

HOSPITAL QUESTIONNAIRE-INSTRUCTIONS AND DEFINITIONS

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General Instructions

- A blank copy of the questionnaire has been provided. Upon submission, your completed questionnaire will be available for download.
- Data is reported for the entire reporting period (January 1, 2023 to December 31, 2023). Unless where it is specified for the data to be reported as of the end of the reporting period- data as of December 31, 2023
- Please answer all questions with the proper response or if data is not Available, Not Ascertainable, or Refusal: Enter a response of -1. Please note that a -1 is not equivalent to a zero. A -1 code should only be used when the answer is unknown. Do not use -1's in place of zeros.

A. Facility Identification Information

Provide the facility information: facility license number, name, mailing address and telephone number.

B. Facility Contact Information

Provide the facility contact information, for the administrator and the person who is able to respond to question regarding this questionnaire.

C. Reporting Period

Record the beginning and ending dates of the reporting period. The default dates are 2023-01-01 to 2023-12-31.

If you are reporting a different period, please use the format yyyy-mm-dd.

D. Classification

-Select appropriate organization and service type from dropdown box.

-Indicate if the facility has a Long Term Care Unit

A unit that provides physician services and continuous professional nursing supervision for patients who are not in acute phase of illness and currently require primarily convalescent, restorative, or long terms skilled or intermediate level nursing care.

-Room Rates

All general hospitals should enter their most common daily room and board rate (private and semi-private) for medical/surgical units. Specialty hospitals should enter their most common daily room and board rates for the type of unit most often utilized.

E. Discharges Information

Discharges by age group (excluding long term care and births, including deaths)

The number of patients formally released from inpatient service during the one-year reporting period. This includes any discontinuation of inpatient service that would require a new admission to return to the inpatient facility. This figure is the sum of the patients discharged during the reporting period. Hospitals with long-term care units should not include discharges from the long-term care unit.

For those hospitals with Neonatal Level II and/or III , IV units, an infant born in your facility is counted as an admission only if he/she requires neonatal level II (intermediate), level III (intensive) care, level IV. An infant formally released from your neonatal level II, III, IV unit to a private residence, other health facility, or transferred to the well infant nursery of your hospital, is counted as a discharge. Well infants born in your hospital that do not require special neonatal care as provided in the level II, level III or level IV unit are not counted as admissions or discharges.

Discharge days by age group

The number of days of care for patients who were discharged or died during the reporting period by specified age group. Include the day of admission, but not the day of discharge. If admission and discharge took place on the same day, count as one discharge day. Exclude births. Do not include discharge days from a long-term care unit.

Infant/Neonatal Utilization

Well-Infant Nursery (Level 1)

- Clinical care unit providing services primarily for uncomplicated newborn cases, but has the capability to handle unexpected emergencies and can provide short-term supportive care for high risk infants prior to transport to a Neonatal Level II Unit or a Neonatal Level III Unit.

a. Number of Live Births

- Indicate the total number of live births occurring in the hospital during the reporting period.

A hospital live birth is defined as the complete expulsion or extraction from the mother, in a hospital facility, of a product of conception irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life such as movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached, each product of such a birth is considered liveborn.

b. Number of Bassinets

- Bassinets regularly maintained in the hospital for use by newborns who stay 24 hours or more. Indicate the number of bassinets (including incubators and isolettes) set up and staffed for use as of the end of the reporting period.

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c. A live birth is to be counted as "exposed to illegal drugs" if there is evidence of such exposure through urine screens of the mother or the newborn, history of the mother, or withdrawal symptoms.

d. A live birth is to be counted as "fetal alcohol syndrome" if such a diagnosis is made before the newborn is discharged from the hospital.

e. Delivery Facilities

- Enter the number of rooms and beds/tables used for each facility and available on the last day of the reporting period.

Birth Rooms

- Combination labor and delivery rooms with no overnight stay that are also attractively decorated and furnished to enhance a home-like atmosphere for patients and their husbands or "supporting others." Rooms that have overnight stay should not be counted here.

Combination Labor/Delivery/Recovery Rooms

- Multi-purpose rooms also known as single-family maternity care rooms consisting of a well baby nursery as well as facilities for labor, delivery and recovery.

Delivery Rooms

- Specific facilities for the expulsion or extraction of the child at birth or removal of the placenta.

Labor Rooms

- Rooms used to house maternity patients prior to delivery and not used for lodging.

Post-delivery Recover Rooms

- Rooms used exclusively to monitor and/or observe maternity patients recovering from delivery. Do not include labor rooms also used as post-delivery recovery rooms.

F-Inpatient Utilization

For each of the specified inpatient clinical care units within the hospital, please supply the following information:

Availability of clinical care units

- An inpatient care unit or group of units in which medical services are provided to a defined and limited call of patients according to their particular care needs.

Indicate by using the appropriate number whether or not a clinical care unit was available in the hospital as of December 31, 2023, or if the unit has been available during the reporting period but was closed as of December 31, 2023, or if the unit was not available at all.

Number of beds licensed or certified

- For hospitals licensed by Department of Health: Bed figures reported for individual units must be on-line (available for use) on December 31, 2023.

Beds not actually available for use, (e.g. construction has not been completed, reallocation of beds has not yet occurred, etc.) should not be counted. Total beds licensed/approved are established by the Division of Acute and Ambulatory Care Facilities, Department of Health.

For hospitals licensed by Department of Public Welfare: Bed figures are established by the licensing office of the Department of Public Welfare.

Hospitals licensed by the federal government will not be able to complete this column

NOTE: All bed figures are as of December 31, 2023.

Number of beds set up and staffed

- Beds which are regularly maintained in the hospital for the use of patients and which furnish accommodations with supporting services (such as food, laundry, and housekeeping) for patients or residents who stay 24 hours or more. Indicate the number of beds in each mutually exclusive unit set up and staffed for use as of December 31, 2023. Also, complete the total number of beds.

Admissions

- The formal acceptances by a hospital of patients who are to receive physician, dentist, or allied services while lodged in the hospital; the beginning of an inpatient hospitalization.

A patient transferred from one inpatient unit to another is not counted as a second admission. This includes patients whose care is reimbursed through the DRG prospective payment system who, for that accounting system, may be counted as a discharge and readmission when transferred from an inpatient unit subject to the DRG payment system to an inpatient unit (such as medical rehab or psychiatric) that is not governed by this payment system. For the purposes of the Department of Health's Annual Hospital Questionnaire, a patient is counted as one admission when he/she is formally admitted to an inpatient unit and counted as one discharge when he/she leaves the hospital. Internal transfers are not counted as admissions and discharges. Births are not to be included as admissions or discharges except if transferred to the neonatal special care unit.

Census patient days of care

- Indicate the number of census days of care rendered to inpatients for each unit during the reporting period. A census patient day of care (also commonly referred to as a patient day or an inpatient day; some Federal hospitals term it as an "occupied bed 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. Enter the total.

Number of bed days available

- The number of patient days which would have been provided if every bed set up and staffed in each particular unit had been occupied each day throughout the reporting period. For example, if there were 20 beds set up and staffed in the pediatric unit during the entire year, the maximum patient days which would have been provided if every pediatric bed had been occupied throughout the year (365×20 , or 366×20) is 7,300 or 7320. This number is reported as bed days available. Enter the total number of bed days available (equals the sum of all entries for all units). If the set up and staffed bed capacity has changed during the reporting period, a calculation similar to the one following must be made to determine the maximum patient days. If a hospital maintained 20 inpatient pediatric beds from January 1, 2023 to July 15, 2023 and then increased that unit to 30 beds, from July 16, 2023 through December 31, 2023 the end of the reporting period, the number of bed days available is calculated as follows:

Step 1 - maximum patient days, January 1 to July 15 ($20 \text{ beds} \times 197 \text{ days} = 3,940$)

Step 2 - maximum patient days, July 16 to December 31 ($30 \text{ beds} \times 169 \text{ days} = 5,070$)

Step 3 - number of bed days available,

January 1 to December 31 ($3,940 + 5,070 = 9,010$)

Definitions of Specified Clinical Care Units

Alcohol and/or Drug Detoxification

- An inpatient unit in which a drug or alcohol intoxicated or dependent patient is assisted through the period of time necessary to eliminate, by metabolic or other means, the presence of the intoxicating substance, while keeping the physiological or psychological risk to the patient at a minimum.

Alcohol and/or Drug Treatment & Rehabilitation

- An inpatient unit in which, following the physiological detoxification phase, activities are carried out specifically to affect the reduction of the dysfunction of the patient. This includes the systematic application of social, psychological or medical service methods to assist individuals to deal with the causative effects or consequences of drug or alcohol abuse. This service can only be offered in dedicated Alcohol and/or Drug Treatment and Rehabilitation units.

Comprehensive Medical Rehabilitation

- An organized program of facilities and integrated and coordinated services directed toward the physical, emotional, mental, social, and vocational restoration or improvement of the patient. The

services consist of evaluation, treatment, education, training, and placement and are provided in an interdisciplinary team approach where the patient is an integral part of the team. Facilities offering comprehensive medical rehabilitation services must conform to the Health Care Financing Administration criteria for Medicare coverage of inpatient hospital rehabilitation services (Federal Register, Vol. 50, No. 147, Wednesday, July 31, 1985, pp. 31040-31042).

Medical-Surgical

- Units designated for medical and/or surgical patients, excluding other clinical care units on this list.

Obstetric

- A clinical care unit with facilities and services pertaining to pregnancy, labor, and puerperium

OB/GYN Combined

- A clinical care unit providing facilities and services for the treatment of both obstetric patients and gynecology patients. Use this unit only if separate data are not available. If a combined obstetric and gynecology unit is maintained, report obstetric admissions and days of care on Line 49.

If separate units are maintained, report gynecology data under medical/surgical and obstetric data on Line 36.

Neonatal Level II

- A Neonatal Level II Unit provides care and services for the management of moderately ill infants with such conditions as respiratory distress syndrome, unstabilized respiratory function, hyperbilirubinemia, superficial and localized infections, and hypoglycemia.

A neonatal Level II unit may include the following services (these are examples to help clarify the definition; not all of the following services need be available within any one hospital): Capabilities for resuscitation of the newborn in the delivery area prior to transfer to the nursery, including short-term assisted ventilation with oxygen and compressed air via bag and mask, and external cardiac massage; equipment needed includes devices to restore or maintain body heat, suction, appropriately sized laryngoscopes, endotracheal tubes and arterial catheters. This unit maintains a special care area in which severely ill infants can receive further treatment prior to transfer, if needed, to a Level II unit. Capability in this area includes short-term assisted ventilation via bag and mask and monitoring of arterial blood gases; immediately available 24 hour on-call pediatrician coverage; immediately available 24 hour on-call radiology service; intravenous therapy with infusion pumps; capability for performing exchange transfusion; capability for isolating infants with contagious diseases; and 24 hour micro-laboratory services available.

Neonatal Level III

- A neonatal intensive care unit (Level III) must meet all of the qualitative requirements of an intermediate unit and, in addition, must be staffed and equipped to treat critically ill newborns including those requiring prolonged assisted respiratory support. The unit must provide intra-arterial/intravenous infusion therapy including parenteral alimentation, fluoroscopy, ultrasound services including sonography and echocardiography, radionuclide studies on-site, EEG studies, CT scanning, and auditory and ophthalmic screening examinations.

A board certified or board eligible neonatologist must direct and be available to the unit at all times. Continuous on-site coverage must be provided by a neonatologist, a minimum of third year pediatric resident, or a certified neonatal nurse practitioner. Nursing services must be under the direction of a registered nurse certified in perinatal and/or neonatal nursing who has demonstrated technical competence in the area of critically ill infants, and on all shifts there must be a nurse for every 1 to 2 infants receiving intensive care. A respiratory therapist experienced in the care of newborn infants is needed in the hospital 24 hours a day and an engineer with expertise in biomedical electronic monitoring must be provided. Equipment and personnel trained in the transport of newborns must also be available. A neonatal Level III unit may also provide neonatal surgery, neonatal cardiac surgery, other highly specialized neonatal surgical procedures, neonatal cardiac catheterization procedures, high frequency ventilation, ECMO, treatment of metabolic disorders or other disorders requiring highly specialized perinatal or neonatal care. (These are examples to help clarify the definition; not all services need be available within any one hospital.)

Pediatric

(exclude newborn nursery) - A clinical care unit dealing with problems and diseases of children. Do not include any newborn nursery.

Psychiatric 0-17 and over 17 years

- Specific sections, wards, wings, floors, or buildings devoted primarily to the care of psychiatric inpatients including all therapeutic intervention provided for schizophrenia and other psychoses, affective disorder psychoses and neuroses, and neuroses and personality disorders.

For children and adolescents include all patients aged 17 and under.

For adults include only patients over age 17.

If there are no discrete child/adolescent and adult units, report all data under Psychiatric over 17 years. If there are discrete units with different age categories than those requested, report data in the appropriate units and indicate on the questionnaire the age categories used.

Special Care Unit (burn care)

- A special unit staffed and equipped solely for the treatment of severely burned patients.

Special Care Unit (cardiac only)

- A special unit staffed and equipped solely for the intensive care of cardiac patients.

Special Care Unit (intensive care)

- A special unit in which patients are concentrated, by reason of seriousness of illness, without regard to diagnosis.

Special life-saving techniques and equipment are immediately available, and patients are under continuous observation by nursing staff specially trained and selected for the care of this type of patient.

Special Care Unit (mixed ICU/CCU)

- A combined intensive care unit and cardiac care unit.

Other

- Specify any additional inpatient clinical care unit that is not included in the previous list. An example would be a PICU (Pediatric ICU)

Intermediate Rehabilitation

- Hospitals with intermediate rehabilitation services should report these data on line 46.

Swing beds

- Hospitals in a geographic area not designated as urban which are licensed for fewer than 100 beds, excluding critical care, may be reimbursed under the appropriate program for long term care services to Medicare and Medicaid recipients.

Hospitals which qualify for this provision should report long term care swing bed data on line 47.

G. Hospital Services and Facilities

1. For each facility or service listed, identify its availability by selecting Yes or No

Alcohol and/or Drug Detoxification

- The process whereby a drug or alcohol intoxicated or dependent patient is assisted through the period of time necessary to eliminate, by metabolic or other means, the presence of the intoxicating substance, while keeping the physiological or psychological risk to the patient at a minimum. This process should also include efforts to motivate and support the patient to seek formal treatment after the detoxification phase.

Burn Care

- Special services or facilities for the treatment of severely burned patients.

Cardiopulmonary Rehabilitation

- The provision of organized educational programs for patients with disabling coronary artery or pulmonary diseases or injuries, for the purpose of restoring their ability to live and work as normally as possible and to prevent a reoccurrence through special programs of exercise, diet, and increased endurance.

Chemotherapy

- Treatment of disease by use of drugs and chemicals.

Clinical Laboratory

- The department or unit responsible for assisting the medical staff by performing tests in the fields of microbiology, biochemistry, histology, urinalysis, hematology, etc., for diagnostic purposes.

Clinical Psychology Services

- One or more clinical psychologists who provide diagnostic or therapeutic service for outpatients. This may be on a full-time regularly scheduled or intermittent basis.

Genetic Counseling Services

- A service under a qualified physician with adequate laboratory facilities to advise parents and prospective parents on potential problems in cases of genetic defects.

Health Promotion

- An organized program that fosters awareness, influences attitudes and identifies alternatives so that individuals can make informed choices and change their behavior in order to achieve an optimal level of physical and mental health.

Hospice Care

- A program that provides palliative and supportive care for terminally ill patients and their families, either directly or on a consulting basis with the patient's physician.

Emphasis is placed on symptom control and preparation for and support before and after death, full scope health services being provided by an organized inter-disciplinary team on a 24-hour-a-day, 7-day-a-week basis.

Hyperbaric Chamber

- A modality of treatment wherein patients receive very high doses of oxygen for short periods of time while pressurized in a specially designed treatment tank.

Intermediate Care for the Intellectually disabled

- A level of care provided by a facility licensed as an ICF/MR facility by the Department of Public Welfare. Care is specially designed to meet the needs of persons who are intellectually disabled, or persons with related conditions, who require specialized health and rehabilitative services; i.e. active treatment provided by an intermediate care facility for the intellectually disabled including the county operated ICF/MR facility. An institution for the intellectually disabled is not an institution for mental diseases. "Institution for the intellectually disabled or persons with related conditions" means an institution (or distinct part of an institution) that:

1. is primarily for the diagnosis, treatment, or rehabilitation of the intellectually disabled or persons with related conditions; and
2. provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability.

Intermediate Rehabilitation Care

- A less intense version of care in terms of time and combination of therapies than comprehensive care, provided through a coordinated multi-disciplinary team approach with the patient as part of the team. In addition, the program need not involve the coordination of all aspects of emotional, mental, social, or vocational restoration or improvement of the patient.

Neurology

- One or more neurologists who provide services in the diagnosis and treatment of disorders of the nervous system.

Neurosurgery

- Personnel and services providing surgery to the nervous system (e.g. nerves, brain, spinal cord).

Occupational Therapy

- The evaluation of learning and performance skills and the analysis, selection and adaptation of activities for an individual whose abilities to cope with the activities of daily living, to perform tasks normally performed at a given stage of development and to perform essential vocational tasks which are threatened or impaired by that person's developmental deficiencies, aging process, environmental deprivation or physical, psychological, injury or illness, through specific techniques which include:

1. Planning and implementing activity programs to improve sensory and motor functioning at the level of performance normal for the individual's stage of development.
2. Teaching skills, behaviors and attitudes crucial to the individual's independent, productive and satisfying social functioning.
3. The design, fabrication and application of splints, not to include prosthetic or orthotic devices, and the adaptation of equipment necessary to assist patients in adjusting to a potential or actual impairment and instructing in the use of such devices and equipment.
4. Analyzing, selecting and adapting activities to maintain the individual's optimal performance of tasks to prevent disability.

Optometry

- One or more optometrists who provide services to inpatients or outpatients on a regular or intermittent schedule.

Organ Bank

- A separate repository of the hospital established for the preservation of such organs as eyes, spleen, liver, vessels, bones, etc.

Pharmacy

- A location where medicines are compounded and/or dispensed and which is supervised by either a full-time or part-time pharmacist.

Physical Therapy

- The evaluation and treatment of any patient by the utilization of the effective properties of physical measures such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, or mobilization. Also included is the use of therapeutic exercises and rehabilitative procedures such as training in functional activities (with or without assistive devices). This training is for the purpose of limiting or preventing disability and alleviating or correcting physical or mental conditions. Tests and measurements may also be performed as an aid in diagnosis or evaluation of a patient's function. PHYSICAL THERAPY MUST BE ADMINISTERED UNDER THE DIRECT, ON-SITE SUPERVISION OF A LICENSED PHYSICAL THERAPIST.

Podiatry

- One or more podiatrists who provide services to inpatients or outpatients on a regular or intermittent schedule.

Psychiatric Foster and/or Home Care

- Planned post-discharge psychiatric surveillance and care in the patient's place of residence or in an approved foster home.

Psychiatric Inpatient Services

- An inpatient service devoted primarily to the care of psychiatric inpatients. Inpatient beds used for this service do not need to be dedicated to a specific inpatient psychiatric unit. For instance, these beds may be part of the medical-surgical unit.

Psychiatric Partial Hospitalization Program

- Organized facilities and services of a hospital for day care and/or night care of psychiatric patients who do not require 24-hour-a-day inpatient care.

Registry - Cancer

- A hospital tumor registry is a systematic collection of data on the occurrence and characteristics of reportable neoplasms occurring to patients attending the specific hospital.

Registry – Other

- A systematic collection of data on the occurrence of a specific condition in patients attending this hospital.

Examples include trauma registry, cardiac registry, diabetes registry, etc.

Respiratory Therapy

- The therapeutic use of the following: medical gases and administration apparatus, environmental control systems, humidification, aerosols, medications, ventilatory support, broncho-pulmonary drainage, pulmonary rehabilitation, cardiopulmonary resuscitation and airway management. It includes the measurement of ventilatory volumes, pressures, flows, blood gas analysis and other related physiologic monitoring.

Social Work

- Facilities for the provision of social work under the direction of a qualified social worker.

Speech Pathology and Audiology

- The diagnosis and treatment of defects of the voice and of spoken and written communication, and/or the identification and evaluation of hearing loss, and the rehabilitation of patients with hearing loss, especially that which cannot be improved by medical or surgical means.

2. For each facility or service listed, identify its availability by selecting 1, 2, or 3.

Record the number of examinations, treatments, visits, etc. (total, inpatient, and outpatient) performed with the hospital during the entire reporting period. If the service is available, but was not utilized during the reporting period, enter zero for the number of visits, etc.

Definitions of Utilization Measures:

Examination

- Inspection or investigation of a patient as a means of diagnosing disease.

Operation

- One or more surgical procedures performed at one time for one patient via a common approach for a common purpose.

Multiple procedures can be performed during a single operation. When “Operations” is the requested unit of measurement, report operations, not procedures.

Procedure

- A unit of service performed during a patient visit. More than one procedure may be performed during a patient visit.

Shift

- A change of one group of workers for another in regular alternation for a scheduled period of work or duty, usually for an eight-hour day.

Test

- A procedure designed to demonstrate the existence or non-existence of a certain quality or condition.

Treatment

- A procedure designed for management or care of a patient or the combating of the existing disorder.

Visit

- Each appearance of a hospital patient (inpatient or outpatient) to each unit of facility located in or directed by the hospital, regardless of the number of diagnostic and/or therapeutic procedures or occasions of service that the patient received.

CARDIAC CATHETERIZATION – IMAGING & INTERVENTIONAL PROCEDURES

Cardiac Catheterization

- The passage of a long, fine catheter through a blood vessel into the chamber of the heart, as an aid in diagnosis of various heart disorders and anomalies. This procedure is carried out under direct visualization with a fluoroscope, and with samples of blood taken from the right and left chambers of the heart and from the pulmonary artery. In addition, pressures within the heart chamber are received and recorded.

Facilities reporting cardiac catheterization availability must operate a cardiac catheterization lab equipped for both left and right heart procedures and must perform both left and right heart procedures in that lab. Catheterizations performed for purposes of temporary pacemaker implantation, hemodynamic monitoring, or withdrawal of blood specimens are not to be included.

Do NOT report non-cardiac/peripheral vascular procedures.

Report only diagnostic visualizations in the diagnostic visualizations section (Pediatric and Adult and Total).

Report only 1 diagnostic visualization per catheterization. DO NOT REPORT ANY OTHER DIAGNOSTIC PROCEDURES. Therapeutic procedures performed alone and in conjunction with diagnostic procedures should both be reported under the therapeutic procedures sections (Pediatric, Adult, Total).

Diagnostic Visualizations - Procedures which involve injection or radiographic contrast materials for angiographic or Arteriographic study of the heart and vessels. Included are ventriculographic and coronary arteriography

Electrophysiologic Studies - Procedures useful in diagnosis and management of cardiac rhythm disorders, including bradycardia and tachycardia, unexplained syncope, and in certain candidates for pacemaker implantation. In this procedure, several pacing catheters are inserted into the heart, and electrical patterns of the heart are recorded at varying life rates and from various stimulation sites. The procedure can also be used to measure the degree of efficacy of cardiac drug therapies.

Initial Diagnostic - Procedure used in diagnosis of cardiac rhythm disorders, including Bradycardia and tachycardia, unexplained syncope, tilt table testing, and in certain candidates for pacemaker implantation.

Follow-up Diagnostic - Procedure used to assess the degree of efficacy of cardiac drug therapies or interventions.

Interventional - Procedure used in the management or treatment of cardiac arrhythmias. It involves implantation of pacemakers, defibrillators, and ablation for complex arrhythmias.

Therapeutic Procedures - Procedures such as percutaneous transluminal coronary angioplasty (PTCA) and thrombolytic therapy (e.g. use of streptokinase) as well as any other cardiac therapeutic procedures performed in the cardiac catheterization lab for the purpose of relieving symptoms of cardiac distress and the recanalization of cardiac vessels. Therapeutic procedures include the following: Percutaneous Transluminal Coronary Angioplasty (PTCA): Use a specially designed catheter to mechanically expand a narrowed lumen within a coronary artery to restore normal blood flow. A small, high tensile strength balloon fixed at the distal end of the special catheter is inserted into the artery through a larger guiding catheter. The small balloon catheter is then maneuvered across the arterial narrowing. The balloon is then inflated to several times normal air pressure, which expands the narrowing and improves flow to the heart muscle. The patient is subject to fluoroscopic and intra-arterial pressure monitoring during this procedure.

Thrombolytic Therapy: The use of a chemical agent in order to dissolve a clot formed in the narrowing of a coronary artery. Such a clot may abruptly interrupt blood flow to the myocardium resulting in acute myocardial infarction (heart attack). Use of such an agent limits or prevents myocardial damage and subsequent illness or death. The drug activates certain chemical agents in the blood which break down (lyse) the clot and, thereby, restore blood flow. Please note that only those procedures and those done in conjunction with a catheterization, not by injection or infusion, are to be reported here.

Total Number of Patients - Report the total number of patients who had procedures performed in the cardiac catheterization lab, the number of inpatients and the number of outpatients, during the reporting period.

Cardiac Catheterization Labs - Report number of cardiac catheterization labs by specified function as described below:

Discrete Diagnostic Lab: lab(s) used exclusively for cardiac catheterization and related diagnostic-only imaging procedures.

Discrete Electrophysiologic lab: lab(s) used exclusively for electrophysiology studies.

Discrete Therapeutic Lab: lab(s) used exclusively for interventional therapeutic cardiac care procedures.

Integrated Lab: general cardiac catheterization lab not used for other X-ray imaging procedures.

Multi-Purpose (Special Procedure) Room: a special procedures (angiography) room used for both cardiac catheterization diagnostic and therapeutic procedures as well as other X-ray imaging procedures.

EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL)

- A non-surgical method of treating kidney stones whereby the patient is seated on a chair and immersed in a vat of water. Shockwaves are transmitted through the water and strike the kidney stones within the patient's body. The stones are pulverized and reduced to a fine granular consistency which pass from the patient's body within a few days. Report the number of treatments performed during the reporting period. Count each complete episode of treatment as one treatment.

HEMODIALYSIS (Home Care/Mobile Unit) - Provision of equipment and personnel for the treatment of renal insufficiency outside of the hospital or hospital clinic, for example, in the patient's home. Report the total number of treatments performed during the reporting period using this equipment, excluding treatments performed on inpatients or clinic outpatients. Include only hemodialysis performed on chronic patients. Do not include hemodialysis performed on an acute care basis.

HEMODIALYSIS (Chronic Services Only)

- Provision of equipment and personnel for the treatment of renal insufficiency. Indicate the total number of patients treated and treatments performed during the reporting period. Report the total number of stations available and shifts per day on weekdays, Saturday and Sunday at the close of the reporting period. (See page 12 for definition of a shift.) Include only hemodialysis performed on chronic patients. Do not include hemodialysis performed on an acute care basis.

RADIOLOGY AND NUCLEAR MEDICINE

- Facilities and services for the diagnostic and/or therapeutic treatment of diseases through the use of radiant energy and radioactive materials. Report the number of machines, examinations, treatments, and procedures for total inpatient, and outpatient services during the reporting period. New patients are patients who have not been treated within the past twelve months at the facility. Treatment/diagnosis of a different part of the body of a patient is considered a new treatment/diagnosis.

DIAGNOSTIC RADIOLOGY (Excluding Nuclear Medicine)

CT Scanners

- A mode of diagnostic radiology utilizing computer technology and narrow-beam X-rays for the imaging of cross sections of the body. A patient procedure is a single series of CT images through the same area of diagnostic interest.

Enter the total number of CT Scanners on the premises as of the end of the reporting period.

Diagnostic X-ray (Excluding CT Scanners)

- Consists of all other radiographic (general and specific), fluoroscopic, and orthopedic studies conducted to ascertain normal and abnormal conditions of the body.

Magnetic Resonance Imaging (MRI)

- A non-invasive diagnostic procedure that uses magnetic and radio frequency fields to produce images of body tissue and to monitor body chemistry. Report the number of patients, not examinations.

Report utilization of on-site units only.

Also specify if the MRI is shared or mobile. A shared MRI is either mobile and used by two or more facilities or fixed at a remote site.

Ultrasound

- A method of recording images of cross sections of the body (B-mode), or recording images of moving parts of the human body (M-mode), of recording the baseline of the ultrasound echo (A-mode), and the recording of velocity changes of moving parts (Doppler). Includes sonography and echo-cardiography.

THERAPEUTIC RADIOLOGY (Excluding Nuclear Medicine)

- "Treatment" means a patient visit during which radiation therapy is performed. Report the number of machines on the premises as of the end of the reporting period. Also, enter the total number of patients and number of new patients for the entire reporting period, as appropriate.

Gamma Knife

- Neurological surgery without a knife; stereotactic radiosurgery which consists of the non-invasive treatment of structural brain lesions using a gamma irradiation device which delivers tumoricidal dosages of irradiation via a cobalt unit.

Linear Accelerator

- An apparatus for the acceleration of subatomic particles, using alternating hollow electrodes in a straight vacuum tube, so arranged that when their high frequency potentials are properly varied, the particles traveling through them receive successive increases in energy.

Other

- Include the following: Betatron and other machines

- A betatron, being an accelerator in which electrons are propelled by the inductive action of a rapidly varying magnetic field, and other machines used for therapeutic radiology excluding Radium, Cobalt, Linear Accelerators, and X-ray.

Cobalt

- The use of a machine containing cobalt-60 to deliver megavoltage therapy (gamma radiation) for the treatment of diseases.

Orthovoltage and Superficial Machines

- Machines which use Roentgen rays or other radiant energy in the treatment of disease.

Radium

- The use of radioactive radium, cesium, or a radium equivalent isotope for interstitial, intracavitary or skin contact therapy for the treatment of diseases.

NUCLEAR MEDICINE

Diagnostic Radioisotope Facility (In-vivo Imaging)

- The use of scintillation cameras and rectilinear scanners to detect and record images of radioisotopes which have been entered into the patient's body.

Report the number of examinations (both inpatient and outpatient) using this diagnostic radioisotope facility.

Therapeutic Radioisotope Facility

- Capacity for utilization of radioisotopes for treatment of abnormal conditions.

Implies the use of radioactive materials such as I-131, P-32, and AV-198.

Positron Emission Tomography (PET)

- A quantitative imaging modality that provides information about physiology or chemistry within various body organs.

SURGICAL SERVICES

All Surgery

- All surgery performed in operating or procedure rooms at the hospital. Exclude procedure such as circumcision, episiotomy, manual assisted delivery, fetal monitoring, percutaneous transluminal coronary angioplasty (PTCA), and all other procedures not done in operating or procedure rooms. Outpatient figures should include operations performed in short procedure units.

Cystoscopy

- Examination of the urinary tract with a cystoscope. Report only cystoscopies performed in discrete cystoscopy operating or procedure rooms in the cystoscopy section. Also include these procedures in the All Surgery count.

Cystoscopies performed in locations other than discrete cystoscopy operating or procedure rooms should not be reported in the cystoscopy section. However, they should also be included in the All Surgery count.

Endoscopy

- Examination of body organs or cavities with an endoscope through a natural body opening or small incision. Report only endoscopies performed in discrete endoscopy operating or procedure rooms in the endoscopy section. Also include these procedures in the All Surgery count.

Endoscopies performed in locations other than discrete endoscopy operating or procedure rooms should not be reported in the endoscopy section. However, they should also be included in the All Surgery count.

Cardiac Surgery

- The existence of the equipment and staff necessary to perform open and closed heart surgery.

Report the number of pediatric, adult, and total open-heart surgical operations, both on pump and off pump; and pediatric, adult and total closed heart operations, both on pump and off pump performed during the reporting period.

Report only CABG'S and Valves.

Operating rooms

Discrete Inpatient: Operating rooms used exclusively for inpatient surgeries.

Discrete Outpatient: Operating rooms used exclusively for outpatient surgery.

Discrete Cystoscopy: Operating room(s) used exclusively to perform cystoscopies and not otherwise counted above regardless of location in the hospital.

Discrete Endoscopy: Operating room(s) used exclusively to perform endoscopies and not otherwise counted above regardless of location in the hospital.

General: If there are no discrete inpatient, ambulatory, or cystoscopy operating rooms, count them as "General."

Total: Total number of licensed operating rooms in the hospital. Should be the sum of discrete inpatient plus discrete outpatient plus discrete cystoscopy plus discrete endoscopy plus general.

Each operating room in the hospital should be counted only once in the appropriate category.

Procedure Rooms

Discrete Cystoscopy: Room(s) used exclusively to perform cystoscopies and not otherwise counted above regardless of location in the hospital.

Discrete Endoscopy: Room(s) used exclusively to perform endoscopies and not otherwise counted above regardless of location in the hospital.

Other Discrete: Room(s) not otherwise counted above regardless of location in the hospital. Specify type of procedure.

Post-Operative Recovery Rooms

Number of rooms in the post-operative recovery area.

TRANSPLANTS

- The removal of an organ from a live or cadaver donor and surgically placing the removed organ into another patient. In the case of bone marrow transplant, the intravenous transfusion of new blood producing cells to reestablish the bone marrow function in a patient with damaged or defective bone marrow. Report the availability of bone marrow, heart, kidney, liver, or other discrete organ services and the number of transplants of each type.

H. Ambulatory Care

1. Emergency Services - The capability for responding to emergency situations requiring rapid medical intervention.

(A) Enter the total number of visits to the emergency room during the reporting period.

(B) Indicate the number of patients admitted from the emergency room during the reporting period.

(C) Enter the appropriate code according to your emergency services capability as of the end of the reporting period.

Levels of Capability**0 = Limited Services Capability**

- Offers twenty-four hour care, but does not meet criteria of basic Emergency Service Capability as defined below. This category would include most specialty and federal hospitals.

1 = Basic Emergency Service Capability

- Capable of providing the following measures twenty-four hours daily, seven days weekly: management of external hemorrhage; primary care and closure of wounds; administration of intravenous blood, fluids and drugs and intramuscular injection of drugs; immobilization of fractures; management of potentially lethal dysrhythmias with diagnostic electrocardioscopy, basic cardiopulmonary resuscitation; definitive cardiopulmonary resuscitation, including external electrical defibrillation; treatment of poisoning; management of respiratory distress; and decompression of the pleural space. Qualified physicians are in-house twenty-four hours per day and immediately available to the emergency department. When it is not possible to have in-house physicians' coverage twenty-four hours a day, a staff physician on call is available within twenty minutes. In such instances, there are standing orders which authorize specially trained nurses to initiate the measures outlined above, unless the assigned physician arrives. Radiology, clinical laboratory, and pharmacy service are on call with a thirty-minute response time.

2 = General Emergency Service Capability

- Meets all requirements of basic emergency service and has at least one qualified physician present at all times who is capable of providing advanced life support. Specialists representing medicine, surgery, pediatrics, obstetrics, and anesthesiology are immediately available for consultation by telephone or radio and are able to report immediately to the emergency department. Ancillary services, such as X-ray, pharmacy, and laboratory are either staffed or have appropriate personnel on call at all times.

3 = Comprehensive Emergency Service Capability

- Provides immediate and complete advanced care for all patients, including those requiring exceedingly complex and specialized diagnostic and treatment techniques. Two qualified physicians staff the emergency department during periods of peak utilization; staffing is on a twenty-four hour basis. The department is also staffed by at least one registered nurse or technician who has had special training in advanced life support techniques. Specialists listed under general emergency service capability are available in the facility twenty-four hours daily, and other specialists are able to be physically present

within twenty minutes. Ancillary services, including comprehensive laboratory services, inhalation therapy and X-ray, are staffed at all times and are able to perform advanced and specialized techniques.

(D) Ambulance Services

Advanced Life Support (ALS)

- The advanced pre-hospital and inter-hospital emergency medical care of serious illness or injury by appropriately trained health professionals and by certified Emergency Medical Technician-Paramedics.

Does not transport patients.

Basic Life Support (BLS)

- The pre-hospital or inter-hospital emergency medical care and management of illness or injury performed by specially trained and certified or licensed personnel.

Air Ambulance

- Any privately or publicly owned air vehicle specifically designed, constructed, or modified, which is intended to be used for and is maintained or equipped with the intent to be used for transportation of individuals who are sick, injured, or otherwise incapacitated or helpless. Air Ambulances will be licensed under Act 45-1985.

Mobile Intensive Care Unit (MICU)

- A specialized emergency medical service vehicle staffed by Emergency Medical Technician-Paramedics, 2 appropriately trained professionals in the transport of seriously ill or injured patients under the direction of an authorized medical commander.

MICU's will be licensed under Act 45-1985.

Mobile Critical Care Unit (MCCU)

- A specialized emergency medical service vehicle staffed by appropriately trained professionals or EMT-Paramedics, in the transfer of seriously ill or injured patients between medical facilities under the direction of an authorized medical commander.

A service owned and operated by a hospital licensed under Chapter 8 of the Act of July 19, 1979(P.L. 130, No. 48) known as the Health Care Facilities Act, a separate ambulance service license pursuant to Act 45-1985 shall not be required. All such ambulance services shall be subject to rules and regulations promulgated there under in Act 45-1985.

2. Structured Outpatient Clinics

- Structured, formally organized, on-site outpatient clinics for the provision of non-emergency medical/dental diagnostic or treatment services for ambulatory patients who do not remain in the hospital overnight. Do not include Family Practice Centers for primary health care.

For each category of organized clinic, please supply the following information:

(A) Indicate whether or not the organized clinic is available, using the appropriate code.

I. Medical Staff

1. Indicate the number of practitioners (active staff only) with clinical privileges in each category on the last day of the reporting period-December 31, 2023 who provided patient medical care in the hospital.
2. Indicate all practitioners on active staff with clinical privileges. Physicians with board certification in more than one specialty, or clinical privilege in more than one department, should be reported in each applicable category. The total number of practitioners indicated in this item (I.2.) should be equal to or greater than the total number reported in (I.1.). Internal Medicine includes Cardiovascular Diseases, Endocrinology and Metabolism, Gastroenterology, Hematology, Infectious Disease, Nephrology, Medical Oncology, Pulmonary Disease, and Rheumatology. Pediatrics includes Pediatric Allergy, Pediatric Cardiology, Pediatric Hematology-Oncology, and Pediatric Nephrology. Psychiatry and Neurology includes Child Psychiatry and Child Neurology. Surgery includes Pediatric Surgery.
3. Indicate the number of medical practitioners on the last day of the reporting period-December 31, 2023 who practice in the area of cardiac surgery. Count only those who are on active staff. Indicate number of physicians who practice in this area, even if they practice in other areas as well.

J. Personnel

Employees - Report all full-time and part-time personnel in the categories specified who were on the hospital payroll or who were contracted on a fee-for-service basis as of December 31, 2023 even if your reporting period ended on a different date. Full-time personnel are those whose regularly scheduled work week is 30 hours or more. Part-time personnel are those whose regularly scheduled work week is less than 30 hours. Exclude private duty nurses, volunteers, and all personnel whose salary is financed entirely by outside research grants. Personnel who work in more than one area should be included only in the category of their primary responsibility and should be counted only once.

Occupational Definitions:

Include the following: owners, managers, teaching staff, research workers, staff of outpatient facilities or extended care units, temporarily absent employees, trainees (if on the payroll), and members of religious orders whether paid or unpaid.

Exclude: Courtesy or attending staff, persons not on your payroll who provide services on fee-for-service or contract or other such arrangements, persons who work "on call" to relieve temporarily absent employees, private duty nurses, volunteer workers.

Administrator

- The top level position in the facility.

The person in charge of policy development, activity coordination, procedural development, and planning of the institution.

Assistant Administrator

- A person who works under the supervision of the facility administrator as department administration assistant for the areas of finance, organization, personnel, purchasing, accounting, and voluntary services. Do not include department heads who do not work in these specified areas.

Medical Interns and Residents

- Physicians (Doctors of Medicine or Doctors of Osteopathic Medicine) in hospital training programs who are paid directly by the hospital.

Other Physicians

- Doctors of medicine (MD) and osteopathy (DO) paid directly by the facility. Exclude courtesy and attending staff.

Dentists

- Dentists paid directly by the facility. Exclude courtesy and attending staff. Dental Interns and Residents
- Dentists in hospital training programs who are paid directly by the hospital.

Licensed Midwives

- Individuals educated in the two disciplines of nursing and midwifery who practice the art of assisting in the delivery of children.

They provide care for the normal mother during pregnancy and stay with her during labor. They evaluate and provide immediate care for the normal newborn and help the mother to care for herself and for the infant.

Registered Nurses (Excluding Nurse Anesthetists)

- Nurses who have graduated from approved schools of nursing who are currently registered by a state. They are responsible for the nature and quality of all nursing care that patients receive. Do not include any registered nurses more appropriately reported in other occupational categories such as facility administrators or midwives.

Physician's assistants

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

Nurse Anesthetists

- Registered nurse, prepared to work under an anesthesiologist or physician in administering anesthetic agents to patients before and after surgical and obstetrical operations and other medical procedures.

Certified Nurse Practitioners

- Registered nurses duly licensed in Pennsylvania and certified by the State boards of Nurse Examiners and Medical Education and Licensure in a particular specialty area and who, while functioning in the expanded roles of professional nurses, perform acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with and under the direction of a duly licensed physician.

Licensed Practical or Vocational Nurses

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

Unlicensed Assistive Personnel

- Unlicensed individuals who are trained to function in an assistive role to the licensed RN in the provision of patient/client care activities as delegated by the nurse. The term includes but is not limited to nurse aides, care partners, orderlies, attendants or technicians.

Operating Room Technicians

- Persons who assist in specifically delineated areas of patient care in the operating room. They function under the supervision and responsibility of the operating room supervisor, who is a registered nurse.

Medical Record Administrators

- Persons who plan, design, develop, and manage systems of patient information, administrative and clinical statistical data, and patient medical records. (Alternate title: Medical Record Librarian).

Medical Record Technicians

- Persons who assist the medical record administrator and perform the technical tasks associated with the maintenance and use of medical records.

Pharmacists, Licensed

- Persons licensed within the state, who are concerned with the preparation and distribution of medical products.

Pharmacy Technicians

- Persons who assist the pharmacist with selected activities including medication profile reviews for drug incompatibilities, typing labels and prescription packaging, handling of purchase orders, and inventory control.

Medical Technologists

- Persons who perform a wide range of complex and specialized procedures in all general areas of the clinical laboratory, making independent and correlated judgments, and working in conjunction with pathologists, physicians, and qualified scientists.

They may supervise and/or teach laboratory personnel. (Alternate titles: Biochemistry technologist, Blood technologist, Microbiology technologist).

Cytotechnologists

- Persons who specialize in screening slides in the search for abnormalities that are warning signs of cancer.

Histologic Technicians

- Persons who specialize in cutting and staining body tissues for microscopic examination.

Medical Laboratory Technicians

- Persons who usually work under the supervision of a medical technologist or laboratory supervisor, performing at a level between the medical technologist and the certified laboratory assistant.

Other Laboratory Personnel

- Other laboratory personnel (not cited above) performing specialized tasks requiring special training or experience.

Dietitians

- Persons who meet basic academic and experience requirements established by the American Dietetic Association and provide expertise in food service management and/or nutritional care. Dietetic Technicians - Persons working with the supervision of a registered or qualified dietitian with responsibilities in assigned area of food service management and basic nutritional care.

Radiologic Technologists/Technicians

- Persons who maintain and safely use equipment and supplies necessary to demonstrate portions of the human body on X-ray film or fluoroscopic screen for diagnostic purposes. (Alternate title: X-ray Assistants)

Radiation Therapy Technologists/Technicians

- Persons who assist the radiologist in treatment of disease by exposing affected areas of the patient's body to prescribed doses of X-ray or other forms of ionizing radiation. They assist in maintaining proper operation of controlling devices and equipment used in treatment and share responsibility for treatment records.

Other Radiologic Personnel

- This includes persons with the following titles: Nuclear medicine technologists/technicians, radiation therapy technologists/technicians, radiation monitors, health physics technicians, personnel monitors, radiation protection personnel, radiologic assistants, X-ray assistants.

Occupational Therapists

- Persons who evaluate the self care, work, and play/leisure time task performance skills of well and disabled clients of all age ranges; 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 their specific age and necessary to his particular occupational role adjustment.

Occupational Therapy Assistants

- Persons who work under the supervision of an occupational therapist in evaluating clients and planning and implementing programs, and are prepared to function independently when working with clients.

Occupational Therapy Aides (or Attendants)

- Persons who assist occupational therapists in administering medically oriented occupational programs to assist in rehabilitating patients in hospitals and similar institutions.

Physical Therapists

- Therapists who use physical agents, bio-mechanical and neurophysiological principles, and assistive devices in relieving pain, restoring maximum function, and preventing disability following disease, injury, or loss of bodily part.

Physical Therapy Assistants and Aides

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

Recreational Therapists

- Persons who plan, organize, and direct medically approved recreation programs such as sports, trips, dramatics, and arts and crafts, either to help clients recover from illness or in coping with temporary or permanent disability.

Respiratory Therapists

- Persons who administer respiratory care under the direction of a physician, evaluating the patient's progress, and making recommendations for respiratory therapy. Their proficiencies include ventilatory therapy, cardiorespiratory rehabilitation, micro-environmental control, and diagnostic testing of the respiratory system. (Alternate title: Inhalation Therapist).

Psychologists

- Persons who are trained in the understanding and modification of human behavior. They deal with problems of mental health and other areas of health in which psychological functioning involving learning, perception, development, adjustment, ability, and personality are important.

Psychiatric Social Workers

- Persons who serve as liaisons between psychiatrist, patient, and patient's family to provide counseling and emotional support to the patient, and to contribute to the evaluation and diagnosis of mental disorders as members of the psychiatric team.

Medical Social Workers

- Persons prepared to identify and understand the social factors underlying 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 their adjustment to permanent and temporary effects of illness; and they utilize other resources such as family and community agencies in assisting patients to recover.

All Other Health-Professional and Technical Personnel

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

All Others (All Non-Health Professional and Non-Technical Personnel)

- Persons not previously counted. These include kitchen, laundry, housekeeping and maintenance personnel, secretaries, file clerks, etc.

K. Employee/Medical Staff Immunizations

1. Immunization Policy – A written protocol identifying the immunization requirements for employees and medical staff.

If a policy exists, please indicate the required immunizations.

2. Indicate whether your facility offers any of the immunizations listed to all medical staff and/or all full and part-time payroll employees. Do not include volunteers, contracted employees, or fee-for-service employees.

L-Review and Submission

If any error messages appear, please resolve them as you may not be able to submit with error messages.

Feel free to use the comments or notes sections as well.