Profile

Successfully created application.

Facility Demographic Information

Practice Greenhealth recognizes that many of its partners are still facing challenging conditions due to the pandemic. Across the application, you may find questions that seek to understand the impact of the pandemic on hospital operations. It is critically important to understand how hospitals have created unique partnerships and/or 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 during this challenging time.

If you have questions about the application, please contact your Sustainability Strategy Manager 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 400,000 total **adjusted patient days**, but you cannot break that out 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 facility are you:

Other

1.a* If your facility type did not closely match any of the selections, and you chose other, please describe:

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

- (●) Yes
- ( ) No

2.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.

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

3.* 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.

3.a* Start date of fiscal year:

3.b* End date of fiscal year:

Please indicate the following annual demographic information for the organization:

Annual Facility Demographic Information

Patient Days	**Outpatient Visits**	**Licensed beds**	**Staffed beds** (includes specialty, long term and other)

4.*	5.*	6.*	7.*

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

8.* 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:

Clarification: For repeat award applicants, this is different than the question asked in 2021. We are asking for the number of **patient days** related to COVID diagnoses, not the number of patients per the **HHS data requirement**.

9.* 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**?

10.* 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.

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

12.* 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.

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

14.* **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.

15.* Physical address (number and street name)

16.* City

17.* State

Select an option...

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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