges from Medicare Certified Swing Beds***

SWGMEDA

(C2) Number of Discharge Days from Medicare Certified Swing Beds***

SWIDMEDA

112. Medical Assistance (T-19) Including HMOs reimbursed by T-19

(C1) Number of Discharges from Medicare Certified Swing Beds***

SWGMASA

(C2) Number of Discharge Days from Medicare Certified Swing Beds***

SWIDMASA

113. Self-Pay

(C1) Number of Discharges from Medicare Certified Swing Beds***

SWGSPAY

(C2) Number of Discharge Days from Medicare Certified Swing Beds***

SWIDSPAY

114. All other pay sources

(C1) Number of Discharges from Medicare Certified Swing Beds***

SWGAOTH

(C2) Number of Discharge Days from Medicare Certified Swing Beds***

SWIDAOTH

115. TOTALS

(C1) Number of Discharges from Medicare Certified Swing Beds***

SWGTOT

(C2) Number of Discharge Days from Medicare Certified Swing Beds***

SWIDTOT

V. SUMMARY AND EXPLANATION OF REVENUE DOLLAR DIFFERENCES

Summary

116. Fiscal Year 2024 [line 36 (gross) and line 3 (net)]

Gross Revenue $

TOTGRCY

Net Revenue $

TOTNRCY

117. Fiscal Year 2023 Fiscal Survey form [line 36 (gross) and line 3 (net)]

Gross Revenue $

TOTGRPY

Net Revenue $

TOTNRPY

118. Increase / Decrease 2024 vs. 2023 (subtract line 117 from line 116) [indicate + or -]

Gross Revenue $

TOTDDG

Net Revenue $

TOTDDN

119. Explain in a short narrative the relative importance of various causes for the dollar differences (lines 116 and 117) in the fiscal year revenue figures (price change, utilization change, other causes?).

DIFFTXT

VI. UNCOMPENSATED HEALTH CARE

Charges for Uncompensated Health Care

120. Charges for charity care provided for the fiscal year

Fiscal Year 2024 (from line 63) $

CHCHRCY

Fiscal Year 2025 (Projected) $

CHCHRNY

121. Charity care cost (using hospital cost to charge ratio). * Multiply the CCR by the charges on line 120 to get your charity care cost. Cost-to-Charge Ratio - Total Expenses Divided by (Total Gross Patient Revenue + Other Operating Revenue)

Fiscal Year 2024 $

CCCTY

Fiscal Year 2025 (Projected) $

CCCNY

122. Charges determined to be a bad debt for the fiscal year

Fiscal Year 2024 (from line 64) $

BDCHRCY

Fiscal Year 2025 (Projected) $

BDCHRNY

123. Bad debt cost (using hospital cost to charge ratio). * Multiply the CCR by the charges on line 122 to get your charity care cost. Cost-to-Charge Ratio - Total Expenses Divided by (Total Gross Patient Revenue + Other Operating Revenue)

Fiscal Year 2024 $

BDCTY

Fiscal Year 2025 (Projected) $

BDCNY

124. TOTAL charges for uncompensated health care for the fiscal year

Fiscal Year 2024 (add lines 120 and 122) $

TOTCHCY

Fiscal Year 2025 (Projected) $

TOTCHNY

125. Total cost (using hospital cost to charge ratio)

Fiscal Year 2024 $

TCCTY

Fiscal Year 2025 (Projected) $

TCCNY

126. Hospital cost-to-charge ratio (used for calculations of lines 121, 123 and 125)

Cost to Charge Ratio

CCRCA

Explanation of Cost to Charge Ratio - may be required in Hard Edits depending on other survey amounts

CCRCATEXT

Number of "Patients" Receiving Uncompensated Health Care

127. Number of individual patient visit ledgers that received charity care for the fiscal year

Fiscal Year 2024

VLCHACY

Fiscal Year 2025 (Projected)

VLCHANY

128. Number of individual patient visit ledgers whose charges were determined to be bad debt for the fiscal year

Fiscal Year 2024

VLBDACY

Fiscal Year 2025 (Projected)

VLBDNY

129. Provide a rationale for the hospital's fiscal year projections in the space below. Explain how the projections used "patients" and total charges for the current fiscal year, 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.

PROJTXT

VII. WISCONSIN HOSPITAL MEDICAL ASSISTANCE (MA)

Assessment Program

130. Medicaid Assistance assessments paid to State of Wisconsin

$

TAPSOW

Pay Source

131. Enhanced MA fee-for-service payments (estimates)

Total $

TFSMA

Inpatient $

IFSMA

Outpatient $

OFSMA

132. Actual access payments received through HMOs Reimbursed by Medical Assistance under Ch. 49, Wis. Stats.

Total $

TAHMO

Inpatient $

IAHMO

Outpatient $

OAHMO

133. TOTAL MA reimbursement enhancements

Total $

TMARE

Inpatient $

IMARE

Outpatient $

OMARE