Part 1. Hospital Utilization Statistics

1. What is the number of currently staffed inpatient beds in this hospital, not including “newborn” bassinets?
   a. Total staffed inpatient beds: ________________
   b. 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 to the National Hospital Care Survey?

   Combined total staffed inpatient beds: ________________

2. What was the average length of stay (in days) for inpatients in this hospital in calendar year 2016?

   ________________________________

Part 2. General Questions

3. 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)
Attachment J: Annual Hospital Interview

4. Was this hospital open for the full calendar year 2016?
   - [ ] Yes
   - [ ] No ➔ Please provide the dates the hospital was open for inpatient service in 2016:
     ______________________________________
   - [ ] Never open in 2016

5. In the past year, has this hospital merged with or separated from another hospital?
   - [ ] Merger ➔ Please continue with item 5a below.
   - [ ] Separation ➔ Please continue with item 5a below.
   - [ ] Neither ➔ Please proceed to item 6.

5a. Please provide the name(s) and address(es) of the other hospital(s) involved:
     ______________________________________
     ______________________________________
     ______________________________________

5b. 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)

6. In calendar year 2016, did your facility have any significant changes to the total number of inpatient beds?
   - [ ] Yes ➔ Please explain ______________________________________
   - [ ] No

7. 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

8. 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):
     ______________________________________
     ______________________________________

9. Do the data you provide to us include records from your hospital only?
   - [ ] Yes ➔ Please proceed to item 10 below.
   - [ ] No ➔ Please continue with item 9a below.
   - [ ] Don’t know
Attachment J: Annual Hospital Interview

9a. Is it possible to identify the records from your hospital separate from the other hospital(s) that report with you?
   ○ Yes   ○ No   ○ Don’t know

10. Do the inpatient data you send to us include records for all discharges (including those paying with public or private insurance as well as self-pay, charity, workmen’s compensation, and court or law enforcement)?
   ○ Yes   ○ No (skip to 10b)   ○ We do not send inpatient data to the NHCS

10a. If yes, how many (or approximately what percent) of the records you sent us for the calendar year 2016 were paid with public or private insurance (excluding workmen’s compensation)?

   Number___________________________  
   Percent ___________________________

10b. If no, then approximately what number or percent of total records (including those for records not submitted) for the calendar year 2016 were for other forms of payment (self-pay, charity, workmen’s compensation, and/or court or law enforcement)?

   Number___________________________  
   Percent ___________________________

11. Do the outpatient data you send to us include records for all visits (including those paying with public or private insurance as well as self-pay, charity, workmen’s compensation, and court or law enforcement)?

   ○ Yes   ○ No (skip to 11b)   ○ We do not send outpatient data to the NHCS

11a. If yes, how many (or approximately what percent) of the records you sent us for the calendar year 2016 were paid with public or private insurance (excluding workmen’s compensation)?

   Number___________________________  
   Percent ___________________________

11b. If no, then approximately what number or percent of total claims (including those for records not submitted) for the calendar year 2016 were for other forms of payment (self-pay, charity, workmen’s compensation, and/or court or law enforcement)?

   Number___________________________  
   Percent ___________________________
12. Please provide the counts or estimates for **ED visits** by quarter or year for calendar year 2016 for the following categories.

If you cannot separate **ED visits** from all Outpatient visits, please check here. □ (skip to 13b)

<table>
<thead>
<tr>
<th>Number of ED VISITS for:</th>
<th>Annual</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
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<tbody>
<tr>
<td>All visits made to ED</td>
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<td>Insured patients (public and private)</td>
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<td>All other forms of payment (self-pay, charity, court/law enforcement, and workmen’s compensation)</td>
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13a. Please provide the counts or estimates for **outpatient visits** (not including **ED visits** provided in #12) by quarter or year for calendar year 2016 for the following categories.

<table>
<thead>
<tr>
<th>Number of outpatient VISITS for:</th>
<th>Annual</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
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</thead>
<tbody>
<tr>
<td>All outpatient visits</td>
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<td>Insured patients (public and private)</td>
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13b. Please provide the counts or estimates for **outpatient visits** (including **ED visits**) by quarter or year for calendar year 2016 for the following categories.

<table>
<thead>
<tr>
<th>Number of outpatient VISITS for:</th>
<th>Annual</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
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14. In calendar year 2016, does your hospital have a birthing unit or offer obstetric services for females with deliveries?

- Yes  
- No

15. Please provide the total number of *inpatient discharges*, including live births, **OR** the *total number of admissions* and *live births* separately by month **or** annually for calendar year 2016.

<table>
<thead>
<tr>
<th></th>
<th>Total number of inpatient discharges (including live births)</th>
<th>Total number of admissions (excluding live births)</th>
<th>Total number of Live births</th>
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