Profile

Facility Demographic Information

2020 was a year of many challenges including the pandemic, rising tensions around racial disparities in the United States, and the growing impacts of climate change. As certain communities face a disproportionate burden and death toll from COVID-19, the call for an increased focus on social and environmental determinants of health and community collaboration becomes more urgent. Practice Greenhealth wants to better understand how hospitals have created unique partnerships and pivoted to adjust their sustainability work or emergency response efforts in response to these pressing challenges. We also want to identify any new and emerging needs for resources and support during this challenging time. Across the application, several questions have been added to address the impact of the pandemic on hospital operations.

Applicants may submit either a **Partner for Change** award application or a **Modified Partner for Change** award application, but not both. The Modified Partner for Change application was designed as an alternative for hospitals and health care facilities severely impacted by the pandemic. Applicants may fill out and submit either application. If you are having trouble deciding which application is more appropriate for your facility, please contact your Member Engagement liaison or **Awards Technical Assistance**.

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?**

[General Acute Care ⌄]

Reference: **Joint Commission**.

1.b* Is the organization a designated **Trauma Center**?

◉ Yes
◯ No

Reference: **American Trauma Society**.

1.b.a* Please indicate which level and for which category. Choose all that apply:

☐ Level I-Adult
☐ Level I-Pediatric
☐ Level II-Adult
☐ Level II-Pediatric
☐ Level III-Adult
☐ Level III-Pediatric
☐ Level IV-Adult
☐ Level IV-Pediatric
☐ Level V-Adult
☐ Level V-Pediatric

Reference: **American Trauma Society**

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

◯ Yes
◯ No

CAHs are rural community hospitals that meet defined criteria outlined by CMS and maintain no more than 25 inpatient beds. Learn more **here** or check the most recent list of **certified CAHs**.

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**:

   [Calendar year ▾]

   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.

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.*	**7.***	**8.***	**9.***	**10.***
APD = (Total **Patient Days**)*(Total Patient Revenue/Inpatient Revenue), where Total Patient Revenue = Inpatient + Outpatient Revenue.				

To better understand the impact of the COVID-19 pandemic on patient volume, please provide the information below.

11.*   Please indicate the annual total **patient days** for patients hospitalized in an adult or pediatric inpatient bed who had laboratory-confirmed or suspected COVID-19:

   [   ]

   This is the annual total of the numbers reported daily to the federal government as number #9a and #10a in **COVID-19 Guidance for Hospital Reporting and FAQs For Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting, Updated October 6, 2020**.

12.*   Does the facility have an emergency department?

◉ Yes
○ No

   Emergency Department Visits

Emergency Room Visits	Previous Year (2019)	Current Year	Percent increase in ED visits
Number of ED visits (Non-COVID-19)	**12.a***	**12.d***	
Number of COVID-19-related ED visits	**12.b***	**12.e***	
Total ED visits	**12.c*** 0	**12.f*** 0	**12.g*** 0

   Note: Practice Greenhealth expects hospitals will indicate zero (0) COVID-19 related ED visits in 2019.

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

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

◉ Yes
○ No

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

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

◉ Yes
○ No

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

15.*   Number of **Operating Rooms**:

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

17.*   Does the facility have a **transplant center**?

○ Yes
○ No

Reference: **See a recent list of US hospitals with transplant centers**

18.*   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: **HealthData.gov**.

19.*   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**?

20.*   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.

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

22.*   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.

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

24.*   **Total Onsite FTEs:**

0

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

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.

25.*   Physical address (number and street name)

26.* City

27.* State

Select an option... ▾

28.* Zip or Postal Code

29.* Country

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