

**THE 2007  
ANNUAL HOSPITAL QUESTIONNAIRE**

**Page Number**

<b>P1-P2</b>	<b>Preface</b>
<b>1 - 18</b>	<b>Questionnaire Form</b>
<b>19 - 32</b>	<b>Definitions</b>
<b>32</b>	<b>Clarification on Charity Care</b>

## **PREFACE TO THE 2007 ANNUAL HOSPITAL QUESTIONNAIRE**

The Annual Hospital Questionnaire (AHQ) is administered by the Division of Health Systems Development, Office of Policy, Planning and Statistics, of the Illinois Department of Public Health under the authority of the Illinois Health Facilities Planning Act [20 ILCS 3960/]. This survey is conducted on an annual basis and its results are published in the form of the Annual Hospital Profiles and other reports, posted on the website: <http://www.idph.state.il.us/about/hfpb.htm> .

### **Overview and Time Frame**

The questionnaire is administered electronically to all hospitals in the State of Illinois licensed under the Hospital Licensing Act. While the data are submitted electronically, for the submittal to be complete a signature page must be received, signed by the Chief Executive Officer of the facility attesting that, to the best of his or her knowledge, the "...data contained in the questionnaire are true and accurate."

Email contacts were tested prior to the original submittal of the survey. On March 17, 2008 AHQ was distributed electronically to all 214 hospitals as a formal request for information, with a due date of April 30, 2008 (6 weeks for completion). For those facilities failing to submit by that date, a second formal request for information was issued with a completion date of May 28, 2008. The facilities from whom either the survey or the signature page was not received within this time frame was later issued Notices of Intent to Fine, as authorized under the Act.

### **Differences from Previous AHQs to 2007 AHQ**

This year's survey has 2 sections: Part I, the utilization of the medical service units; and Part II, financial information of the facility. **Part I is collected based on the calendar year, where as the financial Part II is based on the individual facility's fiscal year.** Financial data were requested to be derived from the respondents' most recent audited financial statements or review or compilation of the financial statements or tax return for the most recent fiscal year available to them.

The survey tool has been modified to relate to the on-going advancements in the medical field. There was a major change in the way cardiac surgery data were collected. Definitions have been refined for: "Cardiac surgery," and "Cardiac Catheterization." For purposes of clarification, utilization data collection has been expanded in the areas outpatient care and emergency/trauma services.

### **Validation and Compilation of 2007 AHQ data**

The submitted online survey data from each individual facility is received by the IDPH server and is exported into the database. The key fields that are being validated when the survey is submitted are as follows:

- Peak bed set up and staffed exceeding the (Authorized bed) CON limit.
- Quality checks on the occupancy rate and payor source parameters.
- Average length of stay (ALOS) and Average daily census (ADC) exceeding 100% capacity.
- Race-ethnic data matching the utilization admission and patient days.
- Outpatient and Inpatient surgical time per case tested to the state average.
- Number of patients listed under payor source category (inclusive of the charity care) validated to total patients treated.

IDPH staff has made every effort to contact the respective facility to verify the submitted data and an opportunity was given to correct the data and if errors were detected. It has been the responsibility however, of the hospital management, to assure the accuracy and completeness of the data submitted.

**Financial Data In the AHQ (Fiscal Year)**

For the first time detailed financial information for each hospital is available on their individual profiles. The profiles indicate “Net Revenue by Payor Source” (Medicaid, Medicare, Private Pay, Other public and Public Insurance). Charity Care expense is also listed for their inpatient and outpatient population.

With the co-operation of the Illinois Hospital Association, all hospitals were requested to validate these data after initial submittal. The reports published after August 19, 2008 reflect corrections.

\*\*\*\*\*

Questions may be addressed to:

Data Section  
 Division of Health Systems Development  
 525 W. Jefferson St., 2<sup>nd</sup> Floor  
 Springfield, IL 62761

Or email: IHFPB\_data@idph.state.il.us

Welcome to the  
ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)  
ANNUAL HOSPITAL QUESTIONNAIRE FOR CALENDAR YEAR 2007

This is a formal request by IDPH for full, complete and accurate information as stated herein. This request is made under the authority of the Health Facilities Planning Act [20 ILCS 3960].

Failure to respond may result in sanctions including the following:

*"A person subject to this Act who fails to provide information requested by the State Board or State Agency within 30 days of a formal written request shall be fined an amount not to exceed \$1,000 for each 30-day period, or fraction thereof, that the information is not received by the State Board or State Agency." [20 ILCS 3960/14.1(b)(6)]*

PLEASE NOTE

This questionnaire is divided into 2 sections.

Part I

Collects information on your facility and facility utilization.  
This part **MUST BE REPORTED FOR CALENDAR YEAR 2007.**

Part II

Collects Financial and Capital Expenditure information for your facility.  
This part **MUST BE REPORTED FOR THE MOST RECENT FISCAL YEAR AVAILABLE TO YOU.**

We are permitting a 45-day period for receipt of your completed survey.

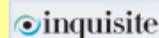
***This survey must be completed and submitted by April 30, 2008.***

Facilities failing to submit this questionnaire within the required time frame will be reported to the State Board for the State Board's consideration of the imposition of sanctions mandated by the Act.

If you have problems or questions concerning the survey, please check the [help] links provided. If you still have problems, contact this office via e-mail at [facility\\_survey@idph.state.il.us](mailto:facility_survey@idph.state.il.us), or by telephone at 217-782-3516.

Click the button marked 'Next' at the bottom of this page to begin the survey.

Next > Save

inquisite

**SURVEY INSTRUCTIONS**

**NOTE: Validation rules have been set up for some items; if your responses do not meet the validation rules, or if you have not filled in some required fields, you will not be allowed to proceed to the next page.**

There are 3 buttons at the bottom of each survey page:

'Next' takes you to the the next page of the survey.

'Back' returns you to the previous survey page.

'Save' saves work in progress if you need to stop before finishing.

**YOU DO NOT NEED TO SAVE AFTER EACH PAGE. ONLY SAVE THE FORM IF YOU NEED TO STOP BEFORE COMPLETING.**

**IMPORTANT**

When you save your work, the unfinished survey is stored on our server with a new, random address. You will be prompted to set a bookmark or Favorite in your web browser. **YOU MUST DO THIS; YOU CANNOT ACCESS YOUR SAVED FORM WITHOUT IT.** The link provided in your e-mail notice **WILL NOT** access the saved form, only a blank survey. When you are ready to continue, use the bookmark or favorite to open the form. You will be returned to the place where you left off.

The information below is for REFERENCE PURPOSES ONLY.  
**DO NOT MAKE CHANGES TO ANY OF THE LISTED INFORMATION.**

If you have questions about any of the information listed, please contact us via e-mail or telephone:

E-mail: [facility\\_survey@idph.state.il.us](mailto:facility_survey@idph.state.il.us) Telephone: 217-782-3516

Hospital Name

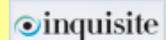
Hospital Address

Hospital City  State  Zip Code

**CON Authorized Beds**

		December 31, 2006	December 31, 2007
<p>Information</p> <p>Health Service Area <input type="text"/></p> <p>Hospital Planning Area <input type="text"/></p> <p>County <input type="text"/></p> <p>Approved for LTC Swing Beds? <input type="text"/></p> <p><a href="#">[Help]</a></p>	Medical-Surgical	<input type="text"/>	<input type="text"/>
	Pediatrics	<input type="text"/>	<input type="text"/>
	Intensive Care	<input type="text"/>	<input type="text"/>
	Obstetrics	<input type="text"/>	<input type="text"/>
	Neonatal Level III	<input type="text"/>	<input type="text"/>
	Long-Term Care	<input type="text"/>	<input type="text"/>
	Rehabilitation	<input type="text"/>	<input type="text"/>
	Acute Mental Illness	<input type="text"/>	<input type="text"/>

[\[Help\]](#)



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART I**

**QUESTION I. INPATIENT SERVICES UTILIZATION**

Report the utilization data for each category of service in the spaces below.

**OBSERVATION DAYS** are defined as days provided to outpatients prior to admission for the purpose of determining whether a patient requires admission as an inpatient. **OBSERVATION DAYS = OBSERVATION HOURS divided by 24.**

**PEAK BEDS SET UP AND STAFFED** is the highest number of authorized service beds available for use at any point in time in the calendar year.

**PEAK CENSUS** is the highest number of inpatients in the unit at any point in time in the calendar year.

**A. MEDICAL-SURGICAL UTILIZATION:**

**If you have an authorized Pediatrics unit, report utilization on line B below, not on line A1.**

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2007	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Medical-Surgical Nursing Unit
A1. Medical-Surgical 0-14 years	0	0				
A2. Medical-Surgical 15-44 years	0	0				
A3. Medical-Surgical 45-64 years	0	0				
A4. Medical-Surgical 65-74 years	0	0				
A5. Medical-Surgical 75 +	0	0				
<b>A6. Medical-Surgical Totals</b>	0	0	0	0	0	0

**B. PEDIATRIC UTILIZATION:** Pediatric care is defined as non-intensive Medical-Surgical care for patients aged 0-14 years. **If this service is provided in an AUTHORIZED Pediatric Unit, the data is to be recorded in this section on line B.** **If there is no AUTHORIZED Pediatric Unit, report Medical Surgical care for 0-14 year olds on line A1.**

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2007	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Pediatric Nursing Unit
<b>B. Pediatric Utilization</b>	0	0	0	0	0	0

**C. INTENSIVE CARE UTILIZATION:** In this section, report the utilization of your Intensive Care unit, if you have one.

**Neonatal Level III (Neonatal Intensive Care) is not to be reported here.**

**Intermediate or special intensive care are components of Medical-Surgical care and should be included in section A.**

**If an inpatient is sent directly to ICU upon admission to the hospital, report the patient in line C1; if an inpatient is admitted to another unit of the hospital and subsequently moved into ICU, report ICU utilization for that inpatient on line C2.**

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2007	Peak Beds Set Up and Staffed	Peak Census	Observation Days in ICU Nursing Unit
<b>C1. Inpatients Admitted Directly to ICU</b>	0	0				
<b>C2. Patients Transferred to ICU from another Unit of the Hospital</b>	0	0				
<b>C3. TOTAL ICU UTILIZATION</b>	0	0	0	0	0	0

**D. OBSTETRIC/GYNECOLOGY UTILIZATION:** Obstetrics care includes both Ante-Partum and Post-Partum. **Clean Gynaecology is the non-maternity care.**

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2007	Peak Beds Set Up and Staffed	Peak Census	Observation Days in OB/Gyne Nursing Unit
<b>D1. Obstetrics Patients</b>	0	0				
<b>D2. Clean Gynecology Patients</b>	0	0				
<b>D3. Total Obstetrics/Gynecology Patients</b>	0	0	0	0	0	0

< Back   Next >   Save



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART I**

**E. NEONATAL LEVEL III (NEONATAL INTENSIVE CARE) UTILIZATION:**

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2007	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Neonatal Level III Nursing Unit
E. Neonatal Level III <a href="#">[Help]</a>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**F. LONG-TERM NURSING CARE UTILIZATION:**

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2007	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Long-Term Care Nursing Unit
F. Long-Term Care (LTC) <a href="#">[Help]</a>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**G. LONG-TERM CARE SWING BEDS (MEDICARE-CERTIFIED) UTILIZATION:**

	Admissions	Inpatient Days	Peak Census
G. LTC Swing Beds (Medicare-certified) <a href="#">[Help]</a>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**H. ACUTE MENTAL ILLNESS UTILIZATION:**

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2007	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Acute Mental Illness Nursing Unit
H. Acute Mental Illness	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**I. REHABILITATION UTILIZATION:**

	Admissions	Inpatient Days	Beds Set Up and Staffed on Oct. 1, 2007	Peak Beds Set Up and Staffed	Peak Census	Observation Days in Rehabilitation Nursing Unit
I. Rehabilitation <a href="#">[Help]</a>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**J. OBSERVATION DAYS OUTSIDE A NURSING UNIT:**

If patient observation prior to admission takes place in dedicated observation beds and/or stations (not occurring in inpatient nursing units listed in A through I), report the number of dedicated observations beds or stations and the number of observation days here:

	Dedicated Observation Beds or Stations	Observation Days in Dedicated Observation Beds or Stations
J. Dedicated Observation Beds or Stations	<input type="text" value="0"/>	<input type="text" value="0"/>

**FACILITY TOTAL UTILIZATION:**

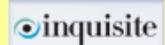
Report the Total Hospital Utilization Statistics in the spaces provided. TOTALS MUST INCLUDE ALL AUTHORIZED HOSPITAL SERVICES.

The sub-totals reported on Line K must equal the sum of the categories of service figures entered on Lines A6, B, C3, D3, E, F, G, H, I and J.

Line L is the information on Line K, with Intensive Care Transfers (C2) deducted from Admissions. Other Totals remain the same as on Line K.

	Total Admissions	Total Inpatient Days	Total Beds Set Up and Staffed on Oct. 1, 2007	Total Observation Days in Hospital
K. SUB-TOTAL OF ITEMS A - J	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Minus ICU Transfers from C2	<input type="text" value="0"/>			
L. TOTAL HOSPITAL UTILIZATION	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

< Back    Next >    Save





**IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART I**

**L. INPATIENT UTILIZATION BY RACIAL GROUP AND ETHNICITY:**

Report the number of Inpatients admitted to the hospital and the number of Patient Days of Care provided to Inpatients by the hospital by the Racial Group and Ethnicity of the patient.

TOTAL ADMISSIONS AND INPATIENT DAYS IN SECTION 1 AND SECTION 2 MUST AGREE WITH THE FIGURES REPORTED ON LINE L, PAGE 4.

SECTION 1. RACIAL GROUPS	Inpatients Admitted	Patient Days
Asian	0	0
American Indian or Native Alaskan	0	0
Black or African American	0	0
Native Hawaiian or Pacific Islander	0	0
White	0	0
Unknown	0	0
<b>TOTALS - SECTION 1</b>	0	0

SECTION 2. ETHNIC GROUPS	Inpatients Admitted	Patient Days
Hispanic or Latino	0	0
Not Hispanic or Latino	0	0
Unknown	0	0
<b>TOTALS - SECTION 2</b>	0	0



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART I**

**Question II. FACILITY OWNERSHIP AND ADMINISTRATION:**

**A. Legal Entity that operates the facility** [\[Help\]](#)

**B. Legal Entity that owns the physical plant** [\[Help\]](#)

**C. Indicate the type of organization managing the facility (CHECK ONLY ONE SELECTION):**

- |   |  |
|---|--|
| <input type="radio"/> Non-Government Church-related   | <input type="radio"/> Government State             |
| <input type="radio"/> Non-Government Other Non-Profit | <input type="radio"/> Government County            |
| <input type="radio"/> Non-Government Individual       | <input type="radio"/> Government Township          |
| <input type="radio"/> Non-Government Corporation      | <input type="radio"/> Government City              |
| <input type="radio"/> Non-Government Partnership      | <input type="radio"/> Government Hospital District |
| <input type="radio"/> Non-Government Other            |  |

**D. Indicate any contracts for management of services: List any contractors who manage the selected services performed in the hospital.**

**Contract Management**

Psychiatric Service

Rehabilitation Service

Emergency Service

**E. Is your ENTIRE facility CERTIFIED by the Center for Medicare and Medicaid Services (CMS) as one of the following?**

- Critical Access Hospital
- LongTerm Acute Care Hospital (LTACH)
- None

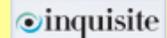
**F. Is your ENTIRE facility characterized as one of the following?**

- |   |
|---|
| <input type="radio"/> Disproportionate Share Hospital     |
| <input type="radio"/> Rehabilitation Hospital             |
| <input type="radio"/> Children's Speciality Care Hospital |
| <input type="radio"/> Psychiatric Hospital                |
| <input type="radio"/> None                                |

< Back

Next >

Save





**IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART I**

**Question III. SURGICAL PROCEDURES - MAIN O.R. (Class C):**

Record times in HOURS. Round ALL reported times UP to the next full hour. For example: 1927 minutes of surgery divided by 60 = 32.11 hours, rounds up to 33 hours. Hours of surgery are ACTUAL hours, not SCHEDULED hours.

**OPERATING ROOM (CLASS C):** Operating Room is defined as a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

'COMBINED' O.R.s are operating rooms used for BOTH inpatient and outpatient surgeries, NOT the sum of inpatient and outpatient operating rooms.

**CASE** is defined as a patient encountered in an inpatient or outpatient setting. For example, if 3 surgical procedures are performed on an individual, only 1 CASE is counted.

**SURGICAL HOURS** include the time to perform the surgical procedure plus time for set-up and clean-up of the operating room.

	OPERATING ROOMS (CLASS C)				SURGICAL CASES TREATED		SURGICAL HOURS		
	Inpatient	Outpatient	Combined	TOTAL	Inpatient	Outpatient	Inpatient	Outpatient	TOTAL
Cardiovascular	0	0	0	0	0	0	0	0	0
Dermatology	0	0	0	0	0	0	0	0	0
General Surgery	0	0	0	0	0	0	0	0	0
Gastroenterology	0	0	0	0	0	0	0	0	0
Neurology	0	0	0	0	0	0	0	0	0
OB/Gynecology	0	0	0	0	0	0	0	0	0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0
Ophthalmology	0	0	0	0	0	0	0	0	0
Orthopedic	0	0	0	0	0	0	0	0	0
Otolaryngology	0	0	0	0	0	0	0	0	0
Plastic Surgery	0	0	0	0	0	0	0	0	0
Podiatry	0	0	0	0	0	0	0	0	0
Thoracic	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0
<b>TOTAL SURGERIES</b>	0	0	0	0	0	0	0	0	0

**IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART I**

**Question IIIA. SURGICAL PROCEDURES - Invasive, Non-Sterile, Non-Main OR**

**DEDICATED SURGICAL PROCEDURE ROOMS - Class B:**

Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Report how many rooms your hospital has dedicated for surgical procedures not included in the table above (Question III), by Inpatient, Outpatient and Combined Inpatient/Outpatient rooms. Also report the number of Inpatients and Outpatients special procedure cases in the reporting year, and the number of surgical hours the procedures required, for both Inpatient and Outpatient procedures.

**TOTAL ROOMS** should be the sum of Inpatient, Outpatient and Combined rooms.

**CASE** is defined as a patient encountered in an inpatient or outpatient setting. For example, if 3 surgical procedures are performed on an individual, only 1 CASE is counted.

**SURGICAL HOURS** include the time to perform the surgical procedure plus time to set-up and clean-up the procedure room.

**TOTAL SURGICAL HOURS** should be the total of Inpatient and Outpatient surgical hours.

	DEDICATED PROCEDURE ROOMS			TOTAL	CASES		SURGICAL PROCEDURE HOURS		
	Inpatient	Outpatient	Combined		Inpatient	Outpatient	Inpatient	Outpatient	TOTAL
Gastro-Intestinal Procedures	<input type="text" value="0"/>								
Laser Eye Procedures	<input type="text" value="0"/>								
Pain Management Procedures	<input type="text" value="0"/>								
Cystoscopy Procedures	<input type="text" value="0"/>								

**Multipurpose (Non-Dedicated) Procedure Rooms**

(enter data for surgical speciality eg., Ophthalmology, Gen surgery, C-Sections, Minor procedures etc)

<input type="text"/>	<input type="text" value="0"/>								
<input type="text"/>	<input type="text" value="0"/>								
<input type="text"/>	<input type="text" value="0"/>								

**SURGICAL RECOVERY STATIONS**

Stage 1 - Post-Anesthesia Recovery Stations

Stage 2 - Step-down Ambulatory Recovery Stations

How many surgical recovery stations does your hospital maintain?

**Question IV. Labor, Delivery and Recovery/Newborn Care:**

a. Number of Labor Rooms  b. Number of Delivery Rooms  c. Number of Birthing Rooms

d. Labor-Delivery-Recovery (LDR) Rooms  e. Labor-Delivery-Recovery-PostPartum (LDRP) Rooms

f. Number of C-Section Rooms  g. Number of C-Sections performed

**h. Births and Newborn Care**

Report the number of Total Births (Live and Stillborn), Live Births, Newborn Level I, Level II and Level II+ patient days of care, as defined by the Perinatal Advisory Committee, in the spaces provided.

	Total Births	Live Births	Newborn Level I Patient Days	Newborn Level II Patient Days	Newborn Level II+ Patient Days
Number	<input type="text" value="0"/>				

< Back Next > Save



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART I**

**Question V. Organ Transplantation:**

A. Does your hospital perform organ transplants?  Yes  No

B. Transplants Performed in 2007

Heart	Heart/Lung	Kidney	Liver	Lung	Pancreas
0	0	0	0	0	0

**Question VI. Cardiac Surgery (Open Heart Surgery)** For definitions and information, click the [\[Help\]](#) link.

a. Cardiac Surgery Cases by Age Group

Age 0-14	Age 15 and Over
0	0

b. Total Cardiac Surgery Cases (All ages)

c. Of Cases in b., Number of Coronary Artery Bypass Grafts (CABGs) [\[Help\]](#)

**Question VII. Cardiac Catheterization** For definitions and information, click the [\[Help\]](#) link.

**PHYSICAL SET UP:**

1. Total Cardiac Catheterization labs (includes Dedicated and Non-Dedicated labs for diagnostic/Interventional/EP)

**LABS**

<input type="text" value="0"/>

a. Catheterization labs dedicated to only Diagnostic procedures

b. Catheterization labs dedicated to only Interventional procedures

c. Catheterization labs dedicated to only Electro-Physiological procedures

d. Of the catheterization labs listed in line 1, the number shared with radiology for Angiography procedures

**UTILIZATION (Procedures Performed by Age Group)**

2. Indicate the total catheterization procedures performed including all diagnostic, interventional, and EP procedures for all age groups.

	Age 0-14	Age 15 and Over
a. Diagnostic Cardiac Catheterizations	<input type="text" value="0"/>	<input type="text" value="0"/>
b. Interventional Cardiac Catheterizations	<input type="text" value="0"/>	<input type="text" value="0"/>
c. Electro-Physiological (EP) Procedures <a href="#">[Help]</a>		<input type="text" value="0"/>

**Question VIII: Emergency/Trauma Care:**

A. Category of EMERGENCY Services:  COMPREHENSIVE  STAND BY  BASIC

B. Are you a certified trauma center (by Emergency Medical Services (EMS)):  YES  NO

C. Type of the trauma center:

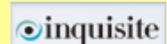
LEVEL 1	LEVEL 2
<input type="text" value="0"/>	<input type="text" value="0"/>

D. List the number of Operating rooms dedicated or reserved (24/7) for trauma:

E. Indicate the number of visits to Emergency and Trauma. Also list the number that resulted in admissions to the hospital.

	EMERGENCY (ED)	TRAUMA
Number of Visits	<input type="text" value="0"/>	<input type="text" value="0"/>
Admissions to Hospital (subset of visits that resulted in admission)	<input type="text" value="0"/>	<input type="text" value="0"/>

< Back Next > Save



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART I**

**Question IX. OUTPATIENT SERVICES/VISITS:**

All services or visits to all OUTPATIENT services including emergency, surgical, radiological etc provided by and billed by the hospital should be reported under outpatient visits.

**A. Visits at the Hospital/Hospital Campus**

**B. Visits in the facilities Off site/Off Campus**

**C. TOTAL**

**Question X. Patients Served during Calendar Year 2007 by Payment Source:**

Patients should be reported by PRIMARY source of payment.

**TOTAL INPATIENTS REPORTED (including Charity Care) MUST EQUAL THE NUMBER OF ADMISSIONS REPORTED IN QUESTION I ON LINE L, PAGE 4.**

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE*	PRIVATE PAYMENT*	ROW TOTALS
INPATIENTS	<input type="text" value="0"/>					
OUTPATIENTS	<input type="text" value="0"/>					

\* **OTHER PUBLIC** includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMHDD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.

**PRIVATE INSURANCE** includes any payments made through private insurance policies.

**PRIVATE PAYMENT** includes money from a private account (for example, a medical Savings Account) AND any government funding made out and paid to the resident which is then transferred to the facility to pay for services.

**CHARITY CARE\***

	INPATIENTS	OUTPATIENTS
<b>Number of Charity Care Patients Provided Service</b>	<input type="text" value="0"/>	<input type="text" value="0"/>

\* **CHARITY CARE** is defined as care for which the provider does not expect to receive payment from the patient or a third-party payor. Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other Federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), and not the actual charges for the services.

**Question XI. LABORATORY STUDIES:**

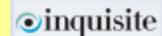
Report the number of laboratory studies performed for BOTH inpatients (excluding newborns) and outpatients. The total number of laboratory studies are to be reported. A STUDY is defined as a billable examination, such as CBCs, lipid profiles, etc. a series of tests performed in one visit on one person is all considered to be a single study.

Many hospitals have standing contracts with one or more private laboratories to perform laboratory studies. Report the total number of laboratory studies performed under such a contract in the last column.

Laboratory Studies Performed

Inpatient Studies	Outpatient Studies	Studies Performed Under Contract
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

< Back Next > Save



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART I**

**Question XI. DIAGNOSTIC AND THERAPEUTIC EQUIPMENT:**

**A. Indicate the number of pieces of equipment your hospital had in operation on site during the reporting year and the number of inpatient, outpatient and contractually-performed examinations or treatment courses performed during the reporting year:**

**EXAMINATIONS** are to be reported - **NOT** patients served. If one patient had several examinations during the reporting year, EACH examination is counted separately. If the hospital has a contract with an equipment supplier to provide inpatient or outpatient services on the campus of the hospital, the examinations are considered part of the inpatient or outpatient services of the hospital and are to be reported in the appropriate column. If a patient is sent off-campus for an examination, that examination is reported in the 'Contractual Agreement' column.

**PIECES OF EQUIPMENT**

	Hospital Owned	Shared	Contracted (list below)	Inpatient Exams	Outpatient Exams	Exams by Contractual Agreement
1. General Radiography/Fluoroscopy	0	0	0	0	0	0
2. Nuclear Medicine	0	0	0	0	0	0
3. Mammography	0	0	0	0	0	0
4. Ultrasound	0	0	0	0	0	0
5. Angiography	0	0	0	0	0	0
6. CT Tomography	0	0	0	0	0	0
7. PET Tomography	0	0	0	0	0	0
8. Magnetic Resonance Imaging	0	0	0	0	0	0

	Hospital Owned	Shared	Contracted (list below)	Treatment Courses
9. Lithotripsy	0	0	0	0
10. Radiation Therapy Equipment				
a. Linear Accelerator	0	0	0	0
b. Other (cobalt, gamma knife, etc.) - Specify	0	0	0	0

**B. List contractors for each type of equipment reported in section A.**

If you reported any Contracted Equipment in Section A, column 3 above, list the type of equipment and the name(s) of the companies or persons with whom your hospital has contracted for equipment.

	Type of Equipment	Company/Individual Contracted With
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

**PROCEED TO THE NEXT PAGE TO BEGIN PART II - FINANCIAL & CAPITAL EXPENDITURES**

Annual Hospital Questionnaire for 2007 data - Draft - Microsoft Internet Explorer pro... 

File Edit View Favorites Tools Help 

**IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART II** Page 12 of 18

**ILLINOIS HEALTH FACILITIES PLANNING BOARD  
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR**

THE DATA REQUESTED BY THIS QUESTIONNAIRE ARE AUTHORIZED PURSUANT TO THE ILLINOIS HEALTH FACILITIES PLANNING ACT [20 ILCS 3960/5.3] THESE DOLLAR AMOUNTS MUST BE TAKEN FROM YOUR MOST RECENT ANNUAL FINANCIAL STATEMENTS WHICH INCLUDES YOUR INCOME STATEMENT AND BALANCE SHEET. FINANCIAL STATEMENTS ARE DEFINED AS AUDITED FINANCIAL STATEMENTS, REVIEW OR COMPILATION of the FINANCIAL STATEMENTS, OR TAX RETURN FOR THE MOST RECENT FISCAL YEAR AVAILABLE TO YOU.

This part of the survey collects Financial and Capital Expenditure information for your facility. This part **MUST** be reported for the MOST RECENT FISCAL YEAR AVAILABLE to you.

If you have problems providing the information requested, contact this office via e-mail at [facility\\_survey@idph.state.il.us](mailto:facility_survey@idph.state.il.us), or by telephone at 217-782-3516.

INDICATE THE STARTING AND ENDING DATES OF YOUR MOST RECENT FISCAL YEAR (mm/dd/yyyy)

Starting  Ending

Source of Financial Data Used





**IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART II**

**ILLINOIS HEALTH FACILITIES PLANNING BOARD  
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR**

**1. CAPITAL EXPENDITURES**

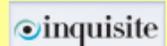
Provide the following information for all projects / capital expenditures **IN EXCESS OF \$247,200** obligated by or on behalf of the health care facility for your reported FISCAL YEAR (click the link below the table for definitions of terms):

	Description of Project / Capital Expenditure	Amount Obligated (\$)	Method of Financing	CON Project Number (if reviewed)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

[\[Help\]](#)

Report the TOTAL of ALL Capital Expenditures for your reported FISCAL YEAR

TOTAL CAPITAL EXPENDITURES FOR REPORTED FISCAL YEAR  
(including those below \$247,200)



**IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART II**

**ILLINOIS HEALTH FACILITIES PLANNING BOARD  
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR**

**2. INPATIENT AND OUTPATIENT NET REVENUES DURING YOUR REPORTED FISCAL YEAR BY PAYMENT SOURCE**

	MEDICARE	MEDICAID	OTHER PUBLIC*	PRIVATE INSURANCE	PRIVATE PAYMENT*	ROW TOTALS
INPATIENT REVENUE (\$)	0	0	0	0	0	0
OUTPATIENT REVENUE (\$)	0	0	0	0	0	0

\* **OTHER PUBLIC** includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.

**PRIVATE INSURANCE** includes any payments made through private insurance policies.

**PRIVATE PAYMENT** includes money from a private account (for example, a Medical Savings Account) AND any government funding made out and paid to the resident which is then transferred to the facility to pay for services.

**3. ACTUAL COST OF SERVICES PROVIDED TO CHARITY CARE INPATIENTS AND OUTPATIENTS DURING YOUR REPORTED FISCAL YEAR**

	INPATIENTS	OUTPATIENTS
Actual Cost of Services Provided to Charity Care Patients (\$)	0	0

\* **CHARITY CARE** is defined as care for which the provider does not expect to receive payment from the patient or a third-party payor. Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other Federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), and not the actual charges for the services.



IDPH ANNUAL HOSPITAL QUESTIONNAIRE - PART II

ILLINOIS HEALTH FACILITIES PLANNING BOARD  
FINANCIAL & CAPITAL EXPENDITURES DATA FOR FISCAL YEAR

4. Community Benefits:

Report the dollar amounts spent on various community benefit programs offered by your facility to the community. All hospitals must complete these items immaterial of whether they are Non profit facilities or not.

As this is the first time we are asking this question, if the data is not available for your reporting year then mark the appropriate box (Not Available) next to each item. However, every effort needs to be made to provide the requested information.

Community Benefit Definitions

- a. Language Assistant Services  Not Available
- b. Government Sponsored Indigent Health Care  Not Available
- c. Donations  Not Available
- d. Volunteer Services
  - i) Employee Volunteer Services  Not Available
  - ii) Non-Employee Volunteer Services  Not Available
- e. Education  Not Available
- f. Government Sponsored program services  Not Available
- g. Research  Not Available
- h. Subsidized health services  Not Available
- i. Bad Debts  Not Available
- j. Other Community Benefits  Not Available

< Back   Next >   Save



Annual Hospital Questionnaire for 2007 data - Draft - Microsoft Internet Explorer pro...  
File Edit View Favorites Tools Help

**IDPH ANNUAL HOSPITAL QUESTIONNAIRE** Page 16 of 18

**Please provide the following information for the individual responsible for the preparation of this questionnaire:**

Contact Person Name	<input type="text"/>
Contact Person Job Title	<input type="text"/>
Contact Person Telephone Number	<input type="text"/>
Contact Person E-Mail Address	<input type="text"/>

---

**By completing the following items, the Administrator attests that the information contained in this survey instrument is, to the best of his/her knowledge, complete and accurate.  
This survey instrument cannot be submitted without the completion of these items.**

Administrator's Name	<input type="text"/>
Administrator's Title	<input type="text"/>
Administrator's Telephone	<input type="text"/>
Administrator's Email Address	<input type="text"/>
Date of Submission (MM/DD/YYYY format) <a href="#">[Help]</a>	<input type="text"/>

---

**THANK YOU FOR COMPLETING THE ON-LINE IDPH HOSPITAL QUESTIONNAIRE.**  
If you have any comments on the survey, please enter them in the space below.



IDPH ANNUAL HOSPITAL QUESTIONNAIRE

THIS PAGE MUST BE PRINTED OUT, COMPLETED BY THE HOSPITAL DIRECTOR, CEO, ETC., SIGNED, DATED AND SUBMITTED TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH BEFORE YOUR QUESTIONNAIRE WILL BE CONSIDERED COMPLETE.

FACILITY NAME [text box]
ADDRESS [text box]
CITY, STATE, ZIP [text box], IL [text box]

I certify that I have reviewed our submittal of the Illinois Department of Public Health Annual Hospital Questionnaire for Calendar Year 2007, and that to the best of my knowledge and belief the data contained in the questionnaire are true and accurate.

[text box] [text box]

Printed Name

Printed Title

Signature

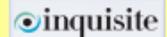
Date

Once signed you may
Mail, Fax or Email the completed and signed page to:
Division of Health Systems Development
Illinois Department of Public Health
2nd Floor
525 West Jefferson Street
Springfield, Illinois 62761
Fax: 217- 785- 4308
Email: Facility\_survey@idph.state.il.us

We will send an e-mail acknowledgment within 7 calendar days of receipt.

Click on the 'Next' button to proceed to the Finalization page.
You will be instructed in the final steps in submitting your survey data.

< Back Next > Save



Annual Hospital Questionnaire for 2007 data - Draft - Microsoft Internet Explorer pro... 

File Edit View Favorites Tools Help 

**IDPH ANNUAL HOSPITAL QUESTIONNAIRE** Page 18 of 18 

**WE STRONGLY RECOMMEND THAT YOU PRINT OUT EACH PAGE OF THIS FORM WITH YOUR ANSWERS FOR FUTURE REFERENCE.**

**ONCE YOU HAVE SUBMITTED THE FORM, NO FURTHER ACCESS OR CHANGES ARE POSSIBLE.**

**YOU CANNOT RETRACT OR CHANGE A SUBMITTED FORM, SO BE SURE TO VERIFY YOUR ANSWERS BEFORE CLICKING ON THE 'SUBMIT FORM' BUTTON.**

**WHEN YOU HAVE REVIEWED AND PRINTED YOUR RESPONSES, CLICK THE 'SUBMIT FORM' BUTTON TO SEND YOUR COMPLETED QUESTIONNAIRE BACK TO OUR OFFICE. YOU WILL BE ROUTED TO A CONFIRMATION PAGE.**

**IF YOU HAVE ANY PROBLEMS, PLEASE CONTACT THIS OFFICE IMMEDIATELY AT 217-782-3516 OR BY EMAIL AT FACILITY\_SURVEY@IDPH.STATE.IL.US**





<b>Term</b>	<b>Definition</b>	<b>Comments</b>
Authorized/Licensed Bed Count (CON)	Number of beds by category of service recognized and licensed by Illinois Department of Public Health.	According to Administrative rule 1100.220
Admissions	Number of patients accepted for inpatient service during a 12 month period.	According to Administrative rule 1100.220
Inpatient Days	<p>"Inpatient Days" means the total number of days of service provided to inpatients in a facility over a 12-month period. Inpatient days of care are counted as any beds occupied at the time the daily census is counted.</p> <p>According to Administrative rule Section 1100.70 - observation days are included if the observation patient occupies a (CON) bed that is included in the State Agency's Inventory of Health Care Facilities and Services)</p>	According to Administrative Rule 1100.220
Occupancy Rate	<p>Measure of inpatient health facility use, determined by dividing average daily census by the calculated capacity.</p> <p>It measures average percentage of facility's beds occupied and may be institution-wide or specific for one department or service.</p>	According to Administrative rule 1100.220
Peak bed set up and staffed	Number of beds by category of service the facility considers appropriate to place in patient rooms	According to Administrative rule 1100.220

	taking into account patient care requirements and ability to perform the regular functions of patient care required for patients	
Beds set up and staffed on Oct 1	Number of beds/stations set up and staffed on a particular day (Oct 1)	Measures the hospital utilization on a any given random day.
Peak Census	Indicate your facility's maximum number of patients in CON Authorized beds at any one time during the reporting calendar year.	Measures the facility's peak utilization.
Observation Days	"Observation Days" means the number of days of service provided to outpatients for the purpose of determining whether a patient requires admission as an inpatient or other treatment. The observation period shall not exceed 48 hours	According to Administrative Rule 1100.220
Dedicated observation days in a particular nursing unit	Indicate number of dedicated beds/stations if available and operating in a given nursing unit (like Ob, ICU, and Med-surg etc) in your facility.	These beds do not count toward the CON beds.
Observation Days in dedicated observation beds/stations outside the nursing unit	Indicate the number of days spent in those operating observation beds or stations available anywhere <b>but</b> within the given specific nursing unit.	May/may not be billed for observation.
Dedicated observation Beds/stations	Indicate the number of observation beds or stations if operating and available anywhere but not occurring in inpatient nursing units.	May or may not be admitted into the hospital
Average Daily Census	Over a 12 month period the average number of inpatients receiving service on any given day.	According to Administrative rule 1100.220

<p>Average Length of Stay (ALOS)</p>	<p>Over a 12-month period the average duration of inpatient stay expressed in days as determined by dividing total inpatient days by total admissions.</p> <p>For the calculating Average Length of Stay, total inpatient days = Inpatient days + observation days.</p>	<p>According to Administrative rule 1100.220</p>
<p>Med-surg utilization</p>	<p>It is an assemblage of inpatient beds and related facilities in which medical – surgical services are provided to a limited class of patients according to their particular medical needs.</p> <p>It includes sub categories of services like medical, surgical, ophthalmology, intermediate ICU, gynecology (outside OB), orthopedic, ENT, Ophthalmology, neurology, cardio, vascular, thoracic, inpatient renal dialysis, trauma, special care units, dental, urology.</p> <p>It does not include Pediatric, obstetric, ICU, rehab service, acute mental illness treatment, Neonatal ICU, General long term care.</p> <p>Age groups include 15 and over usually.</p> <p>If a hospital has an authorized pediatric unit, then report the utilization under pediatric category. Under such circumstances the utilization for Med-surg under 0-14 category should</p>	<p>According to Administrative rule 1110.520.</p> <p>If your facility operates telemetry beds, they should be part of Med surg beds. Please note: They cannot be considered as an add-on to existing Med surg CON beds that your facility is authorized for.</p>

	<p>be zero.</p> <p>If the facility is not authorized for pediatric beds then the utilization should be reported under Med-surg 0-14 years.</p>	
Pediatric utilization	<p>Entire facility or distinct unit of a facility which is designed, equipped, organized and operated to provide non intensive medical surgical care to 0-14 years of age population.</p>	<p>According to Administrative rule 1110.520</p>
Neonatal ICU (NICU) utilization	<p>NICU is a designated Level III nursery as designed by the IL Perinatal Advisory Committee. NICU is distinct part of the facility which is designed, equipped and operated to deliver medical and surgical care to high risk infants. It is a category of service providing treatment of the infant for problems identified in the neo-natal period.</p> <p>The service must also include a related obstetric service for care of a high risk mother (except when the facility is dedicated to the care of children).</p>	<p>According to Administrative code 1110.920</p> <p>According to 77 IL Administrative code 640 – Regionalized Perinatal Healthcare code.</p>
5. Intensive Care Unit	<p>Distinct part of the facility which is designed, equipped, organized and operated to deliver optimal medical care for critically ill or for patients with special diagnostic conditions. Includes all age groups. The Intensive Care category of service includes medical intensive care unit, surgical</p>	<p>According to Administrative rule 1110.520</p> <p>Neonatal ICU utilization should not be included here.</p>



	<p>or a dead fetus and providing medical care of both patient and newborn infant under the direction of medical personnel.</p> <p>ii. Obstetric Gynecology (clean Gynecology) is defined as subcategory of obstetric service where medical care is provided to clean gynecological, surgical or medical cases which are admitted to a post partum section of an obstetric (maternity) unit.</p>	<p>According to Administrative rule 1110.520 subsection (b)(5)</p>
Physical Rehabilitation utilization	<p>Comprehensive rehabilitation unit is a distinct unit of hospital or special referral hospital which is designed, equipped, organized and operated to deliver inpatient rehabilitation services.</p>	<p>According to Administrative rule 1110.620</p>
Acute Mental Illness utilization	<p>Acute mental illness treatment of service is a distinct unit in a facility which is designed, equipped, organized and operated to deliver inpatient and supportive acute AMI treatment services.</p> <p>AMI is typified by an average length of stay of 45 days or less for adults and 60 days or less for children and adolescents.</p>	<p>According to Administrative rule 1110.720</p>
Main Operating Rooms (Class C)	<p>Operating Room is defined as a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.</p>	<p>According to Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons.</p>

Main Operating Room surgical Procedures	Include major surgeries (Class C) which are also classified into their specialties.	According to ACCA, category C procedures require general or regional block anesthesia and support vital bodily functions.
Surgical Procedure Rooms (Class B)	Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs	Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons
Invasive, Non-sterile, Non Main Operating Room surgical Procedures	Dedicated surgical procedures done in dedicated surgical rooms and suites which come under classification B, needs to be listed here.	According to American College of Certified Anesthesiologists (ACCA), Category B includes minor or major surgical procedures performed in conjunction with oral, parenteral or intravenous sedation.
Stage 1 and Stage 2 Recovery Stations	Stage 1 and Stage 2 Recovery Stations are defined as the stations/units within the room providing post operative/post anesthetic care soon after the surgery. Stage 1 recovery is used for patients who received intensive anesthesia for major surgical procedures which would take more time to recuperate, while Stage 2 are used for less intensive procedures which involve less anesthesia there by need less time to recuperate.	According to ACOA (American College of Anesthesiologists).
Cardiac Surgery	Cardiac Surgery or Cardiac Case means surgical procedures on heart and thoracic great vessels performed on a patient	

	<p>during a single session in a cardiac surgery operating room including procedures such as but not limited to coronary artery bypass graft, myocardial revascularization, aortic and mitral valve replacement, ventricular aneurysm repair, and pulmonary valvuloplasty. For purposes of this section, cardiac surgery does not include heart transplantation and diagnostic and interventional cardiac catheterization.</p>	
Cardiac Labs	<p>Includes labs that are dedicated as well as non dedicated cardiac labs for diagnostic, interventional and electrophysiology procedures. Total cardiac labs will be more than or equal to the sum of dedicated cardiac labs.</p>	
Diagnostic Cardiac Catheterization (DCC)	<p>Performance of Catheterization procedures associated with determining the blockage of blood vessels and the diagnosis of cardiac diseases that are performed in a cardiac cath lab or special procedures lab with cardiac cath capabilities.</p>	
Dedicated Cardiac Catheterization Laboratory	<p>A distinct lab that is staffed equipped and operated solely for the provision of diagnostic or interventional cardiac catheterization.</p>	
Cardiovascular Intervention or treatment	<p>All interventional cardiac procedures performed on a patient during one session in the laboratory (one</p>	

	patient visit equals one intervention regardless of number of procedures performed.	
Interventional Cardiac Catheterization (ICC)	Treatment of cardiac diseases associated with the blockage or narrowing of the blood vessels and diseases of the heart by the performance of percutaneous coronary intervention or similar procedures in a cardiac cath lab or special procedures lab with cardiac cath capabilities. Cardiovascular interventions include but not limited to Percutaneous Transluminal Coronary Angioplasty (PTCA), rotational atherectomy, directional atherectomy, extraction atherectomy, laser angioplasty, implantation of intracoronary stents and other catheter devices for treating coronary atherosclerosis.	
Multiple Use Angiographic Laboratory	Lab that has equipment, staff, and support services required to provide diagnostic or interventional cardiac catheterization and routinely perform DCC and ICCs. They can be used to perform other angiographic procedures.	
Electrophysiology Studies (EPS)	Electrophysiology study means studies conducted to determine the focus of arrhythmias in the heart. Electrodes are placed in the heart during a cardiac catheterization, making it	

	possible to measure the electrical potential of different locations within the heart and determine the area responsible for an arrhythmia to destroy abnormal cells causing rhythm disturbances.	
Adult cardiac catheterization	Cardiac catheterization of patients 15 years of age and older	According to Administrative rule 1110.1320
Pediatric cardiac Catheterization	Cardiac Catheterization of patients 0-14 years.	According to Administrative rule 1110.1320
Labor-Delivery-Recovery-Postpartum rooms	Rooms dedicated to complete maternity suites.	These beds can be counted towards OB-Gyn CON beds
Dedicated C-section rooms	Include here if a facility is dedicated to Cesarean section procedures only.	These rooms need to be counted under the total operating rooms.
Total Births	Number of babies being delivered, live or still born. It is not number of moms being brought into delivery room. If a mother gives birth to twins, it would be two births (deliveries) and not one.	According to Peri-natal Advisory committee, Administrative rule title 77 IL section 640.
Live Births	Number of babies born and alive. Still births do not count for this. (Difference between Deliveries and live births will give us the number of still borns)	Administrative rule 1110.920. Administrative rule title 77 IL section 640.
Type of Trauma Center	If a facility is designated Trauma Level 1 for Adult but is Level 2 for Pediatric trauma, it should be selected likewise.	
Laboratory Studies	List all the lab studies done on inpatients and outpatients except for newborns.	
Patients served by payment source	Include number of inpatients and outpatients served by their payment	Payment sources are defined within the questionnaire too.

	type.	
Revenue by payment source	Include the amount of <b>net revenue of the</b> facility during the fiscal year for the inpatients and outpatients served by the payment type	Revenue to be listed
Actual cost of services provided to charity care patients	Include the dollar amount spent by the facility to care for the charity care inpatients and outpatients. <b>Medicare Cost to Charge Ratio</b> dollar value should be used while figuring this amount.	Actual cost of service to be reported.
Charity Care	<p><b>“Charity Care”</b> is defined as care for which the provider does not expect to receive payment from the patient or a third party payor. Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other Federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital’s Medicare cost report (CMS 2552-96 Worksheet C, Part 1 PPS Inpatient Ratios), and not the actual charges for the services.</p>	CMS 2552-96 Worksheet C, Part 1 PPS
Private Pay	Private pay includes money from a private account (for example, a medical savings account) and any	

	government funding made out and paid to the resident which is then transferred to the facility to pay for services. It also includes all the Self pay payments.	
Other Public	Other public includes all forms of direct public payment excluding Medicare and Medicaid. DMH/DD and veterans' administration funds and other funds paid directly to a facility should be recorded here.	
Source of Financial Data Used	Indicate the source from which the financial information has been taken. The sources include audited financial statements, review or compilation of financial statements or tax return for most recent fiscal year.	The fiscal year and the source of financial data could be quite different to each hospital.

**Financial/Capital Expenditures Definitions:**

1. ON BEHALF OF HEALTH CARE FACILITY: Any transactions undertaken by the facility or by any other entity other than the facility which results in constitution or modification of the facility and directly or indirectly results in the facility billing or receiving reimbursement, or in participating or assuming responsibility for the retirement of debt or the provision of any services associated with the transaction.
2. CAPITAL EXPENDITURE: Any expenditure : (A) made by or on behalf of a health care facility .....and (B) which under generally accepted accounting principles is not properly chargeable as an expense of operation and maintenance, or is made to obtain by lease or comparable arrangement any facility or part there of or any equipment for a facility or part... and includes the cost of any studies, surveys, designs, plans, working drawings, specification and other activities essential to the acquisition, improvement, expansion or replacement of any plant or equipment with respect to which an expenditure is made... and includes donations of equipment of facilities or a transfer of equipment or facilities at fair market value.
3. CONSTRUCTION OR MODIFICATION: The establishment, erection, building, alteration, reconstruction, modernization, improvement, extension, discontinuation, change of ownership, of or by a health care facility, or the purchase or acquisition by or

through a health care facility of equipment of service for diagnostic or therapeutic purpose or for facility administration or operation, or any capital expenditures made by or on behalf of a health care facility.

4. **METHOD OF FINANCING:** The source of funds required to undertake the project or capital expenditure. Forms of financing include equity (cash and securities), lease, mortgages, general obligation bonds, revenue bonds, appropriations and gifts/donations/bequests.
5. **OBLIGATION:** The commitment of funds directly or indirectly through the execution of construction or other contracts, purchase order, lease agreements or other means for any construction or modification project. **NOTE:** Funds obligated in a given year should not be carried forward to subsequent years due to phased or periodic payouts. For example, a facility signs a \$2 million contract in 2006 for construction of a new bed wing. Construction takes approximately three years with payments being made to the contractor during 2006, 2007 and 2008. The entire \$2 million would be listed once as an obligation for 2006 and would not be listed in subsequent years
6. **PROJECT:** Any proposed construction or modification of a health care facility or any proposed acquisition of equipment undertaken by or on behalf of a health care facility regardless of whether or not the transaction required a certificate of need. Components of construction or modification, which are interdependent, must be grouped together for reporting purposes. Interdependence occurs when components of construction or modification are architecturally and/or programmatically interrelated to the extent that undertaking one of more of the components compels the other components to be undertaken. If components of construction or modification are undertaken by means of a single construction contract, those components must be grouped together. Projects involving acquisition of equipment, which are linked with construction for the provision of a service cannot be segmented. When a project or any component of a project is to be accomplished by lease, donation, gift or any other means, the fair market value or dollar value, which would have been required for purchase, construction or acquisition, is considered a capital expenditure.
7. **NET REVENUE:** Net Revenue is the result of gross revenue less provision for contractual adjustments from third party payors (Source: AICPA).
8. **COMMUNITY BENEFIT:**
  - **Language assistant services.** Unreimbursed actual costs pertaining to language assistance service such as salaries and benefits of translators, costs of translation services provided via phone and costs of forms, notices and brochures provided in languages other than English, offset by any revenue received for these services.
  - **Government Sponsored Indigent Health Care.** Unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need. Includes both inpatient and outpatient services. In calculating this cost, hospitals should apply a total cost-to-charge ratio to obtain costs, unless the hospital has an alternative method for determining costs, then deduct any revenues that were received for such services.
  - **Donations.** Cash and in-kind donations such as the value of meeting space, equipment, and personnel to assist other community health care providers, social service agencies and organizations.

- **Volunteer Services.** Voluntary activities provided by hospital employees and volunteers in connection with a hospital's Community Benefits Program that take place as the result of a formal hospital initiative to organize or promote voluntary participation in the activity. Value of volunteer time is to be calculated as the number of volunteer hours multiplied by minimum wage.
- **Education.** Costs incurred for hospital-based educational programs such as medical residency and internships and nursing, radiology technician and physical therapy programs, reduced by direct medical education funding from third-party payer reimbursement, offsite rotation revenue, fees charged, etc. Community health education and wellness programs should be reported under Subsidized Health Services section.
- **Government-sponsored program services.** Any other unreimbursed costs not included in Government Sponsored Indigent Health Care section.
- **Research.** Cost of research activities conducted primarily to advance medical or health care services, including clinical drug trials, demonstration projects for alternative delivery systems, disease-specific research, etc. This portion of the report should include only actual costs not covered by grant funding or donations.
- **Subsidized health services.** Subsidized health services for which the hospital, in response to community need, must subsidize from other revenue sources. It includes, but is not limited to, such services as emergency and trauma care, neonatal intensive care, community health clinics, and collaborative efforts with local government or private agencies to prevent illness and improve wellness, such as immunization programs. Includes specialty services that yield a financial loss such as rehabilitation, burn care, substance abuse, AIDS, geriatric, pediatric, clinics, hospice, physician referral service, ambulance and programs to prevent illness or injury and improve wellness such as community health screenings, immunization programs, health education, counseling and support groups, poison control, etc. Hospitals should determine the financial loss by calculating the costs of staff, materials, equipment, space, etc., offset by any third-party payment, patient fees, or donations.
- **Bad debts.** The bad debt expense resulting from the extension of credit for services the hospital provided for which payment was expected but not received.
- **Other Community Benefits.** Include any other community benefits that are not listed above.

# **ANNUAL HOSPITAL QUESTIONNAIRE**

## **CHARITY CARE + COMMUNITY BENEFIT DISCUSSION**

**IDPH has received a number of questions regarding the reporting of “Charity Care”. The following is intended to assist the respondents in the reporting of this figure. If any additional information is needed, the facility should consult its financial experts.**

### **Part I, Page 10, Question #10**

Number of patients by payor source should be reported as the PRIMARY payor source, (If two payment sources, the one that is greater than 50 percent).

### **Part II Page 14, Question #3**

1. ALL FINANCIAL DATA is to be reported based upon the most recent audited fiscal year.
2. The questionnaire should relate as closely as possible to the pronouncements of the AICPA (American Institute of Certified Public Accountants) and the HFMA (Healthcare Financial Management Association).
3. New AICPA Health Care Organizations’ **AICPA Audit and Accounting Guide with conforming changes as of May 1, 2007, page 153. ISBN 978-0-87051-687-0**

Chapter 10: Distinguishing Charity Care from Bad Debt Expense or Allowance  
10.03: (Page 153) “Charity care represents health care services that are provided but are never expected to result in cash flows. As a result, charity care does not qualify for recognition as receivables or revenue in the financial statements. Distinguishing charity care from bad-debt expense (or allowance, for governmental health care entities) requires the exercise of judgment. Charity care is provided to a patient with demonstrated inability to pay. Each organization establishes its own criteria for charity care consistent with its mission statement and financial ability. Only the portion of a patient’s account that meets the organization’s charity care criteria is recognized as charity. Although it is not necessary for the entity to make this determination upon admission or registration of an individual, at some point the entity must determine that the individual meets the established criteria for charity care.”

10.28: (page 162) “As discussed in paragraph 10.03, patient service revenue does not include charity care. Management’s policy for providing charity care, as well as the level of charity care provided, should be disclosed in the financial statements. Such disclosure generally is made in the notes to the financial

statements and is measured based on the provider's rates, costs, units of service, or other statistical measure.”

Charity care should be reported at cost, using the Medicare cost report's cost to charges ratio when possible. Please attach a work sheet documenting your calculation(s) of charity care costs. NOTE: Instructions and examples for non-hospitals may be different.

4. FOR HOSPITALS ONLY -- “Community Benefits” page 15, question number 4; may be reported to IDPH separately from the rest of the questionnaire, but NO LATER THAN JUNE 30, 2008.