Annual Survey Manual

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ANNUAL SURVEY

INSTRUCTIONS AND DEFINITIONS

The 'Annual Survey Manual' includes instructions, definitions, and what to expect while completing the Annual online survey application.

The WHA Information Center Annual Survey is to be completed with hospital data only. Hospitals who are part of, or affiliated with a system, must submit separate surveys for each hospital. Chapter 153 of the Wisconsin Statutes directs what information must be submitted to WHAIC.

Hospitals are required to submit 12-months of data. Hospitals that merge or become part of a system, close, or change its fiscal year during the reporting year should reference Question 2 of the General Section in the Frequently Asked Questions for instructions on how to submit its data.

In addition to this survey instruction manual, users may view the survey questions in advance of completing the online tool by:
- Logging into the Secured Portal and printing off or downloading the entire survey or specific sections to pass along to the appropriate staff.
- Encouraging multiple staff to register to the secured portal to complete specific sections online. There is no limit to the number of people that can register.

This document is numbered to correspond to the questions in the online survey tool.

Contents

I. GENERAL INFORMATION

WHAIC collects and distributes survey data in multiple online publications that can be found under the Data Products Tab at http://www.whainfocenter.com/

All survey data must be entered and submitted through the online secured portal. Each staff member completing a portion of the survey must have their own login username and password. Click here for more information on roles and registration.

NEW: When available and applicable, fields will be pre-populated with data from the previous year's survey. The hospital staff person completing the survey will be required to verify and/or update the information related to the hospital name, demographics and FYE accordingly prior to moving to the next section.

Before you get started, review the first few sections of the survey and be prepared to provide your hospitals Medicare, Medicaid, accreditation details and status, along with other general information about the hospital, inpatient beds and details about each unit.

   To reference your facility ID – click here: 3-digit WHA Information Center Hospital ID Number.

This document follows the outline of the online survey in the WHAIC Portal. Each question corresponds to the questions online.

For more information about the WHAIC survey process click here.

Organization Information

This section covers hospital classifications and is auto filled with previous years' survey response as applicable. The Primary Contact will have the authority to make changes and/or updates to this section.

1.   Communications Contact and Reporting Period

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

> i.   For example, if the media contacts the hospital to inquire about survey data posted online in one of the public publications, who would the media speak to?

Identify the <u>contact Name, title, email, etc. in the survey tool.</u>

B.   Indicate the beginning of your current fiscal year _____

C.   Reporting Period used (beginning and ending date) _____ *to* _____

D.   Were you in operation 12 full months at the end of your reporting period?   Yes or No

If no, number of days open during reporting period. _____

2.   Hospital / Organization Type

Identify what type of hospital or organization you are completing the survey for. This allows WHAIC to provide detailed information about each hospital type in the <u>Guide to Wisconsin Hospitals</u>.

2. 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	○ Religious organization	○ Individual	○ Veterans Affairs
○ County	○ Other not-for-profit	○ Partnership	
○ City		○ Corporation	

- Government, Nonfederal are hospitals controlled by agencies or departments of state, county, or city governments.
- Non-government, Not-for-profit are 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 are hospitals controlled on a for-profit basis by an individual, a partnership, or a profit-making corporation.

- Government, Federal are hospitals controlled by an agency or department of the federal government.

3.   Is the Hospital part of a Health Care System?

A health care system is 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.

This is a yes or no question, if the answer is yes, please be prepared to provide the Health Care System name, city, and state of the system headquarters.

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

A Holding company is 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.

*If yes, do not include details from the holding company, only that of the reporting hospital.

5.   Does this hospital operate subsidiary corporations?

A subsidiary is any company 100% controlled by another or one that is more than 50% owned by another organization.

*If yes, only report the details for the reporting hospital.

6.   Is the hospital contract managed?

This means the 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.

*If Yes, be prepared to provide name, city and state of organization that manages the hospital.

7.   Is the hospital a member of an alliance?

An Alliance is 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.

*If yes, be prepared to provide name, city, and state of the alliance headquarters.

8.   Is the hospital a participant in a health care network?

A health care network is 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.

*If Yes, be prepared to provide name, city, and state of the network headquarters.

9.   Does the hospital participate in a Group Purchasing Organization?

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.

*If Yes, be prepared to provide name, city and state of group purchasing organization.

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

Group practices are typically divided into single-specialty and multispecialty practices. The defining characteristic of single-specialty practice is the presence of two or more physicians providing patients with one specific type of care (i.e., primary care or a specific subspecialty practice), while multispecialty group practices are defined as offering various types of medical specialty care within one.

11.   What is the Primary Type of Service provided?

General Medical and Surgical (If a GMS hospital has been certified as a Critical Access Hospital before December 31, 2019, select GMS – Critical Access Hospital). Specific definitions of each of these hospital types can be found in [Definitions](#).

- o   General medical and surgical (GMS)
- o   GMS – Critical Access Hospital
- o   GMS – Long-Term Acute Care
- o   Psychiatric
- o   Rehabilitation
- o   Alcohol/Substance Use Disorder

12.   Does the hospital restrict admissions primarily to children?

Indicate with a yes or no whether admissions are restricted primarily to children.

For example, Children's Hospital of Wisconsin.

Accreditation, certification, and Managed Care status

Some questions in this section may be pre-populated with information from the previous year. It is the survey user's responsibility to verify and update each question accordingly. Changes may only be made by Primary or Secondary survey user unless the question is a free form.

13.   Accreditation/Certification Status

Identify what types of accreditation, certification and or licensure this facility has. Check all that apply

*Note for "Other," do not specify State of Wisconsin.

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

☑ The Joint Commission   Date of last Survey (MM/YY): 10/19   ☐ DNV (Det Norske Veritas)   ☑ Medicare certified Title 18   ☑ DHS 124 Licensed   ☐ Other If other, please specify: _____

14.   Is the hospital a certified Medicare (Title 18) provider?

Medicare (*Title 18*) is 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.

Report the hospital's Medicare provider number, also known as CCN number. If more than one, separate with comma.

15.   Is the hospital a certified Medicaid (Title 19) provider?

Medicaid (*Title 19*) is 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 such as the blind, Senior and disabled.

Report the hospital's Medicaid provider number. A legitimate provider number is eight digits in length.

16.   Health Maintenance Organization (HMO)?

A Health Maintenance Organization (*HMO*) is 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*.

If Yes, identify how many contracts?

17.   Preferred Provider Organization (PPO)?

A Preferred Provider Organization (*PPO*) is 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.

If Yes, how many contracts?

18.   Other Managed Care or Prepaid Plan?

Identify any other managed care or prepaid plan and how many contracts.

19. Identify Insurance Products

Identify insurance products listed in the survey and provided in the example below have been developed by the hospital, health care system, network, or as a joint venture with an insurer.

Check all the appropriate boxes that apply to indicate what products have been developed by the hospital, health care system, network, or as a jointly owned venture with an insurer.

	(1) Hospital	(2) Health Care System	(3) Network	(4) Joint Venture With Insurer
Health Maintenance Organization	☐	☐	☐	☐
Preferred Provider Organization	☐	☐	☐	☐
Indemnity Fee-for-Service Plan	☐	☐	☐	☐

20. What percentage of the hospital's NET patient revenue is paid on a capitated basis?

Capitation is an at-risk payment arrangement in which an organization receives a fixed prearranged payment and in turn guarantees to deliver or arrange all medically necessary care required by 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.

If the hospital does not participate in capitated arrangements, enter "0"

21. Does your hospital contract directly with employers or a coalition of employers?

This is a yes or no question that refers to capitated, predetermined, or shared-risk basis.

22. Does your hospital have arrangements to care for a specific group of enrollees in exchange for a capitated premium? If so, how many?

In the online survey, user will be asked to fill in the number of lives covered in a capitated arrangement.

Determine If Nursing Home Data Should Be Submitted, if applicable.

Definitions
For purposes of the survey, a nursing home facility provides non-acute care of the following type of care to most of all admissions: skilled nursing, intermediate care, or residential care/Senior housing.
Nursing Home a public or private residential facility providing a high level of long-term personal or nursing care for persons (such as the aged or the chronically ill) who are unable to care for themselves properly

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/Senior 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 Senior housing.

> NOTE: Section VI. Total Facility Utilization and Beds requires additional information if a facility answers yes to both questions on lines 23 and 24 and report data for both hospital and nursing home data.
>
> More questions will follow in Section VI. as applicable to the answers to the three questions below.

23. Does the hospital own and operate a nursing home facility under DHS 132, Wis. Adm. Code?

   o Yes (if yes, answer question 24)
   o No

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

   o Yes
   o No

25.   Location of Nursing Home Facility

This question ONLY applies to HOSPITALS THAT ANSWERED YES to both (*LINES 23 and 24*) in the above criteria should answer line 25 *AND SUBMIT DATA FOR COLUMNS (1) and (2) ON LINES 158-171*. **If these two criteria are not met**, NO INFORMATION RELATED TO A NURSING HOME SHOULD APPEAR ON THE SURVEY.

For purposes of this 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/assisted living/senior care. See Definitions for more information on these terms.

If answers to both 23 and 24 are YES, user must check the appropriate location of the nursing home facility on the online survey as follows:

   o Attached/within hospital

- o Freestanding on hospital campus
- o Freestanding off campus

III. SELECTED INPATIENT UNITS

This section addresses inpatient units and resources. Users may print specific sections from the online tool.

Please account for all medical/surgical **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.* (For example, if the hospital has a separate and distinct pediatric unit, indicate those beds under "pediatric beds".)

The number of discharges should include deaths and unit transfers.

A unit transfer is included when a new bill is generated from the unit where the patient was transferred to. The transfer generates a change in the type of payment system. The sum of discharges for the units can be greater than the total reported for the entire facility because of unit transfers. For example, 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.

The intra- and inter-hospital patient transfer is an important aspect of patient care which is often undertaken to improve upon the existing management of the patient. It may involve transfer of patient within the same facility for any diagnostic procedure or transfer to another facility with more advanced care.

Under certain circumstances, physicians transferring patients may bill both a hospital discharge code and an initial hospital care code. To do so, the first requirement is that two physicians in the same group (or even the same physician) must have performed the discharge and the elements of an initial hospital care code.

The second requirement you must meet to bill for both services is that both cannot occur on the same day. And finally, the transfer must meet at least one of the following criteria:

- The transfer occurs between two different hospitals.
- The transfer is between different facilities that are commonly owned but do not have "merged records" (more on that below).
- The transfer is between an acute care hospital and a unit within that same hospital that is exempt from the prospective payment system (PPS) "again, where there are no merged records.

For each service listed, the user is asked to select 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. Unless it falls on a weekend or holiday, then use the last business day.

Code	Description
0	**If information for a category is zero, OR not applicable.**
1	Service is provided in or by the hospital in a <mark>DISTINCT AND SEPARATE UNIT</mark>. The number of beds and utilization information MUST be provided for inpatient units.
2	Service is provided in or by the hospital but <mark>NOT IN A DISTINCT AND SEPARATE UNIT</mark>.
3	Service is provided by the hospital's <mark>Health Care System</mark>.
4	Service <mark>IS NOT MAINTAINED</mark> by the hospital but is available, in the hospital or another facility, through a <mark>FORMAL CONTRACTUAL</mark> arrangement with another hospital or provider, including networks and jointly owned ventures.
5	<mark>SERVICE NOT AVAILABLE</mark> either by the hospital or through a formal contractual arrangement with another hospital or provider.
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 1) All adults and pediatric patients are treated in the same unit, with no special unit designated for pediatric patients. This would be coded a 2 - Service is provided in or by the hospital but <mark>NOT IN A DISTINCT AND SEPARATE UNIT</mark>. Example 2) 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.

NOTE:	If question 26 is YES, then in addition to responding to each question with 1-5 above, user should identify "O" or "B" as applicable.
	Examples include: SNF, Hospice, Rehab, AODA, secondary hospitals or Provider-Based Locations/Clinics.
O	*Service is provided by the hospital in buildings other than the main hospital building and billed under the hospital's Medicare Provider Number.*
B	*Service is provided by the hospital in BOTH the MAIN HOSPITAL building AND in buildings other than the main hospital building (which is billed under the hospital's Medicare provider Number.*
	Example: Radiology/mammography performed in main hospital and in off-campus location, clinic or PBL. Secondary hospital reporting under the main hospital and in secondary or tertiary locations.

26.   Patient Services.

Are any patient services provided by the hospital in buildings other than the main hospital building and billed under the hospital's Medicare Provider number?

Main hospital building. Refers to the building(s) approved for licensure by the State of Wisconsin Department of Health Services, under sections 50.32 to 50.39, *Wis. Stat*.

Services in other buildings which are billed under the hospital's Medicare provider number: Indicate if patient services are provided by the hospital in buildings other than the main hospital building.

> ***Includes secondary hospitals, rehab, Psych, AODA, etc. and 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*).

26. Are any patient services provided by the hospital in buildings other than the main hospital building and is billed under the hospital's Medicare's provider number

○ Yes ○ No

Multiple addresses may be entered. Separate out each address by a semi-colon ;

If yes, enter address(es) of other buildings:
100 W Main Street, Madison, WI 53711

Number of beds-set-up and staffed last day of fiscal year?	Number of discharges?	Inpatient days for fiscal year	Discharge days	Codes 1-5	Codes O & B

Lines 27-50 is in reference to select inpatient units. The user is to complete the online survey for each inpatient service, each line item according to the question and complete the corresponding number in the radial button 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 actual admissions data in this section – that is reserved for a later section.

Beds set-up-and-staffed. Report beds set-up-and-staffed, **NOT** number of beds licensed.
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. If there are beds in several rooms that are closed off due to low census, do not include those beds.

Number of Discharges. Enter number of discharges during the fiscal year. Deaths should be included.

Inpatient Days for Fiscal Year. 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.
Discharge Days. The sum of the number of days spent in the hospital for each inpatient who was discharged during the time-period examined regardless of when the patient was admitted.

The online survey looks like such:

26. Are any patient services provided by the hospital in buildings other than the main hospital building and is billed under the hospital's Medicare's provider number

◉ Yes ○ No

If yes, enter address(es) of other buildings:

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100 W Main Street, Madison, WI
53711
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27. 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	(Use codes listed above)	(Use codes listed above)
2	2	2	2	◉1 ○2 ○3 ○4 ○5	○O ○B

28. Orthopedic

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days	(Use codes listed above)	(Use codes listed above)
				○1 ○2 ○3 ○4 ○5	○O ○B

29. Rehabilitation and Physical Medicine

Beds set-up and staffed last day of fiscal year	Number of discharges	Inpatient days for fiscal year	Discharge days	(Use codes listed above)	(Use codes listed above)
				○1 ○2 ○3 ○4 ○5	○O ○B

*For purposes of this document and to lessen the burden of those that use it, line item number and the selected unit with the definition will be provided here. The online survey application will require the user to complete the questions as appropriate.

> **Please note: Try to keep in mind and keep track of external locations as you go through the survey because when you get to question 143 – we will ask for the number of locations and addresses of all those that have an "O" or "B" identified!*

143. If O or B is used on lines 27-141, indicate the number of locations and the address(es) and service(s) provided.

Number of other locations: [   ]

List address and service(s) of other locations:

[   ]

27.   Adult Medical/Surgical, Acute

A UNIT that provides acute care to patients in medical and surgical units based on physicians' orders and approved nursing care plans. Includes gynecology services. *This may be used to report pediatric patients too if there is no special designated unit for pediatric patients.*

28.   Orthopedic

 A UNIT that provides corrective treatment of deformities, diseases, and ailments of the locomotive apparatus, especially affecting the limbs, bones, muscles, and joints.

29.   Rehabilitation and Physical Medicine

A UNIT that 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.

30.   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.

31.   Acute Long-Term Care

A UNIT that 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.**

32.   All Other Acute

(Specify types in the Survey Application)

33.   Pediatric, General Medical/Surgical.

A specific UNIT that provides acute care to pediatric patients based on physicians' orders and approved nursing care plans.

34.   Obstetrics

A UNIT that provides Labor, Delivery, Recovery, and Postpartum (*LDRP*) unit is also known as a birthing room. *Levels of care (1-3 as defined below) should be designated as follows on the survey application.*

34. Obstetrics (include LDRP, exclude gynecology)

| Level of Care | Beds set-up and staffed last day of fiscal year | Number of discharges | Inpatient days for fiscal year | Discharge days | (Use codes listed above) 1 2 3 4 5 | (Use codes listed above) O B |

(1) Unit provides services for uncomplicated maternity and newborn cases only.

(2) Unit provides services for both uncomplicated cases, and complicated cases/issues, 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.

35.   Psychiatric Inpatient Care

A UNIT that provides acute or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems, based on 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.

36.   Alcohol/Substance Use Disorder Inpatient Care

A specific UNIT that provides inpatient care and/or rehabilitative services to patients for whom the primary diagnosis is Alcohol/Substance Use Disorder. *Includes detoxification services.*

Select Inpatient Units = ICU/CCU

37.   Medical/Surgical Intensive Care

Provides patient care of a more intensive nature than the usual medical and surgical care, based on 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.

38.   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.

39.   Pediatric Intensive Care Unit

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.

40.   Burn Care Unit

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.

41.   Mixed Intensive Care Unit

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 41, "Mixed intensive care."

42.   Step-Down (*Special Care*) Unit

Step-down unit provides an intermediate level of care for patients with requirements somewhere between that of a general acute care and the 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.

43.   Neonatal Intensive/Intermediate Care Unit

This "UNIT" Must be separate from the normal newborn nursery. This unit 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 neonatal patients who require less intensive care and a lower ratio of nursing personnel to neonatal patient than one in the Neonatal intensive care.

44.　　All Other Intensive Care

All other units that provide care of a more intensive nature to patients. There's space in the online survey that allows user to identify other intensive care units not mentioned here.

45.　　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.**

46.　　All Other Inpatient Units. [Specify treatment area(s)]

47.　　Total Hospital Facility.

Add lines 27-46 for beds-set-up-and-staffed, and for inpatient days.

48.　　Medicare-Certified Swing Unit.

Under the Medicare program, rural hospitals with 100 or fewer licensed routine care beds are eligible to participate in the swing bed program, meaning that a bed can be used for either an acute care patient or a post-acute patient who has been discharged from a medically necessary three-day minimum acute stay and requires skilled nursing care.

Swing bed hospitals include both critical access hospitals (CAHs) and those paid under the Prospective Payment System (PPS), but the financial incentives for providing SNF care in a swing bed differ dramatically between the two types of hospitals. 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 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.

49.　　Non-Medicare Certified Swing Unit/hospital wing.

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 bed.

50.   Newborn Nursery.

Provides care to newborn and premature infants in nursery units, based on physicians' orders and approved nursing care plans.

IV. SELECTED ANCILLARY, PROGRAMS, SERVICES & OTHER ACCOMODATIONS – DEFINITIONS

This section applies to hospital services, programs or departments within the hospital or its organizational structure.

This section addresses services and programs that may or may not be contained in the units as defined above.

51.   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.

52.   Alcohol/Substance Use Disorder 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 Alcohol/Substance Use Disorder.

53.   Ambulance/Transportation Services - 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.

54. Ambulance/Transportation Services - 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.

55. Arthritis Treatment Center

A center that is specifically equipped and staffed for the diagnosis and treatment of arthritis and other joint disorders.

56. 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.

57. Volunteer Services Department (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.

58. Bariatric services: Bariatric Weight Control Services

Bariatric services relate to or specialize in the treatment of obesity.

59. Birthing Room/Labor, Delivery, Recovery, Postpartum (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

60. Cardiac Services: 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.

61. Cardiac Services: Cardiac Catherization 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.

62.   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.

63.   Non-Invasive 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.

64.   Open-Heart Surgery

What kind of cardiovascular / open heart surgery does your hospital offer? Open heart surgery is an operation to repair a fault in the heart. It is a major operation during which the surgeon will open the chest to access the heart. The most common type of open-heart surgery is a coronary artery bypass. This is an inpatient surgery.

65.   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.

66.   Violence prevention programs in workplace and community (Crisis Prevention)

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

67. 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.

68. Dental Services

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

69. Hemodialysis

Provision of equipment and personnel for the treatment of renal insufficiency, on an inpatient or outpatient basis.

70. 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.

71. Emergency Department

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.

72. 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 injured 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.

73. Urgent Care Center

An urgent care center is a walk-in clinic that may be on-site or off-site. Urgent Care Centers focus on the delivery of medical care for minor illnesses and injuries in an ambulatory medical facility or dedicated medical facility outside of the hospitals, with which they may have backup affiliation arrangements.

74.   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.

75.   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."

76.   Fitness Center

Provides exercise, testing or evaluation programs and fitness activities to the community and hospital employees.

77.   Meals on Wheels

A hospital-sponsored program which delivers meals to people, usually the seniors, who are unable to prepare their own meals. Low-cost, nutritious meals are delivered to individuals' homes on a regular basis. Collaboration with other community programs may be used.

78.   Nutrition Programs

Those services within a facility that are designed to provide inexpensive, nutritionally sound meals to patients (includes inpatients and outpatients).

79.   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, and fetal blood sampling, and magnetic resonance imaging. Service shall have appropriate ultrasound evaluation capacity.

80.   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.

81.   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.

82.   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.

83.   Personal Emergency Response System/Medical Alert System

A program for disabled and/or homebound Senior 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.

84.   Geriatric Acute Care Unit

A unit that provides acute care to Senior 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.

85.   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.

86.   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.

87.   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.

88.   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.

89.   Health Promotion – Community 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.

90.   Health Promotion – Patient Education

Physician's must promote patient education and engagement through improvement in patient's health literacy.

91.   Health Promotion – Worksite Health Promotion

The health promotion program is to improve the organizational health of participating employers and employees.

92.   Home Health Services

Service providing skilled nursing, therapy, and health-related homemaker or social services in the patient's home.

93.   Home Hospice Services

A program providing palliative care to terminally ill patients and their families in the home.

94.   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.

95.   Mammography Screening

The use of breast x-ray to detect unsuspected breast cancer in asymptomatic women.

96.   Occupational Health Services

Services that protect the safety of employees from hazards in the work environment.

97.   Audiology

The science of hearing; examination, diagnosis, evaluation, and therapy.

98.   Occupational Therapy

Occupational therapy is a form of therapy for those recuperating from physical or mental illness that encourages rehabilitation through the performance of activities required in daily life. Occupational therapy services prescribed by physicians and administered by, or under the direction of, a qualified occupational therapist.

99.   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. A branch of rehabilitative health that uses specially designed exercises and equipment to help patients regain or improve their physical abilities. Abbreviated PT.

100.   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. Recreational therapy, also known as therapeutic recreation, is a systematic process that utilizes recreation and other activity-based interventions (music, art or animals) to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being.

101.   Rehabilitation Inpatient Services / Rehab Program 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.

102.   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.

103.   Respiratory Therapy

The equipment and staff necessary for the administration of oxygen and certain potent drugs through inhalation or positive pressure.

104.   Speech Pathology/Therapy

Services providing evaluation and treatment to inpatients or outpatients with speech and language disorders.

105.   Oncology Services

An organized program for the treatment of cancer through the use of drugs and chemicals.

106.   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 106: Service code "2" is not valid. Building code "B" is not valid for line 106.

107.   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 107.

108.   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.

109.   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.

110.   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.

111.   Psychiatric Child/Adolescent Services

Provision of care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment.

112.   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.

113.   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.

114.   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 148

115.   Psychiatric Geriatric Services

Provision of care to emotionally disturbed senior patients, including those admitted for diagnosis and treatment.

116.   Psychiatric Outpatient Services

Hospital facilities and services for the medical care of psychiatric outpatients, including diagnosis and treatment.

117.   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.

118.   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.

119.   CT Scanner

Computer tomographic scanners for head or whole-body scans.

Special Instructions: On the Survey Application, check one: Fixed, Mobile, or Both (if coded 1, 2 or 4). Mobile is not valid with a service code of "2."

120.   Nuclear Medicine Department

The use of nuclear medicine (radiopharmaceutical) as tracers or indicators to detect an abnormal condition or disease.

121.   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, nuclear medicine substances, or high-frequency sound.

Special Instructions: Check one: Fixed, Mobile, or Both (if coded 1, 2 or 4). Mobile is not valid with a service code of "2."

122.   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.

123.   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 clearer image.

Special Instructions: Check one: Fixed, Mobile, or Both (if coded 1, 2 or 4). Mobile is not valid with a service code of "2.

124.   Ultrasound

The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures for diagnostic purposes.

125.   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.

126.   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.

127.   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 such as diabetes, heart health, PTSD, and AODA support.

128.   Sports Medicine Clinic/Services

Provision of diagnostic screening and assessment, clinical, and rehabilitation services for the prevention and treatment of sports-related injuries.

129.   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.

Note: Line 146 will ask about the number of surgical procedures / operations performed.

130.   Telemedicine: Teleradiology or Other Store and Forward Services.

Type of telehealth encounter or consult that uses still digital images of patient data for rendering a medical opinion or diagnosis. Common services include radiology, pathology, dermatology,

ophthalmology, and wound care. Store and forward includes the asynchronous transmission of clinical data from one site to another.

131. Tele ICU

Tele ICU is a collaborative, interprofessional model focusing on the care of critically ill patients using telehealth technologies. May include telemonitoring which is the use of audio, video and other telecommunications and electronic information processing technologies to provide individual guidance or direction.

132. Tele Stroke

Remotely evaluate people who have had or are suspected as having experienced acute strokes and make diagnoses and treatment recommendations to emergency medicine physicians at other sites. Communication might include digital video cameras, internet telecommunications, robotic telepresence, smartphones, tablets, and other technology.

133. Tele Psychiatry

Tele mental health is an intentionally broad term referring to the provision of mental health and substance abuse services from a distance that may include the use of audio, video and other telecommunications and electronic information processing technologies to provide individual guidance or direction.

134. E-Visits

An evaluation and management service provided by a physician or other qualified health professional to an established patient using a web-based or similar electronic-based communication network for a single patient encounter.

135. Remote Patient Monitoring

Telemonitoring is the use of audio, video and other telecommunications and electronic information processing technologies to provide individual guidance or direction. For example, post-discharge, ongoing chronic care management and other remote patient monitoring.

136. Specialist Consultation

The use of audio, video and other telecommunications and electronic information processing technologies to provide individual guidance or direction from a provider that is in a location different from the patient.

137. 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.

138. 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.

139. 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.

140. 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.

141. 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.

142. Additional Non-Listed Services

Indicate whether additional non-listed service(s) are provided that has not been covered already. 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.

143. Location and Services

If O or B is used on lines 27-141, indicate the number of other locations and the address(es) and service(s) provided. Indicate the service line number with which the address correlates. Separate out each location name and address with a semi-colon and return.

143. If O or B is used on lines 27-141, indicate the number of locations and the address(es) and service(s) provided.

Number of other locations: [   ]

List address and service(s) of other locations:
[   ]

144. Medicare Billing (Provider-Based Services)

Indicate whether any physicians' clinics use the hospital's Medicare provider number reported on line 14, for Medicare billing. If YES, indicate the number of clinics, the street address, and city. This is a provider-based clinic question – sample from survey below. Separate out each location name and address with a semi-colon and return.

144. Does the hospital have provider-based facilities that are billed using the hospital's Medicare provider number, reported on Line 14?

○ Yes ○ No

If YES, indicate the number of facilities. [   ]

If YES, indicate the street address and city:
[   ]

Same thing as Provider-Based Clinic

V. SELECTED SERVICE UTILIZATION

This section includes instructions and definitions of types of operations, procedures, visits, and services. This section cannot be skipped. All lines must be filled in. If an answer is not applicable, fill in the survey with a 0.

This section is building on the last two sections of the survey in that we are now asking for volume and visit totals for any service that is affirmed in Sections III - IV.

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.

Lines 145-146 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 inpatient surgical procedures using the appropriate, current ICD-10 codes, and all outpatient surgical procedures using the most current CPT or HCPCS codes.

Lines 148-151 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

145. Inpatient Surgical Operations

Report the number of operations performed on inpatients who **remained in the hospital overnight**. For example, Operations can be performed in an OR, Procedure Room or Cath Lab and/or that warrant some type of anesthesia or moderate sedation.

146. Outpatient Surgical Operations

Report the number of operations performed on outpatients who generally **do not require an overnight stay in the hospital**. For example, Operations can be performed in an OR, Procedure Room or Cath Lab and/or that warrant some type of anesthesia or moderate sedation.

147. Total Surgical Operations

Add lines 145 and 146.

148. Emergency Visits

Report the total number of visits to the emergency department/unit including the total number that resulted in inpatient admissions. For example, all revenue code 045x (except 0456).

Report visits to general medical and surgical as well as psychiatric emergency departments/services.

149.   Other Outpatient visits

Report the number of outpatient visits to each specialized medical unit that is responsible for the diagnosis and treatment of patients on an outpatient, non-emergency basis (e.g., urgent care, psychiatry, AODA Clinic, lab/radiology, cardiac rehab, PT, OT, ST, etc.).

Visits to satellite clinics and primary group practices should be included if revenue is received by the hospital – such as billing for provider-based clinics.

- Include visits/stays in psychiatric partial hospitalization programs.
- Note: consider an outpatient "visit" to be counted in this section if affirmed in section III and IV above and identified with a number 1 or 2.

150.   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.

151.   Total Outpatient Visits

151. TOTAL outpatient visits (add lines 148, 149 and 150) ....

152.   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.

153.   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.

154.   Total Non-Emergency Transports By Ambulance

Add lines 152-153.

154. TOTAL non-emergency transports by ambulance (add lines 152 and 153) ....

155. Bassinets

Report the number of normal newborn bassinets set-up-and-staffed as of the last day of the fiscal year

DO NOT include neonatal intensive or intermediate care bassinets, as these should be reported on line 43.

156. Births

Report the total number of births, excluding fetal deaths.

157. 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 43.

VI. TOTAL FACILITY UTILIZATION AND BEDS

This section covers admissions that include questions related to hospital AND nursing home/swing bed and other skilled care.

For this section: **Exclude newborns***.* Include Medicare-certified and NON-Medicare swing bed data.

IF your facility answered YES to both questions on lines 23 and 24 you should report data for both columns 1 & 2, giving breakdowns for the hospital in column (1) and the nursing home in column (2) as shown below.

Include unit transfers in admissions (line 158) and discharges (lines 160, 166, 169) for columns (1) Hospital and (2) Nursing Home / Skilled Nursing/etc., if applicable.

The following definitions apply:

- **Nursing Home -** Nursing homes, also called skilled nursing facilities, provide a wide range of health and personal care services. Their services focus on medical care more than most assisted living facilities. These services typically include nurClarence041214!
- sing care, 24-hour supervision, three meals a day, and assistance with everyday activities.
- **Skilled nursing care** - Skilled care is nursing and therapy care that can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel. Its health care given when you need skilled nursing or skilled therapy to treat, manage, and observe your condition, and evaluate your care.
- **Intermediate care -** An intermediate care facility (ICF) is a long- term care facility that provides nursing and supportive care to residents on a non-continuous skilled nursing care basis, under a physician's direction.
- **Residential care/Assisted Living** – residential care facilities or group homes are small private facilities, usually with 20 or fewer residents. Residents receive personal care and meals and have staff available around the clock. Nursing and medical care usually are not provided on site.
- **Swing Bed** - A Medicare program that allows patients to receive skilled care services at the hospital once acute hospital care is no longer required, but the patient continues to need services that cannot be easily provided in the patient's home.

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

[1] Hospital   [2] Nursing Home

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

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

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

[1] Hospital   [2] Nursing Home

158.   Admissions

Report the number of adult and pediatric (not newborn) admissions only include Medicare-certified and Non-Medicare swing bed admissions. This figure should include all patients admitted during the fiscal year **except newborns**.

> For example: *A patient that is to be transferred from another unit such as an Acute Med/Surg to a swing bed must be discharged and readmitted. This is counted as two admissions.*

	(1) Hospital	(2) Nursing Home
158 Admissions *(exclude newborns; include Medicare-certified and Non-Medicare swing admissions)*	_____	_____

159.   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 newborns in the hospital – only include those for their mothers, unless the newborn is transferred to the NICU.

For 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 23 and 24.

The inpatient days figure on line 159 must equal the sum of TOTAL HOSPITAL FACILITY inpatient days for the fiscal year (line 47), plus MEDICARE-CERTIFIED SWING BED inpatient days and NONMEDICARE SWING BED inpatient days (line 48 and 49).

159 Inpatient days *(exclude newborns; include Medicare-certified and Non-Medicare swing days)*

_____   _____ Skilled nursing

_____ Intermediate care

_____ Residential / Elderly housing

160.   Discharges/Deaths

Report the number of adult and pediatric discharges only. This figure should include expired patients/deaths. The sum of discharges for the units can be greater than the total reported for the entire facility because of unit transfers. As previously explained.

A patient that is to be transferred from another unit to a rehabilitation or swing bed unit must be discharged and readmitted to the rehabilitation/swing bed unit. This is counted as two discharges.

161.   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.

For example, the FYE is 6/30 – but that date falls on a Saturday – use Friday, 6/29.

Beds-set-up-and-staffed

For lines 162-165 - 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 (staffed) beds not licensed unused bed capacity or licensed beds in closed units/wings or departments.

Include all beds that are set-up-and-staffed for use by inpatients, include Neonatal care, also known as specialized nurseries or intensive care. Exclude newborn bassinets.

Hospitals with nursing homes, as defined by lines 23 and 24, should report skilled nursing and residential/Senior housing beds set-up-and-staffed in column (2).

The beds on line 165 must equal those reported on line 47, for TOTAL HOSPITAL FACILITY beds.

162. Beds set-up-and-staffed (NOT number of licensed beds) on the last day (excluding weekends or holidays) of the hospital's fiscal 1st Quater

[1] Hospital

[2a] Nursing Home
(Skilled nursing)

[2c] Nursing Home
(Residential/Elderly housing)

163. Beds set-up-and-staffed (NOT number of licensed beds) on the last day (excluding weekends or holidays) of the hospital's fiscal 2nd Quater

[1] Hospital

[2a] Nursing Home
(Skilled nursing)

[2c] Nursing Home
(Residential/Elderly housing)

164. Beds set-up-and-staffed (NOT number of licensed beds) on the last day (excluding weekends or holidays) of the hospital's fiscal 3rd Quater

[1] Hospital

[2a] Nursing Home
(Skilled nursing)

[2c] Nursing Home
(Residential/Elderly housing)

165. Beds set-up-and-staffed (NOT number of licensed beds) on the last day (excluding weekends or holidays) of the hospital's fiscal 4th Quater
Note: Hospital beds must equal line 47, column 1.

[1] Hospital

[2a] Nursing Home
(Skilled nursing)

[2c] Nursing Home
(Residential/Elderly housing)

162.   Beds Set-Up And Staffed FYE Q1 (Not Number Of Licensed Beds)

Report the number of licensed beds on the last day of the FYE – excluding weekends and holidays of the hospital's fiscal 1st quarter.

163.   Beds Set-Up And Staffed FYE Q2 (Not Number Of Licensed Beds)

Report the number of licensed beds on the last day of the FYE – excluding weekends and holidays of the hospital's fiscal 2nd quarter.

164.   Beds Set-Up And Staffed FYE Q3 (Not Number Of Licensed Beds)

Report the number of licensed beds on the last day of the FYE – excluding weekends and holidays of the hospital's fiscal 3rd quarter.

165.   Beds Set-Up and Staffed FYE Q4 (Not Number Of Licensed Beds)

Report the number of licensed beds on the last day of the FYE – excluding weekends and holidays of the hospital's fiscal 4th   quarter.

Note: Hospital beds must equal line 47, in column 1.

Primary Payer: Medicare T-18/ Medicaid (T-19) Utilization

(Exclude newborns; include Medicare-certified swing bed utilization, neonatal and deaths.

Include T-18 and T-19 HMO utilization

166. Medicare Discharges

Hospitals with nursing homes, as defined by lines 23 and 24, should only report skilled nursing care discharges in column (2).

167. Medicare Outpatient Visits

Hospitals report total number of Medicare Outpatient Visits.

168. Medicare Inpatient Days

Hospitals with nursing homes, as defined by lines 23 & 24, should only report skilled nursing care inpatient days in column (2).

169. Total Medicaid (Titles 19 & 21) Inpatient Discharges

Hospitals with nursing homes, as defined by lines 23 and 24, should report the sum of skilled and intermediate nursing care discharges in column (2).

170. Medicaid Outpatient Visits

Report total number of Medicaid Outpatient Visits.

171. Total Medicaid Inpatient Days

Exclude newborns. Include Medicare certified swing bed utilization, neonatal and deaths. Include T18, T19 HMO utilization i.e. Medicare Advantage Plans.

VII. FACILITY AND PHYSICIAN ARRANGEMENTS AND MEDICAL STAFF

Line 172-181 Check the appropriate boxes to indicate in which physician arrangements the hospital, health care system, and/or network participates.

Definitions for Health Care System and Network are located in Section II.

*For hospital arrangements, also indicate the number of physicians that have privileges to the hospital.

If information for a category is zero, fill in 0. If a category does not apply, do nothing except enter a zero '0' in the "Number of Physicians field. Is this accurate?

- Complete the survey as of September 30, 20XX – according to payroll as of that day.

If your hospital closed prior to September 30, but the survey uses the week of September 30, use the last normal week the hospital was open as your full week. A normal week means the numbers closely reflect average data for the year.

*For hospital arrangements, also indicate the number of physicians that have privileges to the hospital.

Of all physician arrangements listed indicate the total number of physicians (count each physician only once) that are engaged in an arrangement with your hospital that allows for joint contracting with payers or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be any type of ownership). Joint contracting does not include contracting between physicians participating in an independent practice.

172. Independent Practice Association (IPA)

An independent physician association (IPA) is a business entity organized and owned by a network of independent physician practices for the purpose of reducing overhead or pursuing business ventures such as contracts with employers, accountable care organizations (ACO) and/or managed care organizations (MCOs). There are substantial opportunities for innovation in delivery system modeling and benefit design in the creation of physician networks. Specifically, creation of practice networks involving patient-centered medical home (PCMH) practices may accelerate important and necessary changes in health care delivery.

173. Group Practice Without Walls

A physicians' consortium, in which several practices merge with the intention of providing consulting to each other and to share expenses, but not within the *same* premises.

174. 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 and quality oversight to physician members.

175. Closed Physician Hospital Organization (PHO)

A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality.

176. Management Service 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.

177. 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.

178. Equity Model

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

179. Foundation (Medical 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.

180.   Accountable Care Organization (ACO)

A healthcare organization that comes together voluntarily to provide coordinated high-quality care to the Medicare patients they serve. Coordinated care helps ensure that patients get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors.

181.   Other

Include/Identify any other physician arrangements not listed in the above categories.

Medical Specialties

For lines 182-198 indicate the number of practitioners on the active and associate medical staff in each of the specialty groups as of September 30, XXXX. If your hospital closed prior to September 30, use the last normal week the hospital was open as your full week. A normal week means the numbers closely reflect average data for the year. For more information see question 2 of the general section of the Frequently Asked Questions.

Active Staff: Physicians, dentists, and podiatrists who regularly provide patient care and maintain a continuing involvement in the clinical, research, and/or academic programs of the hospital, and who otherwise maintain an ongoing interest in the organizational and administrative functions of the medical staff. Active staff pay dues, participate in special medical and administrative assignments, attend meetings, and may vote, hold office, and serve on committees. Exclude those physicians in the following Medical Staff categories: courtesy, consulting, honorary, or provisional.

Associate Staff: Generally, Associate staff admit or are involved in the care of *a very limited number of patients* in a calendar year.

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).

182. Medical Specialties: General and family practice

Medical Staff
(Includes Board Certified)

Board Certified Staff
(Not to exceed Medical Staff)

183. Medical Specialties: Internal medicine (general)

Medical Staff
(Includes Board Certified)

Board Certified Staff
(Not to exceed Medical Staff)

184. Medical Specialties: Internal medicine subspecialties

Medical Staff
(Includes Board Certified)

Board Certified Staff
(Not to exceed Medical Staff)

182.   General and Family Practice

A physician that provides primary care services including general practice, general internal medicine, family practice, general pediatrics, and geriatrics.

183.   Internal Medicine (General)

Internal medicine physicians, or internists, are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. They are especially well trained in the diagnosis of puzzling medical problems, in the ongoing care of chronic illnesses, and in caring for patients with more than one disease. Internists also specialize in health promotion and disease prevention.

184.   Internal Medicine Subspecialties

Includes allergy, cardiology, dermatology, endocrinology, gastroenterology, hematology, immediate care, infectious disease, nephrology, neurology, oncology, pulmonary diseases, otorhinolaryngology, and rheumatology.

185.   Pediatrics (General)

Pediatrics is the specialty of medical science concerned with the physical, mental, and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases.

186.   Pediatric Subspecialties

Includes neonatology, pediatric allergy, and pediatric cardiology.

187.   General Surgery

General surgery is a surgical specialty that focuses on abdominal contents including esophagus, stomach, small intestine, large intestine, liver, pancreas, gallbladder, appendix, bile ducts, and often the thyroid gland (depending on local referral patterns).

188.   Obstetrics/Gynecology

A branch of medicine that specializes in the care of women during pregnancy and childbirth and in the diagnosis and treatment of diseases of the female reproductive organs.

189.   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.

190.   Anesthesiology

The branch of medicine specializing in the use of drugs or other agents that cause insensibility to pain.

191.   Emergency Medicine

A medical specialty concerned with the care and treatment of acutely ill or injured patients who need immediate medical attention.

192.   Pathology

The study of the essential nature of diseases and especially of the structural and functional changes produced by them. Includes anatomical, clinical, and forensic pathology.

193.   Radiology

A branch of medicine concerned with the use of radiant energy (such as X-rays)
or radioactive material in the diagnosis and treatment of disease. Includes diagnostic radiology and radiation oncology.

194.   Addiction Medicine

Physicians in Addiction Medicine and/or work with patients who have substance use disorders and are concerned with the prevention, diagnosis, and treatment of withdrawal, medical or psychiatric complications and relapse as well as the monitoring of recovery.

195.   Psychiatry

Psychiatrists are physicians that prevent, diagnose, and treat mental, addictive, and emotional disorders, e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, adjustment reactions, etc. Psychiatrists are involved with the biological, psychological, and social components of illness. They order diagnostic laboratory tests and prescribe medications, as well as evaluate and treat psychological and interpersonal problems.

196. 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.

197. All Other Specialties

Check all codes that apply to other valid specialties in your hospital.

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

- ☐ Aerospace Medicine
- ☐ Chiropractic Services
- ☐ Dental
- ☐ General Preventive Medicine
- ☐ Nuclear Medicine
- ☐ Occupational Medicine
- ☐ Podiatry
- ☐ Physical Med&Rehab (includes Physiatry)
- ☐ Public health

198. TOTAL Medical Staff

Add up the totals for Medical staff and Board-Certified staff.

198. TOTAL Medical Staff:

Medical Staff (Includes Board Certified)	Board Certified Staff (Not to exceed Medical Staff)

VIII. PERSONNEL ON HOSPITAL PAYROLL

Hospital Data Only.

All data must be for the week of September 30, XXXX regardless of the hospitals' fiscal year end date. If your hospital closed prior to September 30, but the survey uses the week of September 30, use the last normal week the hospital was open as your full week. A normal week means the numbers closely reflect average data for the year. For more information see question 2 of the general section of the Frequently Asked Questions.

DATA REPORTED FOR ONE WEEK ONLY - **the week of September 30th**

- Report the number of full-time and part-time personnel, including trainees, in the categories specified below.
- Report part-time hours for each category.
- Do not report full-time equivalents or portions.
- Treat shared hospital/nursing home staff as part-time and report only hospital hours. DO NOT USE DASHES, N/A, N/AV, OR M. PLEASE ROUND TO NEAREST WHOLE NUMBER. DO NOT USE DECIMALS.
- Exclude agency, contract staff, and nursing home personnel, private-duty nurses, volunteers, nursing home personnel, and all personnel whose salary is financed entirely by outside research grants.
- Include trainees and members of religious orders if on the hospital payroll as of September 30, XXXX. Include members of religious orders for whom dollar equivalents were reported.
- Personnel shared with the nursing home should be reported as part-time employees, report only hospital hours.
- Personnel working in more than one area should be included only in the category of their primary responsibility and should be counted only once

- ➢ **Full-time** personnel are those whose regularly scheduled workweek is 35 hours or more.
- ➢ **Part-time** personnel are those whose regularly scheduled workweek is less than 35 hours. Include paid leave time in part-time hours. Include pool and casual type personnel. Exclude agency and contract staff.

.

Note: Employees should not be counted twice in the following section.

 For example, if a nurse is a manager and is not providing direct patient care, the nurse should be counted in the administrator or assistant administrator line.

If employees are employed by a corporation, but work at each hospital in the system, please divide their time accordingly between hospitals.

199. Administrators and assistant administrators

Full Time Total No. of Persons (35 Hr/Wk or more)	Part Time Total No. of Persons (less than 35 Hr/Wk)	Part Time Total No. of P-T hours
1,234	2,234	3,234

200. Physician And Dental Services: Physicians / Dentists

Full Time Total No. of Persons (35 Hr/Wk or more)	Part Time Total No. of Persons (less than 35 Hr/Wk)	Part Time Total No. of P-T hours

199. 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).

200. 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 190. Exclude physicians and dentists who are paid on a fee basis.

201. Dental Hygienists

A licensed dental professional who specializes in preventative oral health, typically focusing on techniques in oral hygiene.

202. Hospitalists

Hospitalists assume the care of hospitalized patients in the place of patients' primary care physician.

203. Employment Model

203. Please select the category below that best describes the employment model for your hospitalists.

○ Independent provider group   ○ Employed by a university or school program
○ Employed by a physician group ○ Other
○ Employed by your hospital

204.   Intensivists

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).

205.   Medical and Dental Residents/Interns

In medicine, a physician who has finished medical school and is receiving training in a specialized area, such as surgery, internal medicine, pathology, or radiology. Board certification in all medical and surgical specialties requires the satisfactory completion of a residency program and successful completion of a specialty board examination.

206.   Registered Nurses

Nurses (RN/BSN) who have graduated from approved schools of nursing and who are currently state registered. Exclude RN's who are included in administrator or assistant administrator section.

Those who hold administrative positions should be reported under "Administrators," line 199. Include only those nurses that provide direct patient care.

207.   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.

208.   Licensed Practical Nurses

Nurses who have graduated from an approved school of practical nursing who work under the supervision of registered nurses and/or physicians.

209.   Nursing Assistants

Include certified and not certified nursing assistants.

210.   Medical Assistants

Persons who assist a physician or other medical provider in clinical and administrative procedures.

211. 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.

212. 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.

213. Pharmacists

Compound and dispense medications following prescriptions ordered by physicians, dentists, or other authorized medical practitioners.

214. 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.

215. 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.

216. 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.

217. 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.

218. Certified Registered Nurse Anesthetists (CRNA)

CRNA is an Advanced Practice Nurse with a graduate degree in nursing and licensing to practice anesthesia.

219. Clinical Nurse Specialists

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.

220. 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.

221. 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.

222. Sonographer

Specialist in the use of ultrasound for diagnostic and therapeutic purposes.

223. All other Radiological Services Personnel

224. 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.

225. 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.

226. 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.

227. 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.

228. 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.

229. Health Information Management 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. HIM technicians are persons who assist the HIM administrator and perform the technical tasks associated with the maintenance and use of medical records.

230. 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.

231. 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.

232.   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.

233.   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.

234.   All Other Personnel

Persons not previously counted. These include kitchen, laundry, housekeeping and maintenance personnel, as well as secretaries, file clerks, and so forth.

235.   Total Hospital Personnel (add lines 199-234)

235. TOTAL hospital personnel (add lines 199-234)

Full Time Total No. of Persons (35 Hr/Wk or more)	Part Time Total No. of Persons (less than 35 Hr/Wk)	Part Time Total No. of P-T hours

236.   Workweek

Average hours or definition of full-time persons engaged in direct patient care. Use whole numbers; do not use decimals.

236. 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.

IX. OTHER HOSPITAL COMMUNITY AND POPULATION HEALTH

This is a yes and no section that pertains to community benefits and population health.

237. Does your hospital's mission statement include a focus on community benefits?

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

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

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

241. 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?

242. 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?

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

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

245. 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?

X. SERVICE QUALITY/ PATIENT SAFETY
General

246. 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 ☐

Clinical Safety ☐

Case management ☐

Accreditation ☐

Infection control ☐

Risk Management ☐

247. Does your facility provide 24-hour pharmacy services? .... ○ ○
Yes No

> **246.** Identify the amount of resources allocated to quality and risk management functions. If a position is split between two or more roles, indicate the portion of the FTE dedicated to each function risk to hospital.

Note: If staff that oversee these areas are under the "system" entity, and not employed by the hospital, please include them.

- *Quality Management & Improvement* - Leads improvement efforts, collects and analyzes data on quality, provides reports and data to state, federal and proprietary groups reporting quality.
- Clinical Safety - Measures and reports on safety activities. Assesses environment for patient safety issues and concerns. Leads efforts to improve patient safety.
- *Case Management* - Works with patients and families, providers, payers and facilities to optimize use of resources and patient care outcomes
- *Accreditation* - Maintains knowledge base of accreditation/ legislative standards. Completes and submits application for accreditation and/or state review. Monitors compliance with standards. Develops and implements plans of remediation.
- *Infection Control* - Responsible for all factors related to infections within the facility, including prevention, policy and practice, equipment and supplies, monitoring/investigation of demonstrated or suspected spread of infection and management of outbreaks.
- *Risk Management* - Responsible for assessing, managing and reducing financial Responsible for insurance coverage for employees and facility. Follows up on events to assess risk. Communicates with third parties on risk, adverse events and abatement.

> **247.** Does your facility provide 24-hour pharmacy services?

In this section, 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.

The layout of this section is as follows: ◯ Fully Implemented   ◯ Partially Implemented   ◯ Planning   ◯ Not at All

248. Core MPI database with admission/discharge/transfer

◯ Fully Implemented   ◯ Partially Implemented   ◯ Planning   ◯ Not at All

249. Lab information system

◯ Fully Implemented   ◯ Partially Implemented   ◯ Planning   ◯ Not at All

248.   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.

249.   Lab Information System (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.

250.   Pharmacy System

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.

251.   E-MAR (Real-Time Enterprise Medication Administration Record)

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.

252.   Medication Dispensing

253. RIS (Radiology Information System)

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.

254. 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.

255. PACS (Picture Archiving And Communication System)

PACS automates the storage, retrieval, distribution, and presentation of digital radiology images.

256. 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.

257. Impatient Charting

Nursing documentation systems allow for the electronic input of patient information including initial interviews, progress notes, assessments, vital signs, and other documentation.

258. Bedside Medication Verification

A bedside medication verification system requires the bar-coding of medications in unit dose

259. CPOE (Computerized Physician 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.

260. EHR Portal

An EHR portal provides caregivers a structured view of hospital results and clinical data, including from all major ancillary systems.

261. Bulk Scanning

Document imaging is the online storage, retrieval, and management of electronic image of documents.

262.   Surgery Management System

263.   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.

264.   Physician Practice management Systems

is a category of software that deals with the day-to-day operations of a medical practice. Such software frequently allows users to capture patient demographics, schedule appointments, maintain lists of insurance payers, perform billing tasks, and generate reports.

265.   Physician Practice EMR Systems

A computerized medical record used in a physician's office or clinic.

266.   Long Term Care EMR System

A computerized medical record used in a long-term care facility.

267.   Home Health EMR System

A computerized medical record used in a home health agency

XII. HEALTH INFORMATION TECHNOLOGY

Expenditures

268. Total Health Information Technology Expenditures – Capital.

Provide the dollar value associated with HIT capital expenses for fiscal year. Provide hospital specific expenditure totals. Do not report dollar value at a system level (i.e., If there are three hospitals in your hospital's system, **do not report total system dollars** at one hospital and associate $0 at the other two hospitals).

269. Total Heath Information Technology Expenditures – Operating

Provide the dollar value associated with HIT operating expenses for fiscal year. Do not report dollar value at a system level (i.e., If there are three hospitals in your hospital's system, do not report total system dollars at one hospital and associate $0 at the other two hospitals).

270. Internet Connectivity

Select the type of internet connection that comes into your hospital.

270. What type of Internet connection comes into your hospital?

○ T1   ○ A fiber-optic connection
○ T3   ○ Other
○ A telephone company DSL line (high speed)

If Other, please explain: [_____]

XIII. SOCIAL DETERMINANTS OF HEALTH (SDOH)

Social determinants include societal and environmental conditions such as food, housing, transportation, education, violence, social support, health behaviors and employment.

Note: The term "facility" refers to hospital and/or health system.

271. Does your facility screen patients for social needs?

○ Yes, for all patients   ● Yes, for some patients   ○ No, (skip to question 274)

272. If yes, please indicate which social needs are assessed.

Check all that apply:

☐ Housing (instability, quality, financing)	☐ Interpersonal violence	☐ Education	Other, please describe
☑ Food insecurity or hunger	☐ Transportation	☐ Social isolation (lack of family and social support)	
☐ Utility needs	☐ Employment and income	☐ Health behaviors	

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

Answer Yes or No

274. Does your facility utilize outcome measures to assess the effectiveness of the interventions to address patients' social needs?

Answer Yes or No

Example: Cost of care or readmission rates

275. Has your facility gathered 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

☐ Decreased utilization of hospital or health system services

☐ Decreased health care costs

☐ Improved community health status

276. Who in your hospital or health care system is accountable for **meeting** health equity goals? (Check all that apply)

a. CEO
b. Designated Senior Executive (Chief Diversity Officer, VP for DEI, etc.)
c. Middle Management
d. Committee or Task Force
e. Division/Department Leaders
f. Employee Resource Group
g. None of the above

277. Who in your hospital or health care system is accountable for **implementing strategies** for health equity goals? (Check all that apply)

a. CEO
b. Designated Senior Executive (Chief Diversity Officer, VP for DEI, etc.)
c. Middle Management
d. Committee or Task Force
e. Division/Department Leaders
f. Employee Resource Grou
g. None of the above

278. Does your hospital or health care system use DEI (Diversity, Equity and Inclusion) disaggregated data to inform decisions on the following? (Check all that apply) (Disaggregated data refers to the separation of compiled information into smaller units to elucidate underlying trends and patterns.)

a. Patient Outcomes

b. Procurement

c. Supply Chain

d. Training

e. Professional Development

f. None of the above

279. Does your hospital or health care system have a health equity strategic plan for the following? (Check all that apply)

a. Equitable and inclusive organizational policies

b. Systematic and shared accountability for health equity

c. Diverse representation in hospital and health care system leadership

d. Diverse representation in hospital and health care system governance

e. Community engagement

f. Collection and use of segmented data to drive action

g. Culturally appropriate patient care

h. None of the above

XIV. SUPPLEMENTAL INFORMATION

280. Use this space to address any additional information.

Use this space or an additional sheet if more space is needed to elaborate on any of the information supplied on the survey. Refer to each response by page, section, and line number. If no comments, please write "no comments".

XV. APPENDICES

Definitions List

	Definition
Accountable Care Organization	A healthcare organization that comes together voluntarily to provide coordinated high-quality care to the Medicare patients they serve. Coordinated care helps ensure that patients get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors.
Accreditation	Maintains knowledge base of accreditation/ legislative standards. Completes and submits application for accreditation and/or state review. Monitors compliance with standards. Develops and implements plans of remediation.
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.
Addiction Medicine	Physicians in Addiction Medicine or Addictionists work with patients who have substance use disorders and are concerned with the prevention, diagnosis, and treatment of withdrawal, medical or psychiatric complications and relapse as well as the monitoring of recovery.
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).
Adult Day Care Programming	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.
Adult Medical/Surgical	Provides acute care to patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans. Includes gynecology services.
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.
Alcohol/Substance Use Disorder	Provides diagnostic and therapeutic services to patients with alcohol/substance use disorders. Provides inpatient care and/or

	rehabilitative services to patients for whom the primary diagnosis is alcohol/substance use disorder. Includes detoxification services.
Alliance	A purchasing entity created in the US under managed competition that allows consumers of health care services to form collectives and get better pricing and more concessions from providers. A health alliance may inform the public on medical costs, outcomes, and patient satisfaction. health alliance. (n.d.). Retrieved April 8, 2020, from https://medical-dictionary.thefreedictionary.com/health alliance
Anesthesiology	The branch of medicine specializing in the use of drugs or other agents that cause insensibility to pain.
Arthritis Treatment Center	Specifically, equipped, and staffed center for the diagnosis and treatment of arthritis and other joint disorders.
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.
Audiology	The science of hearing: examination, diagnosis, evaluation, and therapy.
Bariatric Services	Bariatric surgical procedures cause weight loss by restricting the amount of food the stomach can hold, causing malabsorption of nutrients, or by a combination of both gastric restriction and malabsorption. Bariatric procedures also often cause hormonal changes. Most weight loss surgeries today are performed using minimally invasive techniques (laparoscopic surgery). The most common bariatric surgery procedures are gastric bypass, sleeve gastrectomy, adjustable gastric band, and biliopancreatic diversion with duodenal switch. Each surgery has its own advantages and disadvantages.
Bassinet	A bed for a baby.
Bedside Medication Verification	A bedside medication verification system requires the bar-coding of medications in unit dose.
Birthing room/Labor, Delivery, Recovery, Postpartum Room (LDR or LDRP room)	An in-hospital combination labor and delivery unit with a home-like setting, for mothers and fathers who have completed specified childbirth courses or classes. If complications are recognized during labor, adjacent facilities are immediately available for emergency care.
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.
Bulk Scanning	Document imaging is the online storage, retrieval, and management of electronic image of documents.
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.
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.
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.
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.
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.
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.

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.
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. Works with patients and families, providers, payers, and facilities to optimize use of resources and patient care outcomes.
Certified Nursing Assistants	A certified nursing assistant, or CNA, helps patients with activities of daily living and other healthcare needs under the direct supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN). CNA's are also commonly referred to as a Nursing Assistant, Patient Care Assistant (PCA), or a Nurse's Aide.

Certified Nursing Assistant Guide. (n.d.). Retrieved April 8, 2020, from https://nurse.org/resources/certified-nursing-assistant-cna/ |
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.
Certified Registered Nurse Anesthetists	CRNA is an Advanced Practice Nurse with a graduate degree in nursing and licensing to practice anesthesia.
Clinical Nurse Specialists	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
Clinical Safety	Measures and reports on safety activities. Assesses environment for patient safety issues and concerns. Leads efforts to improve patient safety.
Closed Physician Organization	A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality.
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.
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.

Computerized Practitioner Order Entry (CPOE)	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.
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.
Contract Managed	Contract management is the process of managing contract creation, execution, and analysis to maximize operational and financial performance at an organization, all while reducing financial risk. Organizations encounter an ever-increasing amount of pressure to reduce costs and improve company performance. Conlin, B. (2019, August 13). The Fundamentals of Contract Management. Retrieved April 8, 2020, from https://www.businessnewsdaily.com/4813-contract-management.html
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.
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.
CT Scanner	Computer tomographic scanners for head or whole-body scans.
Dental Hygienists	A licensed dental professional who specializes in preventative oral health, typically focusing on techniques in oral hygiene.
Dental Services	An organized dental service or dentists on staff, not necessarily involving special facilities, providing dental or oral services to inpatients or outpatients.
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.
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.
EHR Portal	An EHR portal provides caregivers a structured view of hospital results and clinical data, including from all major ancillary systems.
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.
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.
Emergency Medicine	A medical specialty concerned with the care and treatment of acutely ill or injured patients who need immediate medical attention.

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.
Equity Model	Allows established practitioners to become shareholders in a professional corporation in exchange for tangible and intangible assets of their existing practices.
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.
E-Visits	An evaluation and management service provided by a physician or other qualified health professional to an established patient using a web-based or similar electronic-based communication network for a single patient encounter.
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."
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.
Fitness Center	Provides exercise, testing or evaluation programs and fitness activities to the community and hospital employees.
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.
General and Family Practice	A physician that provides primary care services including general practice, general internal medicine, family practice, general pediatrics and geriatrics.
General Medical and Surgical (GMS)	Provides diagnostic and therapeutic services to patients for a variety of medical conditions, both surgical and non-surgical.
General Surgery	General surgery is a surgical specialty that focuses on abdominal contents including esophagus, stomach, small intestine, large intestine, liver, pancreas, gallbladder, appendix and bile ducts, and often the thyroid gland (depending on local referral patterns)
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, and fetal blood sampling, and magnetic resonance imaging. Service shall have

	appropriate ultrasound evaluation capacity.
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.
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.
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.
Group Purchasing Organization (GPO)	An entity that helps healthcare providers — such as hospitals, nursing homes and home health agencies — realize savings and efficiencies by aggregating purchasing volume and using that leverage to negotiate discounts with manufacturers, distributors and other vendors. What Is a GPO ? (n.d.). Retrieved April 8, 2020, from https://www.supplychainassociation.org/about-us/what-is-gpo/
Health Care Network	A provider network is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to its members. These providers are called "network providers" or "in-network providers." Health Insurance Marketplace home. (n.d.). Retrieved April 8, 2020, from https://marketplace.cms.gov/
Health Care System	An organization that includes at least one hospital and at least one group of physicians that provides comprehensive care (including primary and specialty care) who are connected with each other and with the hospital through common ownership or joint management. For further information see the definition used in AHRQ's Compendium of U.S. Health Systems, 2016. Defining Health Systems. (n.d.). Retrieved April 8, 2020, from https://www.ahrq.gov/chsp/chsp-reports/resources-for-understanding-health-systems/defining-health-systems.html
Health Information Management 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. HIM technicians are persons who assist the HIM administrator and perform the technical tasks associated with the maintenance and use of medical records.
Health Maintenance Organization	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. https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/105.pdf
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.
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.
Hemodialysis	Provision of equipment and personnel for the treatment of renal insufficiency, on an inpatient or outpatient basis.
Holding Company	A holding company has no operations of its own; it owns a controlling share of stock and holds assets of other companies (the subsidiary companies). Murray, J. (2019, November 6). What Is a Subsidiary Company and How Does It Work? Retrieved April 8, 2020, from https://www.thebalancesmb.com/what-is-a-subsidiary-company-4098839
Home Health EMR System	A computerized medical record used in a home health agency.
Home Health Services	Service providing skilled nursing, therapy, and health-related homemaker or social services in the patient's home.
Home Hospice Services	A program providing palliative care to terminally ill patients and their families in the home.
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.
Independent Practice Association (IPA)	An independent physician association (IPA) is a business entity organized and owned by a network of independent physician practices for the purpose of reducing overhead or pursuing business ventures such as contracts with employers, accountable care organizations (ACO) and/or managed care organizations (MCOs). There are substantial opportunities for innovation in delivery system modeling and benefit design in the creation of physician networks. Specifically, creation of practice networks involving patient-centered medical home (PCMH) practices may accelerate important and necessary changes in health care delivery.
Infection Control	Responsible for all factors related to infections within the facility, including prevention, policy and practice, equipment and supplies,

	monitoring/investigation of demonstrated or suspected spread of infection and management of outbreaks.
Inpatient Charting	Nursing documentation systems allow for the electronic input of patient information including initial interviews, progress notes, assessments, vital signs, and other documentation.
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.
Intensivists	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.
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.
Intermediate Care	An intermediate level of healthcare for chronically ill, disabled, or elderly people, especially in a facility for this purpose. A level of nursing care that is supervised by physicians or a registered nurse, intermediate between intensive and basic care.

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.

Intermediate care. (n.d.). Retrieved April 8, 2020, from https://www.dictionary.com/browse/intermediate-care |
Internal Medicine	Internal medicine physicians, or internists, are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. They are especially well trained in the diagnosis of puzzling medical problems, in the ongoing care of chronic illnesses, and in caring for patients with more than one disease. Internists also specialize in health promotion and disease prevention.
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.
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.
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.

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.
Long Term Acute Care	Facilities that specialize in the treatment of patients with serious medical conditions that require care on an ongoing basis but no longer require intensive care or extensive diagnostic procedures. Long-term Acute Care Hospitals. (n.d.). Retrieved April 8, 2020, from https://www.asha.org/slp/healthcare/LTAC/
Long-Term Care EMR System	A computerized medical record used in a long-term care facility.
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.
Mammography Screening	The use of breast x-ray to detect unsuspected breast cancer in asymptomatic women.
Managed Care	Managed care plans are a type of health insurance. They have contracts with health care providers and medical facilities to provide care for members at reduced costs. These providers make up the plan's network. How much of your care the plan will pay for depends on the network's rules? https://medlineplus.gov/managedcare.html
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.
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. Collaboration with other community programs.
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.
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.

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.
Medical Assistants	Persons who assist a physician or other medical provider in clinical and administrative procedures.
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.
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.
Medicare Billing	Indicate whether or not any physicians' clinics use the hospital's Medicare provider number reported on line 14, 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.)
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.
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."
Neonatal Intensive (NICU)/Intermediate Care	A neonatal intensive care unit, commonly referred to as a NICU, is a special unit in a hospital dedicated to caring for premature or ill newborns. The staff in such units typically has specialized training that enables them to care for these tiniest of patients. Babies are usually admitted to a NICU right or shortly after birth, before they go home for the first time. Children are rarely admitted to a NICU after being brought to the emergency room. The most common reasons for admittance to a NICU include premature delivery and difficulty breathing. The level of NICU a baby is sent to depends on the nature of the medical needs.

	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. After initial stabilization, "intermediate care" is that care which is provided to neonates and infants who require: 1) greater than or equal to eight hours, but less than 12 hours, of nursing care by a registered nurse per 24-hour period; and 2) other medically necessary support.
Newborn Nursery	The room in a hospital where new babies are kept and cared for by nurses. Nursery. (n.d.). Retrieved April 8, 2020, from https://www.merriam-webster.com/dictionary/nursery
Non-emergency Inter-facility transports by air ambulance	Provision of transportation services, via ground ambulance, that moves patients on a non-emergency basis to another health care facility or other location.
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.
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.
Nuclear Medicine Department	The brand of medicine that deals with radioisotope procedures.
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.
Nursing Home	A private institution providing residential accommodations with healthcare, especially for elderly people. A nursing home is a place for people who don't need to be in a hospital but can't be cared for at home. Most nursing homes have nursing aides and skilled nurses on hand 24 hours a day. Nursing Homes. (2020, February 12). Retrieved April 8, 2020, from https://medlineplus.gov/nursinghomes.html
Nutrition Program	Those services within a facility that are designed to provide inexpensive, nutritionally sound meals to patients (includes inpatients and outpatients).
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.
Obstetrics & Gynecology	A branch of medicine that specializes in the care of women during pregnancy and childbirth and in the diagnosis and treatment of diseases of the female reproductive organs.
Occupational Health Services	Services that protect the safety of employees from hazards in the work environment.
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.
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.
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.
Oncology Services	An organized program for the treatment of cancer by the use of drugs or chemicals.
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.
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.
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.
Orthopedic Unit	Orthopedic nursing is a specialty that focuses on musculoskeletal diseases and disorders. ... Some orthopedic nurses may even work in the operating room. Orthopedic nurses work in hospital units, offices, and outpatient care clinics. They work with a wide age range of patients and care for both men and women. NursingExplorer. (n.d.). What is Orthopedic Nursing? Retrieved April 8, 2020, from https://www.nursingexplorer.com/careers/orthopedic-nursing

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.
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.
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.
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.
Pathology	The study of the essential nature of diseases and especially of the structural and functional changes produced by them. Includes anatomical, clinical, and forensic pathology.
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.
Pediatrics	Pediatrics is the specialty of medical science concerned with the physical, mental, and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases.
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.
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.

Pharmacists	Compound and dispense medications following prescriptions issued by physicians, dentists, or other authorized medical practitioners.
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
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.
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.
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.
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.
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.
Physician Practice EMR System	A computerized medical record used in a physician's office or clinic.
Physician Practice Management System	A category of software that deals with the day-to-day operations of a medical practice. Such software frequently allows users to capture patient demographics, schedule appointments, maintain lists of insurance payers, perform billing tasks, and generate reports.
Picture Archiving and Communications System (PACS)	PACS automates the storage, retrieval, distribution, and presentation of digital radiology images.
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.
Preferred Provider Organization	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.
Prepaid Plan	Health insurance plans can be classified as prepaid or fee-for-service. ... Under a prepaid plan, insurance companies arrange to pay health

	care providers for any service for which an enrollee has coverage. The insurer effectively agrees to provide the insured with health care services, rather than reimbursement dollars. https://www.referenceforbusiness.com/encyclopedia/Gov-Inc/Health-Insurance-Options.html
Primary group practice	Group practices are typically divided into single-specialty and multispecialty practices. The defining characteristic of single-specialty practice is the presence of two or more physicians providing patients with one specific type of care (I.e., primary care or a specific subspecialty practice), while multispecialty group practices are defined as offering various types of medical specialty care within one.
Psychiatric	Provides diagnosis, treatment, and supportive services to patients with mental or emotional disorders. Includes state-operated mental health institutes.
Psychiatric Child/Adolescent Services	Provision of care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment.
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.
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.
Psychiatric Emergency Services	Hospital facilities and services for emergency outpatient care of psychiatric patients whose conditions are considered to require immediate care.
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.
Psychiatric Outpatient Services	Hospital facilities and services for the medical care of psychiatric outpatients, including diagnosis and treatment.
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.
Psychiatry	Psychiatrists are physicians that prevent, diagnose, and treat mental, addictive, and emotional disorders, e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, adjustment reactions, etc. Psychiatrists are involved with the biological, psychological, and social

	components of illness. They order diagnostic laboratory tests and prescribe medications, as well as evaluate and treat psychological and interpersonal problems.
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.
Quality Management & Improvement	Leads improvement efforts, collects, and analyzes data on quality, provides reports and data to state, federal and proprietary groups reporting quality.
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 include, but are not limited to megavoltage radiation therapy; radioactive implants; stereotactic radiosurgery; therapeutic radioisotope facility; X-ray radiation therapy; chemotherapy; targeted therapy; ultrasound
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.
Radiology	A branch of medicine concerned with the use of radiant energy (such as X-rays) or radioactive material in the diagnosis and treatment of disease. Includes diagnostic radiology and radiation oncology.
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.
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.
Recreational Therapy	Recreational therapy, also known as therapeutic recreation, is a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being. Examples include pet therapy, art therapy, music therapy... About Recreational Therapy. (n.d.). Retrieved April 8, 2020, from https://www.nctrc.org/about-ncrtc/about-recreational-therapy/
Registered Nurses	Nurses who have graduated from approved schools of nursing and who are currently state registered.

Rehabilitation	Provides a comprehensive array of restorative services for the disabled and all support services necessary to help them attain their maximum functional capacity.
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.
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.
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.
Remote Patient Monitoring	Telemonitoring is the use of audio, video and other telecommunications and electronic information processing technologies to provide individual guidance or direction.
Residential Care/Assisted Living	Community-based residential facilities provide care, treatment, and other services to five or more unrelated adults who need supportive or protective services or supervision because they cannot or do not wish to live independently yet do not need the services of a nursing home or a hospital. https://aspe.hhs.gov/system/files/pdf/110646/15alcom-WI.pdf DHS Link: https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/89.pdf https://www.dhs.wisconsin.gov/guide/seek.htm
Respiratory Therapy	The equipment and staff necessary for the administration of oxygen and certain potent drugs through inhalation or positive pressure.
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.
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.
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.
Risk Management	Responsible for assessing, managing, and reducing financial risk to hospital. Responsible for insurance coverage for employees and

	facility. Follows up on events to assess risk. Communicates with third parties on risk, adverse events, and abatement.
Senior Living/Independent Living	A living arrangement for disabled people and others with special needs, usually in their own home, affording them as much independence and autonomy as possible. Nursing Home: Meaning of Nursing Home by Lexico. (n.d.). Retrieved April 8, 2020, from https://www.lexico.com/definition/nursing_home Independent living. (n.d.). Retrieved April 8, 2020, from https://www.dictionary.com/browse/independent-living
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.
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 clearer image.
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.
Skilled Nursing Facility (SNF)	Skilled care is nursing and therapy care that can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel. Its health care given when you need skilled nursing or skilled therapy to treat, manage, and observe your condition, and evaluate your care. Skilled nursing facility (SNF) care. (n.d.). Retrieved April 8, 2020, from https://www.medicare.gov/coverage/skilled-nursing-facility-snf-care Examples of skilled nursing services include wound care, intravenous (IV) therapy, injections, catheter care, physical therapy, and monitoring of vital signs and medical equipment. Sollitto, M. (2019, October 29). What's the Difference Between Skilled Nursing Care and a Nursing Home? Retrieved April 8, 2020, from https://www.agingcare.com/articles/difference-skilled-nursing-and-nursing-home-153035.htm
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.
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.
Sonographer	Specialist in the use of ultrasound for diagnostic and therapeutic purposes.
Specialist Consultation	The use of audio, video and other telecommunications and electronic information processing technologies to provide individual guidance or direction from a provider that is in a location different from the patient.
Speech Pathology/Therapy	Services providing evaluation and treatment to inpatients or outpatients with speech and language disorders.
Sports Medicine Clinics	Provision of diagnostic screening and assessment, clinical, and rehabilitation services for the prevention and treatment of sports-related injuries.
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.
Subacute Care	Adult subacute care is a level of care that is defined as comprehensive inpatient care designed for someone who has an acute illness, injury or exacerbation of a disease process.

Subacute care is health care for people who are not severely ill but need support to regain their ability to carry out activities of daily life after an episode of illness and help to manage new or changing health conditions.

Department of Health Care Services. (n.d.). Subacute Contracting Unit. Retrieved April 8, 2020, from https://www.dhcs.ca.gov/provgovpart/Pages/SubacuteCare.aspx

(n.d.). Retrieved April 8, 2020, from https://healthywa.wa.gov.au/Articles/S_T/Subacute-care |

Subsidiary	A subsidiary company is a company owned and controlled by another company. The owning company is called a parent company or sometimes a holding company. Murray, J. (2019, November 6). What Is a Subsidiary Company and How Does It Work? Retrieved April 8, 2020, from https://www.thebalancesmb.com/what-is-a-subsidiary-company-4098839
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.
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.
Swing Bed	Swing Bed is a Medicare program that allows patients to receive skilled care services at the hospital once acute hospital care is no longer required, but the patient continues to need services that cannot be easily provided in the patient's home. https://windomareahospital.com/wp-content/uploads/2016/03/Swing-Bed-Therapy.pdf
Swing Bed Provider	A swing bed hospital is a hospital or critical access hospital (CAH) participating in Medicare that has CMS approval to provide post-hospital SNF care and meets certain requirements. Medicare Part A (the hospital insurance program) covers post-hospital extended care services furnished in a swing bed hospital.
Tele ICU	Tele ICU is a collaborative, interprofessional model focusing on the care of critically ill patients using telehealth technologies. May include telemonitoring which is the use of audio, video and other telecommunications and electronic information processing technologies to provide individual guidance or direction.
Tele Psychiatry	Tele mental health is an intentionally broad term referring to the provision of mental health and substance abuse services from a distance that may include the use of audio, video and other telecommunications and electronic information processing technologies to provide individual guidance or direction.
Teleradiology or Other Store and Forward Services	Type of telehealth encounter or consult that uses still digital images of patient data for rendering a medical opinion or diagnosis. Common services include radiology, pathology, dermatology, ophthalmology

	and wound care. Store and forward includes the asynchronous transmission of clinical data from one site to another.
Tele Stroke	Remotely evaluate people who have had or are suspected as having experienced acute strokes and make diagnoses and treatment recommendations to emergency medicine physicians at other sites. Communication might include digital video cameras, internet telecommunications, robotic telepresence, smartphones, tablets and other technology.
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.
Trauma Center	A facility that is self-designated to provide emergency and specialized intensive care to critically ill and injured patients.
Ultrasound	The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures for diagnostic purposes.
Urgent Care Center	A facility that provides care and treatment for problems that are not life-threatening but require attention over the short term.
Volunteer Services Department	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.
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.

Facility List

The facility ID is a <mark>unique 3-digit identification number</mark> assigned to each facility by WHAIC. This number must be used to upload your files and included with email communications or correspondence with WHAIC.

Facility Number	Facility Name	Facility City
001	Amery Regional Medical Center	Amery
002	Aspirus Langlade Hospital	Antigo
003	ThedaCare Regional Medical Center – Appleton, Inc.	Appleton
004	Ascension NE Wisconsin - St Elizabeth Campus (NC Q118)	Appleton
006	Memorial Medical Center	Ashland
007	Western Wisconsin Health (NC: Q316)	Baldwin
008	SSM Health - St Clare Hospital	Baraboo
009	Mayo Clinic Health System – Northland in Barron	Barron
010	Marshfield Medical Center - Beaver Dam (NC: Q419)	Beaver Dam
011	Beloit Health System	Beloit
013	ThedaCare Medical Center – Berlin, Inc.	Berlin
014	Black River Memorial Hospital	Black River Falls
015	Mayo Clinic Health System – Chippewa Valley in Bloomer	Bloomer
016	Gundersen Boscobel Area Hospital and Clinics	Boscobel
017	Ascension SE Wisconsin - Elmbrook Campus (NC: Q118)	Brookfield
018	Aurora Memorial Hospital of Burlington	Burlington

Facility Number	Facility Name	Facility City
019	Ascension Calumet Hospital (NC:Q118)	Chilton
020	St Joseph's Hospital	Chippewa Falls
022	Prairie Ridge Health	Columbus
024	Cumberland Healthcare (NC 0413)	Cumberland
025	Memorial Hospital of Lafayette Co.	Darlington
026	Upland Hills Health Inc.	Dodgeville
027	Advent Health Durand (NC: Q119)	Durand
028	Ascension Eagle River Hospital	Eagle River
029	Mayo Clinic Health System in Eau Claire	Eau Claire
030	Sacred Heart Hospital	Eau Claire
031	Edgerton Hospital and Health Services	Edgerton
032	Aurora Lakeland Medical Center	Elkhorn
033	Fond du Lac County Health Care Center	Fond du Lac
034	SSM Health St. Agnes Hospital – Fond du Lac (Part of SSM: 1/18)	Fond du Lac
035	Fort HealthCare	Fort Atkinson
037	Gundersen Moundview Hospital & Clinics (NC 10/2017)	Friendship
038	Burnett Medical Center	Grantsburg
039	Bellin Hospital	Green Bay

Facility Number	Facility Name	Facility City
040	Brown County Community Treatment Center	Green Bay
041	St Mary's Hospital Medical Center	Green Bay
042	St Vincent Hospital	Green Bay
043	Aurora Medical Center - Washington County	Hartford
044	Hayward Area Memorial Hospital	Hayward
045	Gundersen St Joseph's Hospital and Clinics	Hillsboro
046	Hudson Hospital & Clinics	Hudson
048	Mercy Health Hospital and Trauma Center – Janesville (NC 1/18/17)	Janesville
056	Gundersen Lutheran Medical Center	La Crosse
057	Mayo Clinic Health System – La Crosse	La Crosse
058	Marshfield Medical Center - Ladysmith (NC: Q318)	Ladysmith
059	Grant Regional Health Center	Lancaster
060	Mendota Mental Health Institute	Madison
061	UnityPoint Health - Meriter (NC 1/16)	Madison
063	SSM Health St Mary's Hospital	Madison
064	UW Hospital and Clinics Authority (NC 10/17)	Madison
067	Aurora Medical Center - Bay Area (NC: Q219)	Marinette
068	Norwood Health Center	Marshfield

Facility Number	Facility Name	Facility City
069	Marshfield Medical Center (NC 07/17)	Marshfield
070	Mile Bluff Medical Center	Mauston
071	Aspirus Medford Hospital and Clinics, Inc.	Medford
072	Froedtert Menomonee Falls Hospital (NC: Q419)	Menomonee Falls
073	Mayo Clinic Health System – Red Cedar in Menomonie	Menomonie
074	Aspirus Merrill Hospital	Merrill
075	Children's Hospital of Wisconsin - Milwaukee Hospital	Milwaukee
079	Froedtert Hospital (NC: Q419)	Milwaukee
082	Ascension Sacred Heart Rehabilitation Hospital	Mequon
085	Ascension St. Francis Hospital	Milwaukee
086	Ascension SE Wisconsin Hospital - St. Joseph Campus	Milwaukee
087	Aurora St Luke's Medical Center	Milwaukee
091	SSM Health Monroe Hospital (Part of SSM Health: Q118)	Monroe
092	ThedaCare Regional Medical Center - Neenah	Neenah
093	Marshfield Medical Center - Neillsville	Neillsville
094	ThedaCare Medical Center - New London	New London
095	Westfields Hospital & Clinics	New Richmond
098	ProHealth Oconomowoc Memorial Hospital	Oconomowoc

Facility Number	Facility Name	Facility City
099	Rogers Memorial Hospital Inc.	Oconomowoc
101	St. Clare Memorial Hospital	Oconto Falls
102	Osceola Medical Center	Osceola
103	Ascension NE Wisconsin - Mercy Campus (NC: Q118)	Oshkosh
104	Mayo Clinic Health System – Oakridge in Osseo	Osseo
106	Marshfield Medical Center - Park Falls	Park Falls
108	Southwest Health	Platteville
110	Ascension Columbia St Mary's Hospital Ozaukee	Mequon
111	Aspirus Divine Savior Hospital & Clinics (NC: Q320)	Portage
112	Crossing Rivers Health	Prairie du Chien
113	Sauk Prairie Healthcare	Prairie du Sac
117	Reedsburg Area Medical Center	Reedsburg
118	Aspirus Rhinelander Hospital	Rhinelander
119	Marshfield Medical Center – Rice Lake	Rice Lake
120	The Richland Hospital, Inc.	Richland Center
121	SSM Health Ripon Community Hospital (NC: 1/18)	Ripon
122	River Falls Area Hospital	River Falls
123	ThedaCare Medical Center - Shawano	Shawano

Facility Number	Facility Name	Facility City
124	Aurora Medical Center - Sheboygan County	Sheboygan
125	St Nicholas Hospital	Sheboygan
127	Mayo Clinic Health System – Sparta	Sparta
128	Spooner Health	Spooner
129	St. Croix Health	St Croix Falls
130	Ascension Our Lady of Victory Hospital	Stanley
131	Aspirus Stevens Point Hospital	Stevens Point
132	Stoughton Hospital Association	Stoughton
133	Door County Medical Center (NC 11/16)	Sturgeon Bay
134	St Mary's Hospital of Superior	Superior
135	Tomah Health	Tomah
136	Aspirus Tomahawk Hospital	Tomahawk
137	Aurora Medical Center of Manitowoc County	Two Rivers
138	Vernon Memorial Healthcare	Viroqua
139	Watertown Regional Medical Center	Watertown
140	Waukesha County Mental Health Center	Waukesha
141	ProHealth Waukesha Memorial Hospital (Q218)	Waukesha
142	ThedaCare Medical Center – Waupaca	Waupaca

Facility Number	Facility Name	Facility City
143	SSM Health Waupun Memorial Hospital (SSM Health: 1/18)	Waupun
144	North Central Health Care	Wausau
145	Aspirus Wausau Hospital	Wausau
147-**CLOSED**	Milwaukee County Behavioral Health Complex-**CLOSED 09 2022**	Milwaukee
149	Aurora Psychiatric Hospital	Wauwatosa
150	Aurora West Allis Medical Center	West Allis
151	Froedtert West Bend Hospital (NC: Q419)	West Bend
152	Gundersen Tri-County Hospital and Clinics	Whitehall
153	ThedaCare Medical Center - Wild Rose	Wild Rose
154	Winnebago Mental Health Institute	Winnebago
155	Aspirus Riverview Hospital and Clinics, Inc.	Wisconsin Rapids
156	Howard Young Medical Center	Woodruff
168	Aurora Sinai Medical Center	Milwaukee
170	Libertas Center	Green Bay
172	Bellin Psychiatric Center	Green Bay
178	Froedtert Holy Family Memorial	Manitowoc
179	Indianhead Medical Center / Shell Lake	Shell Lake
182	Aurora St Luke's South Shore	Cudahy

Facility Number	Facility Name	Facility City
183-**not active**	Aurora St. Luke's Medical Center/South Shore-**NOT ACTIVE IN WHADI**	Milwaukee
184	Lakeview Specialty Hospital & Rehab	Waterford
189	Aurora Medical Center - Kenosha	Kenosha
190	Select Specialty Hospital – Milwaukee - West Allis	West Allis
192	Rogers Memorial Hospital – Milwaukee	West Allis
194	Children's Wisconsin – Fox Valley Hospital	Neenah
195	Orthopaedic Hospital of Wisconsin	Glendale
197	Aurora BayCare Medical Center	Green Bay
198	Oakleaf Surgical Hospital	Eau Claire
300	Select Specialty Hospital – Milwaukee – St. Francis	Milwaukee
302	Ascension -All Saints Hospital (NC: Q118)	Racine
303	Aurora Medical Center - Oshkosh	Oshkosh
305	Froedtert South (NC: from UHS 10/1/17)	Kenosha
306	Bellin Health Oconto Hospital	Oconto
308	Marshfield Medical Center - Weston (NC: Q320)	Weston
309	Mercyhealth Hospital & Medical Center – Walworth (NC 1/18/17)	Lake Geneva
310	Select Specialty Hospital - Madison	Madison
311	Ascension SE Wisconsin Hospital – Franklin Campus (NC: Q118)	Franklin

Facility Number	Facility Name	Facility City
312	ProHealth Rehabilitation Hospital of Wisconsin (NC Q218)	Waukesha
313	Midwest Orthopedic Specialty Hospital	Franklin
314	Aurora Medical Center - Summit	Summit
315	Aurora Medical Center - Grafton	Grafton
316	Ascension Columbia St. Mary's Hospital Milwaukee	Milwaukee
317	SSM Health St. Mary's Janesville Hospital	Janesville
319	Rogers Memorial Hospital - Brown Deer	Brown Deer
320	UW Health Rehabilitation Hospital	Madison
321	Willow Creek Behavioral Health (New 01/2017)	Green Bay
322	Marshfield Medical Center - Eau Claire	Eau Claire
323	Marshfield Medical Center - Minocqua	Minocqua
324	Aspirus Plover Hospital	Stevens Point
331	Aurora Medical Center - Mount Pleasant	Mount Pleasant
332	Froedtert Community Hospital - Oak Creek	Oak Creek
333	Froedtert Community Hospital - Mequon	Mequon
334	ProHealth Care Waukesha Memorial Hospital - Mukwonago	Mukwonago
335	Marshfield Medical Center - River Region at Stevens Point	Stevens Point
336	Granite Hills Hospital	West Allis

Facility Number	Facility Name	Facility City
337	Milwaukee Rehabilitation Hospital at Greenfield	Milwaukee
338	ThedaCare Medical Center Orthopedics, Spine and Pain	Appleton
339	Froedtert Bluemound Rehabilitation Hospital	Wauwatosa
340	Mental Health Emergency Center	Milwaukee

NC = Name Change

Change Number	Date	Author	Update
1	1/5/21	SS	Question 13, outdated terminology in screen shot. Removed and replaced with new screen shot.
2	2/4/21	SS	Updated Medical Specialties section description to read 182-198, instead of beginning with 175.
3	2/4/21	SS	Added *Exclude those physicians in the following Medical Staff categories: courtesy, consulting, honorary, provisional, or other* under Active Staff in the Medical Specialties Section.
4	4/8/21	SS	Ground Ambulance listed on both question 53 and 54 heading in the manual. Should be ground ambulance for 53 and air ambulance for 54.
5	10/27/21	SS	Added Social Determinants of Health Section to manual as XIII and renumbered supplemental section to XIV.
6	10/31/22	HS	Facility 147-Milwaukee County Behavioral Health Complex is closed as of 092022 on the Facilities list page 103
7	11/4/22	HS	Made all survey manuals not year specific
8	12/14/22	HS	Updated facilities list
9	10/20/23	HS	Updated facilities list
10	10/20/23	HS	Questions 11, 36, 52 Alcoholism and other drug abuse changed to Alcohol/Substance Use Disorder; Alcoholism/Chemical Dependency Outpatient Services *(psych/social)* changed to Alcohol/Substance Use Disorder Outpatient Services *(psych/social)*; Alcoholism/Chemical Dependency (Inpatient Care) changed to Alcohol/Substance Use Disorder (Inpatient Care) (Data elements stayed the same.)
11	10/20/23	HS	Question 66; Updated (Crisis Prevention) to Violence prevention programs in workplace and community. (Data elements stayed the same.)
12	10/20/23	HS	Question 57; Auxiliary changed to Volunteer Services Department. (Data elements stayed the same.)
13	10/20/23	HS	Question 19; Joint venture changed to Jointly owned. There are two instances of this change to be made on question 19. One instance of this change is in the instructions for Section III. (Data elements stayed the same.)

14	10/20/23	HS	Added questions 276-279; Social Determinants of Health include:
			-Who in your hospital or health care system is accountable for meeting health equity goals?
			-Who in your hospital or health care system is accountable for implementing strategies for health equity goals?
			-Does your hospital or health care system use DEI (Diversity, Equity and Inclusion) disaggregated data to inform decisions on the following?
			-Does your hospital or health care system have a health equity strategic plan for the following?