

Probo.CI



CEC_HOSPITAL — no.3532653

Partner Recognition - 2018: Profile

Facility Demographic 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.

If you do not have data that is specific to this campus or facility, do not enter it. For instance, if your system of 3 hospitals had 953 total **adjusted patient days**, but you cannot split that by facility, then leave **Adjusted Patient Days** blank. Likewise, if your health system bought \$5.6 million worth of computers, but you don't know how much was spent for each facility, please leave that field blank. **Please use this instruction throughout the application.**

1. What type of hospital are you?

Select an option... ▾

Reference: [Joint Commission](#).**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. Is the organization part of a health system?

- ☒ Yes
☐ No

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

Select an option...

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

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

Other

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

5.a Start date of fiscal year:

5.b End date of fiscal year:

Please indicate the following annual demographic information for the organization:

Annual Facility Demographic Information

Adjusted Patient Days	Patient Days	Outpatient Visits	Licensed beds	Staffed beds (includes specialty, long term and other)
6. <input type="text"/> APD = (Total Patient Days)*(Total Patient Revenue/Inpatient Revenue), where Total Patient Revenue = Inpatient + Outpatient Revenue.	7. <input type="text"/>	8. <input type="text"/>	9. <input type="text"/>	10. <input type="text"/>

Please see Definitions for more detailed information on how to identify the appropriate numbers for the Annual Facility Demographic Information above.

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

- ☒ Yes
☐ No

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

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

- ☒ Yes
☐ No

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

13. Number of **Operating Rooms**:

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

15. Does the facility have a transplant center?

☒ Yes

☐ No

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

16. 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](#).

17. 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**?

18. 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, and volunteers who perform regular onsite tasks. FTEs should *not include* visitors to the property such as clients, customers, or patients.

Do not include FTE physicians, FTE health professions students, or contractors here. Enter those numbers below separately.

19. How many FTE Physicians? Please include residents.

20. How many FTE Health Professions Students?

Health professions students including nursing students or other allied health professions students on rotations or on duty in the health care facility on average per year.

21. How many contracted full time employees (FTEs)? Please include employees in areas such as ES, Food & Pharmacy.

22. Total Onsite FTEs:

Total Onsite FTEs is the sum of FTEs, FTE physicians, FTE health professions students and contracted FTEs.

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

- ☒ Yes
☐ No

23.a Which Challenge(s)?

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

23.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

23.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

23.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

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

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

23.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

23.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

23.b May your Awards application data be shared with Practice Greenhealth's Healthier Hospitals program to complete your challenge data entry on your behalf?

☒ Yes

☐ No

23.b.a Please provide any comments or clarifications