



TEST PRACTICE GREENHEALTH - HEALTHCARE FACILITY
WITH BEDS AND ORS #3 — no.1707362

Partner for Change - 2016: Profile

Facility Profile Information

You may submit **either** a Partner Recognition or a Partner for Change application, **not both**. If you are having trouble deciding which application is more appropriate for your facility, please contact the [Awards Team](#), or contact your PGH Facility Engagement Liaison.

1. What type of hospital are you?

Specialty

Reference: [Joint Commission](#).

1.a Please indicate which type of specialty hospital

Other

Reference: [US Government Accounting Office \(GAO\) Report on Specialty Hospitals](#).

1.a.a Please describe:

2. Is the facility a **Critical Access Hospital (CAH)**?

- Yes
 No

CAHs are rural community hospitals that receive cost-based reimbursement and meet defined criteria outlined in the Conditions of Participation 42DFR485. Learn more [here](#).

3. Is the facility an academic medical center/teaching hospital

- Yes
 No

Reference: [AAMC Teaching Hospitals and Health Systems](#)

3.a Does the organization include onsite research facilities?

- Yes

No

4. How does the organization plan to **provide financial and environmental data**:

Other

Practice Greenhealth prefers **calendar year data** but allows fiscal year data for all categories other than Energy and Climate, which both **now require** calendar year data.

4.a Start date:

fbhzfdhx

4.b End date:

Please indicate the following demographic information for the organization:

5. Adjusted Patient Days per year:

APD = (Total **Patient Days**)*(Total Patient Revenue/Inpatient Revenue), where Total Patient Revenue = Inpatient + Outpatient Revenue.

6. Patient Days per year:

Licensed beds	Staffed beds (includes specialty, long term and other)
7. <input type="text"/>	8. <input type="text"/>

9. Does the facility have a neonatal intensive care unit (NICU) onsite?

- Yes
 No

9.a Number of NICU beds (subset of Staffed Beds):

10. Are any of the facility's staffed beds licensed for (and currently being used for) long term care?

- Yes
- No

10.a Number of Long Term Care beds (subset of Staffed Beds):

11. Number of **Operating Rooms**:

12. Number of **Operating Room Procedures** per year:

13. Does the facility have a transplant center?

- Yes
- No

See a complete list of [US hospitals with transplant centers](#).

14. What is the organization's annual **Case Mix Index (CMI)** for this award year?

Administration should be able to provide the organization's CMI. For more information see: [California Office of Statewide Health Planning & Development Healthcare Information Division: Case Mix Index](#).

15. Is there any **additional information** you would like to share to clarify the organization's operations/functions or what kind of institution you typically would **compare yourself against**?

16. Please list the number of **Full Time Equivalent (FTE)** workers for your organization:

The Number of **Full Time Equivalent** (FTE) workers should be computed as the total number of hours worked by all workers in a week divided by the standard hours worked by one full time worker in a week. Workers *may include* employees of the property, sub-contractors who are onsite regularly, and volunteers who perform regular onsite tasks. Workers should *not include* visitors to the property such as clients, customers, or patients.

Reference: [EnergyStar Portfolio Manager](#)

17. How many **contracted or clinical employees** work at the facility? (not included in FTE number above)

Please include **physicians, medical students, residents and contracted employees** in areas such as EVS, Food & Pharmacy.

18. Is your facility enrolled in a Healthier Hospitals challenge?

- Yes
 No
-

18.a Which Challenge(s)?

- Engaged Leadership
 Less Waste
 Safer Chemicals
 Healthier Food
 Smarter Purchasing
 Leaner Energy
-

18.a.a Please select which Engaged Leadership Goals you have committed to:

- Goal 1: Making the Case for a Formal Environmental Stewardship Program
 Goal 2: Infrastructure for Environmental Stewardship
-

18.a.b Please select which Less Waste Goals you have committed to:

- Goal 1: Developing a Waste Baseline & Regulated Medical Waste Reduction
 Goal 2: Developing a Waste Baseline & Recycling
 Goal 3: Construction & Demolition Debris Recycling
-

18.a.c Please select which Safer Chemicals Goals you have committed to:

- Goal 1: Green Cleaning
 Goal 2: DEHP and PVC Reduction
 Goal 3: Healthy Interiors
-

18.a.d Please select which Healthier Food Goals you have committed to:

- Goal 1: Less Meat, Better Meat
 Goal 2: Local and Sustainable Foods
-

18.a.e Please select which Smarter Purchasing Goals you have committed to:

- Goal 1: Surgical Kit Review
 Goal 2: Single Use Device Reprocessing
 Goal 3: Greener Electronics
-

18.a.f Please select which Leaner Energy Goals you have committed to:

- Goal 1: 3% Energy Reduction
 Goal 2: 5% Energy Reduction
 Goal 3: 10% Energy Reduction
-

18.b May your Awards application data be shared with the Healthier Hospitals program to complete your challenge data entry on your behalf?

- Yes

No

18.c Please provide any comments or clarifications