

## **Definitions and Instructions**

### **Facility Identification**

- Question #1:** **Facility ID Number** This is your facility license ID number.
- Question #2:** **Facility Name** Full name of your facility. No abbreviations
- Question #3:** **Facility Address** -Address of your facility. No P.O. Boxes please.
- Question #4:** **City / Town** -City or town where your facility is located.
- Question #5:** **Zip Code** -Zip code for your facility.
- Question #6:** **Facility County** -County where your facility is located in.
- Question #7:** **Facility Main Telephone Number** -Main phone number for your facility.

Use the format xxx-xxx-xxxx

### **Contact Information**

- Question #8:** **Main Facility Administrator Name** - Please indicate the name of the main administrator for your facility.
- Question #9:** **Administrator Job Title** - Please indicate the job title for the main administrator listed above.
- Question #10:** **Administrator Job Title Other (if applicable):** Please specify the Administrator job title since it is not in the list provided above.
- Question #11:** **Administrator Phone Number** - Please list the direct phone number for the administrator listed above. Use the format xxx-xxx-xxxx
- Question #12:** **Administrator Email Address** - Please list the email address for the administrator listed above.
- Question #13:** **Contact Person that is able to respond to questions** - Please choose from the drop-down menu who the contact person is. The Administrator or someone else.
- Question #14:** **Contact Person Name (if applicable)** – Please list the name of the person (not the Administrator) who completed the questionnaire and can answer questions or who helped provide the data for the questionnaire.
- Question #15:** **Contact Person Phone Number** - Please list direct phone number for the contact person listed above. Use the format xxx-xxx-xxxx
- Question #16:** **Contact Person Email Address** - Please indicate the email address for the contact person listed above.

### **Reporting Information**

**Question #17: Reporting Start Date** – Default date of January 1, 2023. Please Adjust the date to reflect your reporting start date if it is not January 1, 2023. Please use Year Month Day (YYYY-MM-DD) format.

**Question #18: Reporting Finish Date** – Default date of December 31, 2023. Please adjust the date to reflect your reporting end date if it is not December 31, 2023. Please use Year Month Day (YYYY-MM-DD) format.

**Question #19: Is your facility able to report data for a full year based on the reporting period of January 1, 2023 through December 31, 2023** - Please indicate whether or not your facility has access to and the ability to report data for a full year or not using the given timeframe. Common examples for no would include the opening of a brand-new facility during the middle of the year, or an ownership change at an existing facility where the previous owner does not allow data access so that the facility is unable to report on a whole year of data even though it was open for the full year. **This is a yes or no question.**

**Question #20: Reasons for not being able to report on the full year of data (if applicable)** - Please indicate the reason or reasons why your facility does not have the ability to provide a full years' worth of data for this year's questionnaire.

**Question #21: Other reasons for not being able to report on the full year of data (if applicable)**: Please specify a reason (other than those provided in the list above) for your inability to provide a full years of data.

## **Surgery Rooms**

**Question #22: Number of Operations rooms** - Please indicate the number of Operating Rooms on site.

**Question #23: Number of Post-Operative Recovery** - Please indicate the number of Post-Operative Recovery Rooms on site.

**Question #24: Number of Procedure Rooms** - Please indicate the number of Procedure Rooms on site.

**Question #25: Number of Other Surgical Rooms** – Please indicate the number of any other type of surgical room on site that would not fall into one of the previously listed categories.

**Question #26: Other Surgical Room Description (if applicable)** - Please list a description of what other type or types of surgical room not already mentioned are provided at your facility.

## **Services Provided**

**Question #27: Cardiopulmonary Laboratory** - Please indicate whether your facility offers Cardiopulmonary Lab services either on site or by an affiliated satellite. Services offered by a referral to a hospital or non-affiliated satellite should be marked as NO. **This is a yes or no question.**

**Question #28: Clinical Laboratory** - Please indicate whether your facility offers clinical lab services on site or at an affiliated satellite. Services offered by a referral to a hospital or non-affiliated satellite should be marked as NO. **This is a yes or no question.**

**Question #29: Electrocardiography** - Indicate whether your facility offers electrocardiography on site or at an affiliated satellite. Services provided by a referral to a hospital or non-affiliated satellite should be marked NO. **This is a yes or no question.**

**Question #30: Inhalation Therapy** - Please indicate whether your facility provides inhalation therapy services on site or at an affiliated satellite. Services provided by referral to a hospital or non-affiliated satellite should be marked NO. **This is a yes or no question.**

**Question #31: Pharmacy** - Please indicate whether your facility offers pharmacy services on site or at an affiliated satellite. Services provided by a referral to a hospital or to a non-affiliated satellite should be marked NO. **This is a yes or no question.**

## **Surgeries**

**Question #32: Number of Operations Performed** - Please indicate the number of operations completed at your facility in accordance with current ICD guidelines. Note that multiple procedures can be done during a single operation, report operation count not procedure count. If unknown, please use the value "-1" (without the quotes).

## **Ultrasound**

**Question #33: Ultrasound Machines** - Please indicate whether or not you have an ultrasound machine on site. **This is a yes or no question.**

**Question #34: Number of Times Using Ultrasounds (if applicable)** - If you marked yes to having an ultrasound machine, please indicate the number of times it was used throughout the year. If unknown, please use the value "-1" (without the quotes).

## **X-Ray Machines**

**Question #35: X-Ray Machines** - Please indicate whether or not your facility has an x-ray machine on site. **This is a yes or no question.**

**Question #36: Number of Times using X-Ray (if applicable)** - If you selected yes to having an x-ray machine, please indicate the number of times it was used throughout the year. If unknown, please use the value "-1" (without the quotes).

## **Surgical Visits by Age Group (only surgical visits, do not report consultations)**

**Question #37: Children (Ages 0 to 17)** - Please indicate the number of surgical visits to children ages 0 to 17 your facility provided over the course of the year. If unknown, please use the value "-1" (without the quotes).

**Question #38: Adults (Ages 18-64)** - Please indicate the number of surgical visits provided to working age adults ages 18 to 64 over the course of the year. If unknown, please use the value "-1" (without the quotes).

**Question #39: Seniors (Ages 65 and Older)** - Please indicate the number of surgical visits provided to seniors age 65 and above over the course of the year. If unknown, please use the value "-1" (without the quotes).

**Question #40: Total Number of Surgical Visits** - Please indicate the total number of surgical visits your facility had over the year. If unknown, please use the value "-1" (without the quotes).

### **Active Licensed Medical Doctors**

**Question #41: Medical Doctors (M. D'S)** - Please indicate the number of actively licensed medical doctors working at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #42: Dentists** - Please indicate the number of actively licensed dentists at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #43: Podiatrists** - Please indicate the number of actively licensed podiatrists at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #44: Doctors of Osteopathy (D. O's)** - Please indicate the number of actively licensed doctors of osteopathy at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #45: Total Licensed Active Medical Staff** - Please indicate the total number of licensed active medical staff working at the facility. If unknown, please use the value "-1" (without the quotes).

### **Medical Specialties-Doctors**

**Question #46: Anesthesiology** - Please indicate the number of medical staff that specialize in Anesthesiology. If unknown, please use the value "-1" (without the quotes).

**Question #47: Colon and Rectal Surgery** - Please indicate the number of medical staff that specialize in Colon and Rectal Surgery. If unknown, please use the value "-1" (without the quotes).

**Question #48: Dentistry** - Please indicate the number of medical staff that specialize in Dentistry. If unknown, please use the value "-1" (without the quotes).

**Question #49: Family Practice** - Please indicate the number of medical staff that specialize in Family Practice.

- Question #50: Internal Medicine** - Please indicate the number of medical staff that specialize in Internal
- Question #51: Obstetrics and Gynecology (OB/GYN)** - Please indicate the number of medical staff that specialize in Obstetrics and Gynecology (OB/GYN). If unknown, please use the value "-1"
- Question #52: Ophthalmology** - Please indicate the number of medical staff that specialize in Ophthalmology. If unknown, please use the value "-1" (without the quotes).
- Question #53: Oral Surgery** - Please indicate the number of medical staff that specialize in Oral Surgery. If unknown, please use the value "-1" (without the quotes).
- Question #54: Orthopedic Surgery** - Please indicate the number of medical staff that specialize in Orthopedic Surgery. If unknown, please use the value "-1" (without the quotes).
- Question #55: Otolaryngology** - Please indicate the number of medical staff that specialize in Otolaryngology. If unknown, please use the value "-1" (without the quotes).
- Question #56: Pathology** - Please indicate the number of medical staff that specialize in Pathology. If unknown, please use the value "-1" (without the quotes).
- Question #57: Pediatrics** - Please indicate the number of medical staff that specialize in Pediatrics. If unknown, please use the value "-1" (without the quotes).
- Question #58: Plastic Surgery** - Please indicate the number of medical staff that specialize in Plastic Surgery. If unknown, please use the value "-1" (without the quotes).
- Question #59: Podiatry** - Please indicate the number of medical staff that specialize in Podiatry. If unknown, please use the value "-1" (without the quotes).
- Question #60: Radiology** - Please indicate the number of medical staff that specialize in Radiology. If unknown, please use the value "-1" (without the quotes).
- Question #61: Surgery** - Please indicate the number of medical staff that specialize in Surgery. If unknown, please use the value "-1" (without the quotes).
- Question #62: Thoracic Surgery** - Please indicate the number of medical staff that specialize in thoracic surgery. If unknown, please use the value "-1" (without the quotes).
- Question #63: Urology** - Please indicate the number of medical staff that specialize in urology. If unknown, please use the value "-1" (without the quotes).
- Question #64: All other specialties** - Please indicate the number of medical staff that specialize in any other medical field not previously listed. If unknown, please use the value "-1" (without the quotes).
- Question #65: List of all other specialties:** (if applicable) If you indicated you have other specialties not listed above, please indicate what they are.

**Full-Time Personnel (workers who perform duties for 30 hours or more per week regardless of payment source)**

- Question #66: Personnel- Contracted and/or Credentialed** -Please indicate whether or not your facility has contracted and/or credentialed personnel who provide services. Make sure that contracted and/or credentialed personnel are accounted for in the FT and PT physician counts.
- Question #67: Facility Administrators and Assistants** - Please indicate the number of Administrators and Assistants that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).
- Question #68: Physicians** - Please indicate the number of Physicians that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).
- Question #69: Physicians Assistants** - Please indicate the number of Physicians Assistants that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).
- Question #70: Registered Nurses** - Please indicate the number of Registered Nurses that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).
- Question #71: Nurse Anesthetists** - Please indicate the number of Nurse Anesthetists that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).
- Question #72: Nurse Practitioners** - Please indicate the number of Nurse Practitioners that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).
- Question #73: Licensed Practical Nurses** - Please indicate the number of Licensed Practical Nurses that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).
- Question #74: Unlicensed Assistive Personnel (Aides, Orderlies, and Attendants)** - Please indicate the number of Unlicensed Assistive Personnel that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).
- Question #75: Operation Room Technicians** -Please indicate the number of Operation Room Technicians that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).
- Question #76: Licensed Pharmacists** - Please indicate the number of Licensed Pharmacists that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).
- Question #77: Clinical Laboratory Occupations (Medical Technologists, Histologic Technicians, Medical Lab Technicians, and other clinical lab personnel)**- Please indicate the number of Clinical Laboratory Workers that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).
- Question #78: Radiological Occupations (Radiologic Technologists, Radiologic Technicians, Radiation Therapy Technologists, Radiation Therapy Technicians, and other radiologic personnel)** - Please indicate the number of Radiological

workers that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #79: All Other Health Personnel**- Please indicate the number of all other health-based personnel that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #80: List All Other Health Personnel** (if applicable) If you indicated you have other FT health personnel not listed above, please indicate what they are.

**Question #81: All Other Non-Health Personnel (Clerical, Housekeeping, Maintenance, etc.)**- Please indicate the number of all other non-health employees that work a minimum of 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #82: Total Full-Time Staff** - Please indicate the total number of full-time staff working at least 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Part-Time Staff (workers who perform duties for less than 30 hours per week regardless of payment source)**

**Question #83: PT Facility Administrators and Assistants** - Please indicate the number of Administrators and Assistants that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #84: PT Physicians** - Please indicate the number of Physicians that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #85: PT Physicians Assistants** - Please indicate the number of Physicians Assistants that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #86: PT Registered Nurses** - Please indicate the number of Registered Nurses that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #87: PT Nurse Anesthetists** - Please indicate the number of Nurse Anesthetists that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #88: PT Nurse Practitioners** - Please indicate the number of Nurse Practitioners that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #89: PT Licensed Practical Nurses** - Please indicate the number of Licensed Practical Nurses that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #90: PT Unlicensed Assistive Personnel (Aides, Orderlies, and Attendants)** - Please indicate the number of Unlicensed Assistive Personnel that

work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #91: PT Operation Room Technicians** -Please indicate the number of Operation Room Technicians that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #92: PT Licensed Pharmacists** - Please indicate the number of Licensed Pharmacists that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #93: PT Clinical Laboratory Occupations (Medical Technologists, Histologic Technicians, Medical Lab Technicians, and other clinical lab personnel)**- Please indicate the number of Clinical Laboratory Workers that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #94: PT Radiological Occupations (Radiologic Technologists, Radiologic Technicians, Radiation Therapy Technologists, Radiation Therapy Technicians, and other radiologic personnel)** - Please indicate the number of Radiological workers that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #95: PT All Other Health Personnel**- Please indicate the number of all other health-based personnel that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #96: List PT All Other Health Personnel** (if applicable) If you indicated having other PT health specialties not listed above, please indicate the type(s) of Health Personnel.

**Question #97: PT All Other Non-Health Personnel (Clerical, Housekeeping, Maintenance, etc.)**- Please indicate the number of all other non-health employees that work less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).

**Question #98: Total Part-Time Staff** - Please indicate the total number of part-time staff working less than 30 hours per week at your facility. If unknown, please use the value "-1" (without the quotes).