INSTRUCTIONS FOR COMPLETING THE 2010 ANNUAL REPORT FOR HOSPITALS AND RELATED FACILITIES

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INSTRUCTIONS FOR COMPLETION OF THE
2010 ANNUAL REPORT FOR HOSPITALS AND RELATED FACILITIES
Form BHD 134A

These instructions for the 2010 Annual Report for Hospitals and Related Facilities are intended to assist in the completion and submission of accurate annual data reports. To ensure data integrity, and determine utilization rates of inpatient and outpatient services provided by hospitals, information reported must be consistent from all hospitals throughout the state. These instructions are intended to assist in the collection of data, and minimize the number of errors experienced in previous years. Selected verification procedures for reported information are also outlined, and are indicated by (**). Should these instructions not address a particular concern, please request additional assistance by contacting the State Health Planning and Development Agency (SHPDA), Bradford L. Williams/Planning Director, at (334) 242-4109 or bradford.williams@shpda.alabama.gov.

Page 1

The identification number as indicated on the mailing label is assigned by SHPDA.

Verify the name of the facility identified on the mailing label is the name of the facility as indicated on the license issued by the Alabama Department of Public Health (ADPH). Make any necessary changes to the label.

Mailing Address: Provide the complete mailing address to be used by SHPDA for the mailing of annual reports, data, and requests for additional information. This address may be different from the mailing/physical address of the facility.

Physical Address: Provide the complete physical address of this facility as indicated on the ADPH license.

County of Location: Provide the county of physical location of the facility.

Facility Telephone: Provide the general telephone number of the facility, including the area code.

Facility Fax: Provide the general fax telephone number of the facility, including the area code.

The signatures and requested identifying information must be provided by two separate individuals. The primary preparer of the annual report will be contacted first for additional/corrected information. If the primary preparer is not available at the time of attempted contact, the administration official will be contacted to provide additional/corrected information, and to answer any questions.

Page 2

Ownership: Provide the organizational structure of the facility as reported to ADPH.

Management: Indicate if this facility is operated by a management firm. If so, check yes and provide the name of the management firm and all contact information requested. If this facility is not operated under a management contract, go to Section I-A.

Section I-A - Facilities:

Indicate the type of service(s) provided that best describe this facility and as licensed by ADPH. If this facility has dual licenses, indicate the type of service predominantly provided.

Section I-B- Totals:

1. Indicate the number of beds licensed by ADPH on the last day of the reporting period.

2. Indicate the number of beds staffed and in operation on the last day of the reporting period. This number may be less than the number of licensed beds, but may not be more than the number of beds licensed.

3. Indicate the number of certified Swing Beds authorized by Certificate of Need (CON). If this facility is not certified through CON authorization for Swing Beds, enter "0".

4. Indicate the total number of admissions during the reporting period of all patients, excluding well baby and NICU patients.

5. Indicate the total number of patient days during the reporting period, excluding well baby and NICU patients.

6. Indicate the total number of discharges during the reporting period, excluding well baby and NICU patients. The total number of deaths must also be included as discharges.

7. Indicate the total number of outpatient visits experienced in all departments during the reporting period.

Page 3

Section I-C – Principal Source of Payment:

Patient Days: Indicate the breakdown of the total patient days, excluding well baby and NICU patients, by principal source of reimbursement. The total patient days reported in this section must equal the total number of patient days reported on Page 2, Section I-B-5.

Discharges: Indicate the breakdown of the total number of discharges, including the total number of deaths, but excluding well baby and NICU patients, by principal source of reimbursement. The total discharges reported in

this section <u>must</u> equal the total number of discharges reported on Page 2, Section I-B-6.

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	PATIENT DAYS	DISCHARGES	
SELF PAY:	116	18	6.4

As indicated in the above example, all reimbursement categories in this section are verified by dividing the number of patient days for each reimbursement category by the total number of discharges for that category (116 patient days/18 discharges). This provides an average length of stay for each reimbursement category (6.4) in the example. For hospitals providing general acute care services only, any average length of stay over 5 days should be initialed as verified by the facility except for Medicare and Medicaid reimbursements. Any average length of stay over 7 days for Medicare and Medicaid reimbursements should be initialed as verified by the facility before submitting the report to SHPDA. For hospitals providing specialty services, it is understood that the average length of stay will be greater than those of general acute care hospitals. SHPDA will contact the facility for any questions regarding information reported in this section.

Pages 3 and 4

Section II-A – Services Offered:

Inpatient <u>general acute care</u> services only should be reported in this section. For services listed which are not offered in a specified area, data should be reported under (1) Medicine or (3) Medicine-Surgery as applicable. For services listed, and which are provided in a specified area, applicable information should be reported for each service. For services not offered in a specified area, enter "N/A".

Number of Licensed Beds By Service: Enter the total number of beds provided in a specified area for all listed inpatient services offered.

Number of Discharges By Service: Enter the total number of discharges for each listed inpatient service offered in a specified area. Deaths <u>should</u> also be included as discharges. Transfer of patients from one service to another service <u>should not</u> be listed as discharges. Discharges for these patients should be provided for the last service offered prior to discharge.

Patient Days By Service: Enter the total number of patient days for each listed inpatient service offered in specified areas.

Staffed Beds by Service: Enter the number of licensed beds staffed on the last day of the reporting period for each inpatient service offered in specified areas.

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MEDICINE-SURGERY:	79	1,831	5,696	44	19.75%

As indicated in the above example, all general acute care services in this section are verified by dividing the number of patient days (5,696) by the number of days in the reporting period (365), divided by the number of **licensed** beds for the service provided (79). This verification provides an occupancy rate (19.75%) for the specified service in the example. The occupancy rate for specified service(s) <u>cannot</u> be over 100%.

Page 4

Section II-B – Psychiatric Hospitals:

This section is to be completed by facilities licensed as psychiatric hospitals by ADPH; or for general acute care hospitals providing CON-authorized psychiatric services. Psychiatric services which may be provided, but are not provided through CON authorization should be reported under the General Acute Care section on Page 3, Section II-A, as (1.) Medicine.

Number of Licensed Beds: Enter the total number of CON-authorized beds providing psychiatric services.

Number of Admissions: Enter the total number of patients admitted to CON-authorized beds providing psychiatric services. NOTE: For facilities licensed by ADPH as Psychiatric Hospitals, the total number of admissions reported in this section should equal the total number of admissions reported on Page 2, Section I-B-4.

Number of Discharges: Enter the total number of patients discharged from CON-authorized beds providing psychiatric services. NOTE: For facilities licensed by ADPH as Psychiatric Hospitals, the total number of discharges reported in this section should equal the total number of discharges reported on Page 2, Section I-B-6. Deaths <u>should</u> also be included as discharges in this section.

Patient Days: Enter the total number of patient days for CON-authorized beds providing psychiatric services. NOTE: For facilities licensed by ADPH as Psychiatric Hospitals, the total number of patient days reported in this section should equal the total number of patient days reported on Page 2, Section I-B-5.

Staffed Beds by Service: Enter the number of licensed beds staffed on the last day of the reporting period for each inpatient service offered in specified areas.

Section II-C – Specialty Units

This section is to be completed by facilities licensed by ADPH as hospitals providing the specified service; or for facilities providing the service(s) through CON-authorization. Service(s) which may be provided, but are not provided through CON authorization should be reported under the General Acute Care section on Page 3, Section II-A, as (1.) Medicine.

Number of Licensed Beds: Enter the total number of CON-authorized beds providing specified service(s).

Number of Admissions: Enter the total number of patients admitted to CON-authorized beds providing specified service(s). NOTE: For facilities licensed by ADPH, other than a General Acute Care Hospital, the total number of admissions reported for the service should equal the total number of admissions reported on Page 2, Section I-B-4.

Number of Discharges: Enter the total number of patients discharged from CON-authorized beds providing specified service(s). NOTE: For facilities licensed by ADPH as providing the specified service, the total number of discharges reported in this section should equal the total number of discharges reported on Page 2, Section I-B-6. Deaths must also be included as discharges for the service.

Patient Days: Enter the total number of patient days for CON-authorized beds providing specified services. NOTE: For facilities licensed by ADPH as providing the specified service, the total number of patient days reported in this section should equal the total number of patient days reported on Page 2, Section I-B-5.

Staffed Beds by Service: Enter the number of licensed beds staffed on the last day of the reporting period for each inpatient service offered in specified areas.

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Number of Beds Assigned	Number of Beds Authorized	Number of Admissions	Number of Discharges	Patient Days	
11	11	1,050	334	2,994	74.57%

As indicated in the above example, all specialty services in Sections II-B and II-C are verified by dividing the number of patient days (2,994) by the number of days in the reporting period (365), divided by the number of CON authorized beds for the service provided (11). This verification provides an occupancy rate (74.57%) for the specified service in the example. The occupancy rate for specified service(s) cannot be over 100%.

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Section II-D – Obstetrics & Nursery
This section is to be completed by facilities providing obstetrical services. If obstetrical services are not provided, enter "N/A" under Number of Rooms, and continue to Section II-E.

Number of Rooms: Enter the maximum number of rooms available at one time for vaginal deliveries; and the maximum number of rooms available at one time for deliveries performed by c-section.

Total Number of Live Births: Enter the total number of live births for the reporting period via vaginal delivery; and the total number of live births via c-section delivery.

Total Number of Fetal Deaths: Enter the total number of fetal deaths for the reporting period via vaginal delivery; and the total number of fetal deaths via c-section delivery.

Total Number of Other Procedures/Cases: Enter the total number of other procedures performed immediately after vaginal delivery; and the total number of other procedures performed immediately after c-section delivery.

Number of Bassinets: Enter the maximum number of bassinets that can be placed in the well baby unit at one time plus the number of bassinets available for rooming-in with the mothers. Also add number of bassinets available

in the intermediate care unit at one time; the neonatal intensive care unit at one time; and any other newborn unit at one time. NOTE: The maximum number of bassinets reported <u>should not</u> exceed the total number of bassinets available for use in the facility.

Number of Infants: Enter the total number of infants for the reporting period placed in the newborn unit or rooming-in with mothers, not requiring special monitoring; the total number of infants requiring special monitoring but not requiring neonatal intensive care; the total number of infants requiring neonatal intensive care; and the total number of infants requiring additional level of care not specified.

Newborn Days: Enter the total number of newborn days for the reporting period for infants in the newborn unit or rooming-in with mothers, not requiring special monitoring; the total number of newborn days for infants requiring special monitoring but not requiring neonatal intensive care; the total number of newborn days for infants requiring neonatal intensive care; and the total number of newborn days for infants requiring additional level of care not specified.

Section II-E - Surgery

General Surgery Rooms: Enter the total number of operating rooms designated for inpatient general surgery only; the total number of operating rooms designated for outpatient general surgery only; and the total number of operating rooms utilized for both inpatient and outpatient general surgeries.

General Surgery Persons: Enter the total number of inpatients receiving surgical procedures, and the total number of outpatients receiving surgical procedures.

General Surgery Procedures: Enter the total number of general surgical procedures performed on inpatients, and the total number of general surgical procedures performed on outpatients. NOTE: the number of procedures reported should be greater than the number of persons, as multiple procedures are often performed during surgery, i.e., tonsillectomy and adenoidectomy are considered two separate procedures.

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As indicated in the above example, all general surgeries are verified by dividing the number of procedures performed (262) by the number of (in)patients (157). This verification provides for an average of 1.7 procedures per inpatient general surgical procedures performed in the example. Any average over three (3) procedures per inpatient or outpatient should be initialed by the preparer as verified before submitting the report to SHPDA.

Outpatient Surgical Unit: Indicate if this facility has a separate designated unit (day surgery) utilized for outpatient surgery only, not licensed by ADPH separately as an ambulatory surgical center.

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Total Open Heart Rooms: Enter the total number of operating rooms available for open heart surgery.

Total Transplant Rooms: Enter the total number of operating rooms available for organ transplantation surgery.

Total Other Specialized Surgery Rooms: Enter the total number of operating rooms available for other non-general surgeries not reported in open heart and transplant rooms.

Total Operating Rooms Available for Specialized Surgeries: Enter the total number of operating rooms available for non-general surgical procedures. NOTE: the total reported may not equal the sum of indicated open heart rooms, transplant rooms, and other specialized rooms if any of these operating rooms are not dedicated for sole use of specified procedures.

Number of Persons: Enter the total number of patients receiving open heart surgical procedures; the total number of patients receiving organ transplant procedures; and the total number of patients receiving non-general surgical procedures not classified as open heart or organ transplant.

Number of Procedures: Enter the total number of open heart surgical procedures performed; the total number of organ transplant procedures performed; and the total number of non-general surgical procedures performed not

classified as open heart or organ transplant. NOTE: the number of procedures reported may be greater than the number of persons reported if multiple procedures are performed on the same patient during surgery.

Page 7

Section II-F Cardiac Procedures: Enter the total number of cardiac procedures performed on inpatients and outpatients, separated by type of procedure(s) performed and procedure room(s).

Total Procedures: Enter the total number of cardiac procedures, separated by inpatient and outpatient, performed throughout the facility, not limited to those performed in a catheterization laboratory. NOTE: the number of procedures reported should be greater than the number of persons, as multiple procedures are often performed on a patient.

Total Patients: Enter the total number of patients, separated by inpatient and outpatient, receiving cardiac procedures throughout the facility, not limited to those performed in a catheterization laboratory. NOTE: the number of patients reported should be less than the number of procedures, as multiple procedures are often performed per patient.

Total Number of CON Authorized Cath Labs: Enter the total number of CON-authorized catheterization laboratories located in this facility.

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Section II-G – Diagnostic Equipment

Count only the equipment, procedures, and services if the equipment is physically located in or at the facility, offered by the hospital, and the patient is billed for the service through the hospital.

Fixed Units: Enter the total number of non-mobile units available to perform MRI scans, lithotripsy procedures, and PET scans.

Mobile Units: Enter the total number of non-fixed units available to perform MRI scans, lithotripsy procedures, and PET scans.

Number of Patients: Enter the total number of inpatients and outpatients (combined) receiving MRI scans, lithotripsy procedures, and PET scans.

Section II-H – Therapeutic Services

Number of Units: Provide the total number pieces of equipment located in this facility that can perform the following services: gamma knife, linear accelerator, megavoltage therapy, and the total number of stations available for renal dialysis.

Inpatient Persons: Provide the total number of inpatients receiving the outlined services.

Outpatient Persons: Provide the total number of outpatients receiving the outlined services.

Section II-J – Clinical Equipment

Ventilators: Enter the total number of ventilators available for use by patients in the event of a major disaster, separated by ventilators intended for adults and ventilators intended for pediatric/neonatal patients.

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Section III-A – Outpatient Services

Review each level of emergency outpatient care carefully and indicate the highest level of emergency outpatient care that was available on a daily basis throughout the entire reporting period.

Number of Rooms: Indicate the total number of rooms/cubicles available on the last day of the reporting period for treatment of emergency cases. If multiple emergency patients can be treated in the same room, count the total number of emergency patients that can be treated at the same time.

Number of Visits: Indicate the total number of outpatient visits to the emergency room during the reporting period.

Section IV – Expenses and Revenues

Enter the total amount of expenses, revenues, bad debt, and charity care provided, separated by inpatient and outpatient services. NOTE: These figures should not be combined, and must be reported separately.

FINAL REPORT CHECKS

**	LICENSED BEDS:	TOTAL	SERVICES OFFERED	PUBLIC HEALTH LICENSED
		85	85	85

	PATIENT DAYS:	TOTAL	PAYER SOURCE	SERVICES OFFERED
		6,628	6,628	6,628

	DISCHARGES:	PAYER SOURCE	SERVICES OFFERED
		1,938	1,938

As indicated in the above example, final verifications of the total number of licensed beds, number of patient days, and number of discharges should be made prior to submitting the report to SHPDA. Failure for these categories to equal indicates errors in the data reported.

Licensed Beds: The number of licensed beds reported should be verified by checking that the number of licensed beds equal in the following manner:

- reported on Page 2, Section I-B-1;
- the sum of: licensed beds reported on Page 4 in Section II-A, and all authorized beds reported in Sections II-B and II-C;
- the number of licensed beds indicated on the ADPH license.

Patient Days: The number of patient days reported should be verified by checking that the number of patient days equal in the following manner:

- reported on Page 2, Section I-B-5;
- reported on Page 3, Section I-C;
- the sum of patient days reported on Page 4, Sections II-A, II-B, and II-C ;

Discharges: The number of discharges reported should be verified by checking that the number of discharges equal in the following manner:

- reported on Page 2, Section I-B-6 (not shown in the above example);
- the number of discharges reported on Page 3, Section I-C;
- the sum of patient days reported on Page 4, Sections II-A, II-B, and II-C.

REMINDER

The annual report MUST be signed by both the preparer and an administrative official.

**INSTRUCTIONS FOR COMPLETION OF THE HOSPICE ADDENDUM FOR THE
2009 ANNUAL REPORT FOR HOSPITALS AND RELATED FACILITIES**
Form BHD 134A

On May 13, 2009, Alabama Act 2009-492 was signed into law to include hospice service providers within the definition of a healthcare facility. As a result of this Act, all hospice providers are required to have Certificate of Need (CON) authorization to provide hospice services. To determine the current availability and utilization of hospice services in Alabama, the following information is needed on behalf of hospice services provided at this facility. Should these instructions not address a particular concern, please request additional assistance by contacting the State Health Planning and Development Agency (SHPDA), Bradford L. Williams, Data/Planning Director, at (334) 242-4109 or bradford.williams@shpda.alabama.gov.

The facility identification number is the same as the one indicated on the mailing label assigned by SHPDA.

The facility name is the same as the one indicated on the mailing label assigned by SHPDA.

Question 1:   At any time during the reporting period, were hospice services provided at this facility. These services could either have been provided by the facility itself **or** could have been provided by a separate entity sharing a common ownership with the facility.

Question 2:   Has this facility been granted authorization to provide inpatient hospice services on site through the issuance of a Letter of Non-Reviewability by SHPDA on the basis of a rural exemption?

Question 3:   Did **any** in-home hospice providers have contracts to provide either an inpatient hospice level of care or general respite care to any patients at this facility during the reporting period?

Question 4:   If the answer to question 3 was **yes**, please list the total number of providers contracted to provide either inpatient or respite care at the facility during the reporting period. If the answer to question 3 was **no**, please proceed to the next question.

Question 5:   Did this facility provide beds during the reporting period which were dedicated **solely** to the use of hospice patients to the exclusion of any other type of service?

Question 6:   If the answer to question 5 was **yes**, please list the total number of beds dedicated to hospice care during the reporting period. If the answer was **no**, please proceed to the next question.

Question 7:   Please list the total number of respite **and** inpatient hospice days provided by this facility during the reporting period, regardless of payer source.