

# INSTRUCTIONS FOR COMPLETING THE 2014 ANNUAL REPORT FOR HOSPITALS AND RELATED FACILITIES



STATE HEALTH PLANNING AND DEVELOPMENT  
AGENCY

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**INSTRUCTIONS FOR COMPLETION OF THE  
2014 ANNUAL REPORT FOR HOSPITALS AND RELATED FACILITIES**  
*Form BHD 134A*

These instructions for the 2014 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, Data/Planning Director, at (334) 242-4103 or [bradford.williams@shpda.alabama.gov](mailto:bradford.williams@shpda.alabama.gov).

**Page 1**

The facility identification number is assigned by SHPDA, and **is referenced in the e-mail.**

The facility name must match the name on the license issued by the Alabama Department of Public Health (ADPH).

**Mailing Address:** Provide the complete mailing address to be used by SHPDA for mailing purposes. This address may be different from the 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 primary general telephone number of the facility, including area code.

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

Electronic signatures on the form are acceptable. 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. The administration official may be contacted in the

event the preparer is unavailable or for informational purposes. Legible e-mail addresses for both the preparer and second verifying administrative individual **must** be provided.

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**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.

**Section I-B- Totals:**

**1.** Indicate the number of CON-Authorized 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 (not to exceed ADPH authorized bed capacity). This number may be less than but not more than the number of licensed beds.

3. Indicate the number of certified Swing Beds authorized by Certificate of Need (CON). If this facility is not certified 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 are to be reported as discharges.
7. Indicate the total number of outpatient visits experienced in all departments during the reporting period.

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**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 must equal the total number of discharges reported on Page 2, Section I-B-6.

Medicare Supplemental reimbursement is to be included with the appropriate reimbursement source, and not reported separately. Reimbursements from hospice providers are to be reported separately where indicated. If Charity Care Patient Days and Discharges cannot be separated independently, they should be reported as Self Pay, the appropriate box checked, and Charity expenses reported in Section IV.

\*\*

	PATIENT DAYS	DISCHARGES
SELF PAY:	116	18
		6.4

As indicated in the provided example, all reimbursement categories in this section are verified by dividing the number of patient days by the total number of discharges for each reimbursement source (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 (over 7 days for Medicare and Medicaid reimbursements) should be initialed as verified by the facility. For hospitals providing specialty services, it is understood that the average length of stay will be greater than that of general acute care hospitals.

**Pages 3 and 4**

**Section II-A – Services Offered:**

Inpatient general acute care 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 "0". All CON-Authorized inpatient rehabilitation services are to be reported in Section II-C only.

**Number of Licensed Beds By Service:** Enter the maximum number of CON-Authorized (licensed beds) beds to be utilized in a dedicated area for each inpatient service offered.

**Number of Discharges By Service:** Enter the total number of discharges for each listed inpatient service offered in a dedicated area. Deaths should also be included as discharges. Transfer of patients from one service to another service should not be listed as discharges. Discharges for transfer patients should be provided for the last service offered at the time of discharge.

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

**Staffed Beds by Service:** Enter the number of beds staffed (not to exceed authorized bed capacity) on the last day of the reporting period

for each inpatient service offered in dedicated areas.

**	MEDICINE-SURGERY:	79	1,831	5,696	44	19.75%
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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) cannot be over 100%.

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### Section II-B – Psychiatric Units/Psychiatric Hospitals:

This section is to be completed by facilities licensed by ADPH as psychiatric hospitals; or for general acute care hospitals providing CON-authorized, psychiatric services. Psychiatric services which may be provided, but are not provided through CON authorization or exemption provided through Department of Mental Health contracts 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.

**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 should 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 CON-Authorized beds staffed on the last day of the reporting period providing psychiatric services.

### 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 beds staffed on the last day of the reporting

period for each inpatient service offered in dedicated areas, not to exceed authorized bed capacity.

**	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 “0” 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 and c-section deliveries.

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

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

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

**Number of Bassinets:** Enter the maximum number of bassinets that can be placed in the well baby unit at one time including the number of bassinets available for rooming-in with mothers. Report the maximum number of bassinets available in the intermediate care and neonatal intensive care units; and any other newborn units not included above at one time. NOTE: The maximum number of bassinets reported should not 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; requiring special monitoring but not requiring neonatal intensive care; 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; newborn days for infants requiring special monitoring but not requiring neonatal intensive care; 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-1 - Surgery**

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

**General Surgery Persons:** Enter the number of persons receiving surgical procedures, broken down by inpatient and outpatient persons.

**General Surgery Procedures:** Enter the number of general surgical procedures performed broken down by inpatient and outpatient persons. NOTE: the number of procedures reported is generally greater than the number of persons, as multiple procedures are often performed during surgery, i.e., tonsillectomy and adenoidectomy are considered two separate procedures.

**	Inpatient:	Outpatient:			
	157	262	1.7		
	867	1,954	2.3		

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 example provides for an average of 1.7 procedures per inpatient general surgical procedure. Any average over three (3) procedures per patient 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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**Section II-E-2 – Specialized Surgery**

**a. Open Heart**

**Number of Rooms:** Enter the total number of operating rooms available for open heart surgery.

**Number of Persons:** Enter the total number of patients receiving open heart surgical procedures.

**Number of Procedures:** Enter the total number of open heart surgical procedures performed.

**b. Transplants**

**Number of Rooms:** Enter the total number of operating rooms available for organ transplantation surgery.

**Number of Persons:** Enter the total number of patients receiving organ transplant procedures.

**Number of Procedures:** Enter the total number of organ transplant procedures performed.

**c. Other Specialized Surgery**

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

**Number of Persons:** Enter 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 non-general surgical procedures performed, not classified as open heart or organ transplant.

Other Specialized Surgeries performed must be specified where requested.

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.

**Total Number of Surgery Rooms:** The total number of rooms available for surgical procedures in the facility for both inpatients and outpatients, general and specialized surgeries.

NOTE: The total reported may be less than the sum of indicated open heart rooms, transplant rooms, and other specialized rooms if any operating rooms are not dedicated for sole use of specified procedures.

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**Section II-F Cardiac Procedures:** Enter the total number of cardiac procedures for inpatients and outpatients, separated by type of procedure(s) performed and procedure room(s). Report the total number of physical procedures performed by the lab(s); NOT the number of procedures billed by the hospital (billing code numbers).

**Performed in CON-Authorized CATH Lab:** Enter the number of cardiac procedures, separated by inpatient and outpatient, and by type of procedure performed, in a CON-Authorized catheterization laboratory.

**Total Procedures:** Enter the total sum of cardiac procedures performed in the CON-authorized catheterization lab(s), separated by inpatient and outpatient.

**Total Patients:** Enter the total number of patients (cases) separated by inpatient and outpatient, receiving cardiac procedures performed in CON-authorized catheterization lab(s).

**Performed in Electrophysiology Lab:** Enter the number of cardiac procedures, separated by inpatient and outpatient and by type of procedure, performed in an electrophysiology lab.

**Total Procedures:** Enter the total sum of cardiac procedures performed in an electrophysiology lab, separated by inpatient and outpatient.

**Total Patients:** Enter the total number of patients (cases) separated by inpatient and outpatient, receiving cardiac procedures performed in an electrophysiology lab.

**Other Location:** Enter the number of cardiac procedures, separated by inpatient and outpatient and by type of procedure, performed in a location other than a CON-Authorized catheterization lab or an electrophysiology lab. The *other* location must be specified where requested.

**Total Procedures:** Enter the total sum of cardiac procedures performed in the other location separated by inpatient and outpatient.

**Total Patients:** Enter the total number of patients (cases) separated by inpatient and outpatient, receiving cardiac procedures in the "other" location.

NOTE: the number of procedures reported should generally be greater than the number of persons, as multiple procedures are often performed on a single patient.

**Total Number of CON Authorized Cath. Labs:** Enter the total number of CON-Authorized catheterization laboratories located in this facility on the last day of the reporting period.

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**Section II-G – Diagnostic Equipment**

Count only the equipment, procedures, patients, and services if the equipment is physically located in or at the facility, and performed and billed directly by the facility.

**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: gamma knife, linear accelerator, megavoltage therapy, and renal dialysis stations.

**Inpatient Persons:** Provide the total number of inpatients receiving specified therapeutic services.

**Outpatient Persons:** Provide the total number of outpatients receiving specified therapeutic 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, broken down by ventilators intended for adults/adult-pediatric patients and ventilators intended for pediatric/neonatal patients only.

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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. Although considered acceptable accounting procedures, for the purpose of this reporting, all amounts must be reported as “positive” numbers, i.e., negative revenue is considered expense, etc.

completion of the report is utilized, this checklist will be completed automatically based on information provided in Sections I-B, II-A, II-B, and II-C.

**\*\*\*REMINDERS\*\*\***

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**Section V – Hospice Services**

**1:** Indicate if in-home hospice services were offered directly or by a separate entity under common ownership with this facility during the reporting period.

**2:** Indicate if this facility has been granted a Letter of Reviewability from SHPDA, based on rural exemption, to provide inpatient hospice services on-site.

**3:** Indicate if in-home hospice providers had contracts to provide general inpatient or respite care to any patients at this facility during the reporting period.

**4:** Indicate the total number of contracts held with hospice providers during the reporting period to provide either general inpatient or respite care at the facility.

**5:** Indicate if this facility provided beds during the reporting period which were dedicated solely for the use of hospice patients to the exclusion of any other type of service, but for which licensure as an Inpatient Hospice bed has not been obtained.

**6:** Indicate the total number of beds **dedicated** to hospice care on the last day of the reporting period, but for which licensure as an Inpatient Hospice bed has not been obtained.

- The annual report MUST be signed by both the preparer and a separate administrative official. If the report is completed by an administrative official, the signature of a second administrative official or owner must be provided.
- The report should be submitted to SHPDA only once via electronic copy, hard copy, or fax. The preferred method is electronic submission to [bradford.williams@shpda.alabama.gov](mailto:bradford.williams@shpda.alabama.gov). ***If submitted electronically please do not also submit via hard copy unless specifically requested to do so by SHPDA staff.***
- Make and keep a copy of the completed report for your records prior to submitting to SHPDA.

**Hospital Annual Report Checklist**

In addition to the report verification procedures outlined throughout these instructions, the checklist must be completed to verify the following data reported equals in all applicable sections of the report: licensed beds, staffed beds, patient days, and discharges. Failure for each category to equal throughout the report results in incorrect reported data. If electronic