

Attachment K: Annual Inpatient Hospital Interview

OMB No. 0920-0212; Expiration date XX/XX/XXXX

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Part 1. Hospital Utilization Statistics

1. What is the number of currently staffed inpatient beds in this hospital, not including “newborn” bassinets?

Total staffed inpatient beds: _____

1a. If you submit data combined with other hospital(s), what is the number of currently staffed inpatient beds, not including “newborn” bassinets, for all the hospitals that report together?

Combined total staffed inpatient beds: _____

2. What was the average length of stay (in days) for inpatients in this hospital in **calendar year 2012**? _____

3. Please provide the hospital utilization statistics below for every month for **calendar year 2012**. If you submit data combined with another hospital, please provide the hospital utilization statistics for all the hospitals that report together. Also, please check the appropriate box to indicate to whom these statistics apply.

This hospital only Combined reporting hospital

NOTE: If you do not have information about discharges, please provide numbers for total admissions and births. Indicate that these are the numbers you are providing by checking this box:

Information provided below is for admissions and births.

	Total inpatient discharges	Inpatient discharges (not including live births)	Total discharges of live births
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____

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Part 2. General Questions

4. What is the primary service type of this hospital?

- General acute care
- Specialty acute care hospital (e.g. surgical, maternity, cancer, heart, ENT, orthopedic, etc...)
- Children’s hospital (including general, orthopedic, ENT, cancer, heart, and other acute care)
- Psychiatric hospital (including children’s psychiatric and alcohol/chemical dependency)
- Long term acute care (including adult and children’s rehabilitation, chronic disease, TB)

5. Are there 6 or more hospital beds staffed for inpatient use at this hospital, not including “newborn” bassinets?

- Yes
- No

6. Was this hospital open for the full calendar year 2012?

- Yes
- No → Please provide the dates the hospital was open for inpatient service in 2012:

- Never open in 2012

7. In the past year, has this hospital merged with or separated from another hospital?

- Merger → *Please continue with item 7a below.*
- Separation → *Please continue with item 7a below.*
- Neither → *Please proceed to item 8.*

7a. Please provide the name(s) and address(es) of the other hospital(s) involved:

7b. What is the primary service type(s) of the other hospital(s) involved? Check all that apply.

- General acute care
- Specialty hospital (e.g. surgical, maternity, cancer, heart, ENT, orthopedic, etc...)
- Children’s hospital (including general, orthopedic, ENT, cancer, heart, and other acute care)
- Psychiatric hospital (including children’s psychiatric and alcohol/chemical dependency)
- Long term acute care (including adult and children’s rehabilitation, chronic disease, TB)

8. Do you anticipate any significant changes in your discharge volume in the coming year (for example, opening a cardiac wing or closing a birthing center)?

- Yes → *Please explain* _____
- No

Part 3. Data Reporting

9. When this hospital reports data to the State or to the hospital association, is the information solely for this hospital or are other hospital(s) included in the data submission?

- Solely for this hospital
- Combined with other hospital(s) → *Please provide the name(s) of the other hospital(s):*

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10. Do the data you provide to us include records from your hospital only?

- Yes → *Please proceed to item 11 below.*
- No → *Please continue with item 10a below.*
- Don't know

10a. Is it possible to identify the records from your hospital only as opposed to those from the other hospital(s) that report with you?

Yes No Don't know

11. Do the data you send include records for:

- | | | |
|---|-------|-------|
| Discharges of patients paying their bills themselves (i.e. self-pay)
If No, how many discharges were self-pay in 2012? | Yes | No |
| | _____ | _____ |
| Discharges for charity patients
If No, how many discharges were charity patients in 2012? | Yes | No |
| | _____ | _____ |
| Discharges to court or law enforcement (e.g. inmates or prisoners)
If No, how many of these discharges were not billed in 2012? | Yes | No |
| | _____ | _____ |
| Discharges for any other groups of patients not billing to public or private insurance (e.g. patients participating in research studies, etc)
If No, how many of these discharges were not billed in 2012? | Yes | No |
| | _____ | _____ |