

**CHILDREN'S HOSPITALS GRADUATE MEDICAL
EDUCATION PAYMENT PROGRAM**

ANNUAL REPORT FORM HRSA 100-2

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0313. Public reporting burden for the applicant for this collection of information is estimated to average 37.4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14 33, Rockville, Maryland, 20857.

Children's Hospitals Graduate Medical Education Payment	
HRSA 100-2-A: Discharge Data by Payor and Zip Code	
Hospital Name:	
Medicare Provider Number:	
Date of Report:	(mm/dd/yy)

1. DISCHARGES BY PAYOR

Provide the number of discharges for the academic year most recently completed (**July 1, 2009 - June 30, 2010**) for each of the following payment groups. Include all Medicaid payments including Medicaid managed care and any other Medicaid payments under the Medicaid and/or SCHIP category. Self-pay refers to patients who have made out-of-pocket payments for services. Uncompensated care means care for which the hospital receives no payment. Do *not* include lab services under Outpatient Visits. **See detailed guidance for complete instructions.**

Payor	Inpatient Discharge s	Outpatient Visits	Emergenc y Departme nt Visits
Private Insurance			
Medicaid and/or SCHIP			
Medicare			
Other Public (TRICARE, Indian Health Service)			
Self-pay			
Uncompensated Care			
Total	0	0	0

2. DISCHARGES BY ZIP CODE

Please include a **separate CD** that provides the number of inpatient discharges for the most recent academic year (July 1, 2009 - June 30, 2010) by city, state and zip code. A three-line mock table is provided below as an example. Please include the name and Medicare Provider Number of your hospital at the top of the listing and on the outside of the CD.

Zip Code (up to 9 digits, if possible)	City	State	No. of Inpatient Discharge s
Zip Code 1			
Zip Code 2			
Zip Code 3			

Children's Hospitals Graduate Medical Education Payment P Chronic Diseases

Hospital Name:	0
Medicare Provider Number:	0
Date of Report:	(mm/dd/yy)

Please list the number of unique inpatient discharges, outpatient visits, and ER visits, by the ICD-9 codes provided in the table below. Primary and all secondary diagnoses should be included when preparing the table. Please note that at-risk neonates are identified using V codes for low birth weight. Do not include lab services under Outpatient Visits. **See detailed guidance for complete instructions.**

Chronic Disease	ICD-9 Codes	Inpatient Discharges	Outpatient Visits	Emergency Department Visits
AIDS (incl HIV positive)	042, V08, 0795			
Arthropathies (excl infectious, joint pain)	720-723, 725-728, 731-39, V49			
Asthma	493			
Cardiac disease	392-454, 456-458			
Cerebral palsy and other paralyzes	342-344			
CNS disorders (excl epilepsy, paralyzes)	324-341, 347-349, V48			
Congenital anomalies (excl spina bifida)	740, 742-59, 771			
Cystic fibrosis and other	277			
Diabetes Mellitus	250			
Endocrine, other than diabetes	252-259			
Epilepsy	345; 780.39			

Chronic Disease	ICD-9 Codes	Inpatient Discharges	Outpatient Visits	Emergency Department Visits
Gastroenteritis, colitis & malabsorption	555-7, 579,V44			
Hematologic (sickle cell, excl, anemia)	281-289; excluding 285.9			
Mental Retardation	317-319			
Metabolic/immune disorders	270-275, 279			
Neoplasms	140-215, 217-239, V10			
Neuromuscular disorders (incl polio)	350-359, 045-049,138			
Dental diseases	520-522, 524-526			
Renal failure	582-589			
Spina bifida	741			
Thyroid disease	240-246			
Neonatal	V21.30-V21.35			
Psychiatric/mental health	295-316			

Children's Hospitals Graduate Medical Education Payment Program HRSA 100-2-C: Patient Safety Initiatives

Hospital Name:	0
Medicare provider number:	0
Date of report:	(mm/dd/yy)

For each of the following patient safety initiatives, indicate whether your children’s hospital had any of the listed initiatives in place in the most recently completed academic year (2009-2010) and if any changes in the initiatives have occurred since the previous academic year (2008-2009).

Please indicate the rationale for any changes in the initiative (i.e., newly introduced, eliminated, enhanced) and list the benefits of the changes, including, for example, but not limited to, increases in medical knowledge; improvements in clinical competence; increased awareness of psychosocial and behavioral aspects of health and illness; increased awareness of the availability of community resources. **See detailed guidance for complete instructions.**

	Part of the Hospital's Patient Safety Program in Most Recent Academic Year (2009-2010) Check=YES Blank=NO	Hospital has Made Changes in Initiative since the previous academic year (2008-2009) Check=YES; Blank=NO	Reasons for Change	Benefits of Initiative
Root cause or error analysis	<input type="checkbox"/>	<input type="checkbox"/>		
Chart audits	<input type="checkbox"/>	<input type="checkbox"/>		
Rapid response team (RRT)	<input type="checkbox"/>	<input type="checkbox"/>		
Voluntary and confidential error reporting system	<input type="checkbox"/>	<input type="checkbox"/>		
Required error reporting system	<input type="checkbox"/>	<input type="checkbox"/>		
Mandatory error disclosure	<input type="checkbox"/>	<input type="checkbox"/>		
Standardization of drug dosing	<input type="checkbox"/>	<input type="checkbox"/>		
Computerized physician order entry	<input type="checkbox"/>	<input type="checkbox"/>		

	Part of the Hospital's Patient Safety Program in Most Recent Academic Year (2009-2010) Check=YES Blank=NO	Hospital has Made Changes in Initiative since the previous academic year (2008-2009) Check=YES; Blank=NO	Reasons for Change	Benefits of Initiative
Logic-based forcing functions in computerized physician order entry (e.g., screen for inaccurate data entry, drug interactions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Automatic drug dispensing linked to computerized physician order entry	<input type="checkbox"/>	<input type="checkbox"/>		
Elimination of look-alike and sound-alike meds	<input type="checkbox"/>	<input type="checkbox"/>		
Electronic medical records	<input type="checkbox"/>	<input type="checkbox"/>		
Institution of protocols/guidelines	<input type="checkbox"/>	<input type="checkbox"/>		
Reducing hand-offs	<input type="checkbox"/>	<input type="checkbox"/>		
Availability of translators	<input type="checkbox"/>	<input type="checkbox"/>		
Formalized support mechanisms for residents that err and harm or kill a patient	<input type="checkbox"/>	<input type="checkbox"/>		
Logs and literature reviews regarding analysis of errors to be included in each resident's portfolio.	<input type="checkbox"/>	<input type="checkbox"/>		
Resident participation in quality assurance committees	<input type="checkbox"/>	<input type="checkbox"/>		
Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>		