



ANNUAL SURVEY MANUAL

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GENERAL INFORMATION

All Wisconsin licensed, Medicare-certified hospitals, including psychiatric hospitals, are required to submit annual survey data to the Wisconsin Hospital Association Information Center (WHAIC). This submission encompasses data related to utilization, fiscal operations, and personnel, which will be utilized in various publications, datasets, and workforce development initiatives. WHAIC collects this data under [Chapter 153](#) of the Wisconsin State Statutes, adhering to the terms outlined in ss. [DHS 120.12](#).

This hospital survey focuses on Inpatient units and outpatient services that are provided at the hospital, number of beds, utilization, medical staff, and hospital personnel. Data from this survey is used in the Guide to Wisconsin Hospitals. Data collected by WHAIC is disseminated through various online publications, available under the [Data Products](#) Tab at [WHA Information Center](#).

For details on submission deadlines for the current year, please refer to the [Survey Submission Calendar](#). 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](#).

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 hospital's 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](#).

NEW: In 2024 the personnel survey was combined with the Annual survey to reduce the redundancy and the number of overall survey's required to be completed. A new Section XI ~ was added for collecting IT and Cybersecurity details and 36 new questions were added while five questions were removed.

Key Submission Guidelines:

- *Completeness and Accuracy:* WI Hospitals must ensure all data items are fully completed. For items deemed not applicable, enter "0." Responses of "not available" or "missing" are unacceptable.
- *Rounding:* Round all financial figures to the nearest dollar.
- *Submission Timeline:* The online fiscal survey must be completed and submitted to the WHA Information Center within 120 calendar days following the close of the hospital's previous fiscal year.
- *Extensions:* Hospitals may request a submission extension of up to 30 calendar days.
- **Hospital changes:** Hospitals that merge, close, or change their reporting fiscal year are still required to submit data covering a **full 12-month period**.
- *Separate Submissions:* Hospitals affiliated with a healthcare system must submit individual surveys for each entity unless otherwise arranged.
- *Reviewing for accuracy:* Once data has been submitted, it must be reviewed for accuracy. The online Survey Affirmation process is explained in the [Survey Validation Quick Reference Guide](#).

- For additional guidance, refer to the [Frequently Asked Questions](#).

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I. Hospital Information and Classification

Organization Information

This section covers hospital classifications and will be auto filled with the previous year's 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

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

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?

- A. Identify the contact Name, title, email, etc. in the survey tool.
- B. Indicate the beginning of your current fiscal year (format is alpha or numerical.)
- C. Reporting Period used (beginning and ending date) *In the event of a merger or acquisition, facility closure or partial year, we are interested in the full scope of reporting period. Also used as an internal auditing function to make sure we have a full 12 months of data when required.
- D. Were you in operation 12 full months at the end of your reporting period? If not, the 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 [Guide to Wisconsin Hospitals](#).

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

- | | | | |
|------------------------------|---|-----------------------------------|--|
| Government, Nonfederal | Non-government, Not-for-profit | Investor-owned, For-Profit | Government, Federal |
| ☐ State | | ☐ Individual | |
| ☐ County | ☐ Religious organization | ☐ Partnership | ☐ Veterans Affairs |
| ☐ City | ☒ Other not-for-profit | ☐ 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 hospitals are 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**. If the headquarters are outside of Wisconsin, please use the proper city and state of which it is located.

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

A holding company is any company, incorporated or unincorporated, that is able 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 itself 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 organizations report 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 the 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 shareholders/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 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.

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](#).

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

- | | |
|--|--|
| ☐ General medical and surgical (GMS) | ☐ Critical Access Hospital (CAH) |
| ☐ GMS - Long-Term Acute Care | ☐ Psychiatric |
| ☐ Rehabilitation | ☐ Alcohol/Substance Use Disorder |
| ☐ Cancer Hospital | ☐ Heart Hospital |
| ☐ Orthopedic Hospital | |

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 survey users unless the question is free form.

13. Accreditation/Certification Status

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

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

☐	Date of last Survey (MM/YY):	
TJC - The Joint Commission		
☐	☐	
DNV (Det Norske Veritas)	Medicare certified Title 18	
☐	☐	
DHS 124 Licensed	Other	
☐	If other, please specify:	
NCQA/PHQ		

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 people over age 65 and others eligible for Social Security benefits.

Report on 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 on the hospital's Medicaid provider number.

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 people 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. Prepaid plans are 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.

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 that apply.

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

Hospital	Health Care System	Network	Jointly Owned with Insurer
☐ Health Maintenance Organization	☐ Health Maintenance Organization	☐ Health Maintenance Organization	☐ Health Maintenance Organization
☐ Preferred Provider Organization	☐ Preferred Provider Organization	☐ Preferred Provider Organization	☐ Preferred Provider Organization
☐ Indemnity Fee-For-Service Plan	☐ Indemnity Fee-for-Service Plan	☐ Indemnity Fee-for-Service Plan	☐ 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 organization involved. 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”. Round - do not use decimals.

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?

Users will be asked to fill in the number of lives covered in a capitated arrangement.

Nursing Home Criteria: Criteria to Determine If Nursing Home Data Should Be Submitted

For purposes of the survey, a nursing home facility provides non-acute care of the following type of care for most admissions: skilled nursing, intermediate care, or residential care/senior housing. See Definitions List for more information.

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.

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

Yes (if yes, answer question 24) No

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

Yes No

25. Location of Nursing Home Facility

If answers to both 23 and 24 are YES, check the appropriate box regarding the location of the nursing home facility. (If answers to both 23 and 24 are YES, submit data for columns (1) and (2) on lines 156-166.)

If these two criteria are not met, no information related to nursing homes should appear in the survey.

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

Attached/within hospital

Freestanding on hospital campus

Freestanding off campus

26. Nursing Home Details – Registered Nurses

NEW: Provide nursing home headcounts, FTE and vacant positions for Registered Nurses.

27. Nursing Home - Total Personnel

NEW: Provide nursing home headcounts, FTE and vacant positions for all personnel.

II. SELECTED INPATIENT UNITS

This section is set up as a table with line items to address **the number of inpatient beds set-up and staffed the last day of the fiscal year**, the number of discharges, the number of inpatient days for the fiscal year and the number of discharge days for each separate unit. We also ask a series of questions about where those services are rendered.

Account for all medical/surgical adult and pediatric inpatient beds set-up-and-staffed on the last day of the fiscal year (excluding weekends or holidays). *The number of discharges should include deaths and unit transfers.*

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”.

Do not include “normal newborn” bassinets.

Number of beds set up and staffed on the last day of the fiscal year.	Number of discharges	Inpatient days for fiscal year	Discharge days	Where service is rendered codes: H, S, C, N
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Lines 27-54 is in reference to select inpatient units. The user completes 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 a low census, do not include those beds.

Number of Discharges. Enter the 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.

5 NEW items added to this section: Geriatric Acute Care Unit, Palliative care INP unit, Psychiatric Geriatric INP care, Psychiatric Pediatric INP care and Swing bed.

Frequent questions about unit transfers: How do you count a patient transfer from one unit to the next? A unit transfer is included in the number of discharges 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 transferring patients 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.

NEW 2024: The radial codes were changed from 1-5 to new ALPHA CODES. We eliminated the O/B category all together. This update provides greater efficiency in gathering data. For each service listed, complete the radial button for the code (see codes H, S, C, N 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.

*If the service is provided, but does not have a dedicated unit, users may complete the question with a zero for beds set up but use the H or S as the description as appropriate.

Code	Description
H	Service is provided in or by the hospital. It does not matter if the service is provided in a distinct or separate unit. The number of beds and utilization information MUST be provided for inpatient units when available.
S	Service is provided by the hospital’s Health Care System.
C	Service IS NOT MAINTAINED by the hospital but is available, in the hospital or another facility, through a FORMAL CONTRACTUAL arrangement with another hospital or provider, including networks and joint ventures.
N	SERVICE NOT AVAILABLE either by the hospital or through a formal contractual arrangement with another hospital or provider.
0	If information for a category is zero, or not applicable. Do not use dashes, NA, N/AV, or M.

28. Acute Long-Term Care (Hospital Only)

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.

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

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.

30. 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.

31. Geriatric Acute Care Unit

A specialized hospital unit designed to provide comprehensive medical care for older adults who are experiencing acute health issues. These units focus on addressing the unique needs of elderly patients, considering their physical, mental, and social health.

32. 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.

33. Obstetrics (include LDRP, exclude gynecology)

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.

(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.

34. Orthopedic

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

35. Palliative Care Inpatient Unit

A specialized hospital unit dedicated to providing comprehensive, compassionate care for patients with serious, often life-limiting illnesses. The focus of these units is on enhancing the quality of life for patients and their families, rather than solely curing the underlying disease.

36. Pediatric, General Medical/Surgical

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

37. Psychiatric Adult 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.

38. Psychiatric Geriatric Inpatient Care

Specialized hospital services designed for older adults who are experiencing acute psychiatric conditions, such as severe depression, anxiety, psychosis, or other mental health disorders. This type of care focuses on addressing the unique psychological, emotional, and social needs of elderly patients.

39. Psychiatric Pediatric Inpatient Care

A specialized hospital setting designed to provide intensive mental health treatment for children and adolescents facing severe psychological or behavioral issues.

40. All Other Acute

Specialized departments that are designed to provide short-term, intensive medical treatment for patients with severe or life-threatening conditions. Focuses on delivering immediate and comprehensive care to stabilize patients who require close monitoring and intervention.

41. Swing Bed

A versatile care setting that allows for the flexible use of hospital beds for both acute and skilled nursing care. This model is designed to accommodate patients who no longer need intensive hospital services but still require additional time for recovery and rehabilitation before returning home or transitioning to a lower level of care, such as a nursing facility.

42. ICU/CCU

Specialized area designed to provide intensive monitoring and treatment for patients with severe or life-threatening conditions.

43. Burn Care Unit

Provides care for 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.

44. 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.

45. 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. 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.

46. 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 neonatal patients who require less intensive care and a lower ratio of nursing personnel to neonatal patients than one in Neonatal intensive care.

47. 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 the treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified comprehensive observation and care.

48. 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.

49. All Other Intensive Care

All other units that provide care of a more intensive nature to patients.

50. Subacute Care (Inpatient 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.

51. All Other Inpatient Units

Designated areas where patients receive comprehensive medical care while staying overnight or for an extended period. Patients in these units are typically admitted for conditions that require monitoring, treatment, and support that cannot be provided in an outpatient setting.

52. Total Hospital Facility

Add lines 28-51 for beds-set-up-and-staffed, and for inpatient days.

53. 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 on Medicare patients ONLY.

54. 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 on non-Medicare patients ONLY.

55. Newborn Nursery

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

Bassinets and utilization should be reported on lines 167-169.

III. SELECTED ANCILLARY, PROGRAMS, & SERVICES

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

NEW 2024: The radial codes were changed from 1-5 and O/B to new ALPHA CODES. This update provides greater efficiency in gathering data.

For each service, review or complete the radial button code that best describes the status of the service as of the last day of the fiscal year, except weekends and holidays.

WHAIC is interested in whether or not the service is offered.

Code	Description
0	If information for a category is zero, or not applicable. Do not use dashes, NA, N/AV, or M.
H	Service is provided in or by the hospital.
S	Service is provided by the hospital's Health Care System.
C	Service IS NOT MAINTAINED by the hospital but is available, in the hospital or another facility, through a FORMAL CONTRACTUAL arrangement with another hospital or provider, including networks and joint ventures.
N	SERVICE is NOT AVAILABLE either by the hospital or through a formal contractual arrangement with another hospital or provider.

56. 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.

57. Alcohol/Substance Use Disorder Outpatient Services

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.

58. Bariatric services: Bariatric Weight Control Services

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

59. Arthritis Treatment Center

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

60. Cardiac Services: 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.

61. 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.

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

Specific areas designed to support different stages of childbirth.

63. Cardiac Services: 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. 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.

65. Cardiac Services: 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 inpatient surgery.

66. Cardiac Services: 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 the 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.

67. 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.

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

Workplace. A violence prevention program with goals and objectives for preventing workplace violence against staff and patients.

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.

69. 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.

70. Dental Services

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

71. Dialysis Services: Hemodialysis

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

72. Dialysis Services: 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.

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

Health services that are provided after the onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in placing the patient's health in serious jeopardy.

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

~~Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care.~~ **Remove this question in 2025 and renumber survey.**

75. Emergency Services: Off-campus emergency department

A facility owned and operated by the hospital but physically separate (does not include relationships with micro or neighborhood hospitals) from the hospital for the provision of unscheduled outpatient services to patients whose

conditions require immediate care. A freestanding ED is not physically connected to a hospital but has all the necessary emergency staffing and equipment on site.

76. Emergency Services: Trauma center with Self-designated level

A facility to provide emergency and specialized intensive care to critically ill and injured patients. For the facility to be provided by the hospital, it must be located in your hospital. For the service owned or provided by the hospital, please specify the trauma center level. Level 1 is a regional resource trauma center, which is capable of providing total care for every aspect of injury and plays a leadership role in trauma research and education. Level 2 is a community trauma center, which is 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, which is capable of providing care to a large number of injury victims and can resuscitate and stabilize more severely injured patients so that they can be transported to level 1 or 2 facilities.

77. Emergency Services: 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.

78. 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.

79. 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.

80. Fitness Center

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

81. Endoscopic Services

Medical procedures that involve the use of an endoscope— a flexible tube equipped with a camera and light. This technology allows healthcare providers to visualize the interior of a patient's body in real time without making large incisions.

82. Food service: 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.

83. Food service: Nutrition Programs

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

84. Genetic Counseling/Screening

A service equipped with adequate laboratory facilities and directed by a qualified physician, to advise parents and prospective parents on potential problems in cases of genetic defects. Service provides antenatal diagnosis including amniocentesis, chorionic villi sampling, fetal blood sampling, and magnetic resonance imaging. Service should have an appropriate ultrasound evaluation capacity.

85. Geriatric services: 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.

86. Geriatric services: 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.

87. Geriatric services: Comprehensive Geriatric Assessment

A service that determines geriatric patients' long-term care needs. Includes the assessment of medical conditions, functional activities, mental and emotional conditions, individual and family preferences, and financial status.

88. Geriatric services: Emergency Response 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.

89. Geriatric services: 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.

90. Geriatric services: Assisted Living

Specialized care and support tailored to meet the needs of elderly patients. These services focus on managing age-related health issues and promoting quality of life for older adults.

91. Geriatric services: 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.

92. Geriatric services: Retirement Housing

A facility which provides social activities to senior citizens, usually retired people 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.

93. Geriatric services: 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.

94. Health Promotion – Community Health Education/Health Screenings

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.

95. Health Promotion – Patient Education

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

96. Health Promotion – Worksite Health Promotion

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

97. Home Health Services

Service providing skilled nursing, therapy, and health-related homemakers or social services in the patient's home. For facilities that have a joint venture or formal contractual relationship with an outside entity, users may choose the most appropriate answer including C – formal contractual relationship.

98. Home Hospice Services

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

99. Hospital at Home Program

A healthcare initiative that allows patients to receive hospital-level care in the comfort of their own homes. This model is designed for patients who are typically eligible for inpatient care but can be safely treated in a home setting.

100. Immunization Program

Program that plans, coordinates and conducts immunization services in the community.

101. Mammography services: Diagnostic Mammography

2024 Collection: The term and category were updated. The x-ray imaging of breast tissue in symptomatic women who are considered to have a substantial likelihood of having breast cancer already.

102. Mammography services: Mammography Screening

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

103. Occupational Health Services

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

104. Occupational, Physical, and/or Rehabilitation Services: Audiology

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

105. Occupational, Physical, and/or Rehabilitation Services: 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.

106. Occupational, Physical, and/or Rehabilitation Services: 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.

107. Occupational, Physical, and/or Rehabilitation Services: 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, to psychological and physical health, recovery and well-being.

108. Occupational, Physical, and/or Rehabilitation Services: Rehabilitation Inpatient Services (service does not have beds)

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.

109. Occupational, Physical and/or Rehabilitation Services: 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.

110. Occupational, Physical, and/or Rehabilitation Services: Respiratory Therapy

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

111. Occupational, Physical, and/or Rehabilitation Services: Speech Pathology Therapy

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

112. Oncology Services

An organized program for the treatment of cancer using drugs and chemicals. WHAIC is asking whether there are oncology services provided by the hospital or health system, etc. For example, if Aurora as a health system provides oncology services, you would indicate an “S”.

113. Oncology Services: Outpatient Services – within the hospital

WHAIC is asking whether the specific hospital for which you are filling out the survey offers the service and if it is within the hospital. For example, if Aurora Hartford has oncology services within that hospital, you would indicate an “H”.

114. Oncology Services: 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 within approximately 200 feet of the main campus.

115. Oncology Services: 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. For example, a freestanding center across town and not within 200 feet of the main hospital campus.

116. 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.

117. Patient-controlled analgesia (PCA)

A method of pain management that allows patients to self-administer pain relief medication, typically opioids, using a specialized pump. This approach is commonly used in hospitals for post-surgical pain or for patients with chronic pain conditions.

118. 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.

119. Psychiatric Services: Child / adolescent services

Specialized mental health care programs designed to address the emotional, behavioral, and psychological needs of children and teenagers. These services aim to diagnose and treat a range of mental health issues, including anxiety disorders, depression, bipolar disorder, ADHD, and more.

120. Psychiatric Services: 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.

121. Psychiatric Services: 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.

122. Psychiatric Services: 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.

123. Psychiatric Services: Psychiatric Geriatric Services

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

124. Psychiatric Services: Psychiatric Outpatient Services

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

125. Psychiatric Services: Psychiatric Partial hospitalization program

A structured mental health treatment option that provides intensive, short-term care for individuals experiencing significant psychiatric issues. It serves as a bridge between inpatient hospitalization and outpatient therapy, offering a higher level of support than traditional outpatient services while allowing patients to return home each evening.

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

A medical imaging device that uses X-rays and computer technology to produce detailed cross-sectional images of the body. These images, known as CT scans or slices, allow healthcare providers to visualize internal structures, including organs, bones, and tissues, in a non-invasive manner.

127. Radiology, Diagnostic: 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.

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

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.

129. Radiology, Diagnostic: 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.

130. Radiology, Diagnostic: Ultrasound

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

131. Reproductive Health: 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.

132. Reproductive Health: 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.

133. Reproductive Health: Prenatal/Postnatal services

Healthcare provided to women during pregnancy and after childbirth. These services are essential for ensuring the health and well-being of both the mother and the baby.

134. Reproductive Health: Women's health center services

Encompasses a wide range of services and care related to the reproductive system at all stages of life. Women's health center services typically include Family Planning, Pregnancy Care, Sexually Transmitted Infections (STIs), Gynecological Care, Counseling and Support, Education and Outreach.

135. Robotic surgery

A minimally invasive surgical technique that uses robotic systems to assist surgeons in performing procedures with enhanced precision, flexibility, and control.

136. Rural health clinic

A clinic located in a rural, medically under-served area in the United States that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs.

137. Sleep center

A sleep center is a medical facility or service that provides sleep studies (at home or in a facility) and treatment for sleep disorders. Sleep centers can help people with insomnia, sleep apnea, snoring, and other sleep issues.

138. 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.

139. Sports Medicine Clinic/Services

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

140. 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 159 will ask about the number of surgical procedures / operations performed.

141. Telemedicine: Teleradiology

Type of telehealth encounter or consult that uses 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.

142. Telemedicine: eICU

eICU 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.

143. Telemedicine: Tele Stroke

Remotely evaluate people who have had or are suspected of 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.

144. Telemedicine: 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.

General guidance: If facility bills for the service, likely choose H – offered by the hospital. If the facility does not bill for the service but there is a formal contractual relationship with a practice location or provider, then the likely choice of options is C – Contractual relationship.

145. Telemedicine: 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.

146. Telemedicine: 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.

147. Telemedicine: 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.

148. Tobacco treatment/cessation program

Organized hospital services with the purpose of ending tobacco-use habits of patients addicted to tobacco/nicotine.

149. Transplant Services: 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.

150. Transplant Services: Heart transplant

Service offering specially trained and equipped staff to perform the surgical removal of a viable human heart from a deceased person immediately after death, and the surgical grafting of the heart to a suitably evaluated and prepared patient.

151. Transplant Services: Lung transplant

Service offering specially trained and equipped staff to perform the surgical removal of a viable human lung from a deceased person immediately after death, and the surgical grafting of the lung to a suitably evaluated and prepared patient.

152. Transplant Services: 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.

153. Transplant Services: Liver Transplant

Service offering specially trained and equipped staff to perform the surgical removal of a viable liver from either a living donor or a deceased person immediately after death, and the surgical grafting of the liver to a suitably evaluated and prepared patient.

154. Transplant Services: 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.

155. Wound management services

Services for patients with chronic wounds and nonhealing wounds often resulting from diabetes, poor circulation, improper seating and immuno-compromising conditions. The goals are to progress chronic wounds through stages of healing, reduce and eliminate infections, increase physical function to minimize complications from current wounds and prevent future chronic wounds.

156. Virtual colonoscopy

Noninvasive screening procedure used to visualize, analyze and detect cancerous or potentially cancerous polyps in the colon.

IV. 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 asks for volume and visit totals for any service that is affirmed in Sections II - III.

Outpatient visits mean 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.* In other words, do not count how many appointments a person had in a given day throughout the facility, just count the moment the patient walked in the door. Include all visits to outpatient clinics for which the hospital receives patient revenue.

For each surgical operation count each patient undergoing surgery as one surgical operation, regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure room.

Inpatient and outpatient surgical procedures should be counted based on current coding guidelines.

157. Inpatient Surgical Operations

Report on 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.

158. Outpatient Surgical Operations (not procedures)

Report on 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. Include an endoscopy only when used as an operative tool and not when used for diagnosis alone. Count each patient undergoing surgery as one surgical operation regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure room. For example, a total knee replacement is an operation, whereas a suture of a finger with three stitches is a procedure.

159. Total Surgical Operations (not procedures)

Add lines 157 and 158.

160. 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.

a. Total emergency visits

b. Number of emergency visits that resulted in inpatient admissions (subset of total emergency visits)  This number is included in the total number of OP visits automatically calculated by WHAIC. This will be re-evaluated for FY 2025.

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

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 sections II and III above.

162. 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.

163. Total Outpatient Visits

Add lines 160, 161, 162

Non-emergency ambulance/transport services

164. Non-emergency inter-facility transport 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.

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

Report on 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.

166. Total non-emergency transports by ambulance

Add lines 164 and 165.

Newborn Nursery

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

Report on 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.

168. Total births (exclude fetal deaths)

Report on the total number of births, excluding fetal deaths.

169. Newborn days (exclude neonatal days)

Report on the number of inpatient days for normal newborn nursery. DO NOT include neonatal intensive care or intermediate care inpatient days.

V. 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: Include Medicare-certified and NON-Medicare swing bed data. Excluding newborns.

Include unit transfers in admissions and discharges 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 nursing 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. It's 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.

Utilization and Beds

170. Admissions

Report on the number of adult and pediatric (not newborn) admissions. Include only 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.

171. 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 on 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 if applicable.

172. Discharges/Deaths

Report on 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.

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.

173. Census

Report on 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.

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

Report the number of licensed beds on the last day of the FYE – excluding weekends and holidays. Report only operating (**staffed**) beds, not licensed unused bed capacity or licensed beds in closed units/wings or departments.

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

Medicare/Medicaid Primary Payer Utilization

Include:

- Neonatal and deaths
- Medicare-certified swing bed utilization
- T-18 and T-19 HMO utilization.

include neonatal and deaths; include Medicare-certified swing bed utilization. Include T-18 and T-19 HMO utilization.)

[1] Hospital
0

[2] Nursing Home
0

175. Total Medicare inpatient (T18) **discharges**

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

176. Total Medicare (T18) outpatient visits

Hospitals report the total number of Medicare Outpatient Visits.

177. Total Medicare inpatient **days**

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

178. Total Medicaid (Titles 19 & 21) inpatient **discharges**

This question is asking for Medicaid 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).

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

Report total number of Medicaid outpatient visits.

180. Total Medicaid inpatient **days**

This question is asking for Medicaid inpatient **days**. Include certified swing bed utilization, neonatal and deaths and T19 HMO utilization.

VI. MEDICAL STAFF

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

A health care system is a group of organizations that work together, while a health care network is a list of healthcare providers that a health insurance plan contracts with.

Health care system

- A group of organizations that work together, including hospitals, clinics, and other facilities
- Manages staff, budgets, resources, and quality
- Works with stakeholders like doctors, nurses, and patients
- Funded by federal programs, private insurance, and self-pay

Health care network

- A list of healthcare providers that a health insurance plan contracts with
- Includes hospitals, clinics, pharmacies, and other facilities
- Includes doctors, psychologists, and physical therapists
- Provides healthcare services to insured patients
- Providers in a network are called "in-network providers"
- Providers not in the network are called "out-of-network providers"

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.

Complete the survey as of September 30 – 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.**

Of all the 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.

Independent practice association (IPA):

Hospital Number of Physicians:

☐

Health Care System

☐

Network

☐

181. 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, the creation of practice networks involving patient-centered medical home (PCMH) practices may accelerate important and necessary changes in health care delivery.

182. 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.

183. 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.

184. Closed Physician Hospital Organization (PHO)

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

185. 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.

186. 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.

187. Equity Model

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

188. 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.

189. 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.

190. Other

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

Selected Specialties

Indicate the number of practitioners on the active and associate medical staff in each of the specialty groups as of September 30. 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.**

Do not report full-time equivalents or portions. If the exact numbers are unavailable, you must estimate. Count all physicians who have admitting privileges at the hospital **and** care for patients at the hospital, whether they are employed by the hospital or not. Do not count all physicians in the hospital system that are credentialed and have privileges to each hospital in the system.

NEW: contract physicians are now accounted for in the data submission.

Active Privileged Staff: Physicians, dentists, and podiatrists who regularly provide patient care and maintain 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, provisional, or other.

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

Board Certified on Active Medical Staff: 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).

191. Medical Specialties: General and family practice

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

192. Medical Specialties: 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.

193. Medical Specialties: Internal medicine subspecialties

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

194. Medical Specialties: Intensivist

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).

195. Medical Specialties: Hospitalist

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

196. Medical Specialties: 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.

197. Medical Specialties: Pediatric subspecialties

Includes neonatology, pediatric allergy, and pediatric cardiology.

198. Surgical Specialties: 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).

199. Surgical Specialties: 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.

200. Surgical Specialties: 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.

201. Other: Anesthesiology

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

202. Other: Emergency medicine

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

203. Other: 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.

204. Other: 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.

205. Other: 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 relapses as well as the monitoring of recovery.

206. Other: 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.

207. Other: All other specialties

Provide numbers of medical staff for all other specialties.

208. Check codes for other specialties

Identify any other specialties not listed above. Check all codes that apply.

[Codes for valid other specialties- check all codes that apply:](#)

☐ Aerospace Medicine

☐ General Preventive Medicine

☐ Podiatry

☐ Chiropractic Services

☐ Nuclear Medicine

☐ Physical Med&Rehab (includes Physiatry)

☐ Dental

☐ Occupational Medicine

☐ Public health

209. TOTAL Medical Staff

Add lines 191-207 – WHAIC will tally these totals for the user.

VII. Personnel on Hospital Payroll

Hospital Data Only.

NEW: In 2024 the Personnel survey was combined with the Annual survey. Combining the Personnel survey with the Annual survey simplifies the data submission process, enhances the accuracy and relevance of the information collected, and improves the overall efficiency of data analysis.

All data must be for the week of September 30, regardless of the hospital's 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. *Number of Employee Separations should be counted for the entire fiscal year and not only for the week of September 30.

Report on 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.

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. Include agency and contract staff.

Here is an example of how to calculate 'PT Total No. of P-T hours' and 'PT Total No. of Persons'.

- There are 2 part-time employees.
- 1 employee worked 10 hours in the week of September 30th.
- 1 employee worked 20 hours in the week of September 30th.
- 'PT Total No. of Persons' is 2.
- 'PT Total No. of P-T hours' is 30.
- Add up the hours each person worked that week.

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

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

Personnel working in more than one area should be included only in the category of their primary responsibility and should be counted only once.

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 on the administrator line.

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

210. Administrators

The top-level position in the facility. The person in charge of policy development, activity coordination, procedural development, and planning for the institution. In the areas of finance, organization, personnel, purchasing, accounting, nursing, dietary, maintenance, and voluntary services (persons who “primarily” function in the administrative area). For example, C-suite positions and VP’s.

211. Certified nurse midwives

A registered nurse with additional training as a midwife who is certified to deliver infants and provide prenatal and postpartum care, newborn care, and some routine care of women.

212. Certified registered nurse anesthetists (CRNA)

CRNA takes care of a patient's anesthesia needs before, during and after surgery or the delivery of a baby.

213. Clinical nurse specialists

A nurse who has advanced knowledge and competence in a particular area of nursing practice, such as cardiology, oncology, or psychiatry.

214. Dentists

Including dentists engaged in clinical practice and on the payroll. Those who hold administrative positions should be reported under “Administrators,” line 196. Exclude dentists who are paid on a fee basis.

215. Dental Hygienists

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

216. 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.

217. Directors/Managers

Directors: Leadership Role, Strategic Planning, Policy Development, Budget Oversight, Team Leadership, Nursing roles can be included here if the majority of the time is spent in a director role and not patient facing.

Managers: Operational Focus, Staff Management, Quality Assurance, Problem-Solving, Resource Management, Nursing roles can be included here if the majority of the time is spent in a manager role and not patient facing.

218. Environmental services workers

Often referred to as housekeeping or sanitation staff, they play a crucial role in maintaining a clean, safe, and healthy environment within healthcare facilities.

219. Food service workers

Meal Preparation, Food Safety, Serving Meals, Dietary Support, Cleaning and Sanitation, Inventory Management, Customer Service.

220. Health Information Management Administrators and Technicians

Administrators are people who plan, design, develop, and manage systems of patient information, administrative and clinical statistical data, and patient medical records. HIM technicians are people who assist the HIM administrator and perform the technical tasks associated with the maintenance and use of medical records.

221. Licensed practical (vocational) nurses (LPN)

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

222. 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.

223. Medical and Clinical Laboratory Technician

Perform routine tests in the 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.

224. 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 satisfactory completion of a residency program and successful completion of a specialty board examination.

225. Medical Assistants (MA)

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

226. Medical Coding Technicians

Health care professional whose main duties are to analyze clinical statements and assign standard codes using a classification system.

227. Nursing Assistants (CNA)

Include certified and not certified nursing assistants.

228. Nurse Practitioners (NP)

A person who is a registered nurse with a graduate degree in nursing and clinical experience, who is prepared for advanced practice with individuals throughout their life span and across the health continuum.

229. 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.

230. Occupational Therapy assistants / aides

People 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.

231. Pharmacists

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

232. Pharmacy Technicians

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.

233. 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.

234. Physical Therapy Assistants

People 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.

235. Registered Nurses

Nurses (RN/BSN) who have graduated from approved schools of nursing and who are currently state registered. Include only those nurses that provide direct patient care. Exclude RN's who are included in the administrator section. Those who hold administrative positions should be reported under "Administrators," line 210.

236. 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.

237. Psychiatric Technicians

Healthcare professionals who work with individuals experiencing mental health issues or developmental disabilities. Their primary role is to assist patients in their daily activities while providing support and care in various settings, such as hospitals, residential treatment centers, or outpatient facilities.

238. Psychologists (PHD)

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.

239. 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 films or fluoroscopic screens.

240. Recreational Therapists

People 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.

241. 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.

242. Social Workers/Case Managers

People who have completed a formal program of study provide 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 recover.

243. Sonographer

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

244. Surgical Technologists

We would like to provide some clarity regarding the difference between Surgical Technologists and Surgical Technicians. For the most part, there is no difference and if your facility wants to report both roles into one and put zeros for the other, that will be acceptable. For example, Hospital A considers the roles the same thing. They enter

the numbers into question #244 and enter zeros for question #245. If your hospital does normally report these roles separately, feel free to utilize both questions. These roles will be combined for the FY 2025 surveys, and that change will be coming next year.

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.

Surgical technologists typically have a broader skill set and more education than surgical technicians:

- **Surgical technologists:** Earn a degree from an accredited program, such as a 12-month certificate program or two-year associate degree. They learn about anatomy, microbiology, physiology, sterilization techniques, and patient care and safety.

245. Surgical 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.

- **Surgical technicians:** May have little to no supplemental education, and instead complete on-the-job training or a short certificate program. Their educational path may be shorter than a surgical technologist's, focusing on essential skills and knowledge.

246. All other contracted staff

People not previously included.

247. All other Health Professional / Technical Personnel

People not previously included who work in occupations requiring special education and training to allow them to function in a health setting.

248. All Other Personnel

People who have not previously been counted. These include kitchen, laundry, housekeeping and maintenance personnel, as well as secretaries, file clerks, IT, HR and Marketing staff, and so forth.

249. All other Radiologic personnel

Take X-rays and CAT scans or administer nonradioactive 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 films or fluoroscopic screen.

250. Total Hospital Personnel

Add lines 210-249.

NEW 2024:

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

Yes

No

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

☐ Primary Care

☐ Anesthesia Services

☐ Emergency Dept Care

☐ Other Specialty Care

☐ Patient Education

☐ Case Management

☐ Other

NEW 2024:

252. Foreign Educated Nurses

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

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

☐ More

☐ Less

☒ Same

☐ None, but would like to

☐ No, did not hire foreign nurses

Issues/complications in hiring foreign educated nurses:

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

253. RNs hired from nursing schools

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

254. Workweek

Indicate the average definition of Workweek (number of hours per week) of the full-time employees engaged in direct patient care (40, 38, 35, etc.) Use whole numbers; do not use decimals.

VIII. Community Benefits and Population Health

This section requires a **yes or no** answer and pertains to community benefits and population health.

Community benefits provided by hospitals encompass a wide range of services and initiatives designed to improve the health and well-being of the populations they serve. The submitter may need to work with the quality department, community benefits manager, or community relations department, etc., to gather the information. For further information, refer to the federal law requirements on Community Health Needs Assessment (CHNA) Section 501(r)(3).

NOTE: Typically, hospitals answer “yes” to these questions. Please review any internal policies and procedures, including any regulatory information that may affect your answers to these questions.

255. Does your hospital’s mission statement include a focus on community benefits?

[255. Does your hospital's mission statement include a focus on community benefit?](#)

☐ Yes

☐ No

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

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

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

259. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services?

260. Does your hospital work with other local providers, public agencies, or community representatives to conduct/develop a written health status assessment of the capacity needed for health services in the community?

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

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

263. Does your hospital either by itself or in conjunction with others disseminate reports to the community on the comparative quality and costs of health care services?

IX. Service Quality / Patient Safety

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

264. Identify the number 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.

NEW 2024: Emergency Preparedness

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

Dedicated FTEs: Quality management & improvement	1.5
Dedicated FTEs: Clinical Safety	0.5
Dedicated FTEs: Case management	1.5
Dedicated FTEs: Accreditation	0.2
Dedicated FTEs: Infection control	0.6
Dedicated FTEs: Risk Management	0.1
Dedicated FTEs: Emergency Preparedness	0.5

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

X. Information Technology and Cybersecurity

NEW SECTION 2024:

The **IT budget** includes the total expenditures for an organization's information technology systems and services. This encompasses compensation for IT professionals and costs related to the development and maintenance of enterprise-wide systems and services.

For this section, WHAIC requests that health systems **allocate their cybersecurity budget and staffing data across each facility in Wisconsin**. If precise figures are not available, reasonable estimates are acceptable. For Health Systems, here are two suggested methods to divide the total cybersecurity budget among your facilities:

1. Equal Distribution Method

Divide the total cybersecurity budget evenly among all facilities in your health system.

Example: If the total cybersecurity budget is \$3 million and the system has 15 facilities in Wisconsin, allocate $\$3 \text{ million} \div 15 = \text{\$200,000 per facility}$.

2. Proportional Employment Method

Allocate the total budget based on the number of employees at each facility relative to the system's total employment.

Example: If the total budget is \$3 million and the system employs 10,000 people, each employee accounts for $\$3 \text{ million} \div 10,000 = \text{\$300 in cybersecurity spend}$.

A facility with 100 employees would report $\text{\$300} \times 100 = \text{\$30,000}$.

A larger facility with 5,000 employees would report $\text{\$300} \times 5,000 = \text{\$1.5 million}$.

When completing this section, please:

Use the method that best aligns with your system's internal allocation practices or assumptions.

Provide your best estimate if exact numbers are unavailable.

266. Overall IT Budget \$

IT budget is the amount of money spent on an organization's information technology systems and services. It includes compensation for IT professionals and expenses related to the construction and maintenance of enterprise-wide systems and services.

267. Total Health Information Technology Expenditures – Capital

Provide the dollar value associated with HIT capital expenses for the 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).

"Total Health Information Technology Expenditures - capital" refers to the overall amount of money a healthcare organization spends on acquiring new hardware, software, and infrastructure related to health information

technology (IT), essentially representing the capital investment made in upgrading or implementing new healthcare technology systems.

Key points about "Total Health Information Technology Expenditures - capital":

- **Focus on upfront costs:**

This term specifically highlights the initial purchase price of new technology equipment, software licenses, and installation costs, rather than ongoing maintenance or operational expenses.

- **Examples of capital expenditures in healthcare IT:**

- Purchasing new electronic health record (EHR) systems
- Installing new medical imaging devices like MRI machines
- Upgrading hospital network infrastructure
- Implementing patient portal software

268. Total Health Information Technology Expenditures – Operating

Provide the dollar value associated with HIT operating expenses for the 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).

"Total Health Information Technology Expenditures - Operating" refers to the overall amount of money a healthcare organization spends on maintaining and utilizing their information technology systems within their regular operations, including costs like software licenses, hardware maintenance, IT staff salaries, and network upkeep, essentially encompassing all the ongoing expenses associated with running their healthcare IT infrastructure.

Key points about "Total Health Information Technology Expenditures - Operating":

- **Includes ongoing costs:**

This term focuses on the ongoing expenses related to healthcare IT, not just the initial purchase price of equipment or software.

- **Measured as a percentage of revenue:**

Often, healthcare organizations track their IT spending as a percentage of their total revenue, with a typical range being 3-5%.

- **Components of operating IT costs:**

- Electronic Health Records (EHR) maintenance
- Patient portals
- Network infrastructure upkeep
- IT staff salaries
- Software updates and upgrades

269. Number of internal IT staff (in FTE's)

WHAIC requests that health systems **allocate their cybersecurity budget and staffing data across each facility in Wisconsin**. If precise figures are not available, reasonable estimates are acceptable. For Health Systems, divide among your facilities, accordingly, based on the size of the facility.

XI. 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. WHAIC asks about a limited number of SDOH situations.

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

270. Does your facility screen patients for social needs?

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

Check all that apply:

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

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

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

274. Has your facility gathered data indicating that activities used to address the SDOH, and patient social needs have resulted in any of the following?

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

☒	Better health outcomes for patients	☒	Decreased utilization of hospital or health system services
☐	Decreased health care costs	☐	Improved community health status

XII. Appendices

Definitions List

Term	Definition
General Definitions, Terms and Brief Explanations	
System	Complete the survey for services provided by any of the hospitals in your system that reside in Wisconsin.
Owned/provided by the hospital or its subsidiary	All patient revenues, expenses and utilization related to the provision of the service are reflected in the hospital's statistics reported elsewhere in this survey.
Provided by my health system (in my local community).	Another health care provider in the same system as your hospital provides the service and patient revenue, expenses, and utilization related to the provision of the service are recorded at the point where the service was provided and would not be reflected in your hospital's statistics reported elsewhere in this survey. (A system is a corporate body that owns, leases, religiously sponsors and/or manages health providers)
Provided through a partnership or joint venture with another provider that is not in my system.	All patient revenues and utilization related to the provision of the service are recorded at the site where the service was provided and would not be reflected in your hospital statistics reported elsewhere in this survey. (A joint venture is a contractual arrangement between two or more parties forming an unincorporated business. The participants in the arrangement remain independent and separate outside of the venture's purpose.)
Subsidiary Corporation	A subsidiary (sub) is a business entity or corporation that is fully owned or partially controlled by another company, termed as the parent, or holding, company.
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 about medical costs, outcomes, and patient satisfaction.
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 depends on the network's rules.

Term	Definition
Question Definitions:	
General medical-surgical care	Provides acute care to patients in medical and surgical units based on physicians' orders and approved nursing care plans.
Pediatric medical-surgical care	Provides acute care to pediatric patients based on physicians' orders and approved nursing care plans.
Obstetrics	For service owned or provided by the hospital, level should be designated: (1) unit provides services for uncomplicated maternity and newborn cases; (2) unit provides services for uncomplicated cases, the majority of complicated problems, and special neonatal services; and (3) unit provides services for all serious illnesses and abnormalities and is supervised by a full-time maternal/fetal specialist, (4) on-site medical and surgical care of the most complex maternal conditions and critically ill pregnant women and fetuses throughout antepartum, intrapartum, and postpartum care.
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. Includes mixed intensive care units.
Cardiac intensive care	Provides patient care of a more specialized nature than the usual medical and surgical care, based on physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units.
Neonatal intensive care	A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU. Neonatal Intensive Care Units (NICUs) are classified into levels by the American Academy of Pediatrics (AAP) based on their capabilities The levels are as follows: Level I: Well newborn nursery

Term	Definition
	Level II: Special care nursery Level III: Neonatal intensive care unit (NICU) Level IV: Regional neonatal intensive-care unit (regional NICU)
Neonatal intermediate care	A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.
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 the treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.
Burn care	Provides care for 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.
Other special care	Provides care to patients requiring care more intensive than that provided in the acute area, yet not sufficiently intensive to require admission to an intensive care unit. Patients admitted to this area are usually transferred here from an intensive care unit once their condition has improved. These units are sometimes referred to as definitive observation, step-down or progressive care units.
Other intensive care	A specially staffed, specialty equipped, separate section of a hospital dedicated to the observation, care, and treatment of patients with life-threatening illnesses, injuries, or complications from which recovery is possible. It provides special expertise and facilities for the support of vital function and utilizes the skill of medical nursing and other staff experienced in the management of these problems.
Physical rehabilitation	Provides care encompassing a comprehensive array of restoration services for people with disabilities and all support services necessary to help patients attain their maximum functional capacity.
Substance use disorder care	Provides diagnostic and therapeutic services to patients with a medical illness characterized by clinically significant impairments in health, social function, and voluntary control over use of substances such as alcohol, prescription and non-

Term	Definition
	prescription drugs substance use disorders range in severity, duration and complexity from mild to severe. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care than provided in an outpatient setting or where patient requires supervised withdrawal.
Psychiatric care	Provides acute or long-term care to patients with mental or emotional disorders, including patients admitted for diagnosis and those admitted for treatment of psychiatric disorders, based on physicians' orders and approved nursing care plans. Long-term care may include intensive supervision to persons with chronic/severe mental illness
Skilled nursing care	Provides non-acute medical and skilled nursing care services, therapy, and social services under the supervision of a licensed registered nurse on a 24-hour basis.
Intermediate nursing care	Provides health-related services (skilled nursing care and social services) to residents with a variety of physical conditions or functional disabilities. These residents do not require the care provided by a hospital or skilled nursing facility but do need supervision and support services.
Acute long-term care	Provides specialized acute hospital care to medically complex patients who are critically ill, have multisystem complications and/or failure, and require hospitalization averaging 25 days, in a facility offering specialized treatment programs and therapeutic intervention on 24-hour/7 days a week basis.
Other long-term care	Provision of long-term care other than skilled nursing care or intermediate care for those who do not require daily medical or nursing services but may require some assistance in the activities of daily living. This can include residential care, elderly care, or care facilities for those with developmental or intellectual disabilities
Biocontainment patient care unit	A permanent unit that provides the first line of treatment for people affected by bioterrorism or highly hazardous communicable diseases. The unit is equipped to safely care for anyone exposed to a highly contagious and dangerous disease. Please do not report temporary COVID-19 units on this line.
This section of Terms and Definitions Applies to Ancillary	
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.

Term	Definition
Airborne infection isolation room.	A single-occupancy room for patient care where environmental factors are controlled to minimize the transmission of those infectious agents, usually spread person to person by droplet nuclei associated with coughing and inhalation. Such rooms typically have specific ventilation requirements for controlled ventilation, air pressure and filtration.
Alzheimer center	Facility that offers care to people with Alzheimer's disease and their families through an integrated program of clinical services, research, and education.
Ambulance services	Provision of an ambulance service to the ill and injured who require medical attention on a scheduled and unscheduled basis.
Air ambulance services	Aircraft and especially a helicopter equipped for transporting the injured or sick. Most air ambulances carry critically ill or injured patients, whose condition could rapidly change for the worse.
Ambulatory surgery center	Facility that provides care for patients requiring surgery that are admitted and discharged on the same day. Ambulatory surgery centers are distinct from same day surgical units within the hospital outpatient departments for purposes of Medicare payment.
Arthritis treatment center	Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders.
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.
Bariatric/weight control services	The medical practice of weight reduction.
Birthing room/LDR room/LDRP room	A single room type of maternity care with a more homelike setting for families than the traditional three-room unit (labor/delivery/recovery) with a separate postpartum area. A birthing room combines labor and delivery in one room. An LDR room accommodates three stages in the birthing process--labor, delivery, and recovery. An LDRP room accommodates all four stages of the birth process--labor, delivery, recovery, and postpartum.
Blood donor center	A facility that performs, or is responsible for the collection, processing, testing or distribution of blood and components.
Breast cancer screening/mammograms	Mammography screening - The use of breast x-ray to detect unsuspected breast cancer in asymptomatic women. Diagnostic mammography - The x-ray imaging of

Term	Definition
	breast tissue in symptomatic women who are considered to have a substantial likelihood of having breast cancer already.
Cardiology and cardiac surgery services	Services which include the diagnosis and treatment of diseases and disorders involving the heart and circulatory system.
Cardiology services	An organized clinical service offering diagnostic and interventional procedures to manage the full range of heart conditions.
Diagnostic catheterization	Cardiology services (Also called coronary angiography or coronary arteriography) is used to assist in diagnosing complex heart conditions. Cardiac angiography involves the insertion of a tiny catheter into the artery in the groin then carefully threading the catheter up into the aorta where the coronary arteries originate. Once the catheter is in place, a dye is injected which allows the cardiologist to see the size, shape, and distribution of the coronary arteries. These images are used to diagnose heart disease and to determine, among other things, whether or not surgery is indicated.
Interventional cardiac catheterization	Cardiology services Nonsurgical procedure that utilizes the same basic principles as diagnostic catheterization and then uses advanced techniques to improve the heart's function. It can be a less invasive alternative to heart surgery.
Cardiac surgery	Cardiology services Includes minimally invasive procedures that include surgery done with only a small incision or no incision at all, such as through a laparoscope or an endoscope and more invasive major surgical procedures that include open chest and open-heart surgery.
Cardiac electrophysiology	Cardiology services Evaluation and management of patients with complex rhythm or conduction abnormalities, including diagnostic testing, treatment of arrhythmias by catheter ablation or drug therapy, and pacemaker/defibrillator implantation and follow-up.
Cardiac rehabilitation	Cardiology services A medically supervised program to help heart patients recover quickly and improve their overall physical and mental functioning. The goal is to reduce the risk of another cardiac event or to keep an already present heart condition from getting worse. Cardiac rehabilitation programs include counseling patients, an exercise

Term	Definition
	program, helping patients modify risk factors such as smoking and high blood pressure, providing vocational guidance to enable the patient to return to work, supplying information on physical limitations and lending emotional support.
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.
Chaplaincy/pastoral care services	A service ministering religious activities and providing pastoral counseling to patients, their families, and staff of a health care organization.
Chemotherapy	An organized program for the treatment of cancer using drugs or chemicals.
Children's wellness program	A program that encourages improved health status and a healthy lifestyle of children through health education, exercise, nutrition and health promotion.
Chiropractic services	An organized clinical service including spinal manipulation or adjustment and related diagnostic and therapeutic services.
Community outreach	A program that systematically interacts with the community to identify those in need of services, alerting people and their families to the availability of services, locating needed services, and enabling people to enter the service delivery system.
Complementary and alternative medicine services	Organized hospital services or formal arrangements to providers that provide care or treatment not based solely on traditional western allopathic medical teachings as instructed in most U.S. medical schools. Includes any of the following: acupuncture, chiropractic, homeopathy, osteopathy, diet and lifestyle changes, herbal medicine, massage therapy, etc.
Computer assisted orthopedic surgery (CAOS)	Orthopedic surgery using computer technology, enabling three-dimensional graphic models to visualize a patient's anatomy.
Crisis prevention	Early Intervention Treatment. Services provided to promote physical and mental wellbeing and the early identification of disease and ill health prior to the onset and recognition of symptoms to permit early treatment.
Dental services	An organized dental service or dentists on staff, not necessarily involving special facilities, providing dental or oral services to inpatients or outpatients.
Diabetes prevention program	Program to prevent or delay the onset of type 2 diabetes by offering evidence-based lifestyle changes based on research studies, which showed modest behavior changes helped individuals with prediabetes reduce their risk of developing type 2 diabetes.

Term	Definition
Emergency services	Health services that are provided after the onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in placing the patient's health in serious jeopardy. a. On-campus emergency department. Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care. b. Off-campus emergency department. A facility owned and operated by the hospital but physically separate from the hospital for the provision of unscheduled outpatient services to patients whose conditions require immediate care. A freestanding ED is not physically connected to a hospital but has all the necessary emergency staffing and equipment on site. c. Pediatric emergency department. A recognized hospital emergency department capable of identifying those pediatric patients who are critically ill or injured, stabilizing pediatric patients, including the management of airway, breathing and circulation and providing an appropriate transfer to a definitive care facility.
Trauma Center	A facility to provide emergency and specialized intensive care to critically ill and injured patients. For the facility to be provided by the hospital, it must be located in your hospital. In addition, the utilization, expense, and revenue from the provision of trauma services must be reported in Section E of the survey. For the service owned or provided by the hospital, please specify the trauma center level. "Level 1: A regional resource trauma center, which can provide total care for every aspect of injury and plays a leadership role in trauma research and education. Level 2: A community trauma center, which can provide trauma care to all but the most severely injured patients who require highly specialized care. Level 3: A rural trauma hospital, which can provide care to a large number of injury victims and can resuscitate and stabilize more severely injured patients so that they can be transported to level 1 or 2 facilities. Level 4: A Level 4 Trauma Center has demonstrated an ability to provide advanced trauma life support (ATLS) prior to transfer of patients to a higher-level trauma center. It provides evaluation, stabilization, and diagnostic capabilities for injured patients. Level 5: A Level 5 Trauma Center provides initial evaluation, stabilization and diagnostic capabilities and prepares patients for transfer to higher levels of care.
Optical colonoscopy	Endoscopic services. Optical colonoscopy: An examination of the interior of the colon using a long, flexible, lighted tube with a small built-in camera.
Endoscopic ultrasound	Endoscopic services

Term	Definition
	Endoscopic ultrasound: Specially designed endoscope that incorporates an ultrasound transducer used to obtain detailed images of organs in the chest and abdomen. The endoscope can be passed through the mouth or the anus. When combined with needle biopsy the procedure can assist in diagnosis of disease and staging of cancer.
Ablation of Barrett’s esophagus	Endoscopic services Ablation of Barrett’s esophagus. Premalignant condition that can lead to adenocarcinoma of the esophagus. The nonsurgical ablation of premalignant tissue in Barrett’s esophagus by the application of thermal energy or light through an endoscope passed from the mouth into the esophagus.
Esophageal impedance study	Endoscopic services Esophageal impedance study. A test in which a catheter is placed through the nose into the esophagus to measure whether gas or liquids are passing from the stomach into the esophagus and causing symptoms.
Endoscopic retrograde cholangiopancreatography (ERCP)	Endoscopic services Endoscopic retrograde cholangiopancreatography (ERCP). A procedure in which a catheter is introduced through an endoscope into the bile ducts and pancreatic ducts. Injection of contrast material permits detailed x-ray of these structures. The procedure is used diagnostically as well as therapeutically to relieve obstruction or remove stones
Enrollment (insurance) assistance services	A program that provides enrollment assistance for patients who are potentially eligible for public health insurance programs such as Medicaid, State Children's Health Insurance, or local/state indigent care programs. The specific services offered could include explanation of benefits, assisting applicants in completing the application and locating all relevant documents, conducting eligibility interviews, and/or forward applications and documentation to state/local social service or health agency.
Employment support services.	Services are designed to support individuals with significant disabilities to seek and maintain employment.
Extracorporeal shock wave lithotripter (ESWL)	A medical device used for treating stones in the kidney or urethra. The device disintegrates kidney stones noninvasively through the transmission of acoustic shock waves directed at the stones.

Term	Definition
Fertility clinic	A specialized program set in an infertility center that provides counseling and education as well as advanced reproductive techniques such as: injectable therapy, reproductive surgeries, treatment for endometriosis, male factor infertility, tubal reversals, in vitro fertilization (IVF), donor eggs, and other such services to help patients achieve successful pregnancies.
Fitness center	Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees.
Freestanding outpatient care center	A facility owned and operated by the hospital that is physically separate from the hospital and provides various medical treatments and diagnostic services on an outpatient basis only. Laboratory and radiology services are usually available.
Geriatric services	The branch of medicine dealing with the physiology of aging and the diagnosis and treatment of disease affecting the aged. Services could include adult day care; Alzheimer's diagnostic-assessment services; comprehensive geriatric assessment; emergency response system; geriatric acute care unit; and/or geriatric clinics
Health fair	Community health education events that focus on the prevention of disease and promotion of health through such activities as audiovisual exhibits and free diagnostic services.
Community Health education	Education provides health information to individuals and populations as well as support for personal, family and community health decisions with the objective of improving health status.
Genetic testing/counseling	A service equipped with adequate laboratory facilities and directed by a qualified physician to advise patients on potential genetic diagnosis of vulnerabilities to inherited diseases. A genetic test is the analysis of human DNA, RNA, chromosomes, proteins, and certain metabolites to detect heritable disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes. Genetic tests can have diverse purposes, including the diagnosis of genetic diseases in newborns, children, and adults; the identification of future health risks; the prediction of drug responses; and the assessment of risks to future children.
Health screening	A preliminary procedure such as a test or examination to detect the most characteristic sign or signs of a disorder that may require further investigation.
Health research	Organized hospital research program in any of the following areas: basic research, clinical research, community health research, and/or research on innovative health care delivery.

Term	Definition
Hemodialysis	Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis.
HIV/AIDS services	Diagnosis, treatment, continuing care planning, and counseling services for HIV/AIDS patients and their families. Could include HIV/AIDS unit, special unit or designated team, general inpatient care, or specialized outpatient program.
Home health services	Service provides nursing, therapy, and health-related homemakers or social services in the patient's home.
Hospice	A program providing palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial, and legal needs of terminally ill patients and their families. Care can be provided in a variety of settings, both inpatient and at home.
Hospital-based outpatient care center-services	Organized hospital health care services offered by appointment on an ambulatory basis. Services may include outpatient surgery, examination, diagnosis, and treatment of a variety of medical conditions on a nonemergency basis, and laboratory and other diagnostic testing as ordered by staff or outside physician referral.
Housing Services	Housing Services Assisted living. A special combination of housing, supportive services, personalized assistance and health care is designed to respond to the individual needs of those who need help in activities of daily living and instrumental activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbor and friends. Retirement housing. A facility that provides social activities to senior citizens, usually retired people, 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. Supportive housing services. A hospital program that provides decent, safe, affordable, community-based housing with flexible support services designed to help the individual or family stay housed and live a more productive life in the community.

Term	Definition
Hospital at Home Program	Hospital-at-home enables some patients who need acute-level care to receive care in their homes, rather than in a hospital.
Immunization program	Program that plans, coordinates and conducts immunization services in the community.
Indigent care clinic	Health care services for uninsured and underinsured people where care is free of charge or charged on a sliding scale. This would include "free clinics" staffed by volunteer practitioners but could also be staffed by employees with the sponsoring health care organization subsidizing the cost of service.
Linguistic/translation services	Services provided by the hospital designed to make health care more accessible to non-English speaking patients and their physicians.
Meal delivery services	A hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis.
Mobile health services	Vans and other vehicles are used for delivery of primary care services.
Neurological services	Services provided by the hospital dealing with the operative and nonoperative management of disorders of the central, peripheral, and autonomic nervous systems.
Nutrition programs	Services within a health care facility are designed to provide inexpensive, nutritionally sound meals for patients.
Occupational health services	Includes services designed to protect the safety of employees from hazards in the work environment.
Oncology services	Inpatient and outpatient services for patients with cancer, including comprehensive care, support and guidance in addition to patient education and prevention, chemotherapy, counseling and other treatment methods.
Orthopedic services	Services provided for the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints and ligaments.
Outpatient surgery	Scheduled surgical services are 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.

Term	Definition
Pain management program	A recognized clinical service or program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and other distressing symptoms, administered by specially trained physicians and other clinicians, to patients suffering from acute illnesses of diverse causes.
Palliative care program	An organized program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and/or the control of symptoms administered by specially trained physicians and other clinicians; and supportive care services, such as counseling on advanced directives, spiritual care, and social services, to patients with advanced diseases and their families.
Palliative care inpatient unit	An inpatient palliative care ward is a physically discreet, inpatient nursing unit where the focus is palliative care. The patient care focus is on symptom relief for complex patients who may be continuing to undergo primary treatment. Care is delivered by palliative medicine specialists.
Patient controlled analgesia (PCA)	Intravenously administered pain medicine under the patient's control. The patient has a button on the end of a cord that can be pushed at will whenever more pain medicine is desired. This button will only deliver more pain medicine at predetermined intervals, as programmed by the doctor's order.
Patient education center	Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and self-care.
Patient representative services	Organized hospital services provide personnel through whom patients and staff can seek solutions to institutional problems affecting the delivery of high-quality care and services.
Physical rehabilitation services	Physical rehabilitation services. Programs providing medical, health-related, therapy, social, and/or vocational services to help people with disabilities attain or retain their maximum functional capacity. a. Assistive technology center. A program providing access to specialized hardware and software with adaptations allowing individuals greater independence with mobility, dexterity, or increased communication options. b. Electrodiagnostic services. Diagnostic testing services for nerve and muscle function such as nerve conduction studies and needle electromyography. c. Physical rehabilitation outpatient services. Outpatient program providing medical, health-related, therapy, social, and/or vocational services to help people with disabilities attain or retain their maximum functional capacity. d. Prosthetic and orthotic services. Services provide comprehensive prosthetic and orthotic evaluation, fitting, and training.

Term	Definition
	e. Robot-assisted walking therapy. A form of physical therapy that uses a robotic device to assist patients who are relearning how to walk. f. Simulated rehabilitation environment. Rehabilitation focuses on retraining functional skills in a contextually appropriate environment (simulated home and community settings) or in a traditional setting (gymnasium) using motor learning principles.
Prenatal and Postpartum services	Pregnancy care consists of prenatal (before birth) and postpartum (after birth) healthcare for expectant mothers. It involves treatments and training to ensure a healthy pre-pregnancy, pregnancy, labor and delivery.
Primary care department	A unit or clinic within the hospital that provides primary care services (e.g., general pediatric care, general internal medicine, family practice, gynecology) through hospital-salaried medical and/or nursing staff, focusing on evaluating and diagnosing medical problems and providing medical treatment on an outpatient basis.
Psychiatric services	Psychiatric services. Services provided by the hospital offer immediate initial evaluation and treatment to patients with mental or emotional disorders. a. Psychiatric consultation-liaison services. Provides organized psychiatric consultation/liaison services to nonpsychiatric hospital staff and/or departments on psychological aspects of medical care that may be generic or specific to individual patients. Consultation-liaison psychiatrists work to help people suffering from a combination of mental and physical illness by consulting with them and liaising with other members of their care team. b. Psychiatric pediatric services. The branch of medicine focused on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders in pediatric patients. Please report on the number of staffed beds. c. Psychiatric geriatric services. Provides care to elderly patients with mental or emotional disorders, including those admitted for diagnosis and those admitted for treatment. Please report on the number of staffed beds. d. Psychiatric education services. Provides psychiatric educational services to community agencies and workers such as schools, police, courts, public health nurses, welfare agencies, clergy, and so forth. The purpose is to expand the mental health knowledge and competence of personnel not working in the mental health field and to promote good mental health through improved understanding, attitudes, and behavioral patterns. e. Psychiatric emergency services. Services of facilities available on a 24-hour basis to provide immediate unscheduled outpatient care, diagnosis, evaluation, crisis intervention, and assistance to people suffering acute emotional or mental distress. f. Psychiatric outpatient services. Provides psychiatric services beyond what are offered in intensive outpatient programs or partial hospitalizations.

Term	Definition
	g. Psychiatric intensive outpatient services. A prescribed course of treatment in which the patient receives outpatient care no less than three times a week (which might include more than one service/day) h. Social and community psychiatric services. Social psychiatry deals with social factors associated with psychiatric morbidity, social effects of mental illness, psycho-social disorders and social approaches to psychiatric care. Community psychiatry focuses on detection, prevention, early treatment and rehabilitation of emotional and behavioral disorders as they develop in a community. i. Forensic psychiatric services. A medical subspecialty that includes research and clinical practice in many areas in which psychiatric is applied to legal issues. j. Prenatal and postpartum psychiatric and/or substance use disorder services. Psychiatric care during and post-pregnancy. Includes perinatal depression and postpartum depression. Psychiatric and/or substance use disorder care prenatal and postpartum. k. Psychiatric partial hospitalization program – adult/pediatric. Organized hospital services providing intensive day/evening outpatient services of three hours or more duration, distinguished from other outpatient visits of one hour. l. Psychiatric residential treatment – adult/pediatric. Overnight psychiatric care in conjunction with an intensive treatment program in a setting other than a hospital. m. Suicide prevention services. A collection of efforts to reduce the risk of suicide. These efforts may occur at the individual, relationship, community and society levels.
Radiology, diagnostic	Radiology, diagnostic. The branch of radiology that deals with the utilization of all modalities of radiant energy in medical diagnoses and therapeutic procedures using radiologic guidance. This includes, but is not restricted to, imaging techniques and methodologies utilizing radiation emitted by x-ray tubes, radionuclides, and ultrasonographic devices and the radiofrequency electromagnetic radiation emitted by atoms. a. CT Scanner. Computed tomographic scanner for head or whole-body scans. b. Diagnostic radioisotope facility. The use of radioactive isotopes (Radiopharmaceuticals) as tracers or indicators to detect an abnormal condition or disease. c. Electron beam computed tomography (EBCT). A high-tech computed tomography scan used to detect coronary artery disease by measuring coronary calcifications. This imaging procedure uses electron beams which are magnetically steered to produce a visual of the coronary artery and the images are produced faster than conventional CT scans. d. Full-field digital mammography (FFDM). Combines the x-ray generators and tubes used in analog screen-film mammography (SFM) with a detector plate that converts the x-rays into a digital signal. e. Magnetic resonance imaging (MRI). The use of a uniform magnetic field and radio frequencies to study tissue and structure of the body. This procedure

Term	Definition
	enables the visualization of biochemical activity of the cell in vivo without the use of ionizing radiation, radioisotope substances or high-frequency sound. f. Intraoperative magnetic resonance imaging. An integrated surgery system which provides an MRI system in an operating room. The system allows for immediate evaluation of the degree of tumor resection while the patient is undergoing a surgical resection. Intraoperative MRI exists when an MRI (low-field or high-field) is placed in the operating theater and is used during surgical resection without moving the patient from the operating room to the diagnostic imaging suite. g. Magnetoencephalography (MEG). A noninvasive neurophysiological measurement tool used to study magnetic fields generated by neuronal activity of the brain. MEG provides direct information about the dynamics of evoked and spontaneous neural activity and its location in the brain. The primary uses of MEG include assisting surgeons in localizing the source of epilepsy, sensory mapping, and the study of brain function. When it is combined with structural imaging, it is known as <i>magnetic source imaging</i> (MSI). h. Multi-slice spiral computed tomography (<64+slice CT). A specialized computed tomography procedure that provides three-dimensional processing and allows narrower and multiple slices with increased spatial resolution and faster scanning times as compared to a regular computed tomography scan. i. Multi-slice spiral computed tomography (64+ slice CT). Involves the acquisition of volumetric tomographic x-ray absorption data expressed in Hounsfield units using multiple rows of detectors. 64+ systems reconstruct the equivalent of 64 or more slices to cover the imaged volume. j. Positron emission tomography (PET). A nuclear medicine imaging technology which uses radioactive (positron emitting) isotopes created in a cyclotron or generator and computers to produce composite pictures of the brain and heart at work. PET scanning produces sectional images depicting metabolic activity or blood flow rather than anatomy. k. Positron emission tomography/CT (PET/CT). Provides metabolic functional information for the monitoring of chemotherapy, radiotherapy and surgical planning. l. 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 clearer and more precise image. m. Ultrasound. The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures.
	Radiology, therapeutic. The branch of medicine concerned with radioactive substances and using various techniques of visualization, with the diagnosis and treatment of disease using any of the various sources of radiant energy. Services could include megavoltage radiation therapy; radioactive implants; stereotactic radiosurgery; therapeutic radioisotope facility; X-ray radiation therapy. a. Image-guided radiation therapy (IGRT). Automated system for image-guided radiation therapy that enables clinicians to obtain high-resolution x-ray images to pinpoint tumor sites, adjust patient positioning when necessary, and

Term	Definition
	complete a treatment, all within the standard treatment time slot, allowing for more effective cancer treatments. b. Intensity-Modulated Radiation Therapy (IMRT). A type of three-dimensional radiation therapy which improves treatment delivery by targeting a tumor in a way that is likely to decrease damage to normal tissues and allows for varying intensities. c. Proton beam therapy. A form of radiation therapy which administers proton beams. While producing the same biologic effects as x-ray beams, the energy distribution of protons differs from conventional x-ray beams: proton beams can be more precisely focused on tissue volumes in a three-dimensional pattern, resulting in less surrounding tissue damage than conventional radiation therapy, permitting administration of higher doses. d. Shaped beam radiation system. A precise, noninvasive treatment that involves targeted beams of radiation that mirror the exact size and shape of a tumor at a specific area to shrink or destroy cancerous cells. This procedure delivers a therapeutic dose of radiation that conforms precisely to the shape of the tumor, thus minimizing the risk to nearby tissues. e. Stereotactic radiosurgery. A radiotherapy modality that delivers a high dosage of radiation to a discrete treatment area in as few as one treatment session. Includes Gamma Knife, Cyberknife, etc. f. Basic interventional radiology. Therapies include embolization, angioplasty, stent placement, thrombus management, drainage and ablation among others. Facilities providing interventional radiology should have a radiologist with additional certification and training in diagnostic radiology, interventional radiology, or radiation oncology.
Robotic surgery	The use of mechanical guidance devices to remotely manipulate surgical instrumentation.
Rural health clinic	A clinic located in a rural, medically under-served area in the United States that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs.
Sleep center	A specially equipped and staffed center for the diagnosis and treatment of sleep disorders.
Social work services	Typically include organized services that are properly directed and sufficiently staffed by qualified individuals who provide assistance and counseling to patients and their families in dealing with social, emotional, and environmental problems associated with illness or disability, often in the context of financial or discharge planning coordination.
Sports medicine	Provision of diagnostic screening, assessment, clinical and rehabilitation services for the prevention and treatment of sports-related injuries.

Term	Definition
Substance use disorder services	Substance use disorder services a. Substance use disorder – pediatric services. Provides diagnostic and therapeutic services to pediatric patients with alcoholism or other drug dependencies. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care than provided in an outpatient setting or where patients require supervised withdrawal. Please report on staffed beds. b. Substance use disorder outpatient. Organized hospital services that provide medical care and/or rehabilitative treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency. c. Substance use disorder partial hospitalization services. Organized hospital services providing intensive day/evening outpatient services of three hour or more duration, distinguished from other outpatient visits of one hour. d. Medication assisted treatment for Opioid Use Disorder. Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole patient” approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailed to meet each patient’s needs. e. Medication assisted treatment for other substance use disorders. Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole patient” approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailed to meet each patient’s needs.
Support groups	A hospital sponsored program that allows a group of individuals with common experiences or issues who meet periodically to share experiences, problems, and solutions to support each other.
Swing bed services	A hospital bed that can be used to provide either acute or long-term care depending on community or patient needs. To be eligible a hospital must have a Medicare provider agreement in place, have fewer than 100 beds, be located in a rural area, not have a 24-hour nursing service waiver in effect, have not been terminated from the program in the prior two years, and meet various service conditions.
Teen outreach services	A program focusing on teenagers which encourages an improved health status and a healthy lifestyle including physical, emotional, mental, social, spiritual and economic health through education, exercise, nutrition and health promotion.
Tobacco treatment/cessation program	Organized hospital services with the purpose of ending tobacco-use habits of patients addicted to tobacco/nicotine.
Telehealth	Telehealth.

Term	Definition
	A broad variety of technologies and tactics to deliver virtual medical, public health, health education delivery and support services using telecommunications technologies. Telehealth is used more commonly as it describes the wide range of diagnosis and management, education, and other related fields of health care. This includes, but is not limited to dentistry, counseling, physical and occupational therapy, home health, chronic disease monitoring and management, disaster management and consumer and professional education. a. eICU. An electronic intensive care unit (eICU), also referred to as a tele-ICU, is a form of telemedicine that uses state of the art technology to provide an additional layer of critical care service. The goal of an eICU is to optimize clinical experience and facilitate 24-hour a day care by ICU caregivers. b. Stroke care. Stroke telemedicine is a consultative modality that facilitates the care of patients with acute stroke by specialists at stroke centers. c. Psychiatric and addiction treatment. Telepsychiatry can involve a range of services including psychiatric evaluations, therapy, patient education, and medication management. d. Remote patient monitoring. The use of digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit the information securely to health care providers in a different location for assessment and recommendation.
Transplant services	The branch of medicine that transfers an organ or tissue from one person to another or from one body part to another, to replace a diseased structure or to restore function or to change appearance. Services could include Bone marrow, heart, lung, kidney, intestine, or tissue transplant. <u>Please include heart/lung or other multi-transplant surgeries in 'other'.</u>
Transportation to health facilities	(non-emergency) A long-term care support service designed to assist the mobility of the elderly. Some programs offer improved financial access by offering reduced rates and barrier-free buses or vans with ramps and lifts to assist the elderly or people with disabilities; others offer subsidies for public transport systems or operate mini-bus services exclusively for use by senior citizens.
Urgent care center	A facility that provides care and treatment for problems that are not life threatening but require attention over the short term.
Violence Prevention	Violence 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

Term	Definition
	such direct involvement and support, education, mentoring, anger management, crisis intervention and training programs would also qualify.
Virtual colonoscopy	Noninvasive screening procedure used to visualize, analyze and detect cancerous or potentially cancerous polyps in the colon.
Volunteer services department	An organized hospital department is responsible for coordinating the services of volunteers working within the institution.
Women's health center/services	An area set aside for coordinated education and treatment services specifically for and promoted to women as provided by this special unit. Services may or may not include obstetrics but include a range of services other than OB. Not related to pregnancy or postpartum care.
This section of Terms and Definitions Applies to Service Utilization	
Inpatient surgical operations	Inpatient surgical operations refer to surgical procedures performed in a hospital where the patient stays overnight for observation and recovery. This is in contrast to outpatient surgery, where the patient typically goes home the same day. Inpatient surgical operations usually involve more complex or invasive procedures that require a longer hospital stay for monitoring, post-operative care, and potential complications. Examples of inpatient surgical operations include: • Major abdominal surgery (e.g., appendectomy, colon resection) • Joint replacement (e.g., hip, knee) • Heart surgery (e.g., coronary artery bypass graft) • Major orthopedic surgery (e.g., spinal fusion)
Outpatient surgical operations (not procedures)	Outpatient surgery is a surgical operation that doesn't require an overnight hospital stay. It's also known as ambulatory surgery, same-day surgery, or office surgery. Patients can enter and leave the facility on the same day. Outpatient surgery can be performed in a hospital outpatient department, an ambulatory surgery center, or a physician's office. Examples of outpatient surgical operations include: • Tonsillectomy • Hernia repair • Laparoscopic gallbladder removal • Cataract surgery
Emergency visits	Health services that are provided after the onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent

Term	Definition
	layperson, who possesses an average knowledge of health and medicine, to result in placing the patient's health in serious jeopardy.
Observation visits	Observation services are those services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient.
Non-emergency ground transport/ambulance services	Provision of transportation services, via ground ambulance, that move patients on a non-emergency basis to another health care facility or other location.
Non-emergency air transport/ambulance services	Provision of transportation services, via air ambulance, that move patients on a non-emergency basis to another health care facility or other location.
This section of Terms and Definitions Applies to Total Facility Utilization and Beds	
Admissions	A hospital admission is the act or process of accepting someone into a hospital, clinic, or other treatment facility as an inpatient. It is the time that a patient occupies a hospital bed under the care of hospital staff. Patients may be admitted for a variety of reasons, including emergencies, elective procedures, or direct admission. Types of hospital admission • Emergency admission A patient is admitted to the emergency department due to a sudden and severe change in their condition. This could be a heart attack, stroke, or trauma. • Elective admission A patient is admitted for a known medical condition that requires treatment or surgery. The admission date is known in advance. • Direct admission A patient is admitted to the hospital without first visiting the emergency department. This could happen if a doctor determines that the patient is too ill to wait for an appointment.
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

Term	Definition
	same day. Report on the number of adult and pediatric days of care rendered during the entire fiscal year.
Discharges	Hospital discharge refers to the process of a patient leaving a hospital after receiving inpatient care. It is the formal release of a hospitalized individual due to conclusion of the hospitalization stay, either by death, return home or transfer to another institution.
Census	The total number of patients that are currently admitted and receiving care within the facility at a specific point in time.
This section of Terms and Definitions Applies to Medical Staff	
Health care system	• A group of organizations that work together, including hospitals, clinics, and other facilities • Manages staff, budgets, resources, and quality • Works with stakeholders like doctors, nurses, and patients • Funded by federal programs, private insurance, and self-pay
Health care network	A list of healthcare providers that a health insurance plan contracts with. • Includes hospitals, clinics, pharmacies, and other facilities. • Includes doctors, psychologists, and physical therapists. • Provides healthcare services to insured patients. • Providers in a network are called "in-network providers". • Providers not in the network are called "out-of-network providers".
Integration Services Model	Integration ranges from co-located physical and behavioral health providers, with some screening and treatment planning, to fully integrated care where behavioral and physical health providers function as a true team in a shared practice. Integration routinely involves coupling medical services with behavioral health services and could range from co-located physical and behavioral health providers, with some screening and treatment planning, to fully integrated care where behavioral and physical health providers function as a true team in a shared practice. Consultation-liaison psychiatrists, medical physicians, or advanced practice providers (APPs) work to help people suffering from a combination of mental and physical illness by consulting with them and liaising with other members of their care team.
Physician arrangements	An integrated healthcare delivery program implementing physician compensation and incentive systems for managed care services.

Term	Definition
	Independent practice association (IPA). A legal entity that holds managed care contracts. The IPA then contracts with physicians, usually in solo practice, to provide care either on a fee-for-service or capitated basis. The purpose of an IPA is to assist solo physicians in obtaining managed care contracts. a. 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. b. 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. c. Closed physician-hospital organization (PHO). A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality. d. 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. e. Integrated salary model. Physicians are salaried by the hospital or another entity of a health system to provide medical services for primary care and specialty care. f. Equity model. Allow established practitioners to become shareholders in a professional corporation in exchange for tangible and intangible assets of their existing practices. g. 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. h. 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.
General and family practice	A physician that provides primary care services including general practice, general internal medicine, family practice, general pediatrics, and geriatrics.
Internal medicine (general)	Internal medicine physicians, or internists, are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate

Term	Definition
	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.
Intensivist	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).
Hospitalist	Hospitalists assume the care of hospitalized patients in the place of patients' primary care physician.
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.
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).
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.
Anesthesiology	The branch of medicine specializing in the use of drugs or other agents that cause insensibility to pain.
Emergency medicine	A medical specialty concerned with the care and treatment of acutely ill or injured patients who need immediate medical attention.
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.
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.
Addiction Medicine	Physicians in Addiction Medicine who work with patients who have substance use disorders and are concerned with the prevention, diagnosis, and treatment of

Term	Definition
	withdrawal, medical or psychiatric complications and relapses as well as the monitoring of recovery.
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.
This section of Terms and Definitions Applies to Personnel	
Administrators	The top-level position in the facility. The person in charge of policy development, activity coordination, procedural development, and planning for the institution. In the areas of finance, organization, personnel, purchasing, accounting, nursing, dietary, maintenance, and voluntary services (persons who “primarily” function in the administrative area). For example, C-suite positions and VP’s.
Certified nurse midwives	A registered nurse with additional training as a midwife who is certified to deliver infants and provide prenatal and postpartum care, newborn care, and some routine care of women.
Certified registered nurse anesthetists (CRNA)	CRNA takes care of a patient's anesthesia needs before, during and after surgery or the delivery of a baby.
Clinical nurse specialists	An Advanced Practice Registered Nurse (APRN) prepared by a master’s, doctoral, or post-graduate certificate level CNS program. CNSs diagnose, prescribe, and treat patients and specialty populations across the continuum of care.
Dentists	Providing dental or oral services to inpatients or outpatients.
Dental Hygienists	A licensed dental professional who specializes in preventative oral health, typically focusing on techniques in oral hygiene.
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.
Directors/Managers	Directors: Leadership Role, Strategic Planning, Policy Development, Budget Oversight, Team Leadership.

Term	Definition
	Managers: Operational Focus, Staff Management, Quality Assurance, Problem-Solving, Resource Management.
Environmental services workers	Often referred to as housekeeping or sanitation staff, they play a crucial role in maintaining a clean, safe, and healthy environment within healthcare facilities.
Food service workers	Meal Preparation, Food Safety, Serving Meals, Dietary Support, Cleaning and Sanitation, Inventory Management, Customer Service.
Health Information Management Administrators and Technicians	Administrators are people who plan, design, develop, and manage systems of patient information, administrative and clinical statistical data, and patient medical records. HIM technicians are people who assist the HIM administrator and perform the technical tasks associated with the maintenance and use of medical records.
Licensed practical (vocational) nurses (LPN)	Nurses who have graduated from an approved school of practical nursing work under the supervision of registered nurses and/or physicians.
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.
Medical and Clinical Laboratory Technician	Perform routine tests in the 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 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 satisfactory completion of a residency program and successful completion of a specialty board examination.
Medical Assistants (MA)	People who assist a physician or other medical provider in clinical and administrative procedures.
Medical Coding Technicians	Health care professional whose main duties are to analyze clinical statements and assign standard codes using a classification system.

Term	Definition
Nursing Assistants (CNA)	Certified nursing assistant or equivalent unlicensed staff who assist registered nurses in providing patient care related services as assigned by and under the supervision of a registered nurse.
Nurse Practitioners (NP)	A person who is a registered nurse with a graduate degree in nursing and clinical experience, who is prepared for advanced practice with individuals throughout their life span and across the health continuum.
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 assistants / aids	People 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.
Pharmacists	Compound and dispense medications following prescriptions ordered by physicians, dentists, or other authorized medical practitioners.
Pharmacy Technicians	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 Assistants	People 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.
Registered Nurses	Nurses (RN/BSN) who have graduated from approved schools of nursing and who are currently state registered.
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

Term	Definition
	have been certified, licensed, or registered by recognized accrediting agencies or commissions.
Psychiatric Technicians	Healthcare professionals who work with individuals who experience mental health issues or developmental disabilities. Their primary role is to assist patients in their daily activities while providing support and care in various settings, such as hospitals, residential treatment centers, or outpatient facilities. They work under the supervision of psychiatrists, nurses, and other healthcare professionals. Responsibilities: • Monitor patient behavior and vital signs • Assist with medication administration • Provide personal care, such as bathing and grooming • Lead therapeutic activities • Implement treatment plans • Provide emotional support and encouragement • Report patient progress and any changes in condition to medical staff Education and Training: Psychiatric technicians typically require an associate's degree in psychiatric technology or a related field. They may also need to obtain a license or certification depending on the state they work in.
Psychologists (PHD)	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.
Radiologic Technologists	People who take X-rays and CAT scans or administer non-radioactive materials into patient's blood stream for diagnostic purposes. Includes technologists who specialize in other modalities such as computed tomography, ultrasound, and magnetic resonance. Includes workers whose primary duties are to demonstrate portions of the human body on X-ray film or fluoroscopic screen.
Recreational Therapists	People 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.
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.

Term	Definition
Social Workers/Case Managers	People who have completed a formal program of study provide 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 recover.
Sonographer	Specialist in the use of ultrasound for diagnostic and therapeutic purposes. Ultrasound is the use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures.
Surgical Technologists	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. Surgical technologists typically have a broader skill set and more education than surgical technicians. They earn a degree from an accredited program, such as a 12-month certificate program or two-year associate degree. They learn about anatomy, microbiology, physiology, sterilization techniques, and patient care and safety.
Surgical 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. Surgical technicians may have little to no supplemental education, and instead complete on-the-job training or a short certificate program. Their educational path may be shorter than a surgical technologist's, focusing on essential skills and knowledge.
Foreign Educated Nurses/Staff	Individuals who are foreign born and received basic nursing education in a foreign country. In general, many of these nurses come to the US on employment-based visas which allow them to obtain a green card.
Quality Management & Improvement	Leads improvement efforts, collects, and analyzes data on quality, provides reports and data to state, federal and proprietary groups reporting quality.

Term	Definition
Risk Management	Responsible for assessing, managing, and reducing financial risk to hospital. Responsible for insurance coverage for employees and facilities. Follows up on events to assess risk. Communicates with third parties on risk, adverse events, and abatement.
Social Determinants of Health (SDOH)	Social determinants of health (SDOH) are the non-medical factors that influence a person's health and well-being. They include the conditions in which people are born, grow, live, work, and age, as well as the broader forces and systems that shape these conditions. SDOH encompasses a wide range of factors, including: • Economic stability: Income, employment, poverty, access to affordable housing • Education: Access to quality education, literacy levels • Healthcare access and quality: Insurance coverage, access to healthcare providers, cultural competency • Neighborhood and built environment: Safety, access to green space, quality of housing, transportation • Social and community context: Social support, social cohesion, discrimination, violence • Policies and laws: Government policies related to healthcare, education, housing, and employment SDOH plays a significant role in shaping health outcomes, as they can influence a person's ability to access healthcare, maintain healthy behaviors, and cope with stress. Addressing SDOH is essential for improving health equity and reducing health disparities.

Facility List

The facility ID is a unique 3-digit identification number 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
019	Ascension Calumet Hospital (NC: Q118)	Chilton

Facility Number	Facility Name	Facility City
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
040	Brown County Community Treatment Center	Green Bay
041	St Mary's Hospital Medical Center	Green Bay
042	St Vincent Hospital	Green Bay

Facility Number	Facility Name	Facility City
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
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

Facility Number	Facility Name	Facility City
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
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

Facility Number	Facility Name	Facility City
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	Rhineland
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
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

Facility Number	Facility Name	Facility City
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
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

Facility Number	Facility Name	Facility City
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
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

Facility Number	Facility Name	Facility City
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
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

Facility Number	Facility Name	Facility City
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
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
341	Encompass Health Rehabilitation Hospital of Fitchburg	Fitchburg
342	ClearSky Rehabilitation Hospital of Kenosha	Kenosha
343	Green Bay Rehabilitation Hospital	Green Bay
344	Green Bay ER & Hospital	Bellevue
345	Aurora Medical Center - Fond du Lac	Fond du Lac
346	PAM Health Rehabilitation of Wausau	Wausau
347	ThedaCare Medical Center - Fond du Lac	Fond du Lac

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	<i>Added Exclude those physicians in the following Medical Staff categories: courtesy, consulting, honorary, provisional, or other</i> 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. There should be ground ambulance for 53 and air ambulance for 54.
5	10/27/21	SS	Social Determinants of Health Section added 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 09/2022 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	02/2025	HS/CC	Manual rewrite and update due to system update.