Virginia Health Information under contract to Virginia Department of Health
Acute Hospital Detail Report EPICS System

1.0 Income Statement

1.1 Gross inpatient revenue by type of payer:

a. Medicare	_____
b. Medicaid	_____
c. Other Government	_____
d. Commercial	_____
e. Other	_____
f. Total Gross Inpatient Revenue	_____

1.1 Gross inpatient revenue by type of payer: - Total established full charges for all hospital services provided to inpatients, including charity care, by type of primary payer. Items 1.1 to 1.23 are from the hospital's audited income statement or are related to income statement accounts of this hospital only. All figures are to exclude data pertaining to separately licensed or non-hospital activities that are in the same accounting entity with the hospital, such as a hospital-based nursing home (LTCU). The Income Statement Reconciliation Worksheet must be completed to report excluded data.

a. Medicare - The sum of established full charges for all hospital services provided to inpatients for whom Medicare is the primary payer.

b. Medicaid - The sum of established full charges for all hospital services provided to inpatients for whom Medicaid is the primary payer. Include Medicaid revenue from captilized Medicaid health plans.

c. Other Government - The sum of established full charges for all hospital services provided to inpatients for whom, CHAMPUS, SLH, Veterans Administration, or any other government program other than Medicare or Medicaid is the primary payer.

d. Commercial - The sum of established full charges for all hospital services provided to inpatients for whom a commercial insurance company or self-funded employer is the primary payer.

e. Other - The sum of established full charges for all hospital services provided to inpatients whose primary payer is not listed above.

f. Total Gross Inpatient Revenue - The sum of lines 1.1a through 1.1e.

1.2 Gross Outpatient Revenue

a. Medicare	_____
b. Medicaid	_____
c. Other Government	_____
d. Commercial	_____
e. Other	_____
f. Total Gross Outpatient Revenue	_____
1.3 Total gross patient service revenue	_____

1.2 Gross Outpatient Revenue - Total established full charges for all hospital services provided to outpatients, including charity care, by type of primary payer. Itemize according to the categories shown. Refer to the definitions of payer categories for item 1.1 above. Total the sum of 1.2a through 1.2e in 1.2f.

a. Medicare - The sum of established full charges for all hospital services provided to outpatients for whom Medicare is the primary payer.

b. Medicaid - The sum of established full charges for all hospital services provided to outpatients for whom Medicaid is the primary payer. Include Medicaid revenue from captitiated Medicaid health plans.

c. Other Government - The sum of established full charges for all hospital services provided to outpatients for whom,

CHAMPUS, SLH, Veterans Administration, or any other government program other than Medicare or Medicaid is the primary payer.

d. Commercial - The sum of established full charges for all hospital services provoked to outpatients for whom a commercial insurance company or self-funded employer is the primary payer.

e. Other - The sum of established full charges for all hospital services provided to outpatients whose primary payer is not listed above.

f. Total Gross Outpatient Revenue - The sum of lines 1.2a through 1.2e.

1.3 Total gross patient service revenue - Total established full charges for all inpatient and outpatient hospital services provided to patients. This is the sum of lines 1.1f and 1.2f.

1.4 Contractual Allowances

a. Medicare	_____
b. Medicaid	_____
c. Other Government	_____
d. Commercial	_____
e. Other	_____
f. Total contractual allowance	_____
1.5 Charity care at 100% of the poverty level	_____
1.6 Charity care at 200% of the poverty level	_____
1.61 Charity care in excess of 200% of poverty	_____
1.62 Charity Care for which partial payment is received	_____
1.7 Payment (from) Disproportional Share Program	_____
1.8 Net patient service revenue	_____
1.9 Other revenue and operating gains	_____

1.4 Contractual Allowances - The difference between a hospital's established charges and the rates paid by third-party payers under contractual agreements. Itemize according to the categories shown. Refer to the definitions of payer categories for item 1.1 above. Report administrative and other allowances (but not charity care) in line 1.4e, Other Contractual Allowances.

a. Medicare -

b. Medicaid -

c. Other Government -

d. Commercial -

e. Other -

f. Total contractual allowance - Sum of lines 1.4a through 1.4e.

1.5 Charity care at 100% of the poverty level - In Virginia, charity care is defined as care for which no payment is received and that is provided to any person whose gross annual family income is equal to or less than100% of the federal non-farm poverty level as published for the then current year in the Code of Federal Regulations. Report the gross revenue foregone for charity care (revenue deductions).This should be the same amount as reported to the Indigent Care Trust Fund.

1.6 Charity care at 200% of the poverty level - This is charity care for which no payment is received and that is provided to any person whose gross annual family income is greater than 100% but not greater than 200%of the federal non-farm poverty level as published for the then current year in the Code of Federal Regulations. Report the gross revenue foregone for charity care (revenue deductions). Amounts entered here should no longer be included in Other Contractual Allowances, line 1.4e.

1.61 Charity care in excess of 200% of poverty - Charity care for which no payment is received and that is provided to any person whose gross annual family income is greater than 200% of the federal non-farm poverty level (FPL) as published for the then current year in the Code of Federal Regulations but not greater than the maximum percent of FPL specified in the hospital's or health system's charity care policy as the eligibility criteria for fully discounted charity care. Amounts entered here should no longer be included in Other Contractual Allowances, 1.4e

1.62 Charity Care for which partial payment is received - Charity care for which partial payment is received of persons who qualify for discounted payments in accordance with the hospital's or health system's charity care policy. This category may include persons who are uninsured or insured. It may also include persons at 100%, at 200% or over 200% of the FPL for which partial payment is received OR who qualify for discounted payments due to the hospital or health system's policy regarding medically indigent or catastrophic cases. Amounts entered here should no longer be included in Other Contractual Allowances, 1.4e

1.7 Payment (from) Disproportional Share Program - For state teaching hospitals, use this field to enter the amount received from the Commonwealth of Virginia's Department of Medical Assistance Services for the Disproportional Share Program. This amount should be entered as a negative number.

1.8 Net patient service revenue - Net patient service revenue is total gross patient service revenue (line 1.3), minus total contractual allowances (line 1.4f), minus charity care@100% of poverty (line 1.5), minus charity care @200% of poverty (line 1.6), minus charity care in excess of 200% of poverty (line 1.61), minus Charity Care for which partial payment is received (1.62), minus accrued payment (from) Disproportional Share Program (line 1.7).

1.9 Other revenue and operating gains - Revenue or gains from the hospital's ongoing or central operations other than patient care. These may include such activities as educational or research programs, sales of goods and services to other than patients, and sales of personal convenience items and services to patients. Operating gains may be difficult to distinguish from non-operating gains (see line 1.17 below). Report other revenue (or other operating revenue) and operating gains as defined per the AICPA audit guide.

1.10 Labor expenses:

a. Salaries	_____
b. Benefits	_____
c. Contract	_____
d. Home office	_____
e. Other labor expenses	_____
f. Total labor expenses	_____

1.10 Labor expenses: - All expenses related to employment of personnel by the hospital.

a. Salaries - Total monetary compensation paid by the hospital (accrual basis) to employees of the hospital, including holiday pay, vacation pay, sick pay, and bonuses. This is to be based on the Internal Revenue Service salary definition.

b. Benefits - Any employment benefits that are considered expenses by the hospital, such as, but not limited to, health insurance, retirement plans, day care reimbursement, and Workers' Compensation. Include payroll taxes here.

c. Contract - The labor portions of any contractual obligations that are incurred in providing hospital services. These include, but are not limited to, the contracted labor expenses of agency nursing, dietary, pharmacy, radiology, and housekeeping contract

d. Home office - A portion of home office labor expense allocated to the hospital. This includes the salaries, benefits, contracted labor expenses, and professional fees of the home office.

e. Other labor expenses - All other labor expenses not reported in lines 1.10a through 1.10d.

f. Total labor expenses - The sum of lines 1.10a through 1.10e.

1.11 Non-labor expenses

a. Contract	_____
b. Home office	_____
c. Drug	_____
d. Physician fees	_____
e. Other non-labor expenses	_____
f. Total non-labor expenses	_____

1.11 Non-labor expenses - Any expenses that are not related to labor. Exclude capital and capital-related expenses.

a. Contract - The non-labor portion of any contractual obligation that is incurred in providing hospital services. This includes, but

is not limited to, the contracted non-labor expense of agency nursing, dietary, radiology, and housekeeping contracts, etc. Pharmacy contract drug expenses should be reported in line 1.11c.

b. Home office - A portion of home office non-labor expense allocated to the hospital. Include operating leases with the home office here.

c. Drug - Billable and non-billable drug expenses incurred. Include IV solutions.

d. Physician fees - Expenses incurred by the hospital to pay physicians.

e. Other non-labor expenses - All other non-labor expenses incurred, such as for supplies, linens, food, and utilities. This line also includes outside legal and accounting expenses, malpractice insurance, director and officer insurance, and maintenance service expenses such as for elevator maintenance. Include amortization expenses that are not defined as capital costs by Medicare.

f. Total non-labor expenses - The sum of lines 1.11a through 1.11e.

1.12 Capital expenses:

a. Depreciation (straight-line)	_____
b. Amortization	_____
c. Interest	_____
d. Insurance	_____
e. Other capital expenses (excl. capital-related taxes)	_____
f. Total capital expenses	_____

1.12 Capital expenses: - Capital expenses are those defined by Medicare as capital expenses. This includes depreciation and interest for capital assets reported as used for patient care, plus Medicare inpatient costs for other capital-related expenses. Medicare inpatient costs for other capital-related expenses include leases, rentals (including license and royalty fees for the use of depreciable assets), insurance expense on depreciable assets, related-organization capital-related costs for assets that are not maintained on the hospital's premises, and taxes on land or depreciable assets used for patient care. Depreciation expenses should be calculated on a straight-line basis, using Medicare useful lives. Include the allocated portion of home office capital expenses here. This capital expense amount is not necessarily the same as the Medicare-allowable cost figure.

a. Depreciation (straight-line) - Report depreciation charges on capital assets used for patient care, using the straight-line method and Medicare useful lives.

b. Amortization - Report amortization charges related to capital assets, such as amortization of deferred financing costs and amortization of leases.

c. Interest - Interest related to capital expenses.

d. Insurance - Capital-related insurance expense.

e. Other capital expenses (excl. capital-related taxes) - All other capital-related expenses, except capital-related taxes.

f. Total capital expenses - The sum of 1.12a through 1.12e.

1.13 Taxes:

a. State income	_____
b. Federal income	_____
c. Real estate	_____
d. Business property	_____
e. Business license	_____
f. Imputed state income	_____
g. Imputed federal income	_____
h. Other taxes (Enter the type of other tax you are reporting)	_____
h. Other taxes (Enter the other tax amount)	_____
I. Total taxes	_____

1.14 Bad-debt expense	_____
1.15 Total operating expense	_____
1.16 Operating income (loss)	_____
1.17 Net non-operating gains (losses)	_____
1.18 Net extraordinary gains (losses)	_____
1.19 Cumulative effect of accounting changes	_____
1.20 Revenue & gains in excess of expenses & losses	_____

1.13 Taxes: - Report all taxes reported on the hospital's income statement, including: state income tax, federal income tax, real estate tax, business property tax, and business license fees.

a. State income - Investor-owned institutions organized as proprietorships, partnerships, or Sub-chapter S corporations should report imputed state and federal income taxes, based on the maximum state and federal tax rates for individuals (in the case of proprietorships and partnerships) or for corporations (in the case of Subchapter S corporations).Institutions reporting imputed income taxes on their Historical Filing must provide a schedule of the imputed income taxes as a note to their financial statements or as a supplemental schedule of the certified audited financial statements submitted to Virginia Health Information under contract to Virginia Department of Health.

b. Federal income - Investor-owned institutions organized as proprietorships, partnerships, or Sub-chapter S corporations should report imputed state and federal income taxes, based on the maximum state and federal tax rates for individuals (in the case of proprietorships and partnerships) or for corporations (in the case of Subchapter S corporations).Institutions reporting imputed income taxes on their Historical Filing must provide a schedule of the imputed income taxes as a note to their financial statements or as a supplemental schedule of the certified audited financial statements submitted to Virginia Health Information under contract to Virginia Department of Health.

c. Real estate -

d. Business property -

e. Business license -

f. Imputed state income - Investor-owned institutions organized as proprietorships, partnerships, or Sub-chapter S corporations should report imputed state and federal income taxes, based on the maximum state and federal tax rates for individuals (in the case of proprietorships and partnerships) or for corporations (in the case of Subchapter S corporations).Institutions reporting imputed income taxes on their Historical Filing must provide a schedule of the imputed income taxes as a note to their financial statements or as a supplemental schedule of the certified audited financial statements submitted to Virginia Health Information under contract to Virginia Department of Health.

g. Imputed federal income - Investor-owned institutions organized as proprietorships, partnerships, or Sub-chapter S corporations should report imputed state and federal income taxes, based on the maximum state and federal tax rates for individuals (in the case of proprietorships and partnerships) or for corporations (in the case of Subchapter S corporations).Institutions reporting imputed income taxes on their Historical Filing must provide a schedule of the imputed income taxes as a note to their financial statements or as a supplemental schedule of the certified audited financial statements submitted to Virginia Health Information under contract to Virginia Department of Health.

h. Other taxes (Enter the type of other tax you are reporting) - Specify amounts and types of all other taxes in line 1.13h, Other Taxes. Include use taxes (i.e., sales taxes paid for purchased materials and supplies used in the normal course of business) in Other Taxes. Do not include payroll taxes; those go in line 1.10b, Labor Expenses Benefits.

h. Other taxes (Enter the other tax amount) -

I. Total taxes -

1.14 Bad-debt expense - Bad-debt expense (or provision for bad debts) as reported on the hospital’s income statement.

1.15 Total operating expense - The sum of lines 1.10f, 1.11f, 1.12f, 1.13i, and 1.14.

1.16 Operating income (loss) - The sum of lines 1.8, plus 1.9, minus 1.15.

1.17 Net non-operating gains (losses) - Non-operating gains and losses result from transactions incidental or peripheral to the

hospital's central ongoing operations. They may be difficult to distinguish from Other Revenue and Operating Gains (see line 1.9 above) and may include such items as gifts received, tax support and subsidies, returns on investment of general funds, and gain or loss on sale of properties, as well as other items. Report net non-operating gains (losses) as shown on the hospital's income statement.

1.18 Net extraordinary gains (losses) - Extraordinary items are transactions and other events that are material, significantly different from the typical or customary business activities, not expected to recur frequently, and not normally considered in evaluating the ordinary operating results of the hospital. Report this item as shown on the hospital's income statement, net of any related tax effects.

1.19 Cumulative effect of accounting changes - Report the cumulative effect of any changes in accounting principles, as shown on the hospital's income statement, net of any related tax effects.

1.20 Revenue & gains in excess of expenses & losses - The sum of lines 1.16 through 1.19.

Items for information only - also included in items above

1.21 Cash donations for medically indigent	_____
1.22 Unreimbursed medical education expenses	_____
1.23 Capital-related taxes not related to patient care	_____

Items for information only - also included in items above -

1.21 Cash donations for medically indigent - Cash donations made to unrelated organizations to provide services to the medically indigent for which payment is not received.

1.22 Unreimbursed medical education expenses - Expenses incurred for un-reimbursed medical education.

1.23 Capital-related taxes not related to patient care - This is an information line only, as these taxes should be included above in item 1.13, Taxes. Report the taxes on land or depreciable assets not used for patient care, such as property being held for sale or future development. The assets to which these taxes relate should generally be those assets not included in the determination of Medicare-allowable capital costs.

2.0 Balance Sheet

2.0 Balance Sheet -

2.1 Current assets:

a. Cash and cash equivalents	_____
b. Marketable securities	_____
c. Accounts receivable (net)	_____
d. Receivables from related parties (current)	_____
e. Other current assets	_____
f. Total current assets	_____
2.2 Net fixed assets	_____

2.1 Current assets: - Cash and other assets that are expected to be converted into cash, sold, or consumed within one year.

a. Cash and cash equivalents - Report cash and cash equivalents, including unrestricted short-term investments, short-term marketable securities, short-term accounts for funded depreciation, and board-designated capital improvement funds.

b. Marketable securities - Report marketable securities that are not considered cash equivalents but are capable of being converted into cash within one year end are not specifically intended to be held for more than one year.

c. Accounts receivable (net) - Report accounts receivable from patients, third-party payers, and others, net of contractual adjustments, discounts, and allowances for uncollectible.

d. Receivables from related parties (current) - Receivables from Related Parties (current portion). Report any amounts due from a related party and expected to be received within one year. A related-party transaction exists when one of the transacting

parties has the ability to significantly influence the policies of the other transacting party or when a non-transacting party has the ability to influence the policies of the two transacting parties. A related party may be a parent company, a subsidiary company, another subsidiary of a common parent company, a trust controlled by the reporting entity, or an officer or principal owner of the reporting entity.

e. Other current assets - Report all other current assets not included above, such as investments not considered either cash equivalents or marketable securities but expected to be converted into cash within one year, current portion of long-term receivables, interest receivable, supplies/inventory, prepaid expenses, and deferred income taxes to be recovered within one year.

f. Total current assets - The sum of lines 2.1a through 2.1e.

2.2 Net fixed assets - Report the value of property, plant, and equipment, net of accumulated depreciation using the straight-line method. Timing differences due to an alternative depreciation method should be reported in line 2.3a, Other Assets Non-Current Investments.

2.3 Other assets:

a. Non-current investments	_____
b. Intangible assets	_____
c. Receivables from related parties (non-current)	_____
d. Other	_____
e. Total other assets	_____
2.4 Total Assets	_____

2.3 Other assets: - Report assets, other than fixed assets, that are not expected to be converted into cash, sold, or consumed within one year.

a. Non-current investments - Report the value of investments, including property not currently in use for operations, marketable securities, investments in affiliates or non-consolidated subsidiaries, and receivables expected to be held for more than one year. Include accounts for funded depreciation and board-designated capital improvement funds. Include differences between straight-line depreciation and alternative depreciation methods.

b. Intangible assets - Report the value of intangible assets such as deferred organization costs, deferred financing costs, goodwill, franchises, and the like, net of accumulated amortization.

c. Receivables from related parties (non-current) - Report any amounts due from a related party and not expected to be received within one year. Please see definition of a related-party transaction for line 2.1d above.

d. Other - Report the value of any other assets, not included above, such as pre-paid expenses or deferred costs more than one year in the future.

e. Total other assets - The sum of lines 2.3a through 2.3d.

2.4 Total Assets - Total assets as reported on the hospital's balance sheet. The sum of lines 2.1f, 2.2, and 2.3e.

2.5 Current liabilities;

a. Notes payable	_____
b. Current portion of long-term debt	_____
c. Accounts payable	_____
d. Liabilities to related parties (current)	_____
e. Other current liabilities	_____
f. Total current liabilities	_____

2.5 Current liabilities; - Obligations expected to be liquidated within one year.

a. Notes payable - Notes Payable. Report the principal of notes payable within one year.

b. Current portion of long-term debt - Report those portions of long-term debt principal due to be liquidated within one year.

Include the principal portion of capital lease payments due to be made within one year.

c. Accounts payable - Report trade and other accounts payable.

d. Liabilities to related parties (current) - Liabilities to Related Parties (current portion). Report any amounts due to a related party and expected to be paid within one year. Please see definition of a related-party transaction for line 2.1d above.

e. Other current liabilities - Report all other current liabilities not included above, such as accrued salaries and wages, accrued interest payable, other accrued expenses, deposits from patients and deferred revenues, estimated refunds to third-party payers, and income taxes payable.

f. Total current liabilities - The sum of lines 2.5a through 2.5e.

2.6 Long-term liabilities (less current installments)

a. Notes payable	_____
b. Bonds payable	_____
c. Mortgages payable	_____
d. Capital lease obligations	_____
e. Liabilities to related parties (non-current)	_____
f. Other long-term liabilities	_____
g. Total long-term liabilities	_____
2.7 Total Liabilities	_____
2.8 Patient funds	_____

2.6 Long-term liabilities (less current installments) - Obligations not expected to be liquidated within one year.

a. Notes payable - Report the principal of notes payable more than one year in the future.

b. Bonds payable - Report bonds maturing more than one year in the future.

c. Mortgages payable - Report the principal portion of mortgages payable more than one year in the future.

d. Capital lease obligations - Report the principal portion of capital lease obligations payable more than one year in the future.

e. Liabilities to related parties (non-current) - Liabilities to Related Parties (non-current portion). Report any amounts due to a related party and not expected to be paid within one year. Please see definition of a related-party transaction for line 2.1d above.

f. Other long-term liabilities - Report all other long-term liabilities not included above, such as malpractice settlements, pension obligations, deferred income taxes, or other estimated obligations expected to be paid more than one year in the future.

g. Total long-term liabilities - The sum of lines 2.6a through 2.6f.

2.7 Total Liabilities - The sum of lines 2.5f and 2.6g.

2.8 Patient funds - This is an information line only, as this item is included in items reported above. Report patients' personal funds being held under an agency arrangement and included in the entity's balance sheet. These are funds being held for the patient's personal expenditures for comfort and convenience items while in the facility. These do not include funds deposited as prepayment or security for payment of future patient service charges.

3.0 Statement of Changes in Net Assets

3.0 Statement of Changes in Net Assets - Note: Restricted funds only apply to Not-for-profit facilities.

Changes in unrestricted net assets:

3.1 Revenue and gains in excess of expenses and losses	_____

3.2 Investment income	_____
3.3 Transfers from unrestricted funds	_____
3.4 Transfer to unrestricted funds	_____
3.5 Other	_____
3.6 Increase (decrease) in unrestricted net assets	_____

Changes in unrestricted net assets: -

3.1 Revenue and gains in excess of expenses and losses - Report net income as reported on the income statement for the facility. This should be the same as line 1.20 of this filing form.

3.2 Investment income - Investment Income (unrestricted). Report income from unrestricted funds investments.

3.3 Transfers from unrestricted funds - Report the amount of all transfers and capital contributions from unrestricted funds to restricted funds.

3.4 Transfer to unrestricted funds - Report the amount of all transfers and capital contributions from restricted funds to unrestricted funds.

3.5 Other - Other (unrestricted). The net of other changes in unrestricted funds not shown above.

3.6 Increase (decrease) in unrestricted net assets - The net total of 3.1 through 3.5. EPICS will calculate this value. For-profit facilities may skip ahead to 3.31.

Changes in temporarily restricted net assets:

3.11 Contributions, gifts, and bequests	_____
3.12 Investment income	_____
3.13 Net assets released from restriction	_____
3.14 Other	_____
3.15 Increase (decrease) in temporarily restricted net assets	_____

Changes in temporarily restricted net assets: -

3.11 Contributions, gifts, and bequests - Contributions, gifts, and bequests (temporarily restricted). Report the sum of these items.

3.12 Investment income - Investment income (temporarily restricted). Report income from temporarily restricted funds investments.

3.13 Net assets released from restriction - Net assets release from temporary restriction Report the total of the release.

3.14 Other - Other (temporarily restricted). The net of other changes in temporarily restricted funds not shown above.

3.15 Increase (decrease) in temporarily restricted net assets - The net total of 3.11 through 3.14. EPICS will calculate this value.

Changes in permanently restricted net assets:

3.21 Contributions, gifts, and bequests	_____
3.22 Investment income	_____
3.23 Net assets release from restriction	_____
3.24 Other	_____
3.25 Increase (decrease) in permanently restricted net assets	_____
3.31 Increase (decrease in net assets)	_____
3.32 Net assets, beginning of year	_____
3.33 Net assets, end of year	_____

Changes in permanently restricted net assets: -

3.21 Contributions, gifts, and bequests - Contributions, gifts, and bequests (permanently restricted). Report the sum of these items.

3.22 Investment income - Investment income (permanently restricted). Report income from permanently restricted funds investments.

3.23 Net assets release from restriction - Net assets release from permanently restriction Report the total of the release.

3.24 Other - Other (permanently restricted). The net of other changes in permanently restricted funds not shown above.

3.25 Increase (decrease) in permanently restricted net assets - The net total of 3.21 through 3.24. EPICS will calculate this value.

3.31 Increase (decrease in net assets) - Sum of 3.6, 3.15 and 3.25. EPICS will calculate this value.

3.32 Net assets, beginning of year - Net assets, beginning of year.

3.33 Net assets, end of year - EPICS will calculate this value.

4.0 Statement of Cash Flows

4.1 Net cash provided (used) by operating activities and gains	_____
4.2 Net cash provided (used) by investing activities	_____
4.3 Net cash provided (used) by financing activities	_____
4.4 Net increase (decrease in cash and cash equivalents	_____
4.5 Prior-year cash and cash equivalents	_____
4.6 Current-year cash and cash equivalents	_____

4.0 Statement of Cash Flows - Items 4.1 to 4.8 are from the audited statement of cash flows for the hospital. An obligated group holding assets and liabilities on behalf of the entity completing this Historical Filing should specify the amounts of such assets, liabilities, and related cash flows attributable to this entity. The data reported here should match your auditor's Changes in Cash Flows.

4.1 Net cash provided (used) by operating activities and gains - Report the net cash provided (used) by operating activities and gains as reported on the audited statement of cash flows. Any extraordinary gains or losses (e.g., when there is a bond defeasance) included in net income on the audited income statement should be excluded from Net Cash Provided (Used) by Operating Activities and Gains for this Historical Filing. If necessary, remove extraordinary effects from your audited statement's net cash provided (used) by operating activities and gains by adding back an extraordinary loss and subtracting an extraordinary gain.

4.2 Net cash provided (used) by investing activities - Report the net cash provided (used) by investing activities as shown on the audited statement of cash flows. Cash inflows from investing activities include, among other items, proceeds from sales of physical and financial assets and capital contributions from affiliates. Cash outflows include, among other items, purchases of plant, property and equipment, cash investments in physical and financial assets, and capital contributions to affiliates.

4.3 Net cash provided (used) by financing activities - Report net cash provided (used) by financing activities as shown on the audited statement of cash flows. Net cash provided (used) by financing activities includes, among other items, proceeds from the issuance of debt or sale of stock, payments made to reduce the principal of debt or capital lease obligations, repurchase of stock, and dividends paid.

4.4 Net increase (decrease in cash and cash equivalents - As reported on the audited statement of cash flows. It should be the sum of lines 4.1 through 4.3.

4.5 Prior-year cash and cash equivalents - As reported on the audited statement of cash flows.

4.6 Current-year cash and cash equivalents - As reported on the audited statement of cash flows. It should be the sum of lines 4.4 and 4.5 and should be the same as line 2.1a.

Items for information only-also included in items above

4.7 Interest paid on long-term debt	_____
4.8 Principal paid on long-term debt	_____

Items for information only-also included in items above -

4.7 Interest paid on long-term debt - This is an information line only, as this expense should be included above in line 4.1, Net Cash Provided (Used) by Operating Activities. Report interest on long-term debt that was paid during the report period. Include the interest portion of payments on capital leases.

4.8 Principal paid on long-term debt - This is an information line only, as these payments should be included above in line 4.3, Net Cash Provided (Used) by Financing Activities. Report actual cash payments of principal on long-term debt during the report period. Include the principal portion of payments on capital leases. Extraordinary gains or losses associated with payments of principal on long-term debt should not be included in this line. An obligated group holding assets and liabilities on behalf of the entity completing this Historical Filing should specify the related principal paid attributable to this entity. Principal payments on intra-company debt and on loans from stockholders are not arms-length transactions and should not be reported here.

5.0 Statistics

5.1 Bed Utilization by Patient Type:

	Licensed Beds	Staffed Beds	Available Days	Patient Days	Discharge Days	Discharges	Short Stay Discharges
a. Medical/Surgical							
b. Adult ICU							XXXXXX
c. Pediatric ICU							XXXXXX
d. Pediatric							
e. Obstetric							
f. Psychiatric							
g. Medical Rehabilitation							
h. Alcohol/Drug							
i. Hospice							
Total Hospital							
	CON Approved	**Staffed Bassinets**	**Available Days**	**Patient Days**	**Discharge Days**	**Discharges**	**Short Stay Discharges**
j. General care infant stations (report normal newborns here)							XXXXXX
k. Intermediate infant stations							XXXXXX
l. Specialty infant stations							XXXXXX
m. Subspecialty infant stations							XXXXXX
Total Bassinets							XXXXXX
n. Total excluding normal newborn activity							

Licensed Beds - Report the average number of beds during the report period by patient type. Compute this as an average of

the number of licensed beds on the first day of the report period and the number of licensed beds on the last day of the report period.

Staffed Beds - Report the average number of beds during the report period by patient type. Compute this as an average of the number of staffed beds on the first day of the report period and the number of staffed beds on the last day of the report period.

Staffed Beds is defined by the State Medical Facilities Plan as that portion of the licensed or approved beds that are immediately available to be occupied. Beds which are not available due to lack of staffing or renovation are excluded from this category.

Available Days - Determine the number of available bed days by calculating the number of days in the reporting period by the number of Licensed Beds in the patient type. In the case of a change in number of beds during the year, the date of the change will be factored into the calculation. Make use of the worksheet for more complex calculations.

Patient Days - Report the number of patient days of care provided during the report period by patient type. Exclude days in a nursing facility unit of the hospital, and exclude days in a regular (i.e., not intensive care) newborn nursery while the mother is still in the hospital. Total days by patient type should equal the sum of all patient days within the hospital during the report period. This should equal the census days.

Discharge Days - A summation of the TOTAL days of care given to each patient discharged during the report period. The discharge days for a particular patient may extend outside of the report period.

Discharges - Please include those discharged due to death or in a manner requiring a new admission to return. Transfers to other units within the facility are not discharges.

Short Stay Discharges - Report the number of Short Stay patient discharges for the period. An observation unit/status is a hospital outpatient who is provided with hospital services, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to evaluate the patient's condition or to determine the need for possible inpatient admission. A short-stay patient is not coded as an inpatient hospital stay or emergency room visit.

5.1a. Medical/Surgical - Organized facilities and services (excluding those for newborns) available for the care and treatment of patients not requiring specialized services. Include gynecological activity here but not obstetrics. Include the acute-care activity of Swing Beds here. Include Telemetry. Include Progressive Care Units (PCU), any units which have been established to care for seriously ill or injured patients who do not require the continuous level of care available in an intensive care unit.

5.1b. Adult ICU - Include all of the following for patients 15 years of age and older:
1. General intensive care units (ICUs), those units in which patients are concentrated, by reason of serious illness or injury, without regard to diagnosis. Special lifesaving techniques and equipment are immediately available, and patients are under continuous observation by nursing staff specially trained and selected for the care of this class of patient;
2. Cardiac care units (CCUs), special units staffed and equipped solely for the intensive care of cardiac patients;
3. Specialized intensive care units (SICUs), any units with specialized staff and equipment for the purpose of providing care to seriously ill or injured patients for selected categories of diagnoses. Examples include units established for burn care, trauma care, neurological care, and cardiac surgery recovery. This category of beds does not include neonatal intensive care units.

5.1c. Pediatric ICU - Include all of the following for patients younger than 18 years of age. Do not include Neonatal Intensive Care Unit (NICU) activity. NICU should be reported in j, k, and l.
1. General intensive care units (ICUs), those units in which patients are concentrated, by reason of serious illness or injury, without regard to diagnosis. Special lifesaving techniques and equipment are immediately available, and patients are under continuous observation by nursing staff specially trained and selected for the care of this class of patient;
2. Cardiac care units (CCUs), special units staffed and equipped solely for the intensive care of cardiac patients;
3. Specialized intensive care units (SICUs), any units with specialized staff and equipment for the purpose of providing care to seriously ill or injured patients for selected categories of diagnoses. Examples include units established for burn care, trauma care, neurological care, and cardiac surgery recovery.

5.1d. Pediatric - Organized facilities and services for regular use by patients younger than 18 years of age who are maintained as a separate and distinct unit. Newborn cribs and/or bassinets are excluded. Include pediatric progressive care units (PCUs), any units that have been established to care for seriously ill or injured patients who do not require the continuous level of care available in an intensive care unit.

5.1e. Obstetric - Organized facilities and services pertaining to pregnancy and delivery. Report only the activity for obstetrical activity here, not gynecological, which should be reported under Medical/Surgical.

5.1f. Psychiatric - Refers to the organized facilities and services available in hospital-designated units for the care and treatment of mental illness.

5.1g. Medical rehabilitation - Organized facilities and services for regular use by inpatients who have been admitted or transferred for restoration of normal form and function after injury or illness. In the case of an ill or injured patient, the goal is

restoration to self-sufficiency or to suitable gainful employment in the shortest possible time.

5.1h. Alchol/Drug - Organized facilities and services for the treatment and care of persons who are physically or psychologically dependent upon alcohol or other drugs including both detoxification and rehabilitation.

5.1i. Hospice - Organized facilities and services that form a coordinated program of inpatient and home care, providing palliative and supportive medical and other health services to terminally ill patients and their families.

CON Approved - Report the highest newborn service level as approved by Certificate of need (CON).

Staffed Bassinets - Report the average number of bassinets during the report period by newborn type. Compute this as an average of the number of staffed bassinets on the first day of the report period and the number of staffed bassinets on the last day of the report period.

Staffed Bassinets are that portion of the CON approved bassinets that are immediately available to be occupied. Bassinets which are not available due to lack of staffing or renovation are excluded from this category.

5.1j. General care infant stations - Infant stations, not otherwise designated on a hospital's approved licensure application, and capable of caring for newborns who weigh at least 2000 grams at birth or who have completed 34 weeks gestation. Stations will have the equipment and staff capability to immediately stabilize a sick newborn prior to transfer to an appropriate higher level nursing station.

(Note: Report normal newborn activity here)

5.1k Intermediate infant stations - Infant stations, so designated on a hospital's approved licensure application, and capable of caring for moderately ill neonates or stable-growing low birthweight neonates requiring only a weight increase to be ready for discharge. In addition to the capabilities required of the general-level newborn station, the intermediate stations shall have equipment and staff capabilities to provide controlled-temperature environments for each neonate, the insertion and maintenance of umbilical arterial lines, hood oxygen to 40%, continuous monitoring of blood oxygen, and assisted ventilation of a neonate in preparation for transport.

5.1l. Specialty infant stations - Infant stations, so designated on a hospital's approved licensure application, and capable of caring for high-risk neonates with specified neonatal illnesses. In addition to capabilities required of lower-level nurseries, the stations shall provide the equipment and staff capabilities to provide the following: maintenance of central arterial umbilical catheters or peripheral arterial lines, insertion and maintenance of chest tubes, administration of total parenteral nutrition (TPN), the maintenance of pressor medications, and the administration of surfactant and respiratory support including the maintenance of hood oxygen, continuous positive airway pressure (CPAP), and neonatal ventilation beyond the immediate stabilization period.

5.1m. Subspecialty infant stations - Infant stations, so designated on a hospital's approved licensure application, and capable of providing intensive care for critically ill, high-risk neonates with complex neonatal illnesses. Stations shall provide a full range of pediatric medical and surgical subspecialty services for critically ill neonates. The stations shall have the technical, equipment, and staff capabilities of all lower-level nurseries and the capability of caring for neonates born in its facility and those referred from lower-level nurseries, including maintaining a neonate on prostaglandin E1 (PgE1) and performing echocardiography evaluations.

5.2 Admissions and patient days (excl. newborn nursery) by payer:

Primary Payer	Admissions	Patient Days
a. Medicare		
b. Medicaid		
c. Other government		
d. Commercial		
e. Other		
f. Total (all payers)		

Primary Payer - Self-pay and charity care should be reported in line 5.2e, Other Payers.

Admissions - Report the number of patients accepted for inpatient service during the report period, by primary payer. Exclude

admissions in a nursing facility unit of the hospital. Exclude newborns born in the hospital, except those remaining in the hospital after the mother has been discharged. Patient transfers between patient care units within the hospital are not counted as admissions.

Patient Days - Report the days of inpatient care provided during the report period, by primary payer. Exclude patient days in a nursing facility unit of the hospital. Exclude newborns born in the hospital, except those remaining in the hospital after the mother has been discharged.

5.2a. Medicare - Report the activity for inpatients for which Medicare is the primary payer.

5.2b. Medicaid - Report the activity for inpatients for which Medicaid is the primary payer. Include Medicaid activity from capitated Medicaid health plans.

5.2c.Other government - Report the activity for inpatients for whom, CHAMPUS, SLH, Veterans Administration, or any other government program other than Medicare or Medicaid is the primary payer.

5.2d. Commercial - Report the activity for impatients for whom a commercial insurance company or self-funded employer is the primary payer.

5.2e. Other - Report the activity for inpatients whose primary payer is not listed above.

5.3 Total Discharges:	

5.3 Total Discharges - Report the number of patients actually discharged from the hospital. A newborn should be counted only if it is discharged after the mother has been discharged.

5.4 Hospital case mix index:

a. Medicare	
b. Medicaid	
c. Other government	
d. Non-government	
e. Overall case mix index	

5.4 Hospital case mix index: - At the time of discharge for each patient.

a. Medicare - Apply the Medicare case mix system to all Medicare discharges during the report period, excluding normal newborns. Then calculate an index for all Medicare discharges.

b. Medicaid - Apply the Medicare case mix system to all Medicaid discharges during the report period. Then calculate an index for all Medicaid discharges.

c. Other government - Apply the Medicare case mix system to all non-Medicaid and non-Medicare government (e.g., CHAMPUS, SLH, VA) discharges during the report period, excluding normal newborns. Then calculate an index for all other-govern-ment discharges.

d. Non-government - Apply the Medicare case mix system to all non-government discharges during the report period, excluding normal newborns. Then calculate an index for all non-government discharges.

e. Overall case mix index - Apply the Medicare case mix system to all discharges, except normal newborns, from the hospital during the report period. Include discharges from rehabilitation or psychiatric units. Then calculate an index for all discharges. (Note: VHI will use the 3M APR DRG for EPICS indicator calculations. If this value is available, report it here for more accurate indicator calculations.)

5.5 Full time equivalents:

	On Payroll		Contracted	
	FTEs	Labor Expenses	FTEs	Labor Expenses
a. Physicians				
b. PAs, Nurse Practitioners & CRNAs				
c. Registered Nurses				
d. LPNs				
e. Nurse Aides				
f. Other				
g. Total				

5.5 Full Time Equivalents - If there are staff positions shared between the hospital and a non-hospital activity (e.g., a nursing-home unit of the hospital),please report on this Hospital Historical Filing only that portion of the shared FTEs that are properly allocated to the hospital. (If this Filing is for a period with greater or fewer than 52 weeks in it, determine the number of FTEs for the period by dividing the total hours paid during the period by the appropriate number of standard work hours in the period, based on a standard of 40 hours per week. For example, if this filing is for a period of 26 weeks, calculate paid FTEs for this period by dividing the total number of paid hours during the 26-week period by 1040 (26 x 40) standard work hours.)

On Payroll - Calculate paid FTEs as the total number of hours paid (including worked hours, benefit hours divided by 2080 and rounded to one decimal place. If there are staff positions shared between the hospital and a non-hospital activity (e.g., a nursing-home unit of the hospital), please report on this Hospital Historical Filing only that portion of the shared FTEs that are properly allocated to the hospital.

Contracted - Calculate paid FTEs as the total number of contracted hours for agency personnel and paid hours for contracted services provided within the facility divided by 2080 and rounded to one decimal place. If a contracted expense is included on a single invoice without differentiation by skill levels, estimate the skill mix of FTEs by proportions using the payroll data.

FTEs - Calculate paid FTEs as the total number of hours paid (including worked hours, benefit hours divided by 2080 and rounded to one decimal place. If there are staff positions shared between the hospital and a non-hospital activity (e.g., a nursing-home unit of the hospital), please report on this Hospital Historical Filing only that portion of the shared FTEs that are properly allocated to the hospital.

Labor Expenses - Report the total amount from line 1.10 f. Total labor expenses less 1.10 c. Contract. Assign this amount to the appropriate employee rows.

FTEs - Calculate paid FTEs as the total number of hours paid (including worked hours, benefit hours divided by 2080 and rounded to one decimal place. If there are staff positions shared between the hospital and a non-hospital activity (e.g., a nursing-home unit of the hospital), please report on this Hospital Historical Filing only that portion of the shared FTEs that are properly allocated to the hospital.

Labor Expenses - Report the total amount from line 1.10 c. Contract labor expenses. Assign this amount to the appropriate employee rows. If a contracted expense is included on a single invoice without differentiation by skill levels, estimate the skill mix of expenses by proportions using the payroll data.

a. Physicians - Doctors of medicine (MD) or of osteopathy (DO) paid directly by the facility. Exclude courtesy and attending staff.

b. PAs, Nurse Practitioners & CRNAs - Registered nurses who have successfully completed a formal program of study designed to prepare registered nurses to provide primary health care through diagnosis, clinical judgment, and management abilities to restore, maintain and improve the health status of patients. These nurses are jointly licensed by the Board of Nursing and Board of Medicine. Included are nurse anesthetists, nurse-midwives and primary nurse practitioners.

c. Registered Nurses - Nurses who have graduated from approved schools of nursing who are currently registered by a State. They are responsible for the nature and quality of all nursing care that patients or residents receive. Do not include any registered nurses more appropriately reported in other occupational categories such as facility administrators.

d. LPNs - Nurses who have graduated from an approved school of practical (vocational) nursing who are currently licensed by the State and who work under the supervision of registered nurses and/or physicians.

e. Nurse Aides - Persons who, under the direct supervision of a registered/licensed nurse, assist the nursing staff by performing routine duties in caring for patients or residents.

f. Other long-term liabilities - Include all other staff.

5.6 Full time equivalents:

	Patient Care	Administrative/ Management	Other	Total
a. Physicians				
b. PAs, Nurse Practitioners & CRNAs				
c. Registered Nurses				
d. LPNs				
e. Nurse Aides				
f. Other				
g. Total				

5.6 Full Time Equivalents by Service - The following categories, Patient Care, Administrative/Management, and Other are exclusive and exhaustive sets. Therefore all employees must be classified into one of these three and no one should be classified into more than one category. If a person's job is split into two separate functions in such a way that it could be classified in more than one category, then estimate the proportion of the FTE that could be allocated to each category.

Patient Care - The number of hospital FTEs, both on payroll and under contract, who provide care directly to hospital patients related to diagnostic and therapeutic purposes. This should include any FTE who comes into direct contact with a patient as a normal function of their duties. For example, physicians, nursing staff, therapist, technicians.

Administrative/Management - The number of FTEs, both on payroll and under contract, who provide administrative or management services related to enterprise management, facility management, patient care management, information management, and people management. For example, officers (CEO, COO, CFO, CIO, CNO/etc.) and their staff, department heads, supervisor/program directors, business office, admissions and accounting staff, utilization management/quality assurance staff.

Other - This category should include everyone who is not included in Patient Care or Administrative/Management. For example, building and grounds, plant maintenance, hospital equipment personnel, food service, housekeeping service, materials supply and distribution. This should include only those FTEs who do not come into direct contact with patients as a normal function of their duties.

a. Physicians - Doctors of medicine (MD) or of osteopathy (DO) paid directly by the facility. Exclude courtesy and attending staff.

b. PAs, Nurse Practitioners & CRNAs - Registered nurses who have successfully completed a formal program of study designed to prepare registered nurses to provide primary health care through diagnosis, clinical judgment, and management abilities to restore, maintain and improve the health status of patients. These nurses are jointly licensed by the Board of Nursing and Board of Medicine. Included are nurse anesthetists, nurse-midwives and primary nurse practitioners.

c. Registered Nurses - Nurses who have graduated from approved schools of nursing who are currently registered by a State. They are responsible for the nature and quality of all nursing care that patients or residents receive. Do not include any registered nurses more appropriately reported in other occupational categories such as facility administrators.

d. LPNs - Nurses who have graduated from an approved school of practical (vocational) nursing who are currently licensed by the State and who work under the supervision of registered nurses and/or physicians.

e. Nurse Aides - Persons who, under the direct supervision of a registered/licensed nurse, assist the nursing staff by performing routine duties in caring for patients or residents.

6.0 Admissions, Discharges, and Days

6.1 Nuclear Medicine Imaging:

	Imaging Systems	Patient Visits		Procedures	
		Inpatient	Outpatient	Inpatient	Outpatient
a. Planar Imaging					
b. SPECT					
c. PET - Stationary					
d. PET - Mobile					

Mobile PET Unit's Vendor Name	Average Half Days per week at this facility

Imaging Systems - Report the number of systems available for Nuclear Medicine Imaging.

Inpatient - A visit by one inpatient, which may include multiple procedures.

Outpatient - A visit by one outpatient, which may include multiple procedures.

Inpatient - A single procedure identified by a distinct ICD9 or CPT code performed on an inpatient. There may be multiple procedures performed on a single patient during each patient visit.

Outpatient - A single procedure identified by a distinct ICD9 or CPT code performed on an outpatient. There may be multiple procedures performed on a single patient during each patient visit.

b. SPECT - Single Photon Emission Computed Tomography (SPECT) - A nuclear medicine imaging technique in which data on the activity of a single-photon emitting radionuclide is gathered at 180 to 360 degrees of arc by a single or multiple crystal detector which, with the aid of a computer, creates three-dimensional images from the data.

c. PET - Stationary - Positron Emission Tomography (PET) - A non-invasive diagnostic procedure that involves injecting positron-emitting radio pharmaceuticals into the body and observing the body's physiological and biochemical processes to these radio pharmaceuticals by utilizing a specialized imaging machine serving only this one facility.

d. PET - Mobile - A non-invasive diagnostic procedure that involves injecting positron-emitting radio pharmaceuticals into the body and observing the body's physiological and biochemical processes to these radio pharmaceuticals by utilizing a specialized imaging machine owned by a vendor and operated at this facility part time. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

Mobile PET Unit's Vendor Name - Please supply the vendor's name.

Average Half Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

6.2 Computed Tomography (CT):

		Inpatient Procedures			Outpatient Procedures		

	Number of Units	With Contrast	Without Contrast	Dual Studies	Inpatient Visits	With Contrast	Without Contrast	Dual Studies	Outpatient Visits
a. Stationary CT Units at this facility									
b. Mobile CT Units operating at this facility									

Mobile CT Unit's Vendor Name	Average Half Days per week at this facility

Number of Units - Report the number of stationary units available for CT Imaging.

Inpatient Visits - Total inpatient visits where one or more procedures were performed

Outpatient Visits - Total outpatient visits where one or more procedures were performed

- A unit serving only this one facility

- A unit owned by a vendor and operated at this facility part time. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days

Inpatient with Contrast - The gathering of data by utilizing a single inpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as With Contrast.

Inpatient without Contrast - The gathering of data by utilizing a single inpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as Without Contrast.

Inpatient Dual Studies - The gathering of data by utilizing a single inpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as Dual Study, consisting of two parts, one without contrast and one with contrast.

Outpatient with Contrast - The gathering of data by utilizing a single outpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as With Contrast.

Outpatient without Contrast - The gathering of data by utilizing a single outpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as Without Contrast.

Outpatient Dual Studies - The gathering of data by utilizing a single outpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as Dual Study, consisting of two parts, one without contrast and one with contrast

Mobile CT Unit's Vendor Name - Please supply the vendor's name.

Average Half Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

6.3 Magnetic Resonance Imaging (MRI):

	Units	Patient Visits		Procedures	

		Inpatient	Outpatient	Inpatient	Outpatient
a. Stationary MRI Units at this Facility					
b. Mobile MRI Units Operating at this Facility					

Mobile MRI Unit's Vendor Name	Average Half Days per week at this facility

6.3 Magnetic Resonance Imaging (MRI) - The construction of images through the detection and computer analysis of minute changes in magnetic properties of atomic particles within a strong magnetic field in response to the transmission of selected radio-frequency pulse sequences. Also referred to as nuclear magnetic resonance (NMR) imaging. Do not report a given study in more than one combination of these categories. Please enter zeroes where applicable.

Units - Report the number of units available for Magnetic Resonance Imaging.

Patient Visits - Inpatient - The gathering of data during a single inpatient visit from which one or more magnetic resonance images may be constructed of a single anatomical region for the purpose of reaching a definitive clinical diagnosis. MRI studies are classified as either proton studies (the gathering of data specific to hydrogen nuclei) or other studies (the gathering of data specific to atomic particles other than protons or other applications such as spectroscopic analysis).

Patient Visits - Outpatients - The gathering of data during a single outpatient visit from which one or more magnetic resonance images may be constructed of a single anatomical region for the purpose of reaching a definitive clinical diagnosis. MRI studies are classified as either proton studies (the gathering of data specific to hydrogen nuclei) or other studies (the gathering of data specific to atomic particles other than protons or other applications such as spectroscopic analysis).

Procedures - Inpatient - The total number of procedures identified by a distinct ICD-9 or CPT code performed on all inpatients during the report period.

Procedures - Outpatient - The total number of procedures identified by a distinct ICD-9 or CPT code performed on all outpatients during the report period.

a. Stationary MRI Units at this facility - A unit serving only this one facility.

b. Mobile MRI Units operating at this facility - A unit owned by a vendor and operated at this facility part time. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

Mobile MRI Unit's Vendor Name - Please supply the vendor's name.

Average Half Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

6.4 Therapeutic Radiology:

	Number of Machines	New Courses of Treatment	Treatment Visits		Fields Treated
			Inpatient	Outpatient	
a. Variable (Superficial/Orthovoltage)					
b. Cobalt and Linear Accelerator without Stereotactic Radiosurgery (SR) Capability					
c. Linear Accelerator with SR Capability					

d. Gamma Knife					

6.4 Therapeutic Radiology - The delivery of a prescribed overall dose of radiation to the patient's tumor by use of radioactive sources placed in the tumor region for a prescribed period of time or by directing a beam of ionizing radiation, an external source, towards the tumor region in a series of treatment fractions

Number of Machines - The number of machines in use in the delivery of radiation.

New Courses of Treatment - The number of patient therapy programs initiated during the reporting period.

Inpatient Treatment Visits - The number of distinct inpatient visits during the reporting period each of which consists of the delivery of a treatment fraction to the patient's tumor (treatment visits equal treatment fractions.)

Outpatient Treatment Visits - The number of distinct outpatient visits during the reporting period each of which consists of the delivery of a treatment fraction to the patient's tumor (treatment visits equal treatment fractions.)

Fields Treated - The total number of different beams of radiation directed toward tumor regions during the reporting period. The number of fields treated should be equal to or greater than the number of visits.

a. Varible (Superficial/Orthovoltage) - Superficial radiation therapy unit - a machine that generates x-rays with an energy range of 85-180 kilovolts and is used to treat lesions on the surface or just below the skin. Orthovoltage radiation therapy unit - a machine that generates x-rays with an energy range of 200-400 kilovolts. Although these machines have been largely replaced by electron beams from megavoltage radiation therapy units, they are sometimes used for treatment of shallow lesions.

b. Cobalt and Linear Accelerator without sterotactic radiosurgery (SR) capability - A machine, including electron linear accelerators and Cobalt-60 teletherapy units, used to generate ionizing radiation with an energy range of 2-50 megavolts, or millions of electron volts (MeV). Linear accelerators (linacs) may provide both directly ionizing radiation (electrons) and indirectly ionizing radiation (x-rays) to produce a desired radition therapy treatment plan. Do not include those procedures done on a machine with stereotactic radiosurgery capability in this category.

c. Linear Accelerator with SR capability - A machine used to generate ionizing radiation with an energy range of 2-50 megavolts, or millions of electron volts (MeV). Linear accelerators (linacs) may provide both directly ionizing radiation (electrons) and indirectly ionizing radiation (x-rays) to produce a desired radiation therapy treatment plan. Include those procedures done on a machine with stereotactic radiosurgery capability in this category. Stereotactic radiosurgery is a noninvasive therapeutic procedure in which narrow beams of radiant energy are directed at the treatment target so as to produce tissue destruction using computerized tomography, radiography, magnetic resonance imaging, and angiography for localization. Cranial stereotactic radiosurgery may be performed with either a linear accelerator (xX-rRays) or a gamma-knife (Cobalt-60 gamma rays), and the immobilzation of the head may be performed with an invasive frame for single treatments or with a relocatable frame or mask for multiple treatments. Stereotactic radiosurgery is generally a single treatment and stereotactic radiotherapy implies multiple treatment deliveries.

d. Gamma Knife - Gamma knife or gamma unit - a stereotactic radiosurgical instrument with cobalt 60 sources arrayed in a semicircular arc so that they may be very precisely focused and the radiation dose may be very precisely distributed permitting treatment in neurosurgical cases where the site is inaccessible or otherwise unsuitable for other invasive methods. Medical linear accelerators with the proper accessories may perform stereotactic radiosurgical procedures identical to those of a gamma knife.

6.5 Cardiac Catheterization:

	Cardiac Catheterization Laboratories		**Diagnostic Cardiac Catheterization Patient Visits**		**Therapeutic Cardiac Catheterization Patient Visits**		**Diagnostic and Therapeutic Cardiac Catheterization Patient Visits in the same session**		**Non-Cardiac Patient Visits in Catheterization Laboratories**	
	Stat	**Mobile**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**
a. Adult										
b. Pediatric	**XXXXXX**	**XXXXXX**								

Mobile Cardiac Catheterization Lab's Vendor Name	Average Half Days per week at this facility

Stationary - Laboratories serving only this one facility dedicated to the passage of a small catheter through a vein in an arm, leg or the neck and into the heart. All Adult and Pediatric Laboratories should be combined and reported under Adult Laboratories.

Mobile - Laboratories owned by a vendor and operated at this facility part time dedicated to the passage of a small catheter through a vein in an arm, leg or the neck and into the heart. All Adult and Pediatric Laboratories should be combined and reported under Adult Laboratories. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

Diagnostic Cardiac Catheterization Patient Visits - Number of diagnostic only visits performed during the reporting period permitting the securing of blood samples, determination of intra-cardiac pressure, and detection of cardiac anomalies. Report inpatient and outpatient activity separately.

Therapeutic Cardiac Catheterization Patient Visits - Number of therapeutic only visits performed during the reporting period such as percutaneous transluminal coronary angioplasty. Report inpatient and outpatient activity separately.

Diagnostic and Therapeutic Cardiac Catherization Patient Visits in the Same Session - Number of combined diagnostic and therapeutic visits during the reporting period such as percutaneous transluminal coronary angioplasty. Report inpatient and outpatient activity separately.

Non-Cardiac Patient Visits in Catheterization Laboratories - As an example pace makers, renal angioplasty and EP studies, etc. Report inpatient and outpatient activity separately.

a. Adult - The treatment of patients 15 years of age and older.

b. Ped - The treatment of patients under 15 years of age.

Mobile Cardiac Catheterization Lab's Vendor Name - Please supply the vendor's name.

Average Hald Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

6.6 Extracorporeal Shock Wave Lithotripsy:

	Lithotripsy Machines		Lithotripsy Patient Visits	
	Stationary	Mobile	Inpatient	Outpatient
a. Renal Lithotripsy				
b. Gall Stone Lithotripsy				
c. Orthotripsy				
d. Total Lithotripsy				

Mobile Lithotripsy Machine's Vendor Name	Average Half Days per week at this facility

6.6 Extracorporeal Shock Wave Lithotripsy - Extracorporeal Shock Wave Lithotripsy. The use of shock waves produced outside the body to fragment stony matter without requiring an incision

Stationary Lithotripsy Machines - The number of machines serving only this one facility

Mobile Lithotripsy Machines - The number of machines owned by a vendor and operated at this facility part time. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

Lithotripsy Inpatient Visits - The number of distinct inpatient visits during the reporting period each consisting of any number of procedures.

Lithotripsy Outpatient Visits - The number of distinct outpatient visits during the reporting period each consisting of any number of procedures.

a. Renal Lithotripsy - Fragmentation of kidney stone including those in upper urinary tract. The use of shock waves produced outside the body to fragment stones in the kidney or upper urinary tract.

b. Gall Stone Lithotripsy - The use of shock waves produced outside the body to fragment stones in the gall bladder.

c. Orthotripsy - The use of shock waves produced outside the body in the treatment of any orthopedic condition.

Mobile Cardiac Catheterization Lab's Vendor Name - Please supply the vendor's name.

Average Half Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

7.0 Surgical Facilities

7.1 Surgical Facilities and Use:

	Rooms			**Cases**		**Hours** (cut to end of suture)		**Hours** (prep and clean up)	
	Operating	**Exclusive Use**	**Procedure**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**
a. General									
b. Cystoscopic									
c. Endoscopic									
d. Cardiac Surgery - Adult			**XXXXXX**						
e. Cardiac Surgery - Pediatric			**XXXXXX**						
f. Trauma									
g. Ambulatory Surgical				**XXXXXX**		**XXXXXX**		**XXXXXX**	

h. Other Minor Excisions									
Total Operation Rooms									

7.1 Surgical Facilities and Use - Please indicate whether each facility and service listed below is actually available within your hospital. If services are contracted answer “yes” only if the services are provided within your facility.

Operating Rooms - A room specifically designed for the performance of most types of surgical procedures, but especially for those involving administration of anesthesia, multiple personnel, recovery room access and a fully controlled environment.

Procedure Rooms - Number of rooms capable of being equipped and staffed for a broad range on minor procedures (i.e. EGU Colonoscopy, ERCP, EUS, TEE’s, PEG tube placement and minor surgeries.)

Exclusive Use Rooms - Number of operating rooms reserved exclusively for one type of procedure.

Inpatient Cases - Number of sessions for one inpatient in one room, which may involve several procedures identified by a distinct ICD9 or CPT code during the reporting period for the specified surgery.

Outpatient Cases - Number of sessions for one outpatient in one room, which may involve several procedures identified by a distinct ICD9 or CPT code during the reporting period for the specified surgery.

Inpatient Hours - Count the actual elapsed the time from cut to end of suture for all inpatient procedures.

Outpatient Hours - Count the actual elapsed the time from cut to end of suture for all outpatient procedures.

a. General - Include general surgical activity as well as any surgery that is not included in the rows below.

b. Cystoscopic - The use of a cystoscope to examine the bladder or ureter.

c. Endoscopic - The use of a flexible or rigid scope with an optical system for observing the inside of a hollow organ or cavity.

d. Cardiac Surgery - Adult - Use of a heart-lung-bypass machine to perform the function of circulation during surgery on patients 15 years of age and older, using or including use of heart-lung-bypass machine to perform the function of circulation.

e. Cardiac Surgery - Pediatric - Use of a heart-lung-bypass machine to perform the function of circulation during surgery Surgery on patients under 15 years of age. using or including the use of a heart-lung-bypass machine to perform the function of circulation.

f. Trauma - Immediately available 24 hours a day for trauma surgery as required to meet the criteria for Trauma Center (Levels I and II) designation by the Department of Health.

g. Ambulatory Surgical - Separate, distinct operating room especially dedicated to ambulatory surgery.

h. Other Minor Exisions - Minor excisions not covered above.

7.2 Emergency Department

7.2 Emergency Department - Organized facilities and services of the hospital for the provision of emergency outpatient services for conditions considered to require immediate care. Unit must be staffed 24 hours a day by a registered nurse or a physician.

7.21 Capability

a. Does your hospital have an Emergency Department (ED)?	Yes / No
	Yes / No

b. Is your facility a member of the American Association of Poison Control Centers?

7.22 Patients Presented to the ED

Number of patients attended to in the ED for each of the following conditions:

a. Medical Emergencies (exclude those specified below)	_____
b. Trauma (all injuries except burns)	_____
c. Cardiac Emergencies	_____
d. Burns	_____
e. Prenatal Emergencies (OB and neonatal)	_____
f. Toxic exposures (drug, chemical, bites/stings)	_____
g. Behavioral Emergencies (psychiatric, drug, alcohol)	_____
h. Level I (specify)	_____
- Level I amount	_____
i. Total Emergency Department Visits	_____
j. Private Physician Visits	_____
k. Other (not included above)	_____
- Other amount	_____
Total number of patients attended to in the ED	_____

f. Toxic exposures (drug, chemical, bites/stings) - An accidental exposure via any route (ingestion, inhalation, dermal, ocular, etc.) to a drug or substance considered potentially poisonous.

7.23 Inpatient Admissions from the ED

7.23 Inpatient Admissions from the ED - Of the total ER visits reported in 7.22I above, report the number admitted into inpatient services.

ED patients admitted into inpatient services

a. Medical/Surgical	_____
b. Intensive Care Unit (except neonatal ICU)	_____
c. Neonatal Intensive Care Unit	_____
d. Obstetric Unit	_____
e. Pediatric Unit	_____
f. Psychiatric Unit	_____
g. Other (specify)	_____
- Other amount	_____
Total	_____

7.24 Total ED Visits

Of the total ED Visits:

a. What number arrived my ambulance?	_____
b. Were transferred in to your ED from another hopsital?	_____
c. Were transferred out from your ED to another hosital?	_____
d.What number died in your ED?	_____
e. What number were dead on arrival at your ED?	_____

8.0 Hospital Services Offered

8.1 Clinical Laboratories

a. Is there a Clinical Laboratory in the hospital staffed 24/7?	Yes / No
b. If no clinical lab., do you have an agreement with anoher facility to use its services?	Yes / No

a. Is there a Clinical Laboratory in the hospital staffed 24/7? - Examination of materials derived from the human body for the purpose of providing information on diagnosis, prevention, or treatment of disease. Includes examinations in the fields of hematology, chemistry, microbiology, sero-immunology, clinical microscopy, and related services.

8.2 Psychiatric/Substance Abuse

a. Are Psychiatric/Substance Abuse emergency services avaiable 24/7?	Yes / No
b. Are these services seperated from the general Emergency Department?	Yes / No

a. Are Psychiatric/Substance Abuse emergency services avaiable 24/7? - Organized facilities and services of the facility for the provision of general psychiatric and/or substance abuse care on an outpatient basis. The staff must be available 24 hours a day.

8.3 Ancillary Services

a. Is Respiratory Therapy available	Yes / No
b. Is Physical Therapy available	Yes / No
c. Is Occupational Therapy available	Yes / No
d. Is Speech Therapy available	Yes / No
e. Are Audiological Services available	Yes / No
f. Are Dental Services available	Yes / No
g. Are Podiatry Services available	Yes / No
h. Are Social Work Services available	Yes / No
i. Is Genetic Counseling Service available	Yes / No
j. Is Chemotherapy available	Yes / No
k. Is Chronic Renal Dialysis available	Yes / No
l. Is there an Organized Hospice Program available	Yes / No
m. Is Pre-admission Testing Program available	Yes / No
n. Is there an In Vitro Fertilization Program available	Yes / No
o. Is Hyperbaric Therapy available	Yes / No
p. Is there a Pain Management Program offered	Yes / No
q. Are Cardiac Rehabilitation Services offered	Yes / No
r. Are Pulmonary Rehabilitation Services offered	Yes / No
s. Is a Sleep Lab available	Yes / No
t. Are there Chaplain Services offered	Yes / No
u. Is there a Wound Clinic	Yes / No

8.3 Ancillary Services - Answers to the following questions should not be based on whether a patient can receive the service based on a physician referral, but on whether an organized program or service exists on your site.

a. Is Respiratory Therapy available - A separately organized department providing respiratory therapy services to patients.

b. Is Physical Therapy available - Facilities and services for the provision of physical therapy services prescribed by physicians and administered by, or under the direction of, a qualified therapist.

c. Is Occupational Therapy available - Facilities and services for the provision of occupational therapy services prescribed by a physician and administered by, or under the direction of, a qualified therapist.

d. Is Speech Therapy available - Facilities and services which, through a speech therapist, provide services on a routine basis to inpatients or outpatients who have speech defects.

e. Are Audiological Services available - Facilities and services which, through an audiologist, provide services on a routine basis to inpatients or outpatients who have hearing defects.

f. Are Dental Services available - An organized dental service, not necessarily involving special facilities, that provides dental or oral services for inpatients or outpatients.

g. Are Podiatry Services available - Facilities and services that deal with the study and care of the foot including its anatomy, pathology, medical and surgical treatment, etc.

h. Are Social Work Services available - Facilities and services for the provision of social services under the direction of a qualified social worker.

i. Is Genetic Counseling Service available - A service under a qualified physician with adequate laboratory facilities to advise parents and prospective parents of potential problems in cases of genetic defects.

j. Is Chemotherapy available - Treatment of oncological disease by use of drugs and chemicals.

k. Is Chronic Renal Dialysis available - Provision of equipment and personnel for the treatment of renal insufficiency.

l. Is there an Organized Hospice Program available - A home-care and/or inpatient service organized to provide psychological support and palliative care for terminally ill patients and their families. Care is provided by persons trained in the care of the dying and management of symptoms rather than treatment of the disease is stressed.

m. Is Pre-admission Testing Program available - A recognized policy of the hospital that permits or encourages patients who are scheduled for admission to the hospital to receive prescribed laboratory or X-Ray tests prior to impatient admission either in the hospital's clinics and ancillary services department or in other settings.

n. Is there an In Vitro Fertilization Program available - A program involving fertilization of the ova performed outside the living body and in an artificial environment

o. Is Hyperbaric Therapy available - A program for treating conditions with concentrated oxygen in a specially designed chamber.

8.4 Labor and Delivery

a. Is Emergency Cesarean Section Capability within 30 Minutes on a 24 hour basis	Yes / No
b. Is Internal Fetal Monitoring available	Yes / No
c. Is there a Board Certified or Eligible Pediatrician	Yes / No
d. Is there a Board Certified or Eligible Obstetrician on active staff	Yes / No
e. Are there LDRs available	Yes / No
f. Are there LDRPs available	Yes / No
g. Report the number of deliveries in the reporting period (live births only)	_____

a. Is Emergency Cesarean Section Capability within 30 Minutes on a 24 hour basis - A surgical incision through the abdominal wall and uterus performed to extract a fetus.

b. Is Internal Fetal Monitoring available - The surveillance of the fetal heart and uterine activity by using an electrode attached directly to the fetus.

c. Is there a Board Certified or Eligible Pediatrician - Board Eligible Pediatrician. A physician who has completed the residency requirements of the American Academy of Pediatrics (AAP) and is waiting to take the examination required by the AAP. - Board Certified Pediatrician. A physician who has completed the residency requirements of the American Academy of Pediatrics (AAP) and passed the examination required by the AAP.

d. Is there a Board Certified or Eligible Obstetrician on active staff - Board Eligible Obstetrician. A physician who has completed the residency requirements of the American College of Obstetricians and Gynecologists (ACOG) and is waiting to take the examination required by the ACOG. - Board Certified Obstetrician. A physician who has completed the residency requirements of the American College of Obstetricians and Gynecologists (ACOG) and passed the examination required by the ACOG.

e. Are there LDRs available - Labor, delivery and recovery room.

f. Are there LDRPs available - Labor, delivery, recovery and postpartum room.

g. Report the number of deliveries in the reporting period (live births only) - Report the number of live birth deliveries during the period covered by this report.

8.5 Hospital Based Health-related Career Programs

8.5 Hospital Based Health-related Career Programs - Do not include programs that you contract with colleges or universities to provide clinical training.

Are the following educational programs offered to the general public?

a. Administrative Internship/Residency	Yes / No
b. Advanced Cardiac Life Support	Yes / No
c. Advanced Trauma Life Support (ATLS)	Yes / No
d. Angiography/Special Proc. Tech.	Yes / No
e. Basic Cardiac Life Support	Yes / No
f. Cardiac/Vascular Imaging Tech.	Yes / No
g. Cardiovascular Technician	Yes / No
h. Chaplain Residency	Yes / No
i. Computerized Tomography/MRI Tech.	Yes / No
j. CPR Instructor	Yes / No
k. Dialysis Technician	Yes / No
l. Electrocardiograph Tech.	Yes / No
m. Emergency Medical Tech. (Basic)	Yes / No
n. Emergency Medical Tech. (Advanced)	Yes / No
o. EMT Refresher	Yes / No
p. First Aid	Yes / No
q. Geriatric Aide	Yes / No
r. Home Health Aide	Yes / No
s. Licensed Practical Nurse	Yes / No
t. Medical Asst./Med. Office Assistant	Yes / No
u. Medical Lab. Technician	Yes / No
v. Medical Records Technician	Yes / No
w. Medical Transcription	Yes / No
x. Nuclear Medicine Tech.	Yes / No
y. Nurse's Aide	Yes / No
z. Nurse Anesthetist	Yes / No
aa. Occupational Therapy Assistant	Yes / No
ab. Operating Room Technician	Yes / No
ac. Pediatric Advanced Life Support (PALS)	Yes / No
ad. Pharmacy Tech.	Yes / No
ae. Phlebotomist	Yes / No
af. Physical Therapy Assistant	Yes / No
ag. Psychiatric & Mental Health Aides	Yes / No
ah. Radiation Therapy Tech.	Yes / No
ai. Radiologic Tech.	Yes / No
aj. Registered Nurse	Yes / No
ak. Respiratory Therapist	Yes / No
al. Respiratory Therapy Technician	Yes / No
am. Surgical Services Technician	Yes / No
an. Telemetry (Monitor Technician)	Yes / No
ao. Ward/Unit Secretary	Yes / No

9.0 Accreditation

a. Accreditation for Joint Commission	Yes / No
b. Accreditation for AAAASF	Yes / No
c. Other Accreditation	_____
d. Special Quality Awards	_____

a. Accreditation for Joint Commission - The Joint Commission on Accreditation of Healthcare Organizations, Inc.

b. Accreditation for AAAASF - American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

c. Other Accreditation - Other national accrediting organization(s) not listed.

d. Special Quality Awards - Service awards received from nationally known quality organizations.

Full: The entity is currently in compliance with all standards or has successfully addressed all requirements for improvement to the satisfaction of the accrediting organization. The entity has received a current notice from the accrediting organization that it has met the organization's standards and is in compliance.

Conditional (or Provisional): The entity is not in substantial compliance with the standards as determined by the accrediting organization or has failed to successfully address all requirements for improvement as required by the accrediting organization. The entity has received notice from the accrediting organization that it has failed to earn full accreditation and is not in compliance with the organizations standards.

None: The entity has not applied to any national accrediting organization for accreditation.

9.1 Specialty Units

a. Trauma Units	Yes / No
b. Burn Unit	Yes / No
c. Stroke Unit	Yes / No
d. Ventilator Unit	Yes / No

a. Trauma Units - i. Level I Trauma Centers must have an organized trauma response and are required to provide total care for every aspect of injury, from prevention through rehabilitation. These facilities must have adequate depth of resources and personnel with the capability of providing leadership, education, research, and system planning.

ii. Level II Trauma Centers must have an organized trauma response and are also expected to provide initial definitive care, regardless of the severity of injury. The specialty requirements may be fulfilled by on call staff, that are promptly available to the patient. Due to limited resources, Level II centers may have to transfer more complex injuries to a Level I center. Level II centers should also take on responsibility for education and system leadership within their region.

iii. Level III Trauma Centers, through an organized trauma response, can provide prompt assessment, resuscitation, stabilization, emergency operations and also arrange for the transfer of the patient to a facility that can provide definitive trauma care. Level III centers should also take on responsibility for education and system leadership within their region.

b. Burn Unit - A recognized multidisciplinary health care unit or center providing care and treatment to burn victims. A burn is a form of traumatic injury caused by thermal, electrical, chemical, or radioactive agents.

c. Stroke Unit - A recognized multidisciplinary health care unit or center providing care and treatment to stroke victims. Stroke victims are characterized by a sudden loss of brain function caused by blockage or rupture of a blood vessel to the brain, loss of muscular control, diminution or loss of sensation or consciousness, dizziness, slurred speech or other symptoms that vbary with the extent and severity of the damage to the brain. Also called a cerebral accident, or cerebrovascular accident.

d. Ventilator Unit - A recognized multidisciplinary health care unit or center providing care and treatement to patients on ventilators. A ventilator is a mechanical device that functions as a substitute of the bellows action of the thoracic cage and diaphragm and is used when a patient is unable to maintain safe levels of oxygen or carbon dioxide by spontaneous breathing even with the assistance of other oxygen delivery devices.