

STATE OF NEVADA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION of HEALTH CARE FINANCING and POLICY

INSTRUCTIONS FOR NEVADA HOSPITAL QUARTERLY REPORT (NHQR)

General Information:

The Nevada Hospital Quarterly Report (NHQR) is the report designated by the Nevada Department of Health and Human Services as the required reporting for hospitals in order to meet the requirements of NRS 449.490, Paragraph 1. Any hospital not filing the report by the due date may be subject to an administrative fine of up to \$500 per day. The NHQR must be submitted electronically through the Center for Health Information & Analysis (CHIA) website at http://www.unlv.edu/Research_Centers/chia/NHQR/NHQR.htm and is due 30 days after each quarter ending date.

- Contact DHCFP if you have any questions or if you have reason to believe your report may be late.
- All dollar amounts must be rounded to the nearest whole dollar.
- In addition to the NHQR, each hospital must file annually with the Division of Health Care Financing and Policy (DHCFP) a copy of their Medicare Cost Report at the same time that it is filed with their Medicare Administrative Contractor.
- Also, within 30 days of receipt by the hospital, each hospital must file with the DHCFP a copy of their annual financial audit conducted by an independent auditor. If no annual audit is conducted of the individual hospital (as may be the case for a hospital system), the hospital must provide assurances from an independent auditor that the hospital records for Operating Revenue, Operating Expense, Net Revenue over Expense, Patient Days and Admissions agree in all material respects with the amounts submitted on the NHQR.
- All information, definitions, reporting methods and classifications reported must be in accordance with generally accepted accounting principles (GAAP) and with hospital industry guidelines unless specifically noted otherwise in these instructions.
- Any material year-end adjustments must be reported in the proper period and may require an amended submission for that period.
- All supporting documentation should be maintained and accessible, as DHCFP may request additional or supplemental information.

Forms Instructions:

Although the required reporting is according to GAAP and hospital industry guidelines, some additional explanatory information is provided below. All items which are not defined in a specific line-item on the form should be aggregated and reported on the "Other" line for the appropriate category.

BALANCE SHEET- This page contains a summary of information from the pages. These fields will populate automatically from the amounts on the subsequent pages.

Assets

Current
Property, Facilities and Equipment
Intangible Assets
Other Assets
Total Assets

Liabilities & Equity Fund Balance**Liabilities**

Current
Long Term and Other Liabilities
Total Liabilities

Equity Fund Balance

Total Liabilities and Fund Balances

Operating Revenues & Expenses

IP/OP Billed Charges
IP/OP Deductions
Net IP/OP Operating Revenue

Other Patient Operating Revenue

Long Term Care Operating Revenue (Net)
Clinic Revenue (Net)
Sub-Acute Revenue (Net)
Misc Patient Revenue
Net Other Patient Revenues

Net Patient Operating Revenues

Other Operating Revenue

Total Operating Revenue

Operating Expenses

Net Operating Revenues

Non-Operating Revenue/Expenses

Net Income/(Loss)

Assets (Tab A)

Current Assets

Cash. The amount of cash on deposit in banks that is immediately available for use in financing hospital activities and/or minor disbursements.

Marketable Securities. The amount of current securities evidenced by certificate of ownership that is immediately available for use in financing hospital activities and/or minor disbursements.

Inventory. This item represents the cost of supplies on hand for use in operations and the cost of goods held for resale.

Prepaid Expenses. This item represents the amount of all prepaid expenses of the hospital.

Due from Affiliated Organizations. This item represents any amounts owed to the hospital from a "related entity" defined as: a corporation which is either owned in full or in part by the hospital; owned by the same parent corporation that owns or controls the hospitals; the parent corporation that actually owns or controls the hospital; or the principal stockholders or officers or directors of any of the foregoing.

Other Current Assets. All other current assets not previously included above.

Total: The combined total of the Currents Assets listed above.

Patient's Accounts Receivable

Gross Accounts Receivable. This item represents an asset account reflecting the gross amount due from hospital patients and/or third party payers.

All Allowances. This item includes allowances for uncollectible receivables and third party contractual adjustments.

Net Receivables The remainder of Gross Accounts Receivable minus All Allowances

Total Current Assets The sum of Total and Net Receivables

Property

Land. The cost of land owned by the hospital.

Land Improvements. Improvements undertaken for land owned by the hospital.

Accumulated Depreciation. The accumulated depreciation to date for the hospital land improvements.

Net Land Improvements. The remainder of Land Improvements minus Accumulated Depreciation.

Construction in Progress. The costs of any construction currently in progress at the hospital not yet transferred to another asset category.

Other Property. Any *other land* not previously described above. This could be leased property.

Total Property: The sum of Land, Net Land Improvements, Construction in Progress, and Other Property.

Building

Building. The historical cost of the hospital buildings.

Building Improvements. Improvements undertaken for buildings to which the facilities hold title.

Accumulated Depreciation. The accumulated depreciation to date for the hospital buildings and improvements.

Net Building The remainder of Building and Building Improvements minus Accumulated Depreciation.

Equipment

Equipment. The purchase cost of equipment owned by the hospital.

Accumulated Depreciation. The accumulated depreciation to date for the hospital's equipment.

Net Equipment The remainder of Equipment minus Accumulated Depreciation

Leasehold Improvements

Leasehold improvements Any improvements undertaken for land or buildings to which the facilities do not hold title.

Accumulated Depreciation. The accumulated depreciation to date for the improvements.

Net Leasehold Improvements. The remainder of Leasehold Improvements minus Accumulated Depreciation

Total Property, Facilities, and Equipment - Sum of Total Property, Net Building, Net Equipment, Net Leasehold Improvements.

Intangible Assets

Intangible Assets - The original value of any amortizable assets maintained in accordance with GAAP. Goodwill should be reported here.

Accumulated Amortization - The accumulated amortization to date for the amortized assets.

Net Intangible Assets-subtract Accumulated Amortization(J) from Intangible Assets (I).

Other Assets. This could include non-current receivables, deposits, or deferred charges(long-term prepaid expenses).

Total Assets – The sum of Total Current Assets, Total Property, Facilities and Equipment, Net Intangible Assets, and Other Assets.

Liabilities & Fund Balance (Tab B)

Current Liabilities

Accounts Payable - The amounts due and approved for payment to trade and other creditors for supplies and services purchased.

Accrued Liabilities - The actual or estimated liabilities of the hospital for salaries and wages payable and those expenses for which no invoices or other billings have been received.

Current Portion of Long Term Debt - That portion of the long term debt which is due and payable within the current accounting cycle (12 months).

Due to Affiliated Organizations - Current portion of amounts owed by the hospital to any "related entities", as that term is defined on page 3.

Other Current Liabilities - All other current liabilities not included above.

Total Current Liabilities - The sum of the following lines: Accounts Payable, Accrued Liabilities, Current Portion of Long Term Debt, Due to Affiliated Organizations and Total Other Current Liabilities.

Long Term Liabilities

Long Term Debt - This item reflects the principal portion of borrowing (mortgage notes and bonds) due after the current accounting cycle (12 months).

Other Long Term Liabilities - This item reflects all other non-current liabilities not already included in long-term debt.

Total Liabilities - The sum of Total Current Liabilities, Long Term Debt and Other Long Term Liabilities

Equity/Fund Balance - Remainder of Total Assets (last line, section A), minus Total Liabilities.

Total Liabilities and Fund Balance - The sum of Total Liabilities and Equity/Fund Balance

INCOME STATEMENT

Operating Revenues (Tab C)

Inpatient Billed Charges - Billed charges for all acute care inpatients for each category listed:

Medicaid - Fee for Service & Managed Care – Includes all data for patients covered by the Nevada Medicaid program and the State Children’s Health Insurance Program (SCHIP known as Nevada Check-up in Nevada), including Medicaid or SCHIP of other states. It also includes data for Medicaid or SCHIP patients paid for by managed care organizations under contract with the state. Medicaid and SCHIP managed care programs currently operate in Washoe and Clark counties and are planned for other Nevada counties.

Medicare - Fee for Service & Managed Care – Includes data for those patients covered by the Medicare program, regardless of whether they are covered under the fee for service program or have selected to be covered under a Medicare Advantage product.

Other Government - Includes data for those patients covered by any local, state or federal program other than Medicare, Medicaid and SCHIP. This would include patients whose primary payer is worker’s compensation, Crippled Children’s Services, CHAMPUS, county indigent programs, Indian Health Services or any other government program. It does not include data for **employees** of a governmental unit with insurance coverage.

PPO’s, Insurance and Non Medicaid/Medicare HMO - Includes data for those patients’ health insurance coverage which is not considered a government entitlement program, regardless of whether the coverage is through an HMO, PPO, indemnity, or self-insured insurer. This category does include data for government employees insured by the governmental unit

Private Pay - Includes data for all patients who have no health coverage

Charity Care Charity Care is based on the policy of the individual hospital, e.g. income level below federal poverty level, etc. As long as the patient is qualified for Charity Care under the hospital’s written policy, the *patient count and all the days* should count as Charity Care. If the hospital classifies a patient as qualified for Charity Care, then *all the days* for that patient should be counted under Charity Care. There is no fixed payment percentage that activates it. The patient may have made some payments, co-pays etc, however all the related payments (including those from the hospital Charity Care fund) should offset the Charity Care charges. Charity Care inpatient amounts are based upon the hospital’s full established rates for services provided to those identified as Charity Care. Any payment received from other sources will need to be deducted out for the net Revenue amount.

Total

Inpatient Deductions

Medicaid - Fee for Service & Managed Care

Medicare - Fee for Service & Managed Care

Other Government

PPO’s, Insurance and Non Medicaid/Medicare HMO

Uninsured Discount - The discount given to uninsured patients based on the facility’s full established rates. While these discounts are in some sense charitable contributions, they

do not fit the definition of Free Care. Please report Uninsured Discount and Charity Care separately. If you're not able to report them separately, please make a reasonable estimate. If you have no basis for a reasonable estimate, please split them 50-50 and in this way we will be able to flag the figures for follow-up.

Charity Care - (or Free Care) Charity Care is based on the policy of the individual hospital, e.g. income level below federal poverty level, etc. As long as the patient is qualified for Charity Care under the hospital's written policy, the *patient count and all the days* should count as Charity Care. If the hospital classifies a patient as qualified for Charity Care, then *all the days* for that patient should be counted under Charity Care. There is no fixed payment percentage that activates it. The patient may have made some payments, co-pays etc, however all the related payments (including those from the hospital Charity Care fund) should offset the Charity Care charges. Charity Care inpatient amounts are based upon the hospital's full established rates for services provided to those identified as Charity Care. Any payment received from other sources will need to be deducted out for the net Revenue amount.

Bad Debt - Include all inpatient amounts for which the hospital has a legal right to collect and has made/is making reasonable attempts to collect full or partial payment. (Small balance accounts that are written off may be charged to Bad Debt). This item reflects the uncollectible charges to patients classified as paying patients, except for contractual adjustments.

Other Contractual Adjustments

Total Deductions

Inpatient Operating Revenue - The remainder of Total minus Total Deductions

Outpatient Billed Charges

Medicaid - Fee for Service & Managed Care

Medicare - Fee for Service & Managed Care

Other Government

PPO's, Insurance and Non Medicaid/Medicare HMO

Private Pay

Charity Care

Total

Outpatient Deductions

Medicaid - Fee for Service & Managed Care

Medicare - Fee for Service & Managed Care

Other Government

PPO's, Insurance and Non Medicaid/Medicare HMO

Uninsured Discount -The discount given to uninsured patients based on the facility's full established rates. While these discounts are in some sense charitable contributions, they do not fit the definition of Free Care. Please report Uninsured Discount and Charity Care separately. If you're not able to report them separately, please make a reasonable estimate. If you have no basis for a reasonable estimate, please split them 50-50 and in this way we will be able to flag the figures for follow-up.

Charity Care - (or Free Care) Charity Care is based on the policy of the individual hospital, e.g. income level below federal poverty level, etc. As long as the patient is

qualified for Charity Care under the hospital's written policy, the *patient count and all the days* should count as Charity Care. If the hospital classifies a patient as qualified for Charity Care, then *all the days* for that patient should be counted under Charity Care. There is no fixed payment percentage that activates it. The patient may have made some payments, co-pays etc, however all the related payments (including those from the hospital Charity Care fund) should offset the Charity Care charges. Charity Care inpatient amounts are based upon the hospital's full established rates for services provided to those identified as Charity Care. Any payment received from other sources will need to be deducted out for the net Revenue amount.

Bad Debt - Include all inpatient amounts for which the hospital has a legal right to collect and has made/is making reasonable attempts to collect full or partial payment. (Small balance accounts that are written off may be charged to Bad Debt). This item reflects the uncollectible charges to patients classified as paying patients, except for contractual adjustments.

Other Contractual Adjustments

Total Deductions

Outpatient Operating Revenue - The remainder of Total minus Total Deductions

Other Patient Operating Revenue

The amounts to be recorded are the amounts from the line items totals on Tab D.

Long Term Care Revenue (Net)

Clinic Revenue (Net)

Sub Acute Revenue (Net)

Misc Patient Revenue

Net Other Patient Revenues

Net Patient Operating Revenue - The sum of Inpatient Operating Revenue, Outpatient Operating Revenue, and Net Other Patient Operating Revenue.

Other Operating Revenue. Revenue related to health care operations, but not from patient care services. Examples include non-patient food sales, rebates and refunds, purchase discounts, supplies and drugs sold to non-patients, and medical records abstract sales. Also, cost recoveries and other non-patient revenue related to health care operations.

Total Operating Revenues. The sum of Net Patient Operating Revenue and Other Operating Revenue.

Operating Expenses

Salaries, Wages & Contract Labor - Salaries and wages paid and accrued to employees during the reporting period. Include temporary employees from registries here.

Benefits - The hospital's expenditures for employees' social security tax, other payroll taxes, group insurance, retirement benefits, etc.

Depreciation and Amortization - Depreciation and amortization are the periodic allocation of the cost of assets over their estimated useful lives or benefit periods. The purpose is to allocate the cost to expense. Assets that are depreciated include tangibles such as buildings, furniture, fixtures, equipment, vehicles, land improvements and leasehold improvements. Assets that are amortized include intangibles such as goodwill, leaseholds, or bond issuance costs.

Home Office Allocation - This item represents allocations of expenses from a hospital's corporate office, including any interest expenses and management fees. All costs reported in this line item must be verifiable and consistently applied.

Insurance – General - The cost of liability, property and casualty insurance premiums of the hospital, except for malpractice insurance premiums.

Insurance – Malpractice - Cost of malpractice insurance premiums for the hospital. Insurance can be either purchased or provided for by self-funding. For self-funded facilities, include the cost of malpractice claims paid and administration fees.

Interest Expense - Expense for the cost of borrowed money or other credit, e.g., bonds, loans, capital leases.

Marketing and Advertising – Contracted or direct expenses for attracting attention to a service, as by paid announcements in the print, broadcast, or electronic media.

Medical Professional Fees - Professional staff (physicians) that are either on the hospital's payroll or that have performed services on behalf of the facility.

Other Professional Fees - Cost of outside consultants and contract type activities

Medical Supplies - The costs included in this account are for medical supplies used in direct patient care. Supplies such as toothpaste, shampoo, facial tissues, disposable briefs, gowns, water pitchers, basins, bedpans, nursing station stock items, etc., are included.

General Supplies - The cost of supplies and materials which are common to many departments. The costs included are for non-medical supplies such as laundry, dietary, janitorial and administrative supplies, charts, forms, and medical record supplies.

Purchased Services - (Medical) Include radiology, biology and other lab services by outside concerns.

Purchased Services - (Non Medical) Expenses for other non-medical contracted services such as laundry, dietary, security, etc.

Rental and Lease Expense - The cost to the hospital of any space or equipment rented or leased by the hospital.

Repairs and Maintenance - Cost of repair and maintenance

Taxes, Licenses, and Permits - Taxes and other fees paid to any unit of government. Exceptions are inter-governmental transfers used to match federal funds.

Hospital Tax Payments/Transfers - There should be no entry here. For hospitals receiving Disproportionate Share Payments (DSH) and making Intergovernmental Transfer Payments (IGTs), DSH payments should be recorded as a reduction to Medicaid contractual adjustments and IGTs as an increase to Medicaid contractual adjustments. There should be no entry in the expense section of the NHQR.

Utilities - The cost of utilities for the hospital.

Other Operating Expenses - All operating expenses not identified above. Do not include any payments (wages and fees) for the use of temporary employees from registries here.

Total Operating Expenses - The total of all preceding lines under Expenses.

Net Operating Revenue - The remainder of Total Operating Revenue (last item under

Income) minus Total Operating Expenses

Non-Operating Revenue & Expenses

Non-Operating Revenue - Revenue not attributable to hospital operations, such as government subsidies, unrestricted contributions, and investment income.

Medical Office Buildings (MOB) and Other Rentals - Professional building where doctors rent or lease office space and other rentals, including meeting rooms and offices.

Interest/Investment Income - Any income (including interest and dividends) or increased equity from investments. Do not include income from Joint Venture & Minority Interest (below)

Joint Venture & Minority Interest - Any financial gain (interest, dividend, equity, etc.) derived from a business in which the facility was engaged in a joint venture, combined with any investment venture in which the facility owned 50% or less of the stock (or equity).

Gain on Sale of Assets - Revenue resulting from the sale of an asset (other than inventory) for more than the amount shown in the company's accounting records. The gain is the difference between the proceeds from the sale and the carrying amount shown on the company's books

Unrestricted gifts, bequests, endowments

Other Non-Operating Revenue - Items not included within any of the preceding non-operating revenues. This would include income from retail operations, such as gift shops.

Total Non-Operating Revenue

Non-Operating Expenses - Expenses not attributable to hospital operations. Report income taxes here.

MOB and Other Rentals - Interest, fees, loan payments, operating costs, etc.

Interest/Investment Loss - The amount of the investment or impairment loss is measured by subtracting the asset's fair value from its carrying value as established by Financial Accounting Standard No. 121.

Joint Venture & Minority Interest - Expenses resulting from the hospital's participation in any joint venture or investment in which it owned an interest of 50% or less (stock or equity).

Loss on Sale of Capital Assets - Loss resulting from the sale of an asset (other than inventory) for less than the amount shown in the company's accounting records. The loss is the difference between the proceeds from the sale and the carrying amount shown on the company's books.

Other Non-Operating Expenses - Items not included within any of the preceding non-operating expenses

Total Non-Operating Expenses

Net Non-Operating Revenues/Expenses

Net Income/(Loss)

Long Term, Clinic, and Sub-Acute Revenues (Tab D)

Many of the instructions are not repeated from Tab C for some of the following fields:

Long Term Care Revenue

Long Term Care Billed Charges

Medicaid-Fee for Service & Managed Care

Medicare-Fee for Service & Managed Care

Other Government

PPO's, Insurance and Non Medicaid/Medicare HMO

Private Pay

Charity Care

Total

Long Term Care Deductions

Medicaid-Fee for Service & Managed Care

Medicare-Fee for Service & Managed Care

Other Government

PPO's, Insurance and Non Medicaid/Medicare HMO

Uninsured Discount

Charity Care - Charity Care is based on the policy of the individual hospital, e.g. income level below federal poverty level, etc. As long as the patient is qualified for Charity Care under the hospital's written policy, the *patient count and all the days* should count as Charity Care. If the hospital classifies a patient as qualified for Charity Care, then *all the days* for that patient should be counted under Charity Care. There is no fixed payment percentage that activates it. The patient may have made some payments, co-pays etc, however all the related payments (including those from the hospital Charity Care fund) should offset the Charity Care charges. Charity Care inpatient amounts are based upon the hospital's full established rates for services provided to those identified as Charity Care. Any payment received from other sources will need to be deducted out for the net Revenue amount.

Bad Debt - Include all inpatient bad debt amounts for which the hospital has a legal right to collect and has made/is making reasonable attempts to collect full or partial payment. (Small pay amounts that are written off may be charged to Bad Debt or Contractual). This item reflects the uncollectible charges to patients classified as paying patients, except for contractual adjustments.

Other Contractual Adjustments

Total Deductions

Net Long Term Care Revenue The remainder of Total Revenue minus Total Deductions

Clinic Revenue

Clinic Billed Charges

Medicaid-Fee for Service & Managed Care

Medicaid-Fee for Service & Managed Care
Other Government
PPO's, Insurance and Non Medicaid/Medicare HMO
Private Pay
Charity Care
Total

Clinic Deductions

Medicaid-Fee for Service & Managed Care
Medicare-Fee for Service & Managed Care
Other Government
PPO's, Insurance and Non Medicaid/Medicare HMO
Uninsured Discount
Charity Care
Bad Debt
Other Contractual Adjustments
Total Deductions

Net Clinic Revenue - The remainder of Total Billed Charges minus Total Deductions

Sub-Acute Revenue

Sub Acute Billed Charges

Medicaid-Fee for Service & Managed Care
Medicare-Fee for Service & Managed Care
Other Government
PPO's, Insurance and Non Medicaid/Medicare HMO
Private Pay
Charity Care
Total

Sub Acute Deductions

Medicaid-Fee for Service & Managed Care
Medicare-Fee for Service & Managed Care
Other Government
PPO's, Insurance and Non Medicaid/Medicare HMO
Uninsured Discount
Charity Care
Bad Debt
Other Contractual Adjustments
Total Deductions

Net Sub-Acute Revenue - The remainder of Total Billed Charges minus Total Deductions

Admissions and Days by Payer (Tab E)

Admissions

Note: If a Surgical procedure and a Procedure are both performed on the same patient, count the procedure under both areas, but count the patient once in either the Surgical or Procedure area depending on what is the primary or most serious diagnosis.

Inpatient Admissions

Medicaid-Fee for Service & Managed Care

Medicare-Fee for Service & Managed Care

Other Government

PPO's, Insurance and Non Medicaid/Medicare HMO

Private Pay

Total

Newborn Admissions

Medicaid-Fee for Service & Managed Care

Medicare-Fee for Service & Managed Care

Other Government

PPO's, Insurance and Non Medicaid/Medicare HMO

Private Pay

Total

Long Term Care Admissions

Medicaid-Fee for Service & Managed Care

Medicare-Fee for Service & Managed Care

Other Government

PPO's, Insurance and Non Medicaid/Medicare HMO

Private Pay

Total

Days

Inpatient Days

Medicaid-Fee for Service & Managed Care

Medicare-Fee for Service & Managed Care

Other Government

PPO's, Insurance and Non Medicaid/Medicare HMO

Private Pay

Total

Newborn Days - Only report the Number of days that the newborn is in the hospital for standard newborn care. Do not report here the days in Neonatal ICU.

Medicaid-Fee for Service & Managed Care

Medicare-Fee for Service & Managed Care

Other Government

PPO's, Insurance and Non Medicaid/Medicare HMO
Private Pay
Total

Long Term Care Days
Medicaid-Fee for Service & Managed Care
Medicare-Fee for Service & Managed Care
Other Government
PPO's, Insurance and Non Medicaid/Medicare HMO
Private Pay
Total

Total – Sum of all Admissions Totals

Admits, Inpatient Days, and Licensed Beds by Service (Tab F)

If beds aren't broken out by adult, ped, etc., by default enter them in adult. Some hospitals have specialty wings, etc. Please list beds licensed dually as swing beds as Adult Med/Surg

Note: If a Surgical procedure and a Procedure are both performed on the same patient, count the procedure under both areas, but count the patient once in either the Surgical or Procedure area depending on what is the primary or most serious diagnosis.

Adult Admissions

Medical/Surgical –Step down/ intermediate level of care beds (e.g. PCU beds, telemetry beds, etc.), OB beds, swing beds, and other miscellaneous beds should be reported here. LTACs beds would also be reported here.

Medical/Surgical ICU
Coronary Care Unit
Total Adults

Pediatric Admissions

Pediatrics
Pediatric ICU
Neonatal ICU
Total Pediatrics

Other Admissions

Psychiatric
Substance Abuse
Rehabilitation - Could be reported for beds licensed as rehabilitation beds in a rehab unit of an inpatient hospital or a nursing facility, but generally is reserved for beds in rehab hospitals.
Intermediate/Skilled Care - Could be either for Intermediate Care Facility / Mentally Retarded facility beds or nursing beds (free-standing or hospital-based) which are licensed and certified by the Health Division and provide intermediate and/or skilled nursing services.
Total Other

Total Adult, Pediatric, and Other Admissions - sum of Total Adults, Total Pediatrics, and Total Other

Inpatient Days

Adult Days

Medical/Surgical
Medical/Surgical ICU
Coronary Care Unit
Total Adults

Pediatric Days

Pediatrics
Pediatric ICU
Neonatal ICU
Total Pediatrics

Other Days

Psychiatric
Substance Abuse
Rehabilitation
Intermediate/Skilled Care
Total Other

Total Adult, Pediatric, and Other Licensed Beds

Licensed Beds

Adult Licensed Beds

Medical/Surgical
Medical/Surgical ICU
Coronary Care Unit
Total Adults

Pediatric Licensed Beds

Pediatrics
Pediatric ICU
Neonatal ICU
Total Pediatrics

Other Licensed Beds

Psychiatric
Substance Abuse
Rehabilitation
Intermediate/Skilled Care
Total Other

Total Adult, Pediatric, and Other Licensed Beds

Other Services (Tab G)

ER Visits - The number of visits to the hospital emergency room. (Note that Emergency Room Observation patients should be included as ER outpatient visits.) The total should then reflect the total number of patients that visit the emergency room.

Inpatient - Inpatient units of service refers to the number of patients who are admitted to the hospital from the emergency room.

Outpatient - Outpatient units of service refer to the number of patients who visit the emergency room, but are not admitted to the hospital.

Total

Cardiac Catheterizations - The number of studies* of the central circulation system performed in the hospital. This includes procedures in which the catheter actually enters the heart or coronary arteries, and those in which the catheter does not. (*) When a patient comes in for a cardiac catheterization and it is performed on one or more sites this is considered one (1) study. If the same patient comes back **at a later date or time** for more procedures this would be counted as one (1) separate study.

Inpatient

Outpatient

Total

Dialysis Patients - ESRD maintenance treatment. Please indicate the number patients receiving this service. This number must include all services performed at your facility by a mobile unit.

Inpatient This is for the number of patients who received dialysis during their stay.

Outpatient The unduplicated patient count. Also, if a patient receives dialysis as an inpatient during the quarter, and then receives two dialysis treatments during the quarter as an outpatient, then the patient is counted once as inpatient and once as outpatient.

Total

Dialysis Treatments - Please indicate the number treatments given. This number must include all services performed at your facility by a mobile unit.

Inpatient This is for the number of treatments for patients who received dialysis during a stay.

Outpatient The number of treatments for patients received on an outpatient basis.

Total

Lithotripsy - (Extracorporeal shock wave lithotripter): A medical device used for treating stones in the kidney or ureter. Please indicate the number of lithotripsy procedures performed. This number must include all services performed at your facility by a mobile unit.

Surgeries and Procedures

Please note that we're looking for the number of surgeries / procedures and not number of patients. Most patients have multiple procedures.

*Also, although it is sometimes difficult to determine when a medical procedure is considered surgery, a medical treatment that involves a cutting of a patient's live tissue (e.g., hair and nails are dead tissue) is usually considered surgery of some sort. A medical procedure involving a drilling of live tissue in a body would often be considered surgery, but mere piercing of a body is not necessarily surgery since piercing is often done for taking samples or draining fluids from or injecting materials into the body, or setting up intravenous drip, and usually does not require suturing to close the pierced opening. Even if a medical procedure or treatment does not include cutting or drilling of live tissue in a body, it may be considered surgery, if it **involves common** surgical procedure or a setting, such as use of an operating room or table in a hospital, anesthesia, antiseptic conditions, typical surgical instruments, and suturing or stapling. Surgery is considered an invasive procedure. Examples of surgery without cutting the body may include debridement or closing (suturing or stapling) an open wound or applying skin grafts if done under typical surgical conditions. Many types of more complicated or involved surgery are obviously considered surgery, since they involve common surgical procedure or setting as mentioned above. A medical procedure may be surgery even if not all of the typical surgical conditions or procedures mentioned above are used.*

Inpatient Surgeries

Cardiac Surgery - Any operation performed on the heart or connected blood vessels, where access is provided by means of an incision in the wall of the thorax, or which requires the use of a heart - lung bypass machine. **This number includes open heart surgeries.**

ENT

General

Gynecology

Ophthalmology

Oral

Orthopedics

Plastic – All

Podiatry

Urology

Other

Total

Number of Inpatient Surgery Patients

Inpatient Surgery Hours

Inpatient Surgery Anesthesia Hours

Inpatient Procedures

Anesthesia Blocks

Bronchoscopy

Colonoscopy

Epidurals – Cervical

Epidurals – Lumbar

Epidurals – Thoracic This is in error. These should be combined with Cervical.

Gastroscopy

Oral

Plastic

Pterygium

Sigmoidoscopy

Other

Total

Number of Inpatient Procedure Patients

Inpatient Procedure Hours

Inpatient Procedure Anesthesia Hours

Total Number of Inpatient Patients

Total Number of Inpatient Anesthesia Hours

Outpatient Surgeries

ENT

General

Gynecology

Ophthalmology

Oral

Orthopedics

Plastic – All cosmetic surgeries (excluding collagen injections)

Podiatry

Urology

Other

Total

Number of Outpatient Surgery Patients

Outpatient Surgery Hours

Outpatient Surgery Anesthesia Hours

Outpatient Procedures

Anesthesia Blocks

Bronchoscopy

Colonoscopy

Epidurals – Cervical

Epidurals – Lumbar

Epidurals – Thoracic This is in error. These should be combined with Cervical.

Gastroscopy

Oral

Plastic – the only procedure would be collagen for cosmetic purposes.

Pterygium

Sigmoidoscopy

Other

Total

Number of Outpatient Procedure Patients

Outpatient Procedure Hours

Outpatient Procedure Anesthesia Hours

Total Number of Outpatient Patients

Total Number of Outpatient Anesthesia Hours

Imaging

CT (include PET under CT also)

Inpatient

Outpatient

Total

MRI

Inpatient

Outpatient

Total

FTE's (Tab H)

This section of the report is for recording the number of full time equivalents (FTEs) working in the hospital according to whether they are hospital employees or contracted personnel. RNs, LPNs and aides should include those involved in supervisory or administrative functions. The calculation of FTE is done by using the hours worked during the reporting period by the employees in a particular category (e.g. RN, LVN and LPS, or Aides and Orderlies) and dividing that number by the normal number of hours worked by a full-time employee for the same time period. However, for example, if the Director of Nursing works one hour a week on the floor, please only count that one hour towards the FTEs here.

We are no longer tracking over time hours. If someone averages 72 hours a week, they would be considered a 1.8 FTE

We may revisit this later, but please do not include volunteer hours.

Hospital Personnel FTE'sR.N.'sL.V.N.'s and L.P.N.'sAides and OrderliesTotalAll Other FTE's**Total Hospital Personnel FTE's**

Contracted personnel include, but are not limited to, registry personnel, contract personnel, temporary employees and the like. Hospital personnel are those considered employees of the hospital.

Contracted Personnel FTE'sR.N.'sL.V.N.'s and L.P.N.'sAides and OrderliesTotalAll Other FTE's**Total Contracted Personnel FTE's**

Services Inventory (Tab I)

If your facility provides the service enter yes, if not, enter no, for each service listed.