



## 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 [PGH Awards Assistance](#) or contact your Practice Greenhealth Facility Engagement liaison.

**1. What type of facility are you?**

Outpatient /Urgent Care Center

**2. Briefly describe your health care business:**

**3. Is the organization part of a health system?**

☒ Yes

☐ No

**3.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.

**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. How many FTE Physicians? Please include residents.**

**9. 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.

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

**11. Total Onsite FTEs:**

0

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

**12.** What other metrics are used to measure clinical activity?

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

**13.a** Start date of fiscal year:

**13.b** End date of fiscal year:

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

Please provide the facility's physical address. This information is used to benchmark your data based on regional climate zones or other regional metrics. Nothing will be mailed to this address. This information is required.

**15.** Physical address (number and street name)

**16.** City

**17.** State

**18.** Zip or Postal Code

**19.** Country

**Please note:** This information will import each year so you don't have to re-enter your site address unless there are changes.

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