

Probo.CI



CEC_CHCS — no.3531287

Partner for Change (No Beds) - 2018: Profile

Facility Demographic Information

1. Is the organization part of a health system?

- ☒ Yes
☐ No

1.a Please select which health system the facility belongs to:

Other ▼

If the appropriate health system is not listed as an option, please select the **Other** option and write-in the health system name.

1.a.a Please indicate which other health system the organization belongs to or is managed by:

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 **PGH Awards Assistance** or contact your Practice Greenhealth Facility Engagement liaison.

2. What type of facility are you?

Ambulatory Surgery Center ▼

3. Briefly describe your health care business:

4. Number of Outpatient Visits per Year

5. Number of **Operating Rooms**:

6. Number of Surgical Procedures performed annually in these **ORs** (total, not average):

7. 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](#)

8. What other metrics are used to measure clinical activity?

9. How does the organization **collect and track financial and environmental data**:

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10. What is the organization's annual Case Mix Index (CMI)?